Preterm Birth: *Steps to help prevent it*

**What is preterm birth?**

A **preterm birth** is when a baby is born too early—before 37 weeks of pregnancy. Preterm births fall into 2 groups:

- **When birth is recommended and started by your doctor.** This is called **medically-indicated preterm birth.** A doctor will suggest an early delivery if either your baby or you have a health condition that makes continuing the pregnancy dangerous.

- **A birth that starts on its own.** This is called **spontaneous preterm birth.** This happens when a woman goes into preterm labor or when her water breaks too early. Once preterm labor is advanced or the water breaks, an early birth will usually happen.

Babies who are born too early (**preemies**) may not be completely developed, and they have a greater chance of having health problems. The earlier in pregnancy a baby is born, the higher the risk of having both short-term and long-term problems.

**What causes preterm birth?**

Many cases of preterm birth have no known cause. Even **preeclampsia** [pree-eh-KLAMP-see-uh], a common reason for a medically indicated preterm delivery, isn’t well understood. However, researchers have learned that preterm birth—indicated or spontaneous—is more common in women with certain risk factors.

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**What do I do next?**

Follow the steps below to lower your chance of having a preterm birth, and to protect your baby from possible complications. (See page 2 of this handout for pregnancy planning steps you can take.)

1. **Maintain a healthy weight.** Both underweight and overweight women have an increased risk of preterm delivery. Ideally, your body mass index (BMI) should be between 18.5 and 24.9 when you get pregnant. If you’re outside of this target range, ask your doctor what you can do to get there. BMI is calculated based on your height and weight. You can learn your BMI by checking online here: [www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm](http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm)

2. **Don’t smoke and don’t use substances that increase the risk of preterm birth.** Smoking is a major risk factor for preterm birth. So is using certain prescription pain medicine (opioids) or other substances like cocaine and methamphetamine (meth).

3. **Take a multivitamin with at least 400 mcg of folic acid.** Experts recommend that every woman of childbearing age take 400 mcg of folic acid daily, even if she’s not planning to become pregnant, to prevent certain birth defects.

4. **Get good control of any chronic conditions.** Controlling any long-term health problems can help you have a healthier pregnancy—and a healthy, full-term baby.
What else can I do to help prevent preterm birth?

These pregnancy-planning steps can help lower your chances of having a preterm birth.

1 Plan your pregnancies—and space them at least 18 months apart. Family planning gives you a chance to make sure you are physically, emotionally, and financially prepared for a new baby.

2 Use highly-effective birth control (contraception) as soon as possible after a birth. The use of highly-effective birth control is the best way to ensure an 18-month space between pregnancies. See Intermountain’s fact sheet, Birth Control Basics, to learn more about birth control options.

3 See your doctor before you start trying to get pregnant—and see your doctor early and often during your pregnancy. Studies show that women who receive good prenatal care have a lower chance of delivering early.

4 If you’ve already had one preterm birth, get a personal risk assessment. Women who have had one preterm birth have a higher risk of having another preterm birth. It’s important to work with your doctor to lower these risks.

5 If you’ve ever delivered early because of preterm labor or because your water broke early (premature rupture of membranes), talk to your doctor about taking 17P during your next pregnancy. Injections of 17P, a natural form of the hormone progesterone, can lower the chance of preterm birth.

6 If you’ve received treatment for infertility, talk to your doctor about ways to lower the chance of having twins or triplets. Fertility treatment can sometimes increase your risk of getting pregnant with more than one baby—and a pregnancy with more than one baby has a much higher risk of ending early.

Where can I learn more?

For your personal risk assessment and for more information, ask your provider for Intermountain’s fact sheet Preterm Birth Risk Worksheet and 17P for Preventing Preterm Birth.