

About threatened preterm labor:

If a woman delivered her baby before 37th gestational week, but after 22nd week is termed “early child birth” or in more precise medical term, “premature delivery of an infants”.

Ideally, delivery should occur between 37th and 42nd week of pregnancy, which is called “normal term birth.” Early born children, nonetheless, can be treated, sometimes intensively, and grow up to adults healthy, because medical care has advanced to cope with handicaps of these infants. However, child births before 32nd week may carry much higher risks of medical complications. And if the delivery took place before 22nd week, it is called “miscarriage” because these extremely premature infants cannot survive once expelled from the mothers body, the uterus.

Threatened preterm delivery is the abnormal condition of the mothers body that may occur before 32nd week, pressing to expel the fetus by either abnormal contraction of the uterus , rupture of the membranes, loosening and softening of uterus neck (cervix), or all of these abnormalities and call for emergency medical treatment.

Various underlying causes are suspected in such situations. Pregnancy induced hypertension is one of the conditions that preterm delivery is inevitable mainly due to treatment of the disease. Infections or dysfunction of the fetus and placenta is likely to be the cause of preterm labor. But every effort should be taken for prevention of preterm labor, for the sake of maintaining pregnancy until the baby struggle to grow even a little step forward and become a bit healthier.

Antibiotics may be prescribed if in cases of infections and steroids may be prescribed if in earlier pregnancy weeks in order to enhance functions of the lung. If rupture of the membranes has not occurred, medical treatments to prevent preterm labor may be applicable, provided not with high doses or long duration or together, because all of these significantly increase the risks of adverse effects on the baby (fetus), and it can persist even long after the birth.

Because of these reasons, administration of much safer female hormones and prevent preterm labor is strongly recommended. These hormone preparations, which are identical to natural female hormones, can stimulate secretion of specific placental enzymes which degrades oxytocin, a responsible substance for inducing labor. We have a number of clinical cases of preterm labor, some cases with pregnancy induced hypertension, who successfully deliver healthy babies with this hormonal regimen.