

Rise in preterm births linked to clinical intervention

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Credit: University of Adelaide

Research at the University of Adelaide shows preterm births in South Australia have increased by 40 percent over 28 years and early intervention by medical professionals has resulted in the majority of the increase.

Published this month in *Obstetrics and Gynecology*, the study was led by the Robinson Research Institute at the University of Adelaide.

Research author, Ph.D. candidate Dr. Petra Verburg from the University, analysed statistics for 550,000 births in South Australia between 1986 and 2014.

"The rate of preterm births (birth before 37 weeks' gestation) increased by 40 percent from 5.1 percent in 1986 to 7.1 percent in 2014.

"Natural" or spontaneous preterm births accounted for the majority of all preterm births during the 28 years of the study. They rose from 3.5 percent in 1986 to 3.8 percent in 2014 – only a modest increase," she says.

"However, 80 percent of the increase in the rate of preterm births has been due to [medical professionals](#) ending pregnancies prematurely.

"The rate of clinician-initiated preterm delivery

increased from 1.6 percent in 1986 to 3.2 percent in 2014.

Dr. Verburg says, "Clinicians may initiate [preterm delivery](#) due to [pregnancy complications](#), by either inducing labour or performing a caesarean section.

"Problems such as hypertension or impaired growth of the fetus are the reasons doctors initiate the majority of preterm births" she says.

While preterm birth rates have risen by 40 percent, the rate of stillbirths has fallen by 45 percent (4.2 percent - 2.3 percent) in the same time period.

Co-author and Academic Head of the Department of Obstetrics & Gynaecology at the Lyell McEwin Hospital and University's Robinson Research Institute Professor Gus Dekker says, "Currently, more than a quarter of the South Australian pregnant population is obese or morbidly obese. Additionally, more than half are 30 years of age or older."

"These factors increase the likelihood of major [pregnancy](#) complications and hence, increase the likelihood that these pregnancies will end with a clinician indicated preterm birth.

"On the one hand, clinician-initiated [preterm birth](#) of growth restricted babies, or in cases of preeclampsia, may potentially prevent stillbirth, or maternal complications.

"On the other hand, babies born following totally uncomplicated pregnancies at term, have the best long-term health. Babies born preterm have a higher risk of type II diabetes, obesity and cardiac problems in later life.

"New developments in ultrasounds and blood tests which indicate how well the placenta is functioning, may hopefully help obstetricians decide what the best time is to initiate [birth](#) in complicated

pregnancies," says Professor Dekker.

More information: Petra E. Verburg et al. Long-term Trends in Singleton Preterm Birth in South Australia From 1986 to 2014, *Obstetrics & Gynecology* (2017). DOI: [10.1097/AOG.0000000000002419](https://doi.org/10.1097/AOG.0000000000002419)

Provided by University of Adelaide

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