

Patient information from the BMJ Group

Premature birth

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Premature birth

It's hard for doctors to predict who will have a premature birth. But if your delivery starts early, there's a lot doctors can do to increase your baby's chances of a healthy start.

We've brought together the best research about premature birth and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is premature birth?

Pregnancy normally lasts between 37 and 42 weeks. Having a baby before the 37th week of pregnancy is a premature birth. You may also hear it called a preterm birth.

Sometimes doctors start labour early on purpose because the baby isn't growing well, or because the mother has a serious medical problem such as very high blood pressure (a condition called [pre-eclampsia](#)). But most babies are born early because: ^[1]

- The mother goes into labour before 37 weeks (called **premature labour**)
- The mother's waters break before 37 weeks and before labour starts (called **premature rupture of membranes**).



A premature birth is when a baby is born before 37 weeks of pregnancy.

It's hard to say who will have a premature birth. Most early births happen without any clear reason.

We do know that women from poorer backgrounds have a higher risk of giving birth prematurely than other women. ^[2]

You're also more likely to have your baby early if:

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- You have given birth early before ^[3]
- You have had a **miscarriage** late in a previous pregnancy
- You are carrying more than one baby (half of all sets of twins and most sets of triplets are born early)
- You smoke ^[4]
- You have an infection in your birth canal or womb ^[5]
- Your **cervix** (the neck of the womb) is weak and tends to open early (called **cervical incompetence**)
- You are older (over 35) ^[6]
- Your **placenta** bleeds. Doctors call this an **antepartum haemorrhage**
- You have a fall that means you have to go to hospital. ^[7]

What are the symptoms of premature labour?

Labour is early if it starts before 37 weeks.

Contact your midwife or doctor if you notice:

- Bleeding or spots of blood from your vagina
- Cramping pains that feel like contractions
- Pain in your lower back that you haven't had before
- Your waters breaking (see below for signs that this is happening).

You may not be in labour, but if you are, you and your baby will need treatment in hospital. Don't delay asking for help.

It can be hard for doctors to tell whether or not you are in labour. A test called **fetal fibronectin** may be useful. But it's not suitable for everyone. To learn more, see [Fibronectin test for early labour](#) .

How will I know if my waters break early?

When your waters break, you leak amniotic fluid (the fluid around your baby in the womb). You'll notice a watery discharge from your vagina. Sometimes the discharge is stained with blood. If your waters break before 37 weeks then you are experiencing **premature**

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rupture of membranes and will need treatment in hospital. It's highly likely that your delivery will start early.^[8]

How common is premature birth?

Between 5 in 100 and 10 in 100 babies in the UK are born early (before 37 weeks).^[12]

Between 1 in 100 and 2 in 100 are born very early (before 32 weeks).^[12]

There are signs that the number of women having their babies early is increasing in some countries. For example, in the US, nearly 13 in 100 babies were born early in 2005.^[13]

What treatments work for premature birth?

If your delivery starts early, there are things doctors can do to increase your baby's chances of a healthy start. Some medicines can help delay delivery, and this gives your baby a little more time to grow. You can also be given other drugs at the same time to speed up your baby's development.

Key points about treating premature birth

- Pregnancy normally lasts between 37 and 42 weeks. Having a baby before the 37th week of pregnancy is a premature (or preterm) birth.
- Doctors can't predict who will have a premature birth. There is not a lot doctors can do to prevent it, even in women at high risk.^[16]
- If you smoke, try to stop. Smoking is linked to premature birth.^[17]
- Giving women a hormone called **progesterone** may help to prevent some premature births. But there hasn't been any research on the long-term effects of this treatment.
- If you go into labour early, and your waters haven't broken, delaying delivery buys more time for your baby to develop. But doctors will only try to delay delivery if it's safe for you and your baby.
- Drugs called **calcium channel blockers** can delay delivery by reducing or stopping your contractions.
- **Steroid injections** speed up the development of your baby's lungs. They may also reduce the risk of your baby having bleeding in the brain (a brain haemorrhage).
- If your waters break early, before labour starts, **antibiotics** reduce your risk of infection. They can also help delay delivery, if that's what's best for you and your baby.

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We've looked at three types of treatment that may help you and your baby if you give birth early.

- [Treatments to prevent premature birth in women at high risk](#) . If your doctor thinks you might be at risk of a premature birth, these treatments aim to prevent it. [More...](#)
- [Treatments to delay delivery](#) . If you go into labour or your waters break early, these treatments aim to delay the delivery. These treatments can give your baby more time to grow before being born. [More...](#)
- [Treatments to help protect your baby](#) . If you do give birth early, these treatments aim to help your baby's development and give him or her a healthy start. [More...](#)

Treatment Group 1

Treatments to prevent premature birth in women at high risk

It can be hard for doctors to say who's at risk of a premature birth. But there are some warning signs. If you've given birth early before, then you may be at risk. If your doctor thinks you may be at risk, he or she may suggest treatment to try to prevent it.

We've looked at the best research and given a rating for each treatment according to how well it works.

Treatments to prevent premature birth in women at high risk

Treatments that are likely to work

- [Progesterone](#)
- [Cervical stitches](#)

Treatments that need further study

- [Antibiotics for vaginal infection](#)

Treatments that are likely to be ineffective or harmful

- [Bed rest](#)

Treatment Group 2

Treatments to delay delivery

If your waters break or you go into labour early, there are treatments that can delay the birth of your baby. This can give your baby more time to grow, and allow doctors to give other treatments that will help your baby.

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We've looked at the best research and given a rating for each treatment according to how well it works.

Treatments to delay delivery

Treatments that are likely to work

- [Antibiotics](#)
- [Calcium channel blockers to stop contractions](#)
- [Indometacin to stop contractions](#)

Treatments that need further study

- [Atosiban to stop contractions](#)

Treatments that are unlikely to work

- [Beta-mimetics to stop contractions](#)
- [Magnesium to stop contractions](#)

Treatment Group 3

Treatments to help protect your baby

If your delivery starts early, your doctor may recommend treatment to give your baby the best chance of being healthy at birth. You may be given an injection of steroids a short time before your baby is born. This helps your baby's lungs develop properly. (These steroids are a kind called corticosteroids, which are not the same as the anabolic steroids that some body builders use.)

We've looked at the best research and given a rating for each treatment according to how well it works.

Treatments to help protect your baby

Treatments that work

- [Steroids](#)

Treatments that need further study

- [Amnioinfusion](#)

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Treatments that are unlikely to work

- [Planned caesarean section](#)

Treatments that are likely to be ineffective or harmful

- [Thyrotropin-releasing hormone](#)

What will happen to my baby?

Your baby will probably be fine if he or she is born after about 32 weeks. But babies born before 32 weeks often have problems breathing. They need special care. In general, the longer your baby stays in your womb, the better. Ideally your baby should spend at least 37 weeks in your womb.

Babies born after 32 weeks generally do well. They are usually small and may need to stay in the hospital a little longer than other babies. But in the long run they do as well as babies born on or near their due date.

Babies born before 32 weeks may be very small and not properly developed.^[14] They may need special care, usually in an incubator. Most babies born this early have lungs that are not fully developed and are not yet ready to breathe air. They need help with breathing, and some babies need a life support machine to breathe for them. There is also a risk that premature babies will have some brain damage.

Babies born before 26 weeks are very underdeveloped. Babies born this early often struggle to survive.^[15]

Serious health problems become less likely the longer your baby stays in the womb. So, if it's safe, doctors may try to delay your delivery. This gives your baby more time to grow. It also gives doctors more time to give you treatments. For example, you may be given steroid injections. These can help to speed up the development of your baby's lungs.

Treatments:

Progesterone

In this section

Progesterone is a natural chemical that your body makes. It's one of the main female hormones. Taking a man-made version of this hormone (a progestogen) may help to prevent premature births for some women.^[18]

In most of the studies of this treatment, women at risk of a premature birth were given the hormone as an injection. In other studies, women took it as a type of pill that they put in their vagina (a pessary).

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Five summaries of the research found that a progestogen helped to prevent premature birth in women who had a short cervix (the opening of the womb) or in women who had had a previous premature birth. ^{[18] [19] [20] [21] [22]}

In one summary looking at women who'd had a premature birth before: ^[19]

- About 36 in 100 women who took a progestogen gave birth prematurely
- About 43 in 100 women who took a dummy treatment (a placebo) gave birth prematurely.

Women who took a progestogen were also less likely to have a baby with a low birth weight. ^[19]

But progestogen does not seem to reduce the risk for women who are having twins or multiple births. ^{[23] [24] [25] [26]} And it may not help for very early premature births, before 34 weeks. ^{[18] [27]}

The research hasn't found any serious side effects from progestogen. However, there haven't been any studies of the long-term effects of this treatment in mothers or babies. We need more research to know how safe this treatment is in the long term.

Cervical stitches

In this section

This treatment is suitable if you have a weak cervix. A weak cervix tends to open early, before contractions start and long before your baby is due. Cervical stitches can help to keep your cervix closed.

You may have a weak cervix if you have had a late miscarriage, or a very early baby (born before 28 weeks). If you have had surgery on your cervix (for instance, after screening for cervical cancer) then this can also weaken your cervix.

The research findings on this treatment are mixed. ^{[28] [29] [30]} One review of the research found that women who had cervical stitches were slightly less likely to give birth before 37 weeks. ^[28] Women who had given birth early before were especially likely to benefit. And women with a short cervix also found this treatment beneficial.

But another summary of studies found no overall fall in premature births after cervical stitches. ^[31]

The most recent summary of studies found that cervical stitches lowered a woman's chance of giving birth before 37 weeks. ^[32] However, babies born to women who had cervical stitches were no more likely to be healthy or survive than those born to women who didn't have stitches. Some women who had stitches also had side effects, such as bleeding or discharge from their vagina.

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Cervical stitches work best if they are put in at an early stage of your pregnancy, before your cervix starts to change. Once your cervix has started to thin out, shorten, or open, it's probably too late.^[29] In the studies, women had stitches between nine and 29 weeks of pregnancy.

Antibiotics for vaginal infection

In this section

Having an infection in your vagina called [bacterial vaginosis](#) can increase your chances of giving birth early.^[33] ^[34] But we don't know whether killing the unhealthy bacteria with antibiotics reduces your chances of having a premature birth.

One summary that looked at 10 good-quality studies (called randomised controlled trials) found that antibiotics made little difference to the risk of a premature birth.^[35]

Antibiotics may work better for women who have had one premature birth already. In studies, women who had already had one premature baby and had antibiotics for their vaginosis were just as likely to give birth early again. But their babies were bigger than those of women who didn't have antibiotics.^[35]

Bed rest

In this section

Resting in bed towards the end of your pregnancy is unlikely to prevent a premature birth.

It often seems as if women who are very active give birth earlier.^[36] So researchers wondered whether resting in bed towards the end of pregnancy could prevent premature births. But there's no evidence that it works. The research found that women who rested in bed were just as likely to give birth early as women who stayed active.^[36] ^[37]

The time women started bed rest varied in the studies. In most of the research, women were told to start resting from between 26 weeks and 32 weeks into their pregnancy.^[37]

One review of the research looked separately at women who were pregnant with twins.^[37] It found that they had a higher risk of giving birth early if they rested in bed.

Antibiotics

In this section

If your water breaks before 37 weeks, and before labour starts, an infection could get into your womb and harm your baby. Antibiotic injections help prevent infection. They

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can also delay delivery for up to a week, buying your baby more time to grow. If you have antibiotics, your baby is less likely to need extra oxygen when he or she is born.

We found one summary of 19 high-quality studies (called **randomised controlled trials**) that looked at more than 6,000 women whose waters broke early. Those who had antibiotics were 20 percent less likely to deliver within a week than women given a dummy treatment (a **placebo**). The women who had antibiotics were also 30 percent less likely to deliver within two days. ^[38]

Another summary of studies also found that antibiotics reduced rates of preterm labour in women whose waters had broken too early. ^[39]

Here are some antibiotics that have been tested and found to work:

- Ampicillin
- Erythromycin.

A combination of antibiotics called co-amoxiclav (Augmentin) is not recommended because it is linked to a serious intestinal problem in newborns called **necrotising enterocolitis**. ^[38] This condition leads to serious swelling in the baby's bowel. It can sometimes be fatal. Co-amoxiclav contains amoxicillin and clavulanic acid. One study followed up babies who had been in a clinical trial seven years before. It found that those who had received co-amoxiclav were, in the years since, more likely to have had bowel problems, and to need hospital admission for bowel problems. ^[40]

Antibiotics do not work if your membranes haven't broken. ^[39] ^[41] ^[42] They may reduce your risk of infection slightly. But antibiotics won't delay delivery or help your baby. In fact, antibiotics may slightly reduce your baby's chances of survival. ^[41] Also, taking antibiotics if your waters haven't broken may increase the risk of developmental problems and cerebral palsy in children. ^[43] Cerebral palsy is a condition that affects the ability to move normally. There is no increased risk of cerebral palsy or other development problems in children whose mothers had broken waters and had taken antibiotics.

Calcium channel blockers to stop contractions

In this section

If you go into labour before 34 weeks, your obstetrician may decide to try to delay delivery. ^[44] Delaying delivery buys more time for your baby to grow, and for you to have treatment with steroids, which can help to speed up your baby's development. (These steroids are a kind called corticosteroids, which are not the same as the anabolic steroids that some body builders use.)

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Drugs called **calcium channel blockers** delay delivery by 'damping down' or stopping your contractions. Calcium channel blockers are pills. They're usually used to treat heart conditions, such as **high blood pressure** .

We found a summary of 38 good-quality studies looking at more than 3,500 women. It found that women given calcium channel blockers were less likely to deliver their baby within 48 hours than women who took a dummy (placebo) treatment or had no treatment. ^[45] The summary also found that calcium channel blockers worked better than drugs called **beta-mimetics** , and they caused fewer side effects for the women. The women's babies were also less likely to have breathing difficulties or gut infections, and to spend time in the special care unit.

One calcium channel blocker that has been tested and found to work is nifedipine (Adalat). It caused few side effects. One study looked at children whose mothers took nifedipine. The study followed them until they were 12 and didn't find any problems. ^[46]

Atosiban to stop contractions

In this section

Atosiban (Tractocile) comes as an injection. It is meant to delay delivery by damping down or stopping early contractions. Drugs like atosiban block the effects of oxytocin, a hormone that stimulates contractions in childbirth. But we don't know if blocking this action with these drugs works to delay delivery.

There hasn't been much research on the effects of atosiban.

A summary of studies found that atosiban was no better in preventing premature birth than dummy treatment (a placebo). In one study, more babies died before they reached a year old if their mothers had taken atosiban than if their mothers had taken a placebo. But this may have been because there were differences between the women receiving treatment. ^[47] Women on atosiban also had more side effects than those taking placebo.

Doctors rarely use atosiban.

A study of a similar treatment, barusiban, found that it was no more effective than a dummy treatment at stopping premature birth. ^[48]

Indometacin to stop contractions

In this section

Indometacin is a pill. It may dampen down or stop your contractions if you go into labour early. It acts by slowing down the actions of prostaglandins, which are important hormones in childbirth. It is known as a prostaglandin inhibitor.

We found a summary of 13 good-quality studies looking at more than 700 women. It found that women given indometacin were less likely to deliver their baby within 48 hours

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than women who took a dummy (placebo) treatment.^[49] Women taking indometacin were also less likely to have their baby before the 37th week of pregnancy.

Another summary of the research found that indometacin might increase the risk of babies being born with lung problems.^[50] We need more research to explore this.

Beta-mimetics to stop contractions

In this section

Beta-mimetics were the first drugs doctors used to try to stop early contractions. We now know that they don't work very well. They also carry serious risks.

There's good research to show these drugs don't work as well as other drugs. One summary of 28 good-quality studies (called randomised controlled trials) found that women given beta-mimetics were less likely to deliver their baby within 48 hours, compared with women given a dummy treatment (a placebo) or no treatment.^[51] However, these drugs did not work as well as other medicines called [calcium channel blockers](#) . Beta-mimetics also did not improve the chances of babies surviving or having fewer health problems.

Beta-mimetics can cause serious side effects, such as chest pain, palpitations, breathlessness, sickness, and headache.^[51] They also increase your baby's heart rate. For these reasons, use of these medicines is now restricted. They can only be given for a maximum of 48 hours, and only in women between the 22nd and the 37th weeks of pregnancy.^[52]

Some beta-mimetics are salbutamol (brand name Ventolin) and terbutaline (Bricanyl).

Magnesium to stop contractions

In this section

Magnesium sulfate is a drug that's given as an injection. It's meant to delay delivery by stopping contractions. But it is unlikely to work.

The research on this treatment is reasonably good.^[53] ^[54] ^[55] Most of it suggests that magnesium sulfate won't delay your delivery or improve the outlook for your baby.

One study collected findings from 58 randomised controlled trials . It found that delivery of the baby was delayed by 48 hours in 89 out of every 100 women taking magnesium sulfate. This compared with 53 in every 100 of women taking a dummy (placebo) treatment or no treatment. But there was little difference in the proportion of women who had their baby after 37 weeks between those on magnesium and those taking placebo or no treatment.^[56]

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One summary of seven studies suggests that magnesium sulfate could harm your baby.^[55] In these studies, babies whose mothers were given magnesium sulfate were more likely to die (5 in 100) than babies whose mothers had other treatments for premature labour (2 in 100).

You may also get side effects from magnesium sulfate, such as sickness, dizziness, and a fast heartbeat. If taken for more than five to seven days, magnesium sulfate may also lead to low calcium levels and bone problems in your baby, including thin bones and broken bones.^[57]

Steroids

In this section

If your delivery starts before 34 weeks, you will probably have a steroid injection.^[58] (These steroids are a kind called corticosteroids, which are not the same as the anabolic steroids that some body builders use.) Steroids speed up your baby's development, improving his or her chances of a healthy start. They work best if you have them at least 24 hours before your baby is born. The effects start to wear off after about a week, so timing is important.

Two steroids that have been tested and found to work are betamethasone and dexamethasone. A summary of studies found there was not enough good evidence to be able to tell if one was better than another, or what doses were best.^[59]

The research on steroids is excellent. One summary of 21 good-quality studies (called randomised controlled trials) found that steroids:^[60]

- Speed up your baby's development, especially the development of the lungs and brain
- Reduce the chances that your baby will get a serious lung disease called respiratory distress syndrome
- Reduce the chances of your baby having brain damage
- Reduce the chances that your baby will get an infection in the first two days after birth
- Reduce the chances that your baby will need to be cared for in the special baby unit
- Reduce the chances that your baby will get serious swelling in his or her bowel (a condition called **necrotising enterocolitis**)
- Increase your baby's chances of survival.

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This treatment causes few side effects. Researchers looked at babies whose mothers had steroid treatment. They looked at what happened to the children as they grew up and into their 30s. ^[60] There weren't any long-term side effects.

Amnioinfusion

In this section

The amniotic fluid in your womb cushions and protects your baby. It also protects the umbilical cord (the cord that passes nourishment from you to your baby). When your waters break, amniotic fluid leaks out and the umbilical cord can get squeezed, cutting off your baby's blood supply. Amnioinfusion replaces the lost amniotic fluid with a special liquid. ^[61]

We don't know if amnioinfusion helps protect your baby if your waters break. There is very little research on this treatment.

One very small study found that amnioinfusion made it more likely that a baby's lungs would be fully developed. ^[62]

Most doctors don't use this treatment any more.

Planned caesarean section

In this section

If you go into labour before 37 weeks, you can plan to have your baby by **caesarean section**, or decide to try for a normal vaginal delivery. The choice often depends on how many weeks pregnant you are, and how healthy your baby is likely to be when he or she is born. Some doctors think that early babies are best delivered by caesarean section. But we still don't know if that's true.

There isn't much research comparing different ways of having your baby. But what research there is suggests that caesarean section doesn't improve the outlook for babies, compared with a vaginal birth.

We found a summary of six small studies. In the studies, babies who were born vaginally did just as well as babies whose mothers had a caesarean section. But 8 in 100 women who had surgery had serious problems afterwards, such as blood poisoning. ^[63] A more recent review had similar findings. ^[64]

Thyrotropin-releasing hormone

In this section

Doctors no longer use this treatment. They used to think that thyrotropin-releasing hormone might help speed up the development of your baby's lungs. We now know it

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doesn't work and that it causes serious side effects.^[65] In studies, women who had the hormone felt sick, felt dizzy, had a flushed face, had problems urinating, and had high blood pressure .

Babies whose mothers had the hormone:

- Were more sick than other babies immediately after birth
- Needed more help with their breathing than other babies
- Developed more slowly during the first year of life.

The research on this treatment is good. One summary of 13 high-quality studies (called randomised controlled trials) found that thyrotropin-releasing hormone does not improve the outlook for your baby.^[65]

Further informations:

Fibronectin test for early labour

Fetal fibronectin is a protein that your body makes when you're pregnant. It helps glue the sac that your baby grows inside to the wall of your womb. Doctors can check for fetal fibronectin by taking a swab of your vagina or cervix .^{[9] [10]}

Up to around the 22nd week of pregnancy, fetal fibronectin can be found in your vagina. But after the 22nd week, it's not normally found until the last few weeks of pregnancy (around the 37th week). If fetal fibronectin is found in your vagina between the 22nd week and the 37th week, it could be a sign that you are going into labour.

Your doctor or midwife may suggest you have this test if you or they think you might be in labour.

This test can't always prove that you are definitely in labour, but if the result is negative then the test is usually correct.^[9] If there's no fetal fibronectin in your vagina, you are probably not in labour. If your cervix is closed and hasn't started to shorten or thin out, and you and your baby are both fine, you will probably be able to go home.

Remember, if the test is positive, it doesn't mean for certain that you are in labour. But you will probably be kept in hospital to see if you start to have contractions.

This test may reduce the number of premature births, but it's not clear whether it improves the health of mothers and babies.^[11]

Glossary:

miscarriage

Premature birth

A miscarriage is when something happens before the 28th week of pregnancy that means the fetus does not survive.

cervix

The cervix is a piece of tissue that sits between a woman's womb and her vagina. It has a small opening in it that gets much bigger when a woman is having a baby.

placenta

The placenta is an organ that grows in the womb during pregnancy. It joins the woman to the growing baby. The placenta provides the baby with oxygen, water and nutrients from the mother's blood. It also produces the hormones that are involved in pregnancy.

hormones

Hormones are chemicals that are made in certain parts of the body. They travel through the bloodstream and have an effect on other parts of the body. For example, the female sex hormone oestrogen is made in a woman's ovaries. Oestrogen has many different effects on a woman's body. It makes the breasts grow at puberty and helps control periods. It is also needed to get pregnant.

haemorrhage

Haemorrhage is a word doctors use for bleeding. Any time blood escapes from a vessel, it's called a haemorrhage.

progesterone

Progesterone is a hormone that plays a part in a woman's menstrual cycle and in pregnancy. A form of this hormone made in the laboratory, called progestogen, is often added to contraceptive pills and hormone replacement therapy (HRT).

placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

antibiotics

These medicines are used to help your immune system fight infection. There are a number of different types of antibiotics that work in different ways to get rid of bacteria, parasites, and other infectious agents. Antibiotics do not work against viruses.

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

calcium channel blockers

These drugs are used to reduce blood pressure. Some of them can slow down your heart rate. When calcium flows into the muscle cells of your heart and the tiny muscles in the walls of blood vessels, it makes these cells contract. Calcium channel blockers stop calcium from going into these cells, so they contract less. If the muscle cells in your heart contract less, your heart rate can slow down. If the muscle cells in the walls of blood vessels contract less, the space within the vessels remains wider and more blood can pass through more easily. So, your blood pressure goes down.

high blood pressure

Your blood pressure is considered to be high when it is above the accepted normal range. The usual limit for normal blood pressure is 140/90. If either the first (systolic) number is above 140 or the lower (diastolic) number is above 90, a person is considered to have high blood pressure. Doctors sometimes call high blood pressure 'hypertension'.

Placebo effect

People who are ill sometimes improve even though they've been given an inactive treatment. This is called the placebo effect. We don't know exactly why it happens. It might be that expectations about treatment help you feel better, or even lead to physical changes in the body. It's also possible that seeing a doctor or other kind of therapist is reassuring, even if the treatment itself is inactive.

caesarean section

A caesarean section is an operation to take a baby out of a mother's womb. The surgeon makes a cut through her abdomen to take the baby out. You have this if there's a risk that a normal delivery through your vagina would cause harm to you or your baby.

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