



Preterm Birth and Risk Factors Affecting Pregnancy Duration

Isabella Hughes*

Department of Maternal Health Sciences, Lakeside University, London, United Kingdom

DESCRIPTION

Preterm birth refers to delivery that occurs before the completion of 37 weeks of gestation. It is a condition that can influence newborn health because infants born earlier than expected may not have fully developed organ systems, especially those related to breathing, temperature regulation, feeding ability and immune response. The timing of birth is normally determined by a complex interaction of biological, environmental and medical factors and disruption in this balance may result in shortened pregnancy duration.

Several maternal conditions are associated with increased likelihood of early delivery. One of the most commonly observed factors is infection during pregnancy. Infections affecting the urinary tract, reproductive organs or amniotic environment may trigger inflammatory responses in the body. These responses can stimulate uterine activity, which may lead to early onset of labor. Proper antenatal screening and timely treatment of infections are therefore important components of pregnancy care.

Chronic medical conditions in the mother also play a significant role in determining pregnancy duration. Disorders such as hypertension, diabetes, thyroid imbalance and kidney-related conditions may place additional strain on the body during pregnancy. When these conditions are not adequately controlled, they can influence placental function and fetal development. This may contribute to early delivery decisions made by healthcare professionals when continuing pregnancy poses increased risk.

Nutritional status is another important factor influencing pregnancy length. Inadequate intake of essential nutrients such as proteins, iron, calcium and vitamins can affect maternal health and fetal growth. Poor nutrition may weaken maternal physiological reserves and increase susceptibility to complications. On the other hand, balanced dietary intake supports stable pregnancy progression and helps maintain healthy fetal development. Antenatal counseling often includes dietary guidance to support both mother and child.

Lifestyle factors also contribute to preterm birth risk. High levels of physical strain, prolonged standing or demanding daily activities may place stress on the body during pregnancy. In addition, exposure to tobacco smoke, alcohol consumption or other harmful substances can negatively impact fetal development and placental function. Stressful living conditions and lack of rest may also influence hormonal balance, which plays a role in maintaining pregnancy duration.

Multiple pregnancies, such as twins or triplets, are associated with a higher probability of early delivery. In such cases, the uterus experiences greater physical expansion, which may lead to earlier onset of labor compared to single pregnancies. Fetal positioning and growth patterns in multiple pregnancies also require close monitoring to ensure safety and appropriate timing of delivery.

Structural conditions affecting the uterus or cervix may also influence pregnancy duration. Weakness of the cervical region or abnormalities in uterine shape can lead to reduced ability to maintain pregnancy until full term. In some cases, previous surgical procedures on the uterus may also affect its capacity to support a full-term pregnancy. These conditions are usually identified during early antenatal assessments and monitored throughout pregnancy.

Fetal health conditions can also contribute to early delivery decisions. Restricted fetal growth, congenital conditions or signs of distress may prompt healthcare providers to consider early intervention. Continuous monitoring of fetal heart rate and growth patterns through ultrasound examinations helps in identifying such situations. When fetal health is compromised, early delivery may be recommended to ensure safety.

Age of the mother is another factor that may influence pregnancy duration. Very young mothers and older mothers may have higher likelihood of complications during pregnancy. Biological changes associated with age can affect reproductive health and pregnancy stability. Healthcare providers often monitor pregnancies in these age groups more closely to detect early signs of complications.

Correspondence to: Isabella Hughes, Department of Maternal Health Sciences, Lakeside University, London, United Kingdom, E-mail: isabella.hughes@lakesideu.

Received: 01-Oct-2025, Manuscript No. CMCH-25-31361; **Editor assigned:** 03-Oct-2025, Pre QC No. CMCH-25-31361 (PQ); **Reviewed:** 17-Oct-2025, QC No. CMCH-25-31361; **Revised:** 24-Oct-2025, Manuscript No. CMCH-25-31361 (R); **Published:** 31-Oct-2025, DOI: 10.35248/2090-7214.25.22.551

Citation: Hughes I (2025) Preterm Birth and Risk Factors Affecting Pregnancy Duration. Clinics Mother Child Health. 22:551.

Copyright: © 2025 Hughes I. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Access to regular prenatal care plays an important role in reducing risks associated with early birth. Routine check-ups allow early identification of medical issues and timely intervention. These visits typically include physical examinations, laboratory tests and fetal monitoring . When risk factors are detected early, healthcare providers can implement appropriate management strategies to support continued pregnancy.

CONCLUSION

Preterm birth is influenced by a combination of factors rather than a single cause. Understanding these risk elements helps healthcare providers design effective monitoring and care plans .With regular antenatal supervision, proper nutrition, management of chronic conditions and timely medical support, the likelihood of early delivery can often be reduced.

REFERENCES

1. Liu L, Oza S, Hogan D, Chu Y, Perin J, et al. Global regional, and national causes of under-5 mortality in 2000–15: An updated systematic analysis with implications for the Sustainable Development Goals. *Lancet*. 2016;388(10063):3027-3035.
2. Martinez-Nadal S, Bosch L. Cognitive and learning outcomes in late preterm infants at school age: A systematic review . *Int J Environ Res Public Health*. 2021;18(1):74.
3. Menzies R, Li AL, Melamed N, Shah PS, Horn D, et al. Risk of singleton preterm birth after prior twin preterm birth: A systematic review and meta-analysis. *Am J Obstet Gynecol*. 2020;223(2): 204-211.
4. Torres-Muñoz J, Cedeño DA, Murillo J, Torres-Figueroa S, Torres-Figueroa J. Sociodemographic determinants and mortality of premature newborns in a medium and low-income population in Colombia, 2017-2019. *Biomédica*. 2023;43(3):385.
5. Shah PS, Knowledge Synthesis Group on Determinants of LBW/PT births. Parity and low birth weight and preterm birth: a systematic review and meta-analyses. *Acta Obstet Gynecol Scand*. 2010;89(7):862-875.
6. Usynina AA, Postoev VA, Grijbovski AM, Kretttek A, et al. Maternal Risk Factors for Preterm Birth in Murmansk County, Russia: A Registry-Based Study. *Paediatr Perinat Epidemiol*. 2016;30(5): 462-472.
7. Laelago T, Yohannes T, Tsige G. Determinants of preterm birth among mothers who gave birth in East Africa: Systematic review and meta-analysis. *ital J Pediatr*. 2020;46(1):10.
8. Auger N, Le TU, Park AL, Luo ZC. Association between maternal comorbidity and preterm birth by severity and clinical subtype: retrospective cohort study. *BMC*. 2011;11(1):67.
9. Leal MD, Esteves-Pereira AP, Nakamura-Pereira M, et al. Prevalence and risk factors related to preterm birth in Brazil. *Reproductive health*. 2016;13:127.
10. Blencowe H, Cousens S, Oestergaard MZ, Chou D, Moller AB, et al. National, regional, and worldwide estimates of preterm birth rates in the year 2010 with time trends since 1990 for selected countries: A systematic analysis and implications. *lancet*. 2012;379(9832): 2162-2172.