

# Irritable uterus

**Irritable uterus** is the term for a condition in which there are **regular uterine contractions** that **do not affect the cervix**. They can appear at any time during pregnancy.

## Etiology and pathogenesis

Etiology and pathogenesis are still not fully understood. Risk factors for development include:

- stress,
- filled bladder,
- dehydration,
- sex,
- lifting heavy things and excessive physical activity.

## Contractions in pregnancy

**Braxton-Hicks contractions** are the first to appear during pregnancy. A woman usually feels them as a hardening of a part of the uterus lasting several minutes, they are **irregular**, usually not significantly painful and do not interfere with normal daily activities. In terms of lifestyle, they tend to be associated with dehydration and excessive physical activity. Sufficient drinking regimen and rest can therefore help. As the birth date approaches, the frequency and intensity of these contractions may increase in connection with the preparation of the uterus for birth. In the Czech Republic, they are sometimes referred to as *messengers*.

Regular, more intense contractions can mean:

- irritating uterus,
- imminent birth.

During the second and third trimesters, some women may experience an increase in the intensity, pain and frequency of uterine contractions, and a certain regularity may also appear. The condition can improve with rest, but on the contrary, it tends to worsen with physical activity. A woman, especially a multiparous woman, usually comes with fear of the beginning of labor. An examination by a gynecologist usually **does not prove incipient (premature) labor**. Manifestations of an irritable uterus are not normal, but at the same time they may not be a sign of pathology. According to a 1995 study, women who suffer from an irritable uterus experience preterm labor approximately 18% of the time. Compared to the population without this complication, the difference is minimal. Women with a normal course of pregnancy without an irritating uterus give birth prematurely in 11% of cases. However, the chance of preterm birth increases as the expected due date approaches.

## Clinical picture

The basic manifestation is regular uterine contractions of varying intensity. **The occurrence of more than five contractions per hour, or a frequency of every 5-10 minutes, is a warning.** The cervix is unchanged. Abnormal uterine activity may be accompanied by:

- watery discharge from the vagina (a small amount of amniotic fluid),
- feeling of reduced fetal activity,
- vaginal bleeding,
- pain in the shoulders,
- feeling of pressure in the pelvis.

## Diagnosis

Anamnestically, we focus on the frequency of contractions, how long they last - the contraction itself and the overall algorithm, or whether they appear during some activity, e.g. while running. Ultrasound examination will reveal possible shortening of the cervix in connection with the beginning or ongoing labor (so-called cervicometry). Using CTG, the character of the contractions can be recorded on the tocogram curve. fetal fibronectin test can be used to evaluate the risk and uncertainty regarding premature birth.

## Therapy

There is no causal therapy. Recommended regimen measures:

- sufficient hydration,
- regular non-irritating food in small portions,
- sufficient amount of sleep,
- position on the left side,

- avoiding foods and drinks containing caffeine,
- testing and treatment of possible infection (uroinfection),
- magnesium as a dietary supplement,
- rest mode.

If there is concern about premature birth, it is not unreasonable to hospitalize the patient, monitor her regularly and, if necessary, administer magnesium in an infusion or tocolytics. Hexoprenaline (© Gynipral) can also be used.

## Links

### Related Articles

- Birth

### References

- Healthline.com-Irritable Uterus and Irritable Uterus Contractions: Causes, Symptoms, Treatment (<https://www.healthline.com/health/pregnancy/are-your-contractions-normal#call-your-doctor>)
- The irritable uterus: A risk factor for preterm birth? (<https://www.sciencedirect.com/science/article/pii/S002937895901027?via%3Dihub>)
- Massachusetts Medical Society - Irritable Uterus (<http://www.massmed.org/About/MMS-Leadership/History/Irritable-Uterus/#.XaWWAWkzY2w>)