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Preterm delivery - what cause?

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Background: The follow-up of a low risk pregnancy is shared by a family doctor and an obstetrician.
Description: Female, 37 years old, married, unemployed, gesta III para I, with family background of heart disease.
Family evaluation: nuclear family of 4 persons, good relationship among them, phase II of Duvall Life Cycle; Middle-hight class by Graffar Adapted Scale and highly functional family by SmilKstein Familiar Apgar.
She went to the emergency service on 15/9/2014 with moderate metrorragia and the sensation of high uterine tone after a walk, at 24 weeks+ 2 days. It was observed little fresh blood metrorragia, with clots. The ultrasound revealed probable total occlusive placenta. The patient stayed in hospital. She was treated with antibiotics, ferrum and dexamethasone protocol. The ultrasound suggested it was a probable aberrant cotilédone praevia. The 2nd quarter analyses were normal. At 27 weeks + 3 days started nifedipine as tocolytic. However, the day after she started labor, and had a normal but preterm delivery. Afterbirth was verified that the placenta had a probable aberrant cotilédone and it was sent to pathology.
The results only showed vascular changes (vellamentous insertion cord). The patient went home 2 days after delivery.
Conclusion: We intend to call the atention for health education of pregnant women, the teaching of red flags to go to the emergency service and the acessement of risk during pregnancy because preterm labor can occur even in cases without identified risk factors.