

SCOPE DEFINITION

Guideline Title: Preterm labour and birth

Scope framework	
Population	<p><i>Which group of people will the guideline be applicable to?</i></p> <p>Pregnant women less than 37+0 completed weeks gestation at risk of spontaneous preterm labour and birth</p>
Purpose	<p><i>How will the guideline support evidence-based decision-making on the topic?</i></p> <p>Identify relevant evidence related to</p> <ul style="list-style-type: none"> • Diagnosis, assessment and management of condition (including any updated/upcoming technologies in the field of management of preterm labour)
Outcome	<p><i>What will be achieved if the guideline is followed?</i> <i>(This is not a statement about measurable changes / not SMART goals)</i></p> <p>Support:</p> <ul style="list-style-type: none"> • Strategies to reduce the risk of preterm birth • Early identification of pregnant women at risk of preterm labour and birth • Accurate assessment and correct diagnosis of condition • Best practice management during pregnancy, labour and postpartum
Exclusions	<p><i>What is not included/addressed within the guideline?</i></p> <ul style="list-style-type: none"> • Perinatal care of the extremely preterm baby – refer to Perinatal care of the extremely preterm baby guideline • Management of preterm prelabour rupture of membranes (including fetal assessment, decisions regarding time of birth) – refer to PPRM short guide • Induction of labour methods at preterm gestational age • Indications (maternal or fetal) for planned preterm birth • Detailed information about Antenatal corticosteroids – refer to Antenatal Corticosteroids (ACS) short guide • Detailed information about cervical cerclage (including methods and removal) • Routine intrapartum and postnatal care • Care of the newborn at birth • Information contained in other Queensland Clinical Guidelines including Queensland Clinical Guideline Standard Care

Clinical questions

Question	Likely Content/Headings/Document Flow
Introduction	Definition Clinical Standards
1. What information should be provided to a woman and her partner when she is at risk of preterm labour and birth?	<ul style="list-style-type: none"> • Communication • Risk factors • Risk reduction <ul style="list-style-type: none"> ○ Counselling – every week counts ○ Progesterone ○ Cervical cerclage ○ Bacterial vaginosis • Bacteriuria
2. What assessments are recommended for women in threatened or established preterm labour?	<ul style="list-style-type: none"> • History • Signs and symptoms <ul style="list-style-type: none"> ○ Asymptomatic ○ Symptomatic • Physical examination • Fetal surveillance • Laboratory investigations • Actim® Partus • Cervical length measurement
3. What management is indicated for women in threatened or established preterm labour and its effectiveness?	<ul style="list-style-type: none"> • Transfer • Corticosteroids • Tocolysis <ul style="list-style-type: none"> ○ Nifedipine ○ Other tocolytics • Antibiotics • MgSO₄ • Timing of birth • Mode of birth • Discharge planning after threatened preterm labour

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

1. The proportion of women with a prior spontaneous preterm birth who are offered progesterone supplementation
2. The proportion of women with preterm labour at less than 34 weeks gestation who receive corticosteroid therapy within the seven days leading up to the birth
3. The proportion of women with a cervical length less than 25 mm and at least one other risk factor that were offered cervical cerclage
4. The proportion of women with preterm labour at less than 30 weeks gestation who received magnesium sulphate
5. The proportion of women with threatened preterm labour who have:
 - a) Actim® Partus testing
 - b) Midstream specimen of urine for bacteriology
 - c) High vaginal swabs for microculture and sensitivity
 - d) Low vaginal and anorectal swab for Group B Streptococcus
6. The proportion of women with threatened preterm labour with a negative Actim® Partus test result (one blue line at 5 minutes) admitted to hospital
7. The proportion of women who received timely transfer and intervention for those who required antenatal in-utero transfer for PTL
8. The proportion of women who were transferred in-utero to another facility but did not subsequently have a preterm birth
9. The proportion of perinatal mortality based on preterm labour and birth
10. The proportion of women with identified early onset sepsis who were treated and managed appropriately