Flow Chart: Assessment and management of preterm labour (< 37 weeks)

**Review History**
- Medical, surgical, obstetric, social

**Assess for signs and symptoms**
- Pelvic pressure
- Lower abdominal cramping
- Lower back pain
- Vaginal loss—mucus, blood, fluid
- Regular uterine activity

**Physical examination**
- Vital signs
- Abdominal palpation
- Fetal surveillance—FHR, CTG
- Sterile speculum exam
  - Identify if ROM
  - Vaginal swabs for MC&S
  - High vaginal swab
  - Test for fFN
  - TVCL (if available)
  - Low vaginal/anorectal GBS swab
- Cervical dilatation—indicated
  - Sterile digital vaginal exam
  - unless ROM, placenta praevia
- Ultrasonogram—indicated
  - O fetal growth and wellbeing

**Laboratory**
- High vaginal swabs for MC&S
- Swab for GBS (vaginal/anorectal)
- Midstream urine for MC&S

**Consider admission if:**
- fFN > 50 ng/mL or
- Cervical dilatation or
- Cervical change over 2–4 hours or
- ROM or
- Contractions regular and painful or
- Further observation or investigation indicated or
- Other maternal or fetal concerns

**In-utero transfer**
- Aim for in-utero transfer wherever possible
- If gestation < 28 weeks, accept a high level of risk for birth en-route (unless it puts mother’s life at risk)
- Coordinate transfer via RSQ phone: 1300 799 127

**Antenatal corticosteroids**
- Recommend between 22+0 to 34+6 weeks
- Determine need for further repeat dose based on clinical assessment of ongoing risk of PTB
- Refer to Queensland Clinical shortGuide: Antenatal corticosteroids

**Tocolysis**
- Nifedipine 20 mg oral
- If contractions persist after 30 minutes repeat dose
- If contractions persist after further 30 minutes repeat dose
- Maintenance therapy 20 mg every 6 hours for 48 hours

**Discuss with obstetrician**
- If contraindications exist
- If other options required (indomethacin, salbutamol)

**Antibiotics**
- If established labour (or imminent risk of PTB) give intrapartum GBS prophylaxis regardless of GBS status or membrane status
- If chorioamnionitis (membranes intact or ruptured)
  - Amoxicillin (or amoxyclillin) 2 g IV initial dose, then 1 g IV every 6 hours
  - Gentamicin 5 mg/kg IV daily
  - Metronidazole 500 mg IV every 12 hours
- If penicillin hypersensitivity and chorioamnionitis:
  - Lincomycin OR clindamycin 600 mg IV every 8 hours
  - Gentamicin 5 mg/kg IV daily and
  - Metronidazole 500 mg IV every 12 hours
- If labour does not ensue (and no evidence of chorioamnionitis) and membranes intact then cease antibiotics
- If PPROM, refer to Queensland Clinical shortGuide: PPROM and PROM

**Magnesium sulfate**
- Recommend if gestational age less than 30+0 weeks if birth imminent (within 24 hrs)
- Consider if gestational age 30+0–33+6 weeks
- Labour established or birth imminent (within 24 hrs)
  - Loading dose: 4 g IV bolus over 20 minutes
  - Maintenance dose: 1 g/hour for 24 hours or until birth—whichever occurs first

**Prepare for birth**
- Recommend vaginal birth unless there are specific contraindications to vaginal birth or maternal conditions necessitating caesarean section

**Management after threatened preterm labour**
- Plan care according to clinical circumstances
  - Maternal and fetal assessments
  - Transfer back to referring hospital where feasible
  - Discharge if usual criteria met
  - Inform the woman, GP and usual care provider about recommendations for future care

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Queensland Clinical Guidelines