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# 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-mucous, blood, fluid
- Regular uterine activity

# **Physical examination**

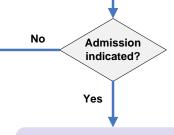
- Vital signs
- · Abdominal palpation
- Fetal surveillance–FHR, CTG
- Sterile speculum exam
  - o Identify if ROM
  - o Visualise cervix/membranes
  - High vaginal swab
  - o Test for fFN
  - o TVCL (if available)
- · Low vaginal/anorectal GBS swab
- Cervical dilatation-if indicated
  - Sterile digital vaginal exam unless ROM, placenta praevia
- Ultrasound-if available
  - 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 dilation 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



# Admit

- · Analgesia if required
- Clinical surveillance
- Fetal monitoring/continuous CTG
- · Consult as required
- · Plan care with the woman

# Discharge

- Provide information re: signs and symptoms and returning for care
- Arrange follow-up as indicated

#### 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:**

Sonsider as clinically appropriate

- 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)
  Ampicillin (or amoxycillin) 2 g IV initial dose, then
  1 g IV every 6 hours
  - o Gentamicin 5 mg/kg IV daily
  - o Metronidazole 500 mg IV every 12 hours
- If penicillin hypersensitivity and chorioamnionitis:
- Lincomycin OR clindamycin 600 mg IV every 8 hours and
- o 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)
  - o 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
  - o Maternal and fetal assessments
  - o Transfer back to referring hospital where feasible
  - o Discharge if usual criteria met
  - Inform the woman, GP and usual care provider about recommendations for future care

Queensland Clinical Guidelines: Preterm labour and birth. Flowchart version: F20.6-1-V10-R25

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CTG: Cardiotocograph, EOGBSD: early onset group B Streptococcus disease, fFN: Fetal fibronectin, FHR: Fetal heart rate, g: grams, GBS: Group B Streptococcus, GP: general physician, hrs: hours, IM: Intramuscular, IV: Intravenous, kg: kilogram, MC&S: microscopy, culture & sensitivity, mg: milligrams, PROM: Prelabour rupture of membranes, PPROM: Preterm prelabour rupture of membranes, PTB: Preterm birth, RSQ: Retrieval Services Queensland, ROM: Rupture of membranes, TVCL: Transvaginal cervical length, >: greater than, <: less than



