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| Department: | Obstetrics and Gynecology | | |
| Document: | Multidisciplinary Policy and Procedure | | |
| Title: | Suppression of Preterm Labor | | |
| Applies To: | All Obstetrics and Gynecology Staff | | |
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1. PURPOSE:

- 1.1 To define policy and procedure regarding admission and transfer of woman in PTL from ER.
- 1.2 To standardized management of PTL in ER and labor room.

2. DEFINITIONS:

- 2.1 **Preterm Labor**– is defined as labor starting spontaneously after the gestation viability (24–28 weeks) and below 37 completed weeks of pregnancy.

3. POLICY:

- 3.1 Diagnosis
 - 3.1.1 Pregnancy between 24–36 completed weeks gestation and in presence of uterine contraction with rate of 4/20 minutes or 8/60 minutes (carefully timed by CTG) PTL is diagnosed if:
 - 3.1.1.1 Membranes are ruptured/intact
 - 3.1.1.2 The cervix is dilated at least 1 cm or is effaced at least 80%.
 - 3.1.1.3 The cervix changes with serial examinations while the patient is being observed.
- 3.2 If the pregnancy is beyond 34 weeks, no need for ventilator.
- 3.3 Using multiple tocolytic drugs appears to be associated with a higher risk of adverse effect and so should be avoided.
- 3.4 Nifedipine and Atosiban have comparable effectiveness in delaying birth for up to seven days.
- 3.5 Tocolysis should not be used where there is a contraindication to prolonging pregnancy.

4. PROCEDURE:

- 4.1 Assessment of patient preterm labor in ER.
 - 4.1.1 Review antenatal record and confirm gestation age.
 - 4.1.2 Perform abdominal examination to determine the size of the fetus and presentation.
 - 4.1.3 Consider speculum examination and obtain vaginal swab of abnormal discharge if there is suspicious.
 - 4.1.4 Assess cervical dilatation and effacement.
 - 4.1.5 Apply CTG 20–60 minutes to assess FHR quality and frequency of uterine contraction.
- 4.2 When the cervix is dilated ≥ 5 cm, woman should be admitted to labor room after informing SROD and discuss the case with pediatric ROD.
- 4.3 If pregnancy is less than 34 weeks (24–34 weeks), SROD must discuss the case with pediatric ROD about the case and availability of ventilator.

- 4.4 The patient should be given oral nifedipine 30mg start and 10-20mg every 4-6hours and Dexamethasone 6 mg IM every 6 hours for 24 hours.
- 4.5 If there is no ventilator:
 - 4.5.1 This should be documented in ER file.
 - 4.5.2 The ROD/SROD will contact emergency department at MOH to contact other hospitals for ventilator availability. Management in labor room.
 - 4.5.3 Review what have been done in ER.
 - 4.5.4 Do examination:
 - 4.5.4.1 General.
 - 4.5.4.2 Abdominal.
 - 4.5.4.3 Vaginal examination; take vaginal and rectal swab for CBS culture
 - 4.5.5 Obtain blood for CBC, blood group (if not known).
 - 4.5.6 Check urine for analysis.
 - 4.5.7 Confirm presentation, assess liquor by ultrasound.
 - 4.5.8 Apply external CTG.
 - 4.5.9 If pregnancy more than 34 weeks:
 - 4.5.9.1 Bed rest and observe.
 - 4.5.9.2 Give 500ml 5% dextrose over half hour.
 - 4.5.9 Pregnancy between 24–34 weeks:
 - 4.5.9.1 Dexamethasone 6mg 6hourly for 24 hours
 - 4.5.9.2 Betamethasone 12mg IM, two doses 24 hours apart.
 - 4.5.10 Management in labor room.
 - 4.5.10.1 Review what have done in ER.
 - 4.5.10.2 Do examination.
 - 4.5.10.2.1 General.
 - 4.5.10.2.1 Abdominal.
 - 4.5.10.2.1 Vaginal examination if needed, MgSo4 for neuro.protection
 - 4.5.11 Obtain blood for CBC, blood group (if not known).
 - 4.5.12 Check urine for analysis.
 - 4.5.13 Confirm presentation, assess liquor by ultrasound.
 - 4.5.14 If pregnancy more than 34 weeks:
 - 4.5.14.1 Bed rest and observe.
 - 4.5.14.2 Give 500ml 5% dextrose over half hour.
 - 4.5.14 Pregnancy between 24-34 weeks:
 - 4.5.14.1 Dexamethasone 6mg IM, 6 hours for 24 hours.
 - 4.5.14.2 Betamethasone 12 mg IM, two doses, 24 hours apart.

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurses



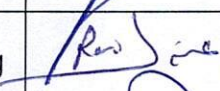

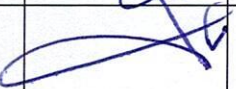
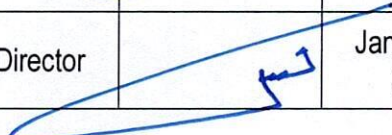
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 MOH, Guidelines for Obstetrics and Gynecology, Clinical Policies and Procedures.
- 8.2 Williams' Obstetrics, Preterm Birth, 22nd edition, 2005.
- 8.3 <https://www.slideshare.net/ShaellesJoshi/preterm-labour-31123047>.
- 8.4 CBAHI Standard 3rd Edition 2016.

9. APPROVALS:

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