HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Obstetrics and Gynecology		
Document:	Multidisciplinary Policy and Procedure		
Title:	Supression 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 nefedipine 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/ShaellsJoshi/preterm-labour-31123047.
8.4 CBAHI Standard 3rd Edition 2016.

9. APPROVALS:

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