3 CENTRES COLLABORATION ASSESSMENT AND MANAGEMENT OF PRETERM LABOUR FLOWCHART

Review risk factors:
Previous preterm birth, APH, genital tract infection, multiple pregnancy, ruptured membranes, trauma, congenital abnormality, smoking, low socio-economic status.

Confirm preterm labour:
- Contractions
- Cervical dilatation
- Backache and/or pelvic pressure
- Vaginal show or spotting

Investigations:
Observations, Palpation, CTG, urinalysis and MSU.
fFN if not contraindicated.
Sterile speculum & gloves; high vaginal swab, low vaginal/anal GBS swab. exclude PROM

Negative fFN. No cervical change

LOW RISK OF BIRTH IN THE NEXT 7 DAYS

Positive fFN. Cervical change
RISK OF BIRTH IN THE NEXT 7 DAYS

Contraindications to fFN testing:
Ruptured membranes
Vaginal bleeding
Cerclage in situ.
Consider result in light of:
History of coitus, digital exam of vagina. non-water lubricants.

Contractions infrequent or irregular

Contractions regular and painful

Admit and review hourly.
Offer analgesia. Administer steroids if < 34 weeks.
Consider tocolysis if not contraindicated. Consider $MgSO_4$ for neuroprotection. Commence antibiotics for GBS or systemic infection if appropriate.

Discharge home.
Follow-up in 7 days or sooner

Tocolysis appropriate?

Antibiotics for GBS appropriate?

Corticosteroids appropriate?

No

F.D.I.U.
> 34 weeks.
B/P < 90mmHg systolic.
Abnormal CTG.
Infection.
Abruption.
Consult with experienced colleagues and neonatal team

Yes

Give Nifedipine 20mg oral, stat. Repeat every 30 minutes x 2 if required.

If contractions continue after 3 hours, give 20 mg every 8 hours (max. 160mg/24 hours) until contractions cease, labour is established or 48 hours has elapsed.

Yes

Penicillin 1.2g I.V. bolus. 600mg I.V. q. 4 hourly.

If penicillin allergy: Clindamycin or lincomycin 600mg I.V. q. 8 hourly

Cease if GBS screen is negative

Yes

Betamethasone 11.4mg I.M. 24 hours later one repeat dose 11.4mg I.M.

If unavailable

Dexamethasone I.M. 6mg 4 hourly for four doses