Preterm Labour

For the reluctant obstetrician…

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Preterm Labour

- ~7% of babies born preterm (<37 weeks)
  - < 32/40 considered very preterm, < 28/40 considered extremely preterm
- Preterm birth is largest contributor to perinatal deaths in Australia
- Preterm labour is associated with significant morbidity and mortality, particular at lower gestations
- High index of suspicion: Consider in any women with abdominal / back pain in pregnancy
- Initial goal of assessment = differentiate preterm labour from threatened preterm labour

Preterm Labour

- Hx:
  - Uterine tightenings
  - Abdominal pain
  - Fetal movements
  - PV bleeding or fluid loss
- Exam:
  - Vital signs + Urine dip
  - Abdominal palpation: Uterine tenderness / palpate contractions for 10min
  - CTG or fetal heart rate
  - PV/spec for cervical changes + fFN if available
- Ultrasound
  - Cervical length / growth AFI & dopplers

Preterm Labour

- Management Principles:
  - Corticosteroids
    - Betamethasone 11.4mg IM, repeat at 24hrs (dexamethasone is alternative)
  - Tocolysis
    - Nifedipine 20mg PO q20min x3, then q3-6H (may 160mg/day) with goal of contraction cessation
    - Typically ~48hrs as goal is to facilitate corticosteroid administration
    - Other options: Salbutamol infusion, Terbutaline, Indomethacin
  - Antibiotics
    - IV benzylpenicillin for 48hrs, broader spectrum if suspecting chorioamnionitis (rare if no PPROM)
  - Neuroprotection
    - MgSO4 infusion if <30/40, NNT 63 for cerebral palsy, reduced motor dysfunction in early childhood
  - Monitor mother and baby
  - Admission / Transfer

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