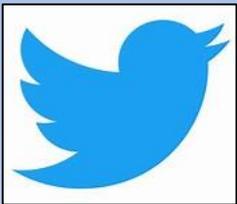


Preterm Labour

For the reluctant obstetrician...



@Obcast



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

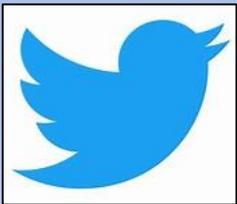


Preterm Labour

- 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

Preterm Labour

For the reluctant obstetrician...



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