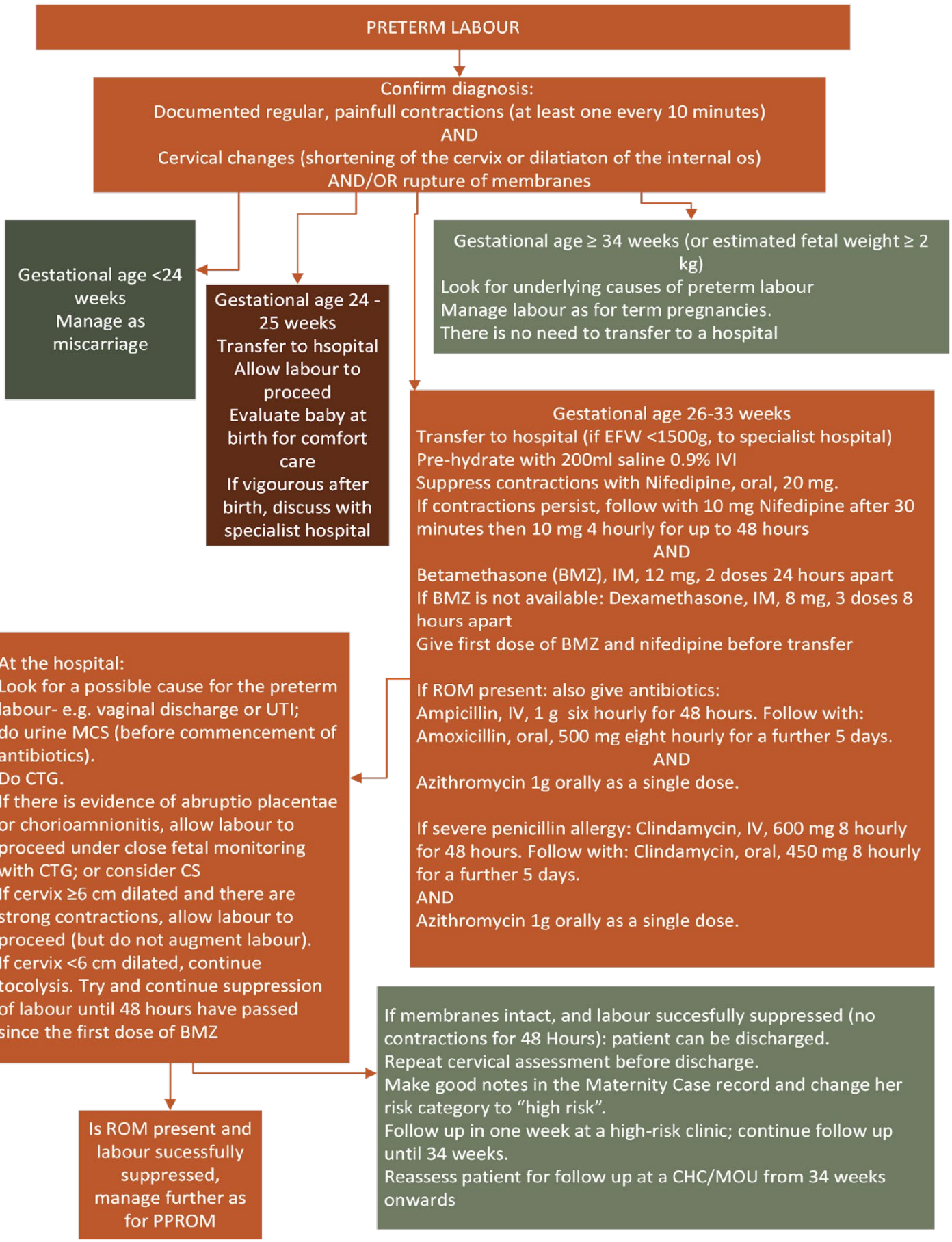

PRETERM LABOUR
Confirm diagnosis:
Documented regular, painfull contractions (at least one every 10 minutes)
AND
Cervical changes (shortening of the cervix or dilatiaton of the internal os)
AND/OR rupture of membranes
Gestational age <24 weeks
Manage as miscarriage
Gestational age 24 - 25 weeks
Transfer to hsopital
Allow labour to proceed
Evaluate baby at birth for comfort care
If vigourous after birth, discuss with specialist hospital
Gestational age ≥ 34 weeks (or estimated fetal weight ≥ 2 kg)
Look for underlying causes of preterm labour
Manage labour as for term pregnancies.
There is no need to transfer to a hospital
Gestational age 26-33 weeks
Transfer to hospital (if EFW <1500g, to specialist hospital)
Pre-hydrate with 200ml saline 0.9% IVI
Suppress contractions with Nifedipine, oral, 20 mg.
If contractions persist, follow with 10 mg Nifedipine after 30 minutes then 10 mg 4 hourly for up to 48 hours
AND
Betamethasone (BMZ), IM, 12 mg, 2 doses 24 hours apart
If BMZ is not available: Dexamethasone, IM, 8 mg, 3 doses 8 hours apart
Give first dose of BMZ and nifedipine before transfer
If ROM present: also give antibiotics:
Ampicillin, IV, 1 g six hourly for 48 hours. Follow with:
Amoxicillin, oral, 500 mg eight hourly for a further 5 days.
AND
Azithromycin 1g orally as a single dose.
If severe penicillin allergy: Clindamycin, IV, 600 mg 8 hourly for 48 hours. Follow with: Clindamycin, oral, 450 mg 8 hourly for a further 5 days.
AND
Azithromycin 1g orally as a single dose.
At the hospital:
Look for a possible cause for the preterm labour- e.g. vaginal discharge or UTI; do urine MCS (before commencement of antibiotics).
Do CTG.
If there is evidence of abruptio placentae or chorioamnionitis, allow labour to proceed under close fetal monitoring with CTG; or consider CS
If cervix ≥6 cm dilated and there are strong contractions, allow labour to proceed (but do not augment labour).
If cervix <6 cm dilated, continue tocolysis. Try and continue suppression of labour until 48 hours have passed since the first dose of BMZ
Is ROM present and labour sucessfully suppressed, manage further as for PPROM
If membranes intact, and labour succesfully suppressed (no contractions for 48 Hours): patient can be discharged.
Repeat cervical assessment before discharge.
Make good notes in the Maternity Case record and change her risk category to "high risk".
Follow up in one week at a high-risk clinic; continue follow up until 34 weeks.
Reassess patient for follow up at a CHC/MOU from 34 weeks onwards