





### Definition of Preterm Labor

Regular uterine contractions after 20 weeks gestation and before 37 weeks gestation which lead to a progressive **cervical change**.  
Diagnosis of preterm labor requires a cervical exam.

### Exams

Recheck cervix every two hours as long as there is concern for preterm labor.

Patient presents with signs and symptoms of preterm labor

Sterile speculum vaginal exam to assess for cervical dilation and obtain:

- Wet mount for bacterial vaginosis
- Fetal Fibronectin, GC/CT, trichomonas, GBS PCR, and cervical exam.
- Urinalysis

Patient with bacterial vaginosis?

Yes

### Antibiotic Treatment

1. Metronidazole 500 mg PO twice daily x7 days.
- or
2. Clindamycin 300 mg PO twice daily x7 days.

No

Is cervix dilated  $\geq 3$  cm?

Yes

Refer to [Treatment of Preterm Labor](#) Guideline.

No

Fetal Fibronectin result?

Positive

- Give Bethamethasone 12 mg IM.
- Repeat dose in 24 hours.

Negative

Yes

Is ultrasound available?

No

Preterm labor present?

Yes

Refer to [Treatment of Preterm Labor](#) Guideline and OB policy on treating preterm labor

No

Follow up on next clinic day for cervical length US.

Is cervical length  $>25$  mm?

Yes

Routine Care

No

No

Contact HROB on call to discuss plan.

Preterm labor present?

Yes

Refer to [Treatment of Preterm Labor](#) Guideline and OB policy on treating preterm labor

No

- Treat Preterm Labor per [guideline](#).
- Stay in Bethel with clinic follow up in one week.

No

Yes

Is cervical length  $>25$  mm?

Stay in Bethel with clinic follow-up in one week.

### Preterm Labor Symptoms

- Increased vaginal discharge
- Blood tinged mucus
- Low backache
- Pelvic pressure
- Menstrual-like cramps
- Intestinal cramping with or without diarrhea
- "Not feeling right"
- Loss of cervical mucous/"plug"

There is no need to treat contractions with tocolytics in the absence of cervical change.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 7/14/23.

Click [here](#) to see the supplemental resources for this guideline.

If comments about this guideline, please contact [Ellen\\_Hodges@ykhc.org](mailto:Ellen_Hodges@ykhc.org).



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### Contraindications to Tocolysis

- IUFD
- Lethal fetal anomaly
- Non-reassuring fetal assessment
- Severe IUGR
- Chorioamnionitis, relative
- Maternal hemorrhage with hemodynamic instability
- Severe preeclampsia or eclampsia
- PPROM
- Relative contraindication: delivery in Bethel seems inevitable.

### Contraindications to Terbutaline

- Diabetes
- HTN
- Suspected placental abruption (relative)

If cervix is greater than 2cm dilated, consider early consult to ANMC On-Call OBGYN L&D for management and possible transfer discussion.

