

\* The Obstetrics Case Managers will maintain a patient list in RAVEN to communicate the patients prescribed this intervention.



- 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"

Patient presents with signs and symptoms of preterm labor at 24 – 34 weeks gestation

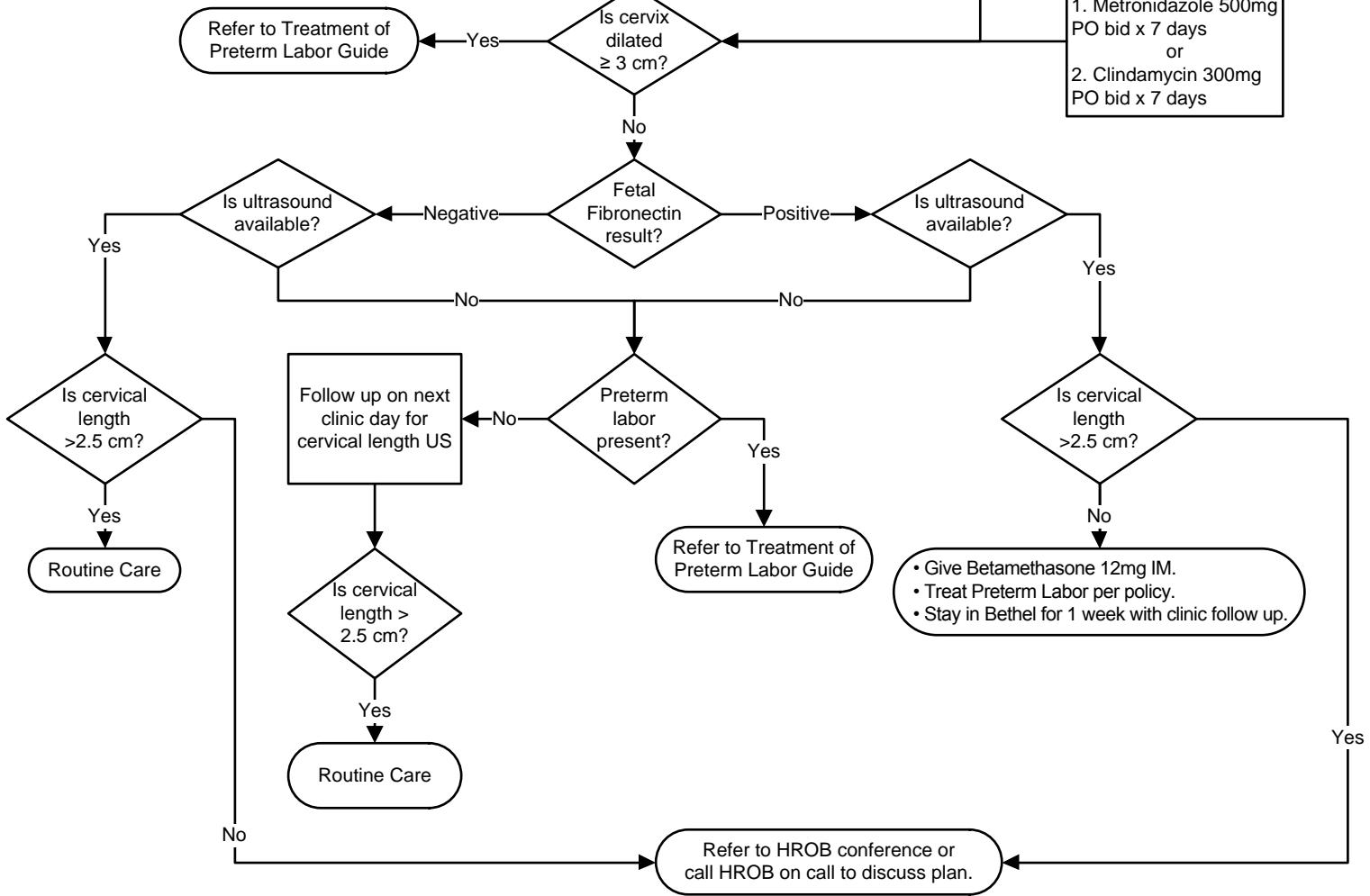
**Definition of Preterm Labor**- regular uterine contractions after 20 weeks gestation and before 37 weeks gestation which lead to a progressive cervical change.

Sterile speculum vaginal exam to assess for cervical dilation and obtain:  
 • wet mount for bacterial vaginosis  
 • Fetal Fibronectin, GC/CT, GBS culture, and cervical exam.

Decision: Patient with bacterial vaginosis?

If Yes: **Antibiotic Treatment**  
 1. Metronidazole 500mg PO bid x 7 days  
 or  
 2. Clindamycin 300mg PO bid x 7 days

Refer to Treatment of Preterm Labor Guide



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 MSEC 7/12/17.  
 If comments about this guideline, please contact 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

**Contraindications to terbutaline**

- Diabetes
- HTN
- Suspected placental abruption (relative)

