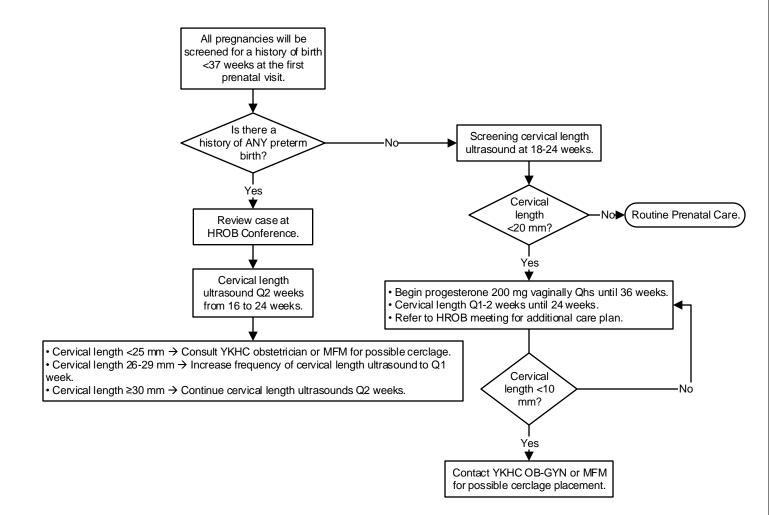


### Clinical Guideline

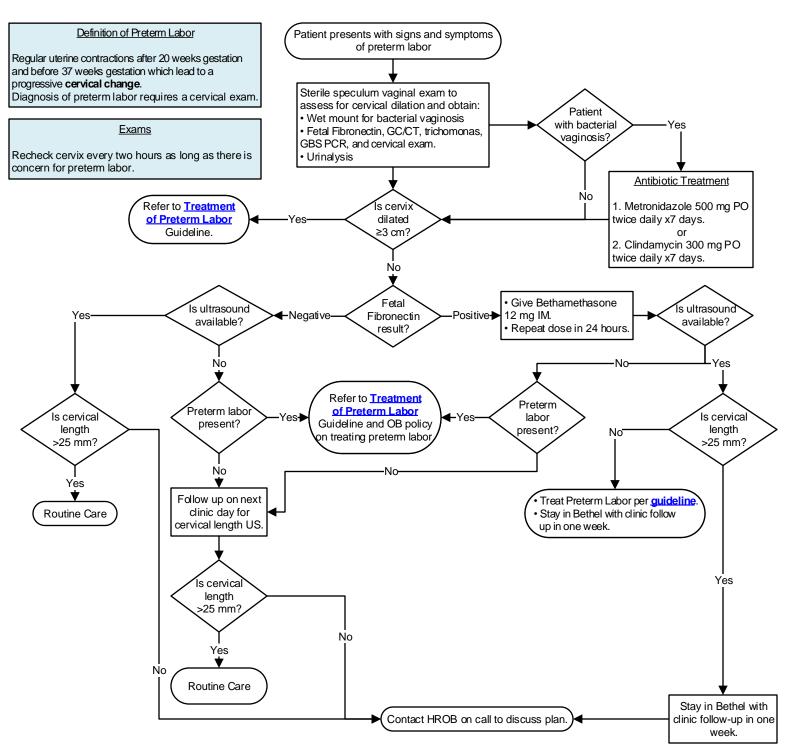
# **Preterm Labor: Screening and Prevention**





### Clinical Guideline

## **Preterm Labor: Evaluation**



### 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 a dapted 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



### Clinical Guideline

# **Preterm Labor: Treatment**

#### 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.

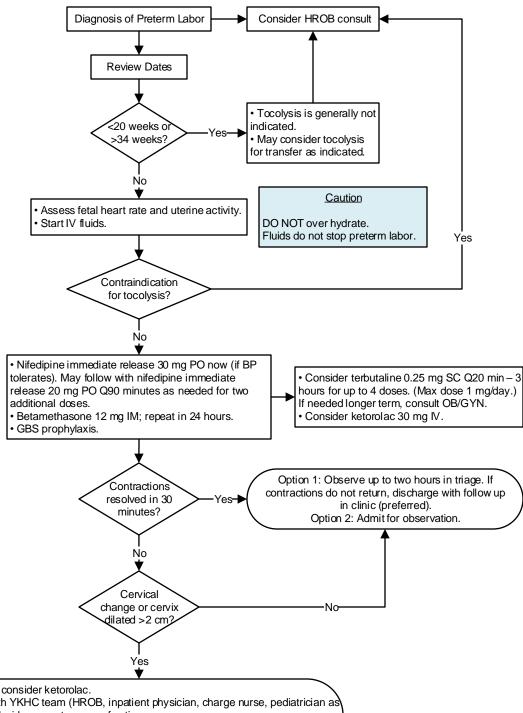
#### Contraindications to Tocolysis

- 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.



Strongly consider ketorolac.

· Huddle with YKHC team (HROB, inpatient physician, charge nurse, pediatrician as available to decide on next course of action.

 If applicable, consult ANMC On-Call OBGYN L&D or ANMC On-Call Pediatrics for transfer and activate Medivac for patient or neonate as applicable.