Government of Sierra Leone, Ministry of Health and Sanitation

Directorate of Reproductive and Child Health, 2017

NATIONAL PROTOCOL FOR MANAGEMENT OF PRETERM LABOR

- Preterm labor (PTL) is contractions leading to cervical change before 37 weeks gestation
- Preterm birth (PTB) - birth before 37 weeks gestation - is a major cause of neonatal mortality

MANAGEMENT OF LABOR

- Transfer any woman with PTL to the nearest CEmONC if delivery is not imminent
- Monitor labour with partograph and notify pediatrics to prepare for resuscitation
- Routine C/S is not recommended regardless of presentation
- Avoid vacuum-assisted birth as the risk of intra-cranial bleeding is high

ANTENATAL CORTICOSTEROIDS

- Antenatal corticosteroid therapy can improve fetal lung maturity and chances of neonatal survival when given to women in PTL from 24 weeks to 34 weeks gestation
- Confirm diagnosis of PTL by documenting cervical dilation or effacement over 2 hours
- Confirm gestational age because risk of harm from corticosteroids might outweigh benefits in preterm births > 34 weeks gestation (LMP, exam in early pregnancy, ultrasound, fundal height)
- Do not administer corticosteroids if there is clinical evidence of maternal infection (fever, uterine tenderness, foul-smelling amniotic fluid) as it can make infection worse
- Confirm that preterm newborn is in facility able to provide adequate resuscitation and care
- Administer Dexamethasone, 6 mg IM, every 12 hours X 4 doses
- Do not use if PPROM, chorioamnionitis, placental abruption, or maternal cardiac disease
- Dexamethasone can be repeated after 1 week if PTB has not happened and PTB is imminent
- Give tocolytic up to 48 hours only to allow window to provide corticosteroids or to allow transfer to CEmONC (Nifedipine 20mg orally, then 10mg Q 6 hours, max dose = 40mg/day - monitor fetal condition and maternal vitals as Nifedipine can cause drop in BP)
- Corticosteroids can increase blood sugars in diabetic women – monitor and treat blood sugars

ANTIBIOTICS

- Antibiotics can improve outcomes in women with preterm rupture of membranes and/or clinical signs of infection – give antibioics only if membranes are ruptured or signs of infection
- Erythromycin 250mg Q 6 hours X 10 days or until birth OR Ampicillin 2g IV every 6 hours