

PRETERM BIRTH CARE PATHWAY

ALL PREGNANCIES REVIEWED FOR PRETERM BIRTH RISK FACTORS

NONE

YES

- PREVIOUS HISTORY OF PRETERM BIRTH
- PREVIOUS SECOND TRIMESTER LOSS

ROUTINE ANATOMY ULTRASOUND AT 18-20 WEEKS GA
CERVICAL LENGTH SEEN

SHORT CERVIX (less than 25mm)

PRETERM BIRTH PREVENTION

ULTRASOUNDS FOR CERVICAL LENGTH AT 16, 18-20 + 24 WKS

USUAL CARE

EDUCATE REGARDING SIGNS + SYMPTOMS OF PRETERM LABOUR

LIFESTYLE

- Diet/nutrition
- Weight management
- Smoking cessation
- Marine/omega 3 fatty acids
- Calcium
- Zinc

TREAT/PREVENT INFECTION

- Monthly urine C&S
 - Monthly vaginal swabs (yeast, bacterial vaginosis and STI)
- TREAT ALL POSITIVES (even yeast)
- Flu Vaccine
 - Covid Vaccine

VAGINAL PROGESTERONE

Micronized progesterone 200mg/day (singleton) or 400mg/day (multiples)

Initiate at 16-24 wks or when risk identified & use to 37 weeks

- KEEP IN MIND
- Adolescent pregnancies at increased risk (repeat swabs in 3rd trimester)

PREGNANCIES PRESENTING WITH SIGNS + SYMPTOMS OF PRETERM LABOUR

CONSIDER ASA for prevention of pre-eclampsia

HISTORY + PHYSICAL EXAM + TESTS

- POCUS
- URINE
- BLOOD
- +/- FORMAL ULTRASOUND
- SWABS: Vaginal
- Nitrazine
- pIGFBPI
- fFN

INTERPRETATION OF RESULTS (keep in mind low risk vs high risk)

FURTHER MANAGEMENT

HOME WITH FOLLOW UP

IN HOSPITAL MONITORING

TRANSFER TO HLOC

IMMINENT PRETERM BIRTH PREPARE!

- NEONATAL RESUSCITATION (NRP)
- THERMOREGULATION
- PLASTIC WRAP LESS THAN 32 WEEKS
- DELAYED CORD CLAMPING

TRANSFER TO HIGHER LEVEL OF CARE (HLOC)

CONSIDER:

- Corticosteroids
- Magnesium sulfate (for neuroprotection) less than 34 wks
- Tocolytics
- Antibiotics



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