Safer Care Victoria

Management of threatened extremely preterm labour (22^{+0} to 24^{+6} weeks' gestation)

WITHIN 30 minutes

NON-TERTIARY UNIT

Woman presenting to a **NON level 6** hospital in threatened preterm labour (TPL) at 22–25 weeks

Prompt **SENIOR** clinical assessment:
- Speculum exam to assess cervical dilatation and fFN where indicated
- Real time scan to confirm fetal heart rate and presentation
- Investigations into underlying cause of TPL

If in labour, or at high risk of labouring:
- Counsel parents regarding active vs. comfort care: involve local paediatricians or PIPER neonatologist
- Determine if transfer to a level 6 hospital would be safe

If parents elect **active** care, or are **undecided**:
- Initiate **active care pathway**
- Call PIPER to arrange **transfer** to level 6 hospital if safe to do so, or request **PIPER** attendance if insufficient time for transfer and PIPER neonatologist deems this appropriate

ACTIVE CARE

CORTICOSTEROIDS:
- 11.4 mg betamethasone IM, OR 12 mg Dexamethasone IM
- Repeat steroids 24 hours later if undelivered

TOCOLYSIS: Nifedipine 20 mg PO every 20 mins for three doses, then 8 hourly for 48 hours

If in ESTABLISHED LABOUR

ANTIBIOTICS: See SCV Preterm labour guideline

MAGNESIUM SULFATE: 4 g IV over 20 mins, then 1 g / hour for 24 hours or until birth (cannot be given in transit)

FETAL MONITORING: Individualised: CTG or real time ultrasound or hand-held Doppler

MODE OF DELIVERY: Individualised, but CS must be considered if evidence of fetal compromise and birth not imminent

PAEDIATRICIAN/SENIOR CLINICIAN AT THE BIRTH

ACTIVE VS COMFORT/PALLIATIVE CARE

If parents are **undecided**, the **active care pathway** may be initiated, as doing so **does not** commit them to ongoing **active management of the newborn**

COMFORT/PALLIATIVE CARE

- No steroids or tocolysis
- Antibiotics only if indicated by the maternal condition, e.g. chorioamnionitis
- No magnesium sulfate
- No fetal monitoring
- No caesarean section on fetal grounds
- Postnatal care by providers experienced in palliation

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VICTORIA State Government

WITHIN 30 minutes

TERTIARY UNIT

Woman presenting to a **level 6** hospital in threatened preterm labour (TPL) at 22 – 24+6 weeks

Prompt **SENIOR** clinical assessment:
- Speculum exam to assess cervical dilatation and fFN
- Real time scan to confirm fetal heart rate and presentation
- Investigations into underlying cause of TPL

If in labour, or at high risk of labouring:
- Urgent joint consultation with neonatology to help parents decide between active and comfort care

If parents elect active care, or are undecided, initiate **active care pathway** (see below)

ACTIVE CARE

CORTICOSTEROIDS:
- 11.4 mg betamethasone IM, OR 12 mg dexamethasone IM
- Repeat steroids 24 hours later if undelivered

TOCOLYSIS: Nifedipine 20 mg PO every 20 mins for three doses, then 8 hourly for 48 hours

If in ESTABLISHED LABOUR

ANTIBIOTICS: See SCV Preterm labour guideline

MAGNESIUM SULFATE: 4 g IV over 20 mins, then 1 g / hour for 24 hours or until birth (cannot be given in transit)

FETAL MONITORING: Individualised: CTG or real time ultrasound or hand-held Doppler

MODE OF DELIVERY: Individualised, but CS must be considered if evidence of fetal compromise and birth not imminent

NEONATOLOGIST PRESENT AT BIRTH

ACTIVE VS COMFORT/PALLIATIVE CARE

If parents are **undecided**, the **active care pathway** may be initiated, as doing so **does not** commit them to ongoing **active management of the newborn**

COMFORT/PALLIATIVE CARE

- No corticosteroids or tocolysis
- Antibiotics only if indicated by the maternal condition, e.g. chorioamnionitis
- No magnesium sulphate
- No fetal monitoring
- No caesarean section on fetal grounds
- Postnatal care by providers experienced in palliation

To receive this publication in an accessible format phone 03 9096 1308, using the National Relay Service 13 36 77 if required, or email **maternityehandbook@safercare.vic.gov.au**

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

ISBN 978-1-76096-178-7 (pdf/online)

Available at www.safercare.vic.gov.au

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