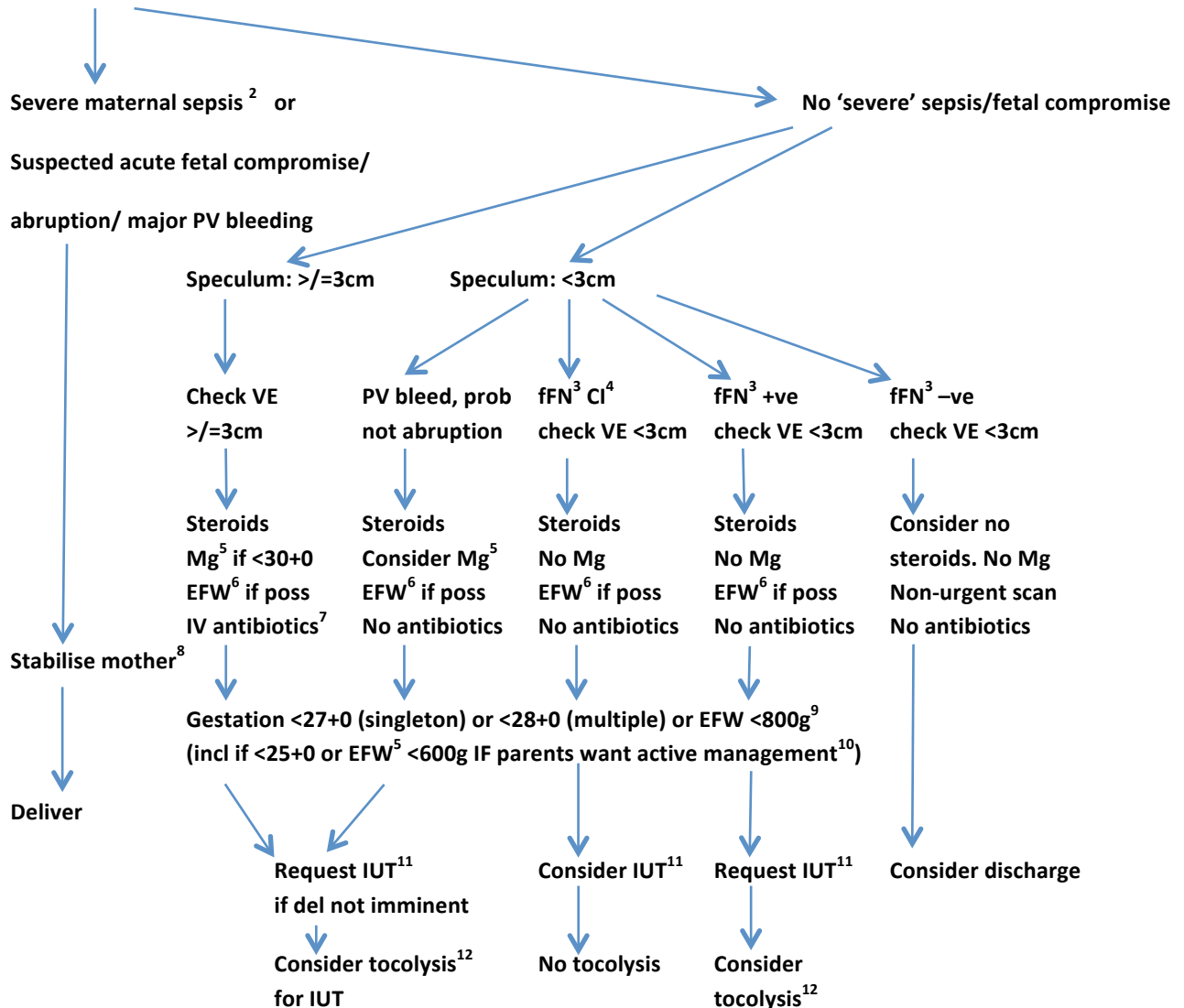


Simplified patient pathway and management algorithm for presentation with threatened extreme preterm labour: Version 1, 21/04/15.

Authors: Mr Lawrence Impey/ Oxford AHSN Maternity Network Steering Group. Ratified 22/4/15

Threatened PTL at $\geq 22+5^1$, $< 34+0$



- Note active resuscitation for neonates $< 23+0$ will not usually be performed. The management pathway should not be followed prior to $22+5$ the 3 day difference allowing for steroids etc. Dates according to CRL excl in IVF pregnancies.
- Sepsis meeting criteria for local severe sepsis bundle
- fFN: fibronectin or equivalent to assess likelihood of preterm delivery more accurately than history and examination
- Cl: contraindicated/ not recommended. Consider fFN usage if postcoital as false negatives unlikely
- Mg: Magnesium bolus 4g (16mmol) Magnesium Sulphate as 20mls of 20% magnesium sulphate IV over 5 – 10 minutes
- EFW: estimated fetal weight +/-15% if possible
- IV antibiotics. Follow unit antibiotic guideline; avoid co-amoxiclav
- Stabilisation of acutely unwell mother beyond scope of this document
- Criteria for delivery in Level 3 Neonatal Unit
- If time, offer discussion with paediatrician. Document any discussion regarding IUT with parents. Consider providing Thames Valley Neonatal Network patient information leaflets if available.
- IUT: in utero transfer, try OUH first. 8-5pm call Delivery Suite (01865 221988/7), and specifically request to speak to the consultant obstetrician on Delivery Suite. From 5pm to 8am, hospital switchboard (01865 741166), with the request to speak to the obstetric consultant on call. DO NOT call neonatal unit or delivery ward manager first.
- Tocolysis. Follow unit tocolysis guideline. Do not use nifedipine if magnesium has been given or is to be given