SMFM Preterm Birth Toolkit

PTL Algorithm

Society for Maternal-Fetal Medicine

Posted 09/2016
**Symptoms of PTL 23.0 – 33.9 weeks of gestation**
- Persistent contractions with pelvic pressure/backache
- Regular uterine contractions on external tocometry
- Leakage of fluid
- Vaginal spotting/bleeding

(1) Evaluate fetal well being:
- External fetal monitoring and tocometry
- Perform basic ultrasound for fetal size, presentation, AFI, placental location

(2) Assess for evidence of pertinent co-existing conditions as appropriate
- Chorioamnionitis, abruption, urinary tract infection

(3) Perform Vaginal Exam:
- Sterile speculum exam: obtain GBS swab, evaluate for rupture of membranes (nitrazine, pool, fern) as appropriate.
- Check digital sterile vaginal exam if no evidence of PPROM and no previa

(1) Admit patient: Initiate transfer to facility with higher level NICU care if applicable
(2) Corticosteroids for fetal lung maturity:
  - Betamethasone 12mg IM q24 hours x 2 doses OR
  - Dexamethasone 6mg IM q12 hours x 4 doses
(3) Antibiotics for GBS prophylaxis if GBS unknown or positive
(4) Tocolysis (if steroids not already received)*
  - First line: calcium channel blockers, NSAIDs used singly or in combination are reasonable approaches based on local practice patterns
  - If <32 weeks, consider indomethacin first-line in combination with magnesium sulfate for neuroprotection
(5) Magnesium sulfate for neuroprotection
  - If <32 wks; 6g IV bolus, then 2g IV per hour
(6) NICU consult

PPROM

SVE ≥3cm or >80% effaced

SVE <3cm and <80% effaced

PTL confirmed

Further evaluation**

PTL not confirmed

Admit patient, initiate PPROM protocol

D/C home with precautions

*Contraindications to tocolysis: intrauterine fetal demise, lethal fetal anomaly, non-reassuring fetal status, severe pre-eclampsia, maternal bleeding with hemodynamic instability, chorioamnionitis

**See text
Disclaimer

This algorithm and key driver material was written by a group of experts in the field of Preterm Birth. It was then reviewed by the Society for Maternal-Fetal Medicine’s (SMFM’s) Publications Committee, Executive Committee and Risk Management.

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