



Scope and Target Population:

All women who present in labor.

Aims:

1. Increase the percentage of female patients with PTL who receive antenatal corticosteroids.
2. Increase the use of procedures that assist in progress to vaginal birth.
3. Increase the percentage of women who are assessed for risk status on entry to labor and delivery.
4. Increase the use of intrauterine resuscitation for tachysystole or Category III heart rate tracings.

Clinical Highlights:

- Patients should be assessed for active labor or rupture of membranes before being admitted.
 - Active labor is defined as regular uterine contractions that are causing cervical effacement and dilation and the cervix is dilated at least 3 cm.
 - Rupture of membranes can be confirmed by checking for pooling and ferning, a nitrazine test or with a commercially available indicator (AmniSure).
- Assess fetal well-being with either intermittent auscultation or continuous electronic fetal heart rate monitoring.
- Assess patient's level of risk on presentation.
- Initiate treatment for preterm labor as soon as possible after the diagnosis is established.
- Women with preterm labor at appropriate gestational age should receive a course of antepartum steroids to promote fetal lung maturity.
- Conduct frequent cervical checks (cervical checks afford best opportunity to detect labor progress and prevent failure to progress).
- Augment with oxytocin to achieve adequate labor for two to four hours.
- If patient is in Stage II labor and is not making progress, initiate management of protraction disorders (positioning, oxytocin augmentation, OB/surgical consult).
- When necessary, initiate intrauterine resuscitation such as maternal position, cervical exam for cord prolapse, monitoring maternal blood pressure, assessment for uterine hyperstimulation, discontinuing oxytocics and amnioinfusion.
- Recognize and manage fetal heart rate abnormal patterns.