

Scope and Target Population:

All patients who present in labor.

Clinical Highlights and Recommendations:

- Start appropriate treatment for the type of preterm labor involved as soon as possible after preterm labor is identified. Treatment should be based on specific symptoms, as well as gestational age and condition of the mother and fetus.
- Women with preterm labor at appropriate gestational age should receive a single course of antepartum steroids to promote fetal lung maturity.
- Confirm active labor before admitting to facility evidenced by:
 - Spontaneous contractions at least 2 per 15 minutes, and two or more of the following:
 - Complete effacement of cervix
 - Cervical dilation greater than or equal to 3 cm
 - Spontaneous rupturing of membranes (SROM)
- Perform amniotomy early in labor if indicated as discussed in the guideline.
- Conduct frequent cervical checks (cervical checks afford best opportunity to detect labor progress and prevent failure to progress).
- Patient's level of risk should be assessed on presentation of active labor.
 - Oligohydramnios
 - Chronic and acute medical conditions of mother and/or fetus
- Augment with oxytocin to achieve adequate labor for 2 to 4 hours.
- If patient is in Stage II labor and is not making progress, initiate management of protraction disorders (positioning, fluid balance, oxytocin augmentation, OB/surgical consult).
- Assure fetal well-being with either intermittent auscultation or continuous electronic fetal heart rate monitoring.
- When necessary, initiate remedial techniques such as maternal position, IV fluid bolus and infusion, oxygen administration, discontinuing oxytocics, amnioinfusion and subcutaneous terbutaline.
- Recognize and manage fetal heart rate non-reassuring patterns.

Priority Aims:

1. Increase the percentage of women with PTL and/or PTB who receive betamethasone appropriately.
2. Prevent unnecessary protracted labor with use of Treatment of Failure to Progress in Labor algorithm and annotations and its methods (e.g., timely monitoring).
3. Increase the use of procedures that assist in progress to vaginal birth.
4. Increase the percentage of women who are assessed for risk status on entry to labor and delivery.
5. Increase the use of remedial techniques that resolve temporary non-reassuring heart tracing in labor.
6. Perform an appropriate evaluation for persistent non-reassuring heart rate tracing in labor before Cesarean section.