

Risk of preterm birth

Medication information table

	Eligibility	Regimen	Benefits	Considerations
ACS	<ul style="list-style-type: none"> GA – from viability to <34⁺⁰ confirmed by U/S. Risk of preterm birth. High likelihood of preterm birth in next 7 days. No clinical evidence of maternal infection. Adequate birth and preterm newborn care is available. 	<ul style="list-style-type: none"> First course: <ul style="list-style-type: none"> — dexamethasone 6 mg IM every 12 hours x 4 doses or — betamethasone 12 mg IM every 24 hours x 2 doses. A single repeat course may be beneficial: <ul style="list-style-type: none"> — only once, after 7 days of the first course and — only if all eligibility criteria are still met. More than two courses can be harmful to the fetus. 	<p>Can reduce death in preterm babies by 22% by:</p> <ul style="list-style-type: none"> • maturing fetal lungs • protecting fetal intestines and blood vessels in the brain. 	<ul style="list-style-type: none"> • Monitor blood glucose in women with pre-existing or gestational diabetes and expect an increased insulin need. • Might affect blood glucose levels in women with pre-existing or gestational diabetes. • Risks: <ul style="list-style-type: none"> — maternal sepsis when used in women with chorioamnionitis or other infections — perinatal mortality in infants born at term.
Nifedipine	<ul style="list-style-type: none"> GA – from viability to <34⁺⁰ confirmed by U/S. High likelihood of preterm birth in next 7 days. In preterm labour (based on skilled clinical assessment) with or without ruptured membranes. The woman is receiving ACS. No cardiac problems. Not dangerous to prolong pregnancy. 	<p>Modified/extended release nifedipine</p> <ul style="list-style-type: none"> • Loading dose: 20 mg by mouth. • Maintenance 10–20 mg by mouth every 4–8 hours. • Never give more than: <ul style="list-style-type: none"> — 30 mg at one time, or — 60 mg/day. <p>Immediate release nifedipine Less available but preferred:</p> <ul style="list-style-type: none"> • Loading dose: 20 mg by mouth • Repeat 20 mg by mouth every 20–30 minutes until contractions stop. • Maintenance 20–40 mg by mouth every 8 hours. • Never give more than: <ul style="list-style-type: none"> — 40 mg at one time, or — 160 mg/day. 	<p>Slows or stops contractions and can delay birth for ACS course and referral to be completed.</p>	<ul style="list-style-type: none"> • Monitor the woman for an excessive drop in blood pressure and hold or reduce medication as needed. • Side effects: <ul style="list-style-type: none"> — hypotension — tachycardia — palpitations — flushing — headache — dizziness — nausea. • Risks: severe hypotension, shortness of breath.
Prophylactic antibiotics	<ul style="list-style-type: none"> GA – from viability to GA <37⁺⁰. Ruptured membranes (confirmed) No known allergy to prescribed antibiotic. 	<ul style="list-style-type: none"> • Follow local protocols for the antibiotic. • Erythromycin: 250 mg by mouth four times/day for 10 days or until birth, whichever comes first. • If erythromycin is unavailable, use a penicillin such as amoxicillin. • Do not use co-amoxiclav/Augmentin due to increased rates of necrotizing enterocolitis. 	<p>For PPROM, helps prevent infection, which also reduces prematurity-related problems for baby.</p>	<ul style="list-style-type: none"> • Monitor closely and change to treatment protocol if signs of infection appear. • Side effects: <ul style="list-style-type: none"> — diarrhea — nausea — vomiting • Risks: allergic reaction.
MgSO4 (neuroprotection)	<ul style="list-style-type: none"> GA – from viability to <32⁺⁰ weeks confirmed by U/S. In labour (≥5 cm) or planned birth within 24 h. No cardiac problems or myasthenia gravis 	<ul style="list-style-type: none"> • Recommended IV options: <ul style="list-style-type: none"> — 4 g IV over 20 minutes, — then 1 g/h IV until birth or for 24 hours, whichever comes first. • If IV is not possible: <ul style="list-style-type: none"> — 5 g MgSO4 50% solution IM in each buttock, — then 5 g MgSO4 50% solution every 4 hours alternating buttocks. • Stop or delay maintenance dose if: <ul style="list-style-type: none"> — patellar reflex absent — respirations less than 16 per minute — urine output less than 30 mL/h over the past 4 hours. 	<p>Given within 24 hours of preterm birth – reduces incidence and severity of cerebral palsy.</p> <p>Even one hour of exposure can have a positive impact.</p>	<ul style="list-style-type: none"> • Can be used for severe pre-eclampsia or eclampsia to prevent seizures and has a mild tocolytic activity even though not recommended for this purpose. • If impaired renal function – loading dose only. • Side effects: <ul style="list-style-type: none"> — sweating — flushing and feeling of warmth — headache — nausea/vomiting — slight decrease in fetal heart rate. • Risks: respiratory or cardiac arrest related to magnesium toxicity (very rare).