Pre term labor

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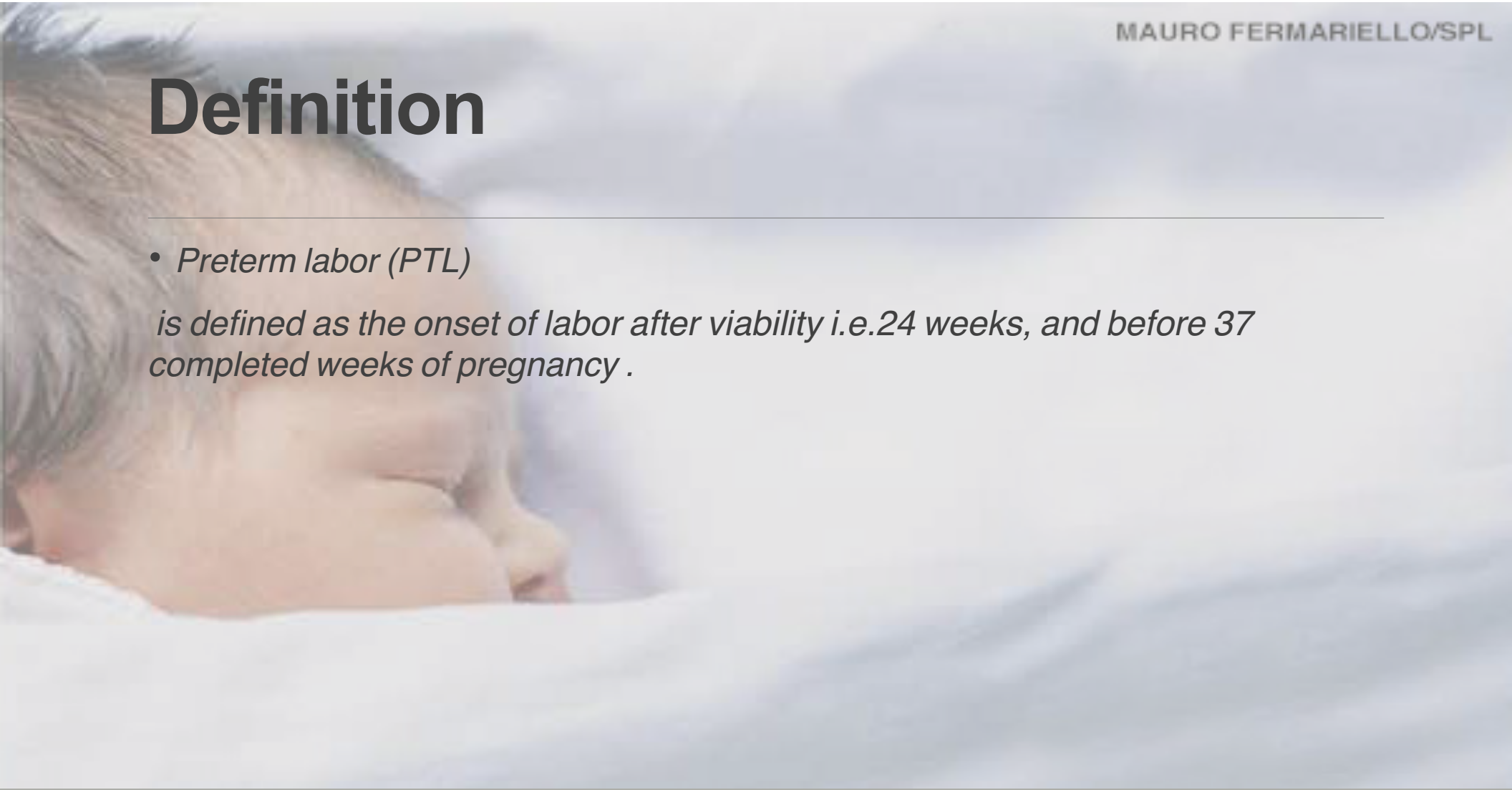
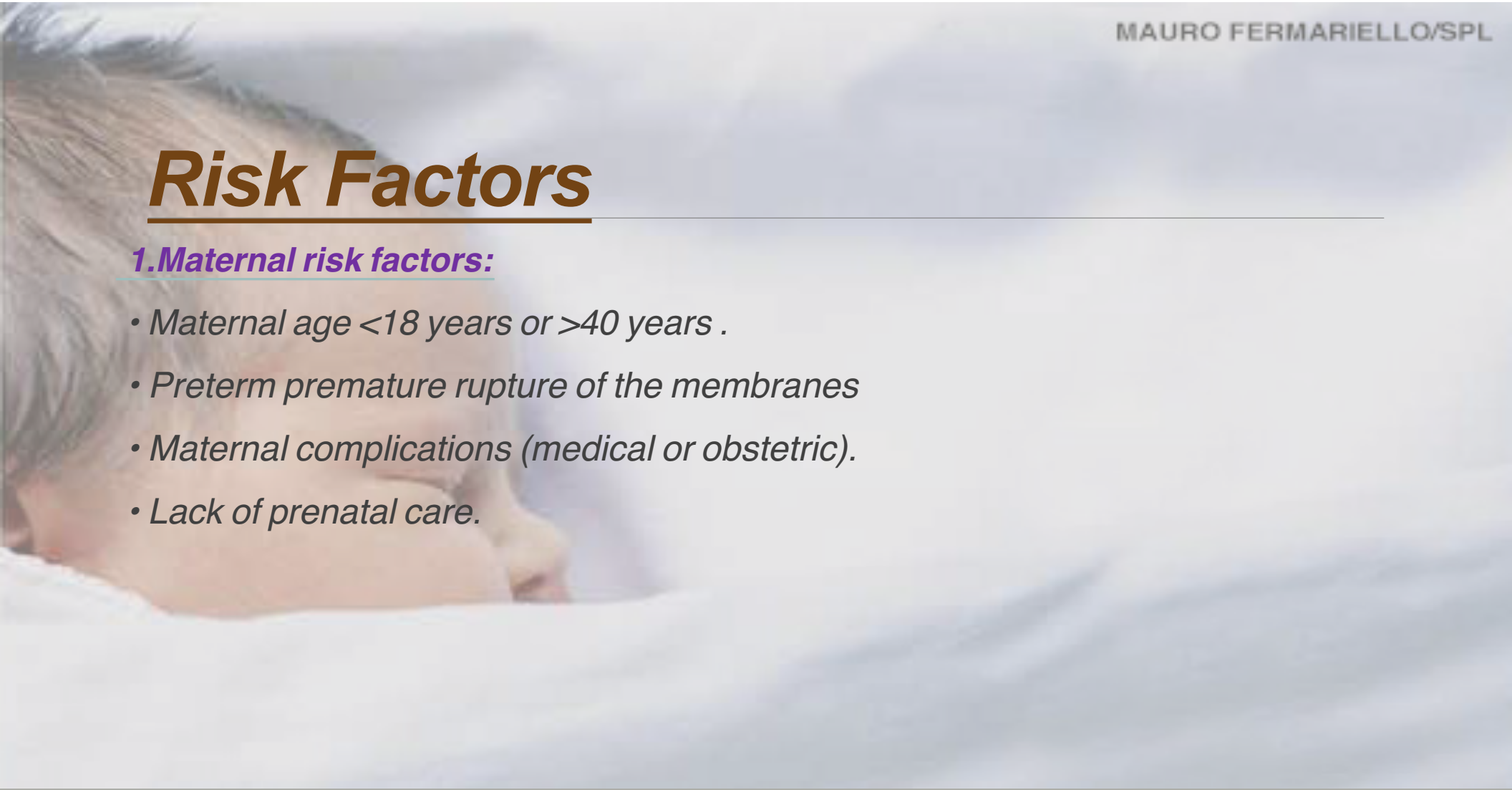
CONSULTANT OB/GYN



Definition

- *Preterm labor (PTL)*

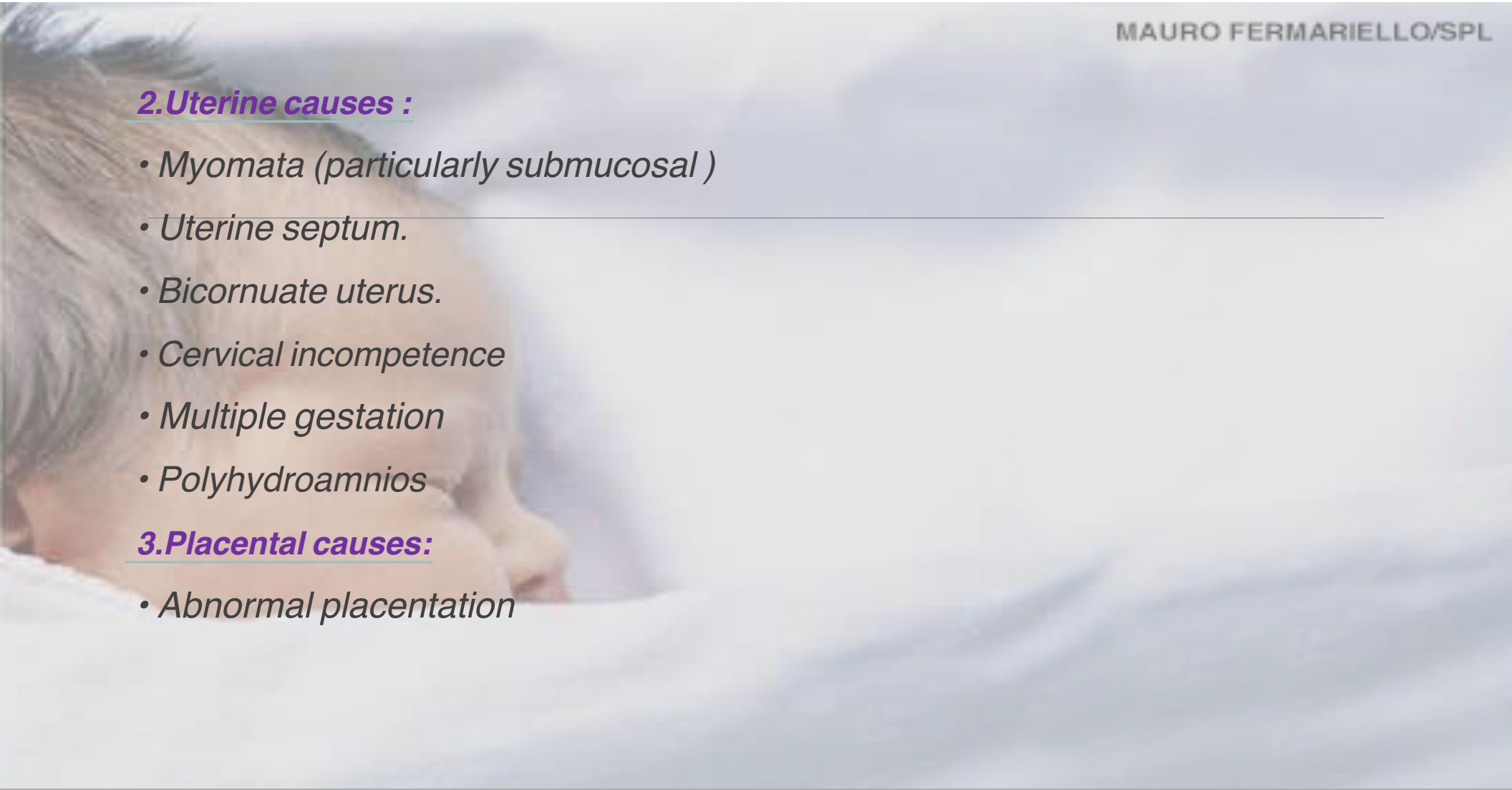
is defined as the onset of labor after viability i.e.24 weeks, and before 37 completed weeks of pregnancy .



Risk Factors

1.Maternal risk factors:

- Maternal age <18 years or >40 years .
- Preterm premature rupture of the membranes
- Maternal complications (medical or obstetric).
- Lack of prenatal care.



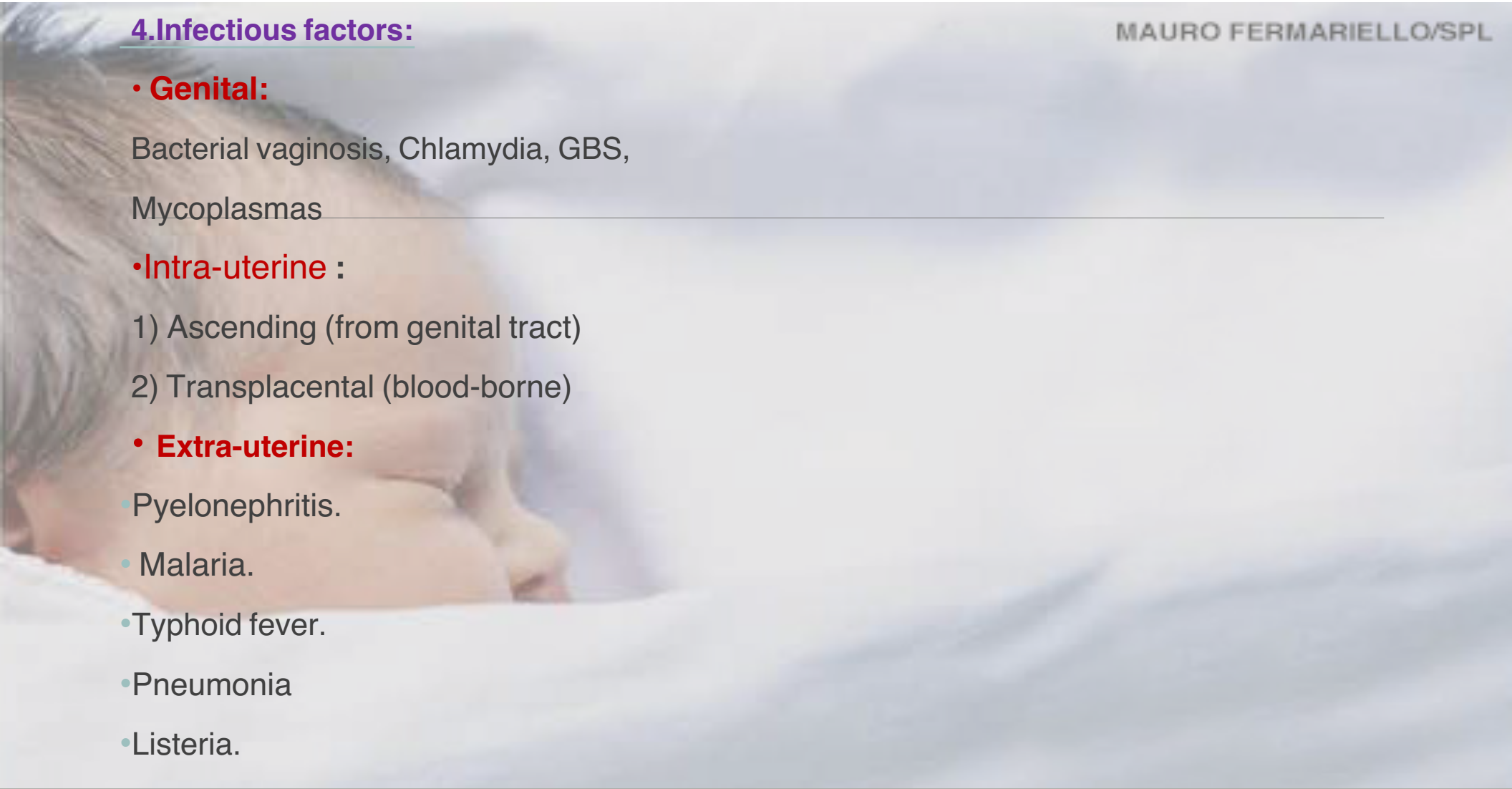
2.Uterine causes :

- Myomata (particularly submucosal)
- Uterine septum.
- Bicornuate uterus.
- Cervical incompetence
- Multiple gestation
- Polyhydroamnios

3.Placental causes:

- Abnormal placentation

4.Infectious factors:



- **Genital:**

Bacterial vaginosis, Chlamydia, GBS,

Mycoplasmas

- Intra-uterine **:**

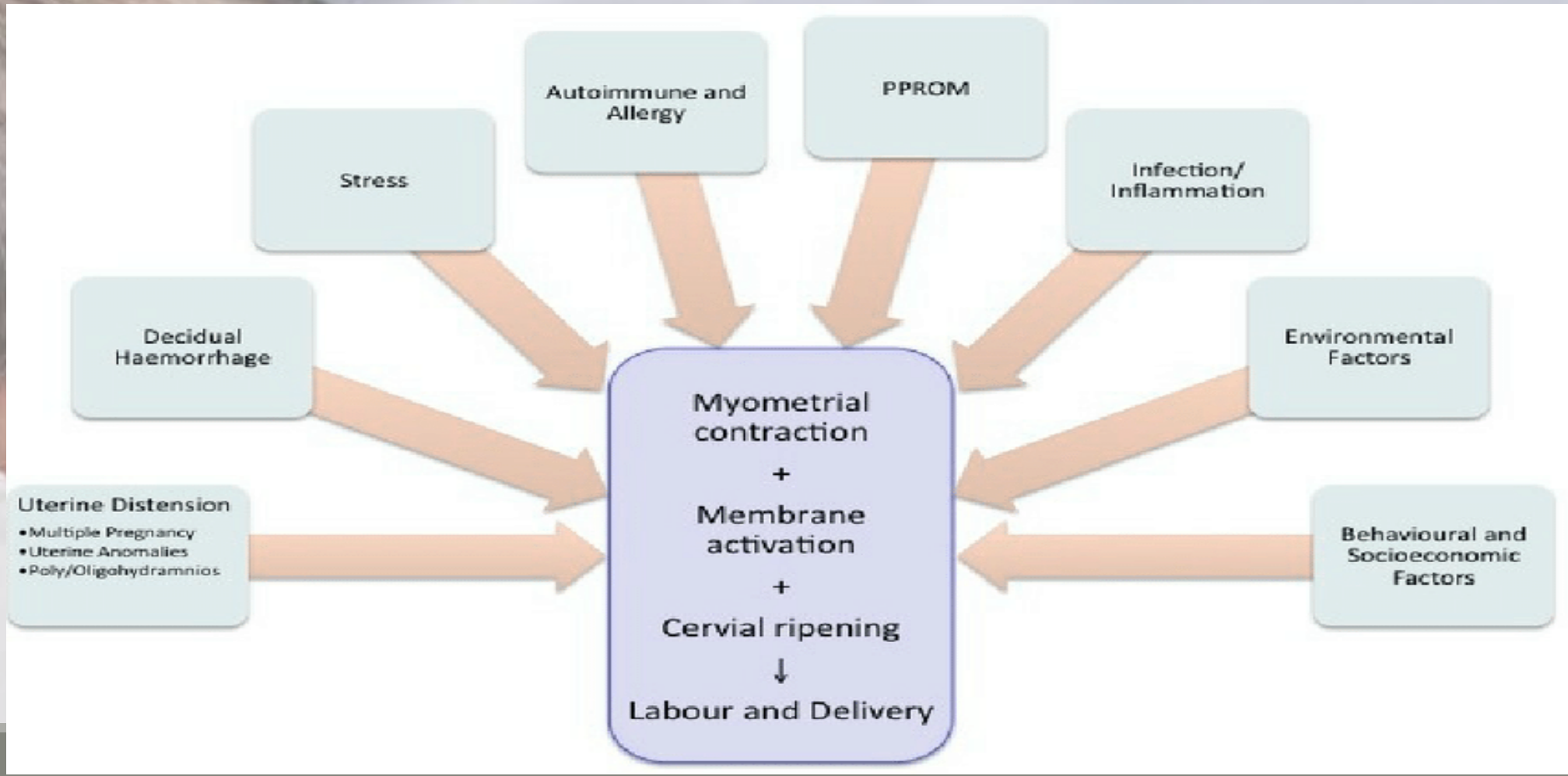
1) Ascending (from genital tract)

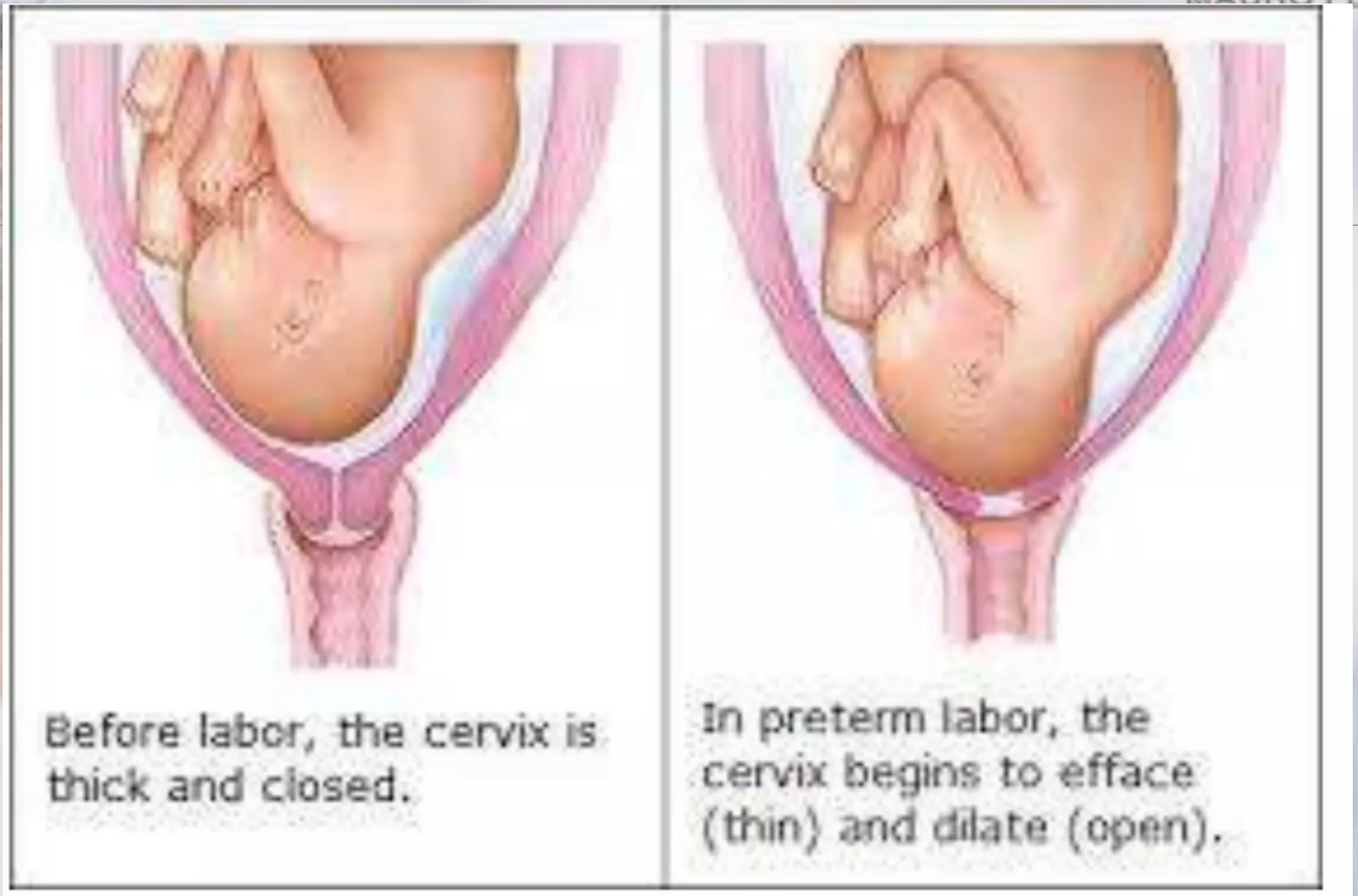
2) Transplacental (blood-borne)

- **Extra-uterine:**

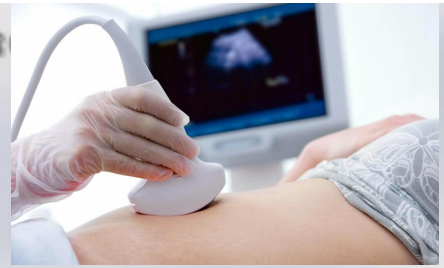
- Pyelonephritis.
- Malaria.
- Typhoid fever.
- Pneumonia
- Listeria.
- Asymptomatic bacteriuria

PATHOGENISIS





Diagnosis



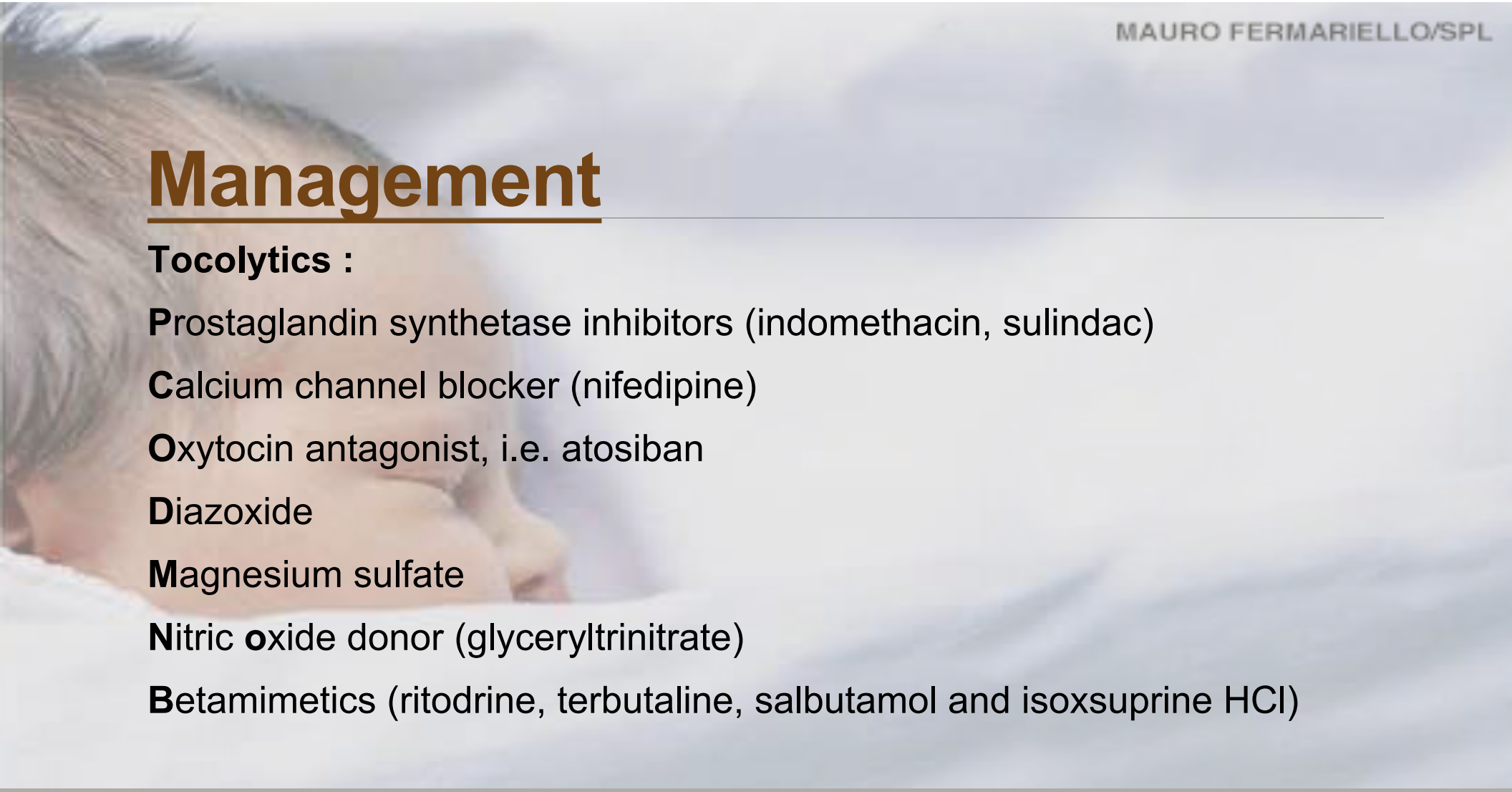
-– *Regular uterine contractions with or without pain (at least 4 in every 20 min or 8 in 60 min).*

— *Dilatation (> 2 cm) and effacement (80%) of cervix.*

__*Pelvic pressure and backpain*

Length of cervix (measured by TVS) < 2.5 cm and funneling of internal os.

TVS should be done and cervical length measured.Besides this fetal fibronectin.



Management

Tocolytics :

Prostaglandin synthetase inhibitors (indomethacin, sulindac)

Calcium channel blocker (nifedipine)

Oxytocin antagonist, i.e. atosiban

Diazoxide

Magnesium sulfate

Nitric **o**xide donor (glyceryltrinitrate)

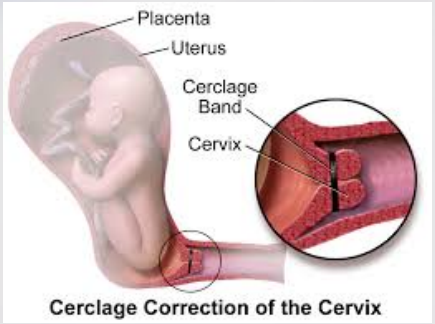
Betamimetics (ritodrine, terbutaline, salbutamol and isoxsuprine HCl)

Dexamethasone

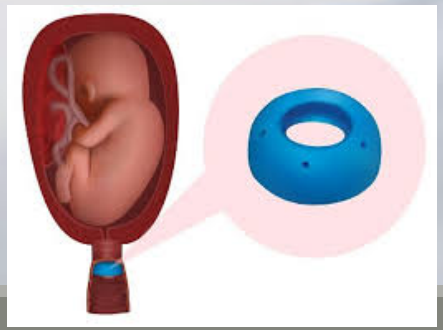
Progesterone

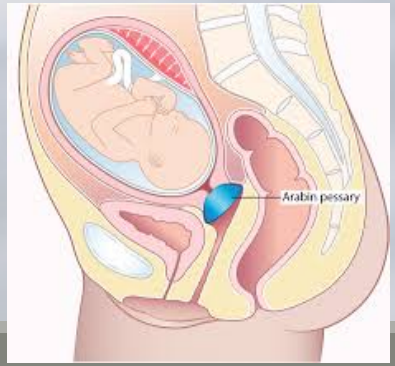
??rescue serculage

Cervical pessary



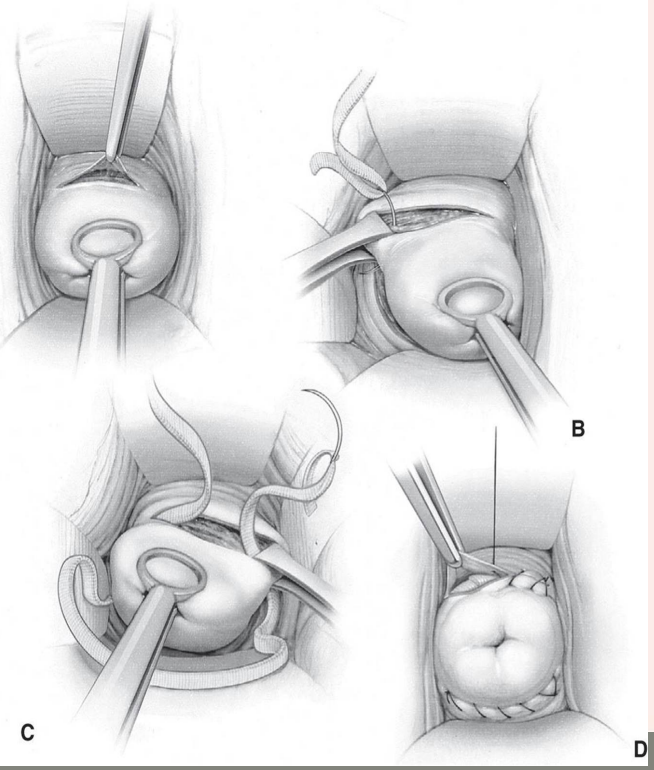
Cerclage Correction of the Cervix

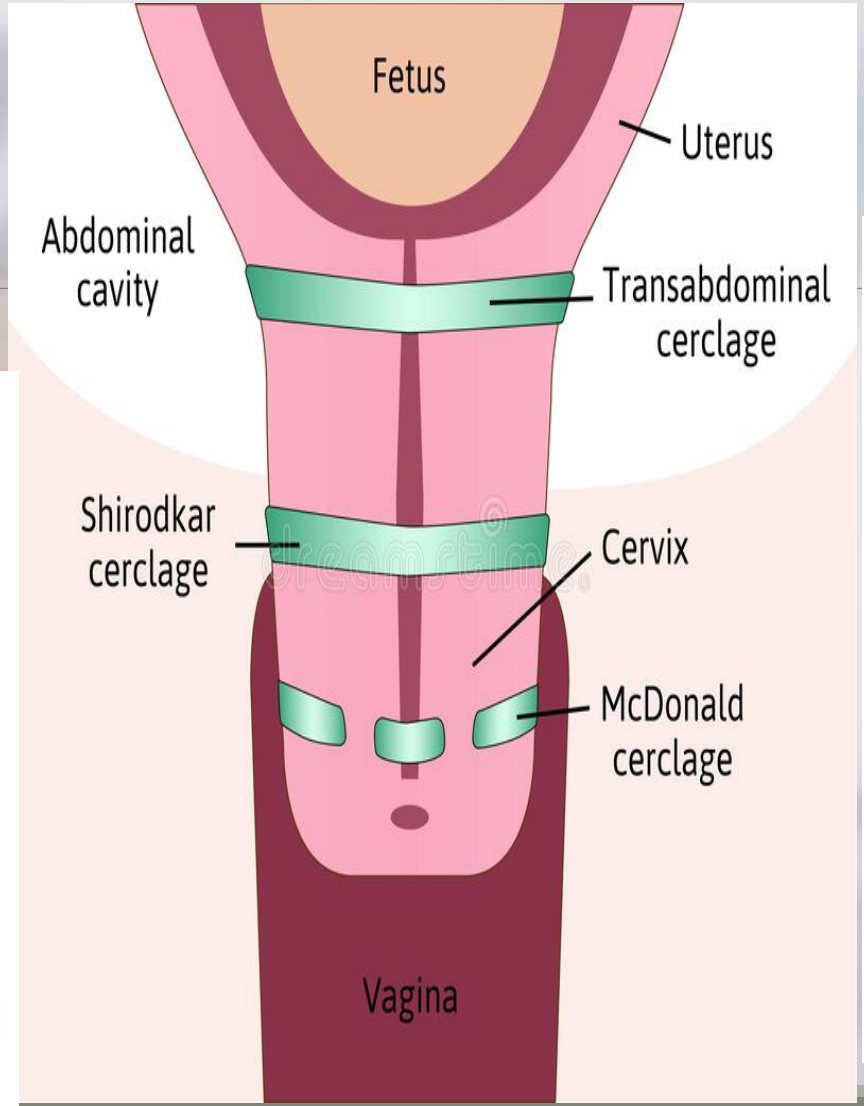


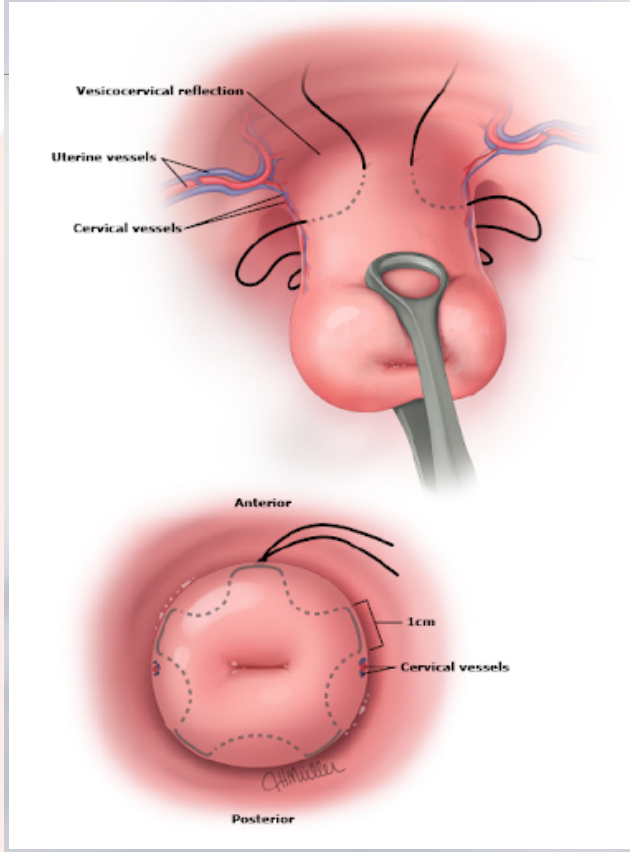


Prevention

Cerculage

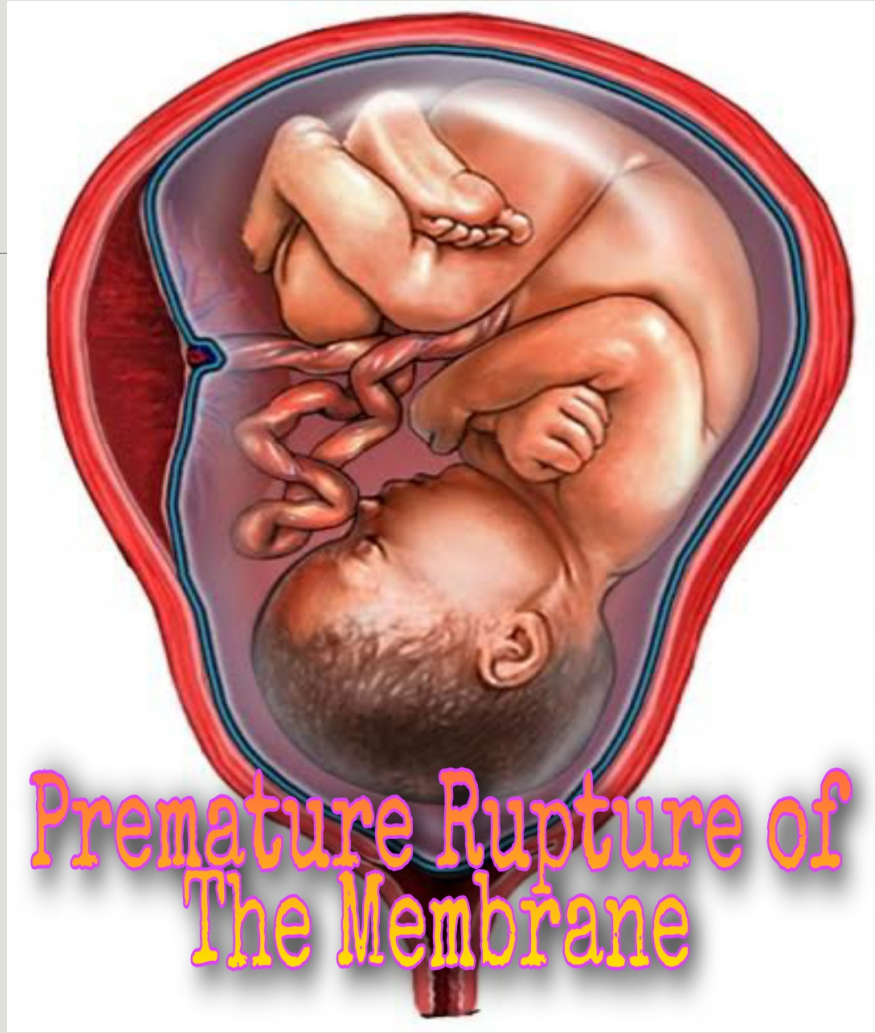






PPROM

What do we mean by PPROM??



Definition

Preterm premature rupture of membranes (PPROM) is defined as premature rupture of membranes before 37 completed weeks.

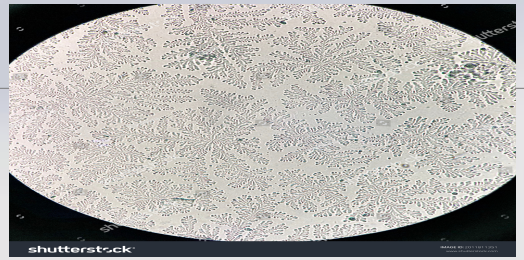
Risk factors for PROM

- *Increasing friability/decreased tensile strength of membranes mainly due to infections like bacterial vaginosis.*

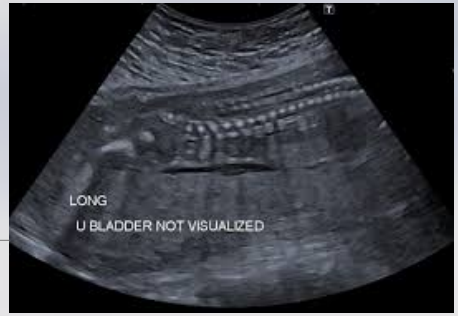
- *Polyhydramnios*
- *Multiple pregnancy*
- *Cervical incompetence*
- *Previous H/O PROM.*

Diagnosis

- Frank leakage
- Ultrasound
- Nitralazine
- Ferin test
- fibronectin

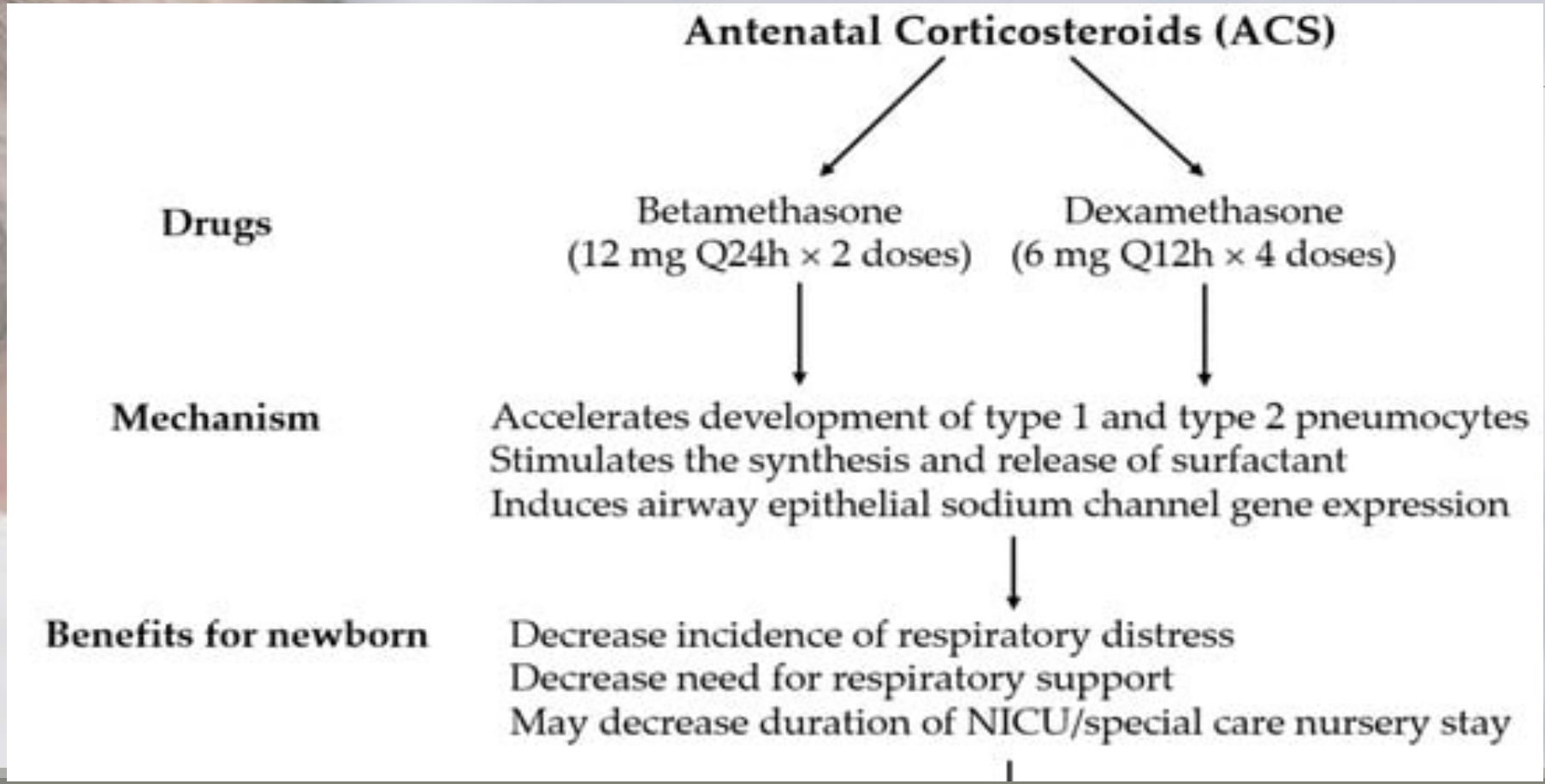


MAURO FERMARIELLO/SPL



Gestational Age	Management
34 weeks or more	Plan delivery: labor induction unless contraindicated
	Group B streptococcal prophylaxis[a]
	Single corticosteroid course may be considered up to $36^{6/7}$ weeks[b]
32 weeks to 33 completed weeks	Expectant management
	Group B streptococcal prophylaxis[a]
	Single corticosteroid course[c]
	Antimicrobials to prolong latency
24 weeks to 31 completed weeks	Expectant management
	Group B streptococcal prophylaxis[a]
	Single corticosteroid course[c]
	Tocolytics: no consensus
	Antimicrobials to prolong latency
	Magnesium sulfate for neuroprotection may be considered[d]
<24 weeks	Expectant management or induction of labor[e]
	Group B streptococcal prophylaxis is not recommended[f]
	Single corticosteroid course may be considered[e,f]
	Tocolytics: no consensus[e,f]
	Antimicrobials: may be considered[e,g]

steroids



ANTIBIOTIC REGIMENS

- **Initial Parenteral phase:** ampicillin 2 g IV every 6 hours and erythromycin 250 mg IV every 6 hours for 48 hours
- **Oral Phase:** followed by amoxicillin 250 mg orally every 8 hours and erythromycin 333 mg orally every 8 hours for 5 days (I-A)

ORAL ANTIBIOTIC :

Erythromycin 250 mg orally

every 6 hours for 10 days (I-A)

Why we give antibiotics ?

protects against infection-related complications.

prolongs the pregnancy course.

Reduces preterm-related morbidity and mortality.

THANK YOU!