

4-1 Emergency Preterm Birth v.1

A guide to enabling preterm optimisation and maternal safety in the event of unexpected rapid preterm labour or emergency preterm operative birth

START

- 1 **Call for help** (obstetrician, midwife, neonatal team)
- 2 **Check for signs of labour (abdomen and cervical) -and- check fetal presentation**
- 3 **Start monitoring**
 - ▶ Start fetal heart rate monitoring
 - ▶ Start maternal monitoring: SpO₂, respiratory rate, 3-lead ECG and blood pressure -and- agree frequency of monitoring
- 4 **Plan location of birth -and- mode of birth**
 - ▶ Perinatal team to assess risks / benefits of in utero transfer to appropriate neonatal unit -and- contact local perinatal team as per network guidelines
 - ▶ Obstetrician to decide need for tocolysis
- 5 **Insert 2x wide bore IV cannula (multiple drugs infusion likely) -and-**
 - ▶ Take blood for FBC, CRP, U&E, G&S
 - ▶ Send MSU, HVS and urinalysis
- 6 **Undertake risk assessment -and- counsel parents (Box A)**
- 7 **Offer medication for optimisation, relevant to gestation (Box B)**
 - ▶ If <34 weeks → give corticosteroids (if not previously completed)
 - ▶ If <30 weeks → give magnesium sulfate loading dose -then- start infusion (if not received in the past 24 hours)
 - ▶ If <37 weeks and in labour → give Group B Streptococcus prophylaxis
- 8 **Prepare for birth → get equipment ready (Box C)**
- 9 **At time of birth**
 - ▶ Defer cord clamping for at least 60 seconds
 - ▶ If required start newborn resuscitation → 4-2
- 10 **After birth → start post birth actions (Box D)**

Box A: Points for counselling parents

Consider need for neonatal team input for any preterm baby
If 22-26 weeks gestation counsel parents after joint risk assessment between obstetric and neonatal teams
Expected events at and after birth
Benefits of breast milk

Box B: Drug doses and treatments

Dexamethasone or Betamethasone: 12 mg IM 24 hours apart

Magnesium sulfate: 4 g IV over 15 min then infusion of 1 g/hr

Nifedipine: 20 mg orally

Benzyl Penicillin: 3 g IV then 1.5 g 4 hourly until birth

- If penicillin allergy: **Cefuroxime** 1.5 g IV, then 750 mg 8 hourly
- If severe penicillin allergy: **Vancomycin** 1 g IV 12 hourly

Box C: Equipment instructions

Prepare resuscitaire for preterm baby (ventilation settings for gestation, oxygen, air, suction)

Airway equipment (facemasks, laryngeal masks, endotracheal tubes, surfactant)

Thermal care (warm draught free environment, overhead heater on, warm towels, hat, plastic bag to receive baby as soon as born)

Oxygen saturation monitor

For detailed information regarding equipment and settings → 4-2

Box D: Post birth actions

Take paired umbilical cord gases

Send placenta for pathology as per unit guidelines

Encourage mother to express milk within the first hour after birth

Notify neonatal team of any positive microbiology

Box E: Critical changes

Unexpected need for newborn resuscitation → 4-2

