

UNIT 2: OBSTETRICS

SECTION B: ABNORMAL OBSTETRICS

Educational Topic 24: Preterm Labor

Rationale: Prematurity is the most common cause of neonatal morbidity and mortality. The reduction of preterm births remains an important goal in obstetric care.

Intended Learning Outcomes:

A student should be able to:

- Identify the modifiable and non-modifiable risk factors and causes for preterm labor
- Describe the signs and symptoms of preterm labor
- Describe the initial management of preterm labor
- List indications and contraindications of medications used in preterm labor
- List the adverse outcomes associated with preterm birth
- Describe the counseling for reducing preterm birth risk

TEACHING CASE

CASE: An 18-year-old woman, G2P0101 who is 12 weeks pregnant, presents to your prenatal clinic for a new patient visit. Before you walk into the room to see the patient, you look through her records and note that she delivered her last pregnancy just 12 months ago. Beginning at 24 weeks in her previous pregnancy, the patient presented numerous times to Labor and Delivery reporting contractions, and was sent home each time with a diagnosis of “Braxton-Hicks contractions.” She eventually presented at 28 weeks gestation and was diagnosed with preterm labor. She delivered at 29 weeks. The neonate’s course was complicated by intra-ventricular hemorrhage and respiratory distress syndrome. The child now appears to have cerebral palsy and chronic lung disease due to bronchopulmonary dysplasia.

The patient’s intake vitals are: Temp 95.9° F, HR 64, RR 20, BP 100/60, Wt 108 lbs.

Your nurse tells you that the patient appears very anxious about this pregnancy and that she has a lot of questions about why she had a premature baby in the first place. She is concerned that she might have this type of complication with this current pregnancy, but wishes that she could distinguish Braxton-Hicks contractions

from true labor better so that she can avoid coming to Labor & Delivery repeatedly like she did last time.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

- Patient care
- Medical knowledge
- Interpersonal and communication skills
- Professionalism
- Systems-based practice and management

1. What are the risk factors for preterm labor, and which ones does this patient have?
2. What characteristics distinguish Braxton-Hicks contractions from true labor contractions?
3. What should you counsel the patient regarding the signs and symptoms of preterm labor?
4. What recommendations, if any, would you discuss with this patient regarding prevention strategies to reduce the risk of preterm delivery in this pregnancy? To reduce the risk of neurodevelopmental disorders and other morbidity associated with preterm labor in this fetus should she experience preterm labor?
5. If the patient does experience PTL in this pregnancy, what recommendations would you make regarding treatment and management?
6. What are the potential adverse outcomes of preterm birth for the fetus?

REFERENCES

Beckman CRB, et al. Obstetrics and Gynecology. 7th ed. Philadelphia: Lippincott, Williams & Wilkins, 2013.

Hacker NF, Moore JG, et al. Essentials of Obstetrics and Gynecology. 5th ed. Philadelphia: Saunders, 2010.

Gabbe S, et al. Obstetrics: Normal and Problem Pregnancies. 6th ed. Philadelphia: Saunders, 2012.

ACOG Practice Bulletin 127, June 2012.

ACOG Practice Bulletin 130, October 2012

ACOG Committee Opinion 455, reaffirmed 2013

ACOG Committee Opinion 120, June 2011