

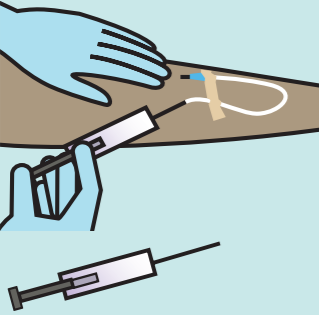




Threatened Preterm Birth Care - Medication Information

	Eligibility	Benefits Side effects and risks	Regimen
Dexamethasone <i>for lung maturity</i> 	<ul style="list-style-type: none"> • High confidence GA viability < 34 weeks • High confidence likely to deliver in 7 days • No suspicion of maternal sepsis or chorioamnionitis • Advanced preterm postnatal care is available: resuscitation, thermal care, feeding support, infection treatment, and safe oxygen use 	<p>Can reduce death in preterm babies by 30% by:</p> <ul style="list-style-type: none"> • Maturing fetal lungs • Protecting fetal intestines and blood vessels in the brain <p>May increase risk of:</p> <ul style="list-style-type: none"> • Maternal sepsis • Perinatal mortality in infants born at term 	<p>24 mg IM in divided doses</p> <p>Recommended: 12 mg IM every 24 hrs x 2</p> <p>May also use: 6 mg IM every 12 hrs x 4</p>
Repeat Dose (one time only) 	<ul style="list-style-type: none"> • It has been > 7 days since the first dose • GA is still < 34 weeks • There is a high risk of birth within 7 days based on a new clinical assessment • Patient has only received one prior course 	<p>Benefits disappear after 7 days, repeat dose may restore</p> <p>More than two courses can be harmful to the fetus</p>	<p>May repeat selected regimen one time if all eligibility criteria have been met for a repeat dose</p>
Magnesium sulfate <i>for fetal neuroprotection</i> 	<ul style="list-style-type: none"> • Viability < 32 weeks GA • High risk of birth in the next 24 hours • No known maternal cardiac problems or myasthenia gravis • Do not give maintenance doses to women with impaired renal functioning <p><i>Repeat dose not recommended for neuroprotection. If patient has severe pre-eclampsia, continue MgSO₄ for 24 hours after birth or last seizure, whichever is later.</i></p>	<p>Decreases the risk of cerebral palsy and motor major dysfunction</p> <p>Common side effects:</p> <ul style="list-style-type: none"> • Sweating • Flushing and feeling of warmth • Headache • Nausea • Slight decrease in fetal heart rate <p>Risks:</p> <ul style="list-style-type: none"> • Respiratory or cardiac arrest related to magnesium toxicity (very rare) 	<p>Loading dose:</p> <ul style="list-style-type: none"> • 4 g 20% solution IV loading dose over 10–15 minutes PLUS • 10 g IM 50% solution (5 g in each buttock) <p>Maintenance dose:</p> <ul style="list-style-type: none"> • 5 g 50% solution IM in alternating buttocks every 4 hours for 24hrs or until birth, whichever occurs first <p>Hold if:</p> <ul style="list-style-type: none"> • Respirations < 16/minute • Patellar reflex absent • Urinary output < 120 mL over 4 hours <p>In case of toxicity, give:</p> <ul style="list-style-type: none"> • 1 g IV calcium gluconate over 3 minutes <p><i>If available, add 1 mL of 2% lignocaine to IM doses to decrease discomfort</i></p>
Nifedipine <i>to slow or stop contractions and delay birth 24–48 hours</i> 	<ul style="list-style-type: none"> • High confidence GA < 34 weeks • In preterm labor • Has been given dexamethasone • Is not being given MgSO₄ • No known cardiac problems • Not in active labor • Prolonging pregnancy is not dangerous to woman or baby 	<p>May delay birth by 24–48 hours to get the benefit of dexamethasone or to transport patient</p> <p>Common side effects:</p> <ul style="list-style-type: none"> • Nausea, headache, flushing • Heart palpitations, dizziness <p>Risks:</p> <ul style="list-style-type: none"> • Severe hypotension • Shortness of breath 	<p>Loading dose:</p> <p>20 mg PO standard release</p> <p>Maintenance Dose:</p> <p>10–20 mg every 4–8 hours for up to 48 hours</p> <p>Do not exceed 180 mg in 24 hours</p>
Erythromycin <i>for PPRM to prevent infection and delay birth</i> 	<ul style="list-style-type: none"> • GA < 37 weeks (deliver by 37 weeks) • Ruptured membranes • No known allergy to erythromycin <p><i>Monitor closely and change to treatment protocol if signs of infection appear. Does not cover Group B Strep</i></p>	<ul style="list-style-type: none"> • Helps prevent infection, which also reduces prematurity-related problems for baby • Delays delivery <p>Risks:</p> <ul style="list-style-type: none"> • Diarrhea, nausea, vomiting • Risk of allergic reaction 	<p>250 mg orally four times per day for 10 days</p> <p>Stop antibiotics after vaginal birth</p> <p><i>If erythromycin unavailable, use a penicillin. Do NOT use co-amoxiclav/Augmentin due to increased rates of necrotizing enterocolitis.</i></p>

*Never delay delivery for medication if delivery is necessary for the safety of the mother or fetus