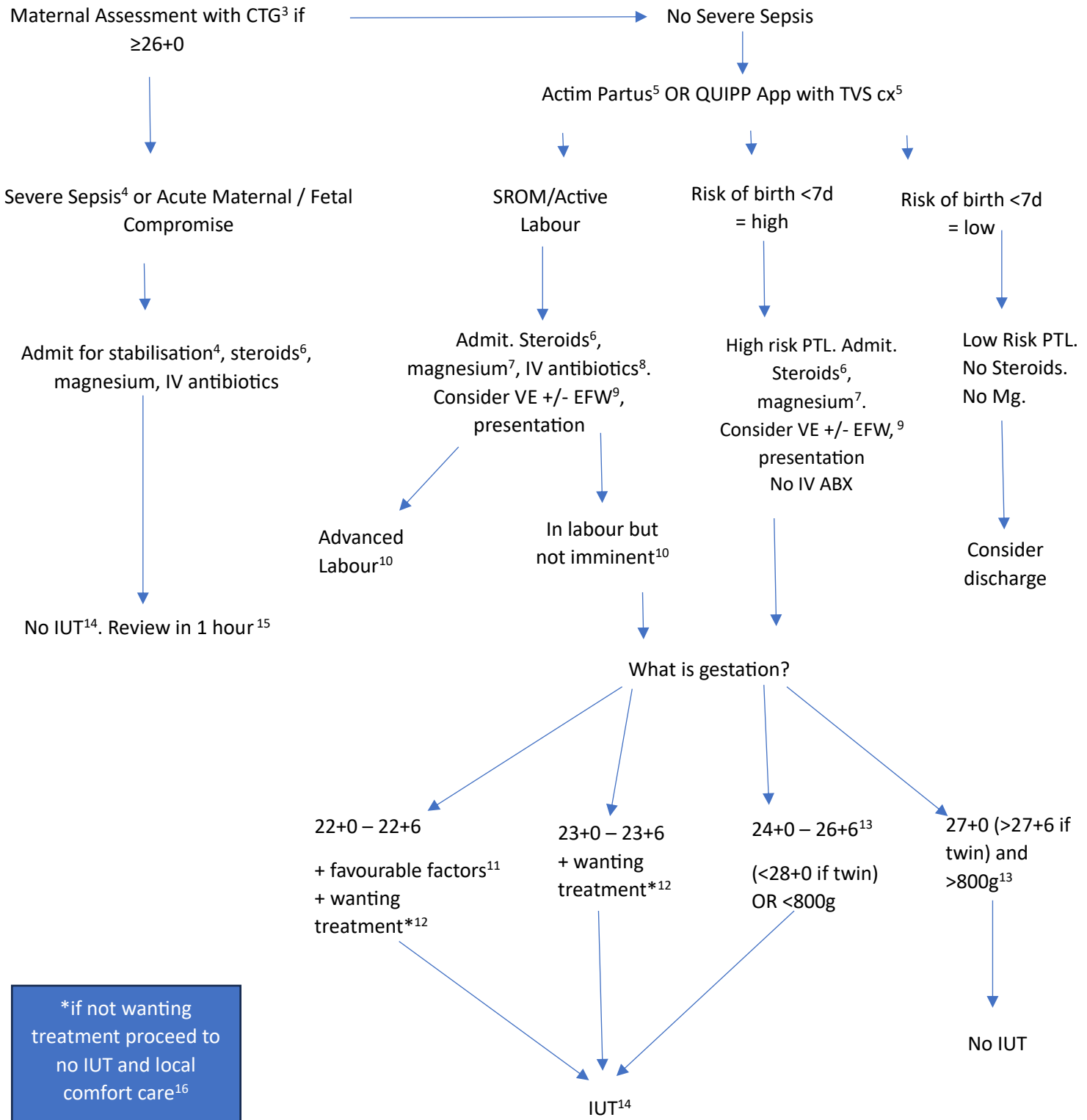


Algorithm for Management of Threatened Extreme Preterm Labour
V4 updated Nov 2024
(from 22+0w-34+6w)^{1,2}



Footnotes:

1. Gestation brought forward in line with BAPM. Ensure correct dates.
 2. Women potentially suitable for emergency cerclage (i.e. >14 weeks, no sepsis, normal CRP and with painless cervical opening) should be discussed in daytime only and with L3 unit FMU consultant.
 3. CTG from 26+0w; in OUH only CTGs are performed from 25+0 w but outside L3 NNU risks associated with false positive rate likely to outweigh benefits.
 4. Sepsis meeting criteria for local severe sepsis bundle. Stabilisation of acutely unwell mother beyond scope of this document.
 5. Unavailability of fFn means it cannot be used, incl as part of QUIPP app. NHSE recommend Actim Partus instead or using the QUIPP app integrating transvaginal cervical length scan. Risk high= QUIPP app risk <7 days >5% OR Actim Partus positive
 6. Steroids with caution if severe sepsis: Ensure antibiotics first.
 7. Mg: Magnesium bolus 4g (16mmol). Magnesium Sulphate as 20mls of 20% magnesium sulphate IV over 5 – 10 minutes if <32+0 weeks. Note PReCePT suggests 30 but clinical benefit up to 32 weeks
 8. IVABs: intravenous antibiotics, only if cervix dilated/active labour. Follow unit antibiotic guideline; avoid co-amoxiclav. If SROM not in labour not infected advise erythromycin; if SROM not in labour but infected IVABs and expedite birth (after IUT, unless severe sepsis, if criteria met: see point ¹⁵)
 9. EFW: estimated fetal weight from ultrasound.
 10. Duration of labour very variable and unpredictable. In labour, maternal symptoms as/ more important than cervical dilatation.
 11. Favourable factors: singleton, not FGR, steroids given, absence of clinical evidence of sepsis, no prolonged (<20w) SROM, female gender (and birth in L3 unit). Discuss with on call consultant. See BAPM infographic below.
 12. Wants Rx? At <24+0 IUT should not take place if parents are clear that survival-focused neonatal care is not appropriate. Neonatal review advised. Operative birth in fetal interest contraindicated.
 13. Criteria for birth in L3 NNU. Singleton: 22+0-26+6w or EFW <800g; twin: 22+0-27+6w.
 14. IUT: in utero transfer: For IUT: try OUH first. 08.00-21.30 call Delivery Suite (01865 221987/8), and specifically request to speak to the consultant obstetrician on Delivery Suite. DO NOT call NICU or Delivery Suite manager first. Between 21:30 – 08:00 call OUH switchboard (01865 741166) and request to speak to the obstetric consultant on call. If IUT is agreed between 21:30 –08:00, then call Delivery Suite to complete required handover forms.
- Acceptance will be declined only if 1) contraindications to IUT, or 2) NNU on OPEL 4, or 3) Delivery Suite on OPEL 4. If no OUH availability, use PeriDASH Southeast Perinatal Maternity Bed and Neonatal Cot Locator - Power Apps and SONeT (Southampton Oxford Neonatal Transport).
15. Duration of labour very variable and unpredictable. Discussion with OUH advised.
 16. Conduct beyond scope of this document.

Perinatal management of extreme preterm birth before 27 weeks of gestation
 A BAPM Framework for Practice

