PRETERM LABOR

Regular contractions between 20-36 6/7 weeks of gestation, accompanied by progressive effacement (thinning) or dilation of the cervix. Causes can include infection, multiple fetuses, weakened cervix, drug abuse, and are sometimes unknown.

History:

- Previous preterm delivery prior to 37 0/7 weeks gestation
- Short interval pregnancy (pregnancy occurring less than 18 months after previous delivery)
- Diagnosis of shortened cervix
- Multiple gestation
- Tobacco or substance abuse
- Recent infection including STI or UTI
- Recent trauma, especially with direct contact to the abdomen
- Nausea/vomiting/diarrhea

Assessment:

- Obtain vital signs
- Assess for:
  - Onset, frequency, duration, and intensity of contractions
  - Increase in vaginal discharge, any leaking of fluid or history of vaginal bleeding
  - Low abdominal or pelvic pain or pressure
  - Pain in the lower back, often described as dull and may be constant or intermittent
  - Changes in fetal activity
  - Distress; crying, anxious, clutching abdomen

Treatment:

- Place in a comfortable position and provide reassurance

Call EMS:

- Immediately upon signs/symptoms of preterm labor

Reference
