

Registered Nurse Initiated Activities

Decision Support Tool No. 3:

Assessment and Immediate Management of Preterm Labour/Birth

Decision support tools are evidenced-based documents used to guide the assessment, diagnosis and treatment of client-specific clinical problems. When practice support tools are used to direct practice, they are used in conjunction with clinical judgment, available evidence, and following discussion with colleagues. Nurses also consider client needs and preferences when using decision support tools to make clinical decisions.

The Nurses (Registered) and Nurse Practitioners Regulation:	Regulation: (6)(1)(h.1) authorizes registered nurses to “manage labour in an institutional setting if the primary maternal care provider is absent.”
Indications:	For the assessment and immediate management of preterm labour/birth
Related Resources, Policies, and Standards:	PSBC Obstetrics Guideline 2A –Preterm Labour
Definitions and Abbreviations:	Preterm Labour (PTL) –Confirmed cervical dilation with uterine contractions between 20 ⁺⁰ and 36 ⁺⁶ weeks gestation

Assessment

- Confirm her EDD, review obstetrical history for PTL risk factors
- Signs and symptoms of preterm labour **differ** from term labour and may include:
 - Uterine contractions every 15 minutes or more frequently
 - Menstrual-like cramps felt in the lower abdomen that may come and go or be constant
 - Dull ache in the lower back; may be intermittent or constant
 - Pelvic pressure, often described as feeling like the baby is pushing down This pressure may be intermittent or constant
 - Bowel cramping with or without diarrhea
 - Increase or change in vaginal discharge. There may be more vaginal discharge than usual, or it may change into a mucousy or light bloody discharge
- Signs and symptoms of imminent preterm delivery may include:
 - Increased bloody show
 - Uncontrollable urge to push/bear down
 - Separation of the labia, bulging perineum and rectum
 - Presenting part is crowning
 - Woman states that birth is imminent

Nursing Diagnosis

- Suspected preterm labour/birth

Special Considerations and Precautions

- Symptoms of preterm labour may be subtle
- Women may experience uncertainty and confusion when deciding whether or not to seek help for preterm labour
- Validate the woman's concern and commend her for seeking help
- Uterine contractions may not register on the EFM; the diagnosis of preterm labour is difficult and in some cases may be uncertain which may result in undiagnosed preterm labour
- There is a risk of women delaying seeking help in subsequent episodes of preterm labour if they may believe they are perceived as "over-reactive"
- Avoid normalizing terms such as "tightenings" or "Braxton Hicks"
- Take care in validating the woman's experience of contractions if preterm labour is not confirmed, positively reinforce help-seeking behavior for further signs of preterm labour

Interventions

Suspected preterm labour, but no signs/ symptoms of imminent delivery

1. Do not perform a digital vaginal exam
 - Sterile speculum exam by the PCP should be done first
 - To rule out preterm rupture of membranes
 - To obtain a swab for fetal fibronectin (if available)
2. Perform initial assessment (see p. 7), notify the PCP as time allows
3. Confirm accurate dating
4. Palpate contractions – frequency, duration, intensity and resting tone
5. Have the woman empty her bladder and collect a mid-stream urine for culture and sensitivity. Pour off a small sample for dipstick and urinalysis
6. Begin electronic fetal monitoring to assess fetal response to contractions
 - Do not rely on contraction assessment with external electronic fetal monitor alone
7. Initiate intravenous access for e.g. antibiotics, hydration and other medications

Signs/symptoms of imminent delivery

1. Do a digital vaginal exam
 - To determine if birth is imminent
 - To confirm fetal presentation
2. If delivery is imminent, call for immediate assistance – PCP, another nurse and, depending on availability, pediatrician, neonatal team, respiratory technician, or anesthesiologist
3. Explain the situation to the woman and her family and gain their assistance as needed
4. Proceed to assist with the birth (see DST #6: Birth in the absence of a primary care provider)
5. Proceed with neonatal resuscitation as needed
6. Assist with the collection of cord pH and gases (clamp and cut a piece of cord)

Intended Outcomes

- Appropriate management of preterm labour/delivery until arrival of PCP
- Women who experience multiple episodes of preterm labour symptoms will be encouraged to seek help and assessment for each new episode

Education

- Daily fetal movement count if > 26 weeks (see Joint SOGC-BCPHP Fetal Health Surveillance Guideline, 2007)
- Contraction assessment (alert the woman to seek help if there is a change in contraction intensity and frequency)
- Review signs of preterm labour
- Encourage reduction in factors that are specific to her situation that may aggravate symptoms
- Assess the woman's home situation and available support person(s)

Documentation

- Complete the BC Perinatal Triage and Assessment form (PSBC 1590)
- Indicate palpated contractions and/or contractions perceived by the woman on the electronic monitor tracing (when contractions are not registered)
- Document on BC Labour Partogram (PSBC 1583) when in active labour

Decision Support Tool:

Preterm Labour/Birth



References

- British Columbia Reproductive Care Program. (2005). Preterm labour, *Obstetric Guideline 2A* (pp. 1-18). Vancouver.
- Coster-Schulz, M. A., & Mackey, M. C. (1998). The preterm labor experience: A balancing act. *Clinical Nursing Research, 7*(4), 335-362.
- Green, N., Damus, K., Simpson, J., Iams, J., Reece, E., Hobel, C., Merkatz, I., Greene, M., Schwarz, R., & Committee, M. o. D. S. A. (2005). Research agenda for preterm birth: Recommendations from the March of Dimes. *American Journal of Obstetrics and Gynecology, 193*, 623-635.
- Iams, J. (2003). Prediction and early detection of preterm labor. *Obstetrics & Gynecology, 101*(2), 402-412.
- Jaggar, A. M., & Bordo, S. R. (Eds.). (1987). *Gender/Body/Knowledge: Feminist reconstructions of being and knowing*. New Brunswick: Rutgers University.
- Jordan, B. (1997). Authoritative knowledge and its construction. In R. E. Davis-Floyd & C. F. Sargent (Eds.), *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*. Berkeley: University of California Press.
- Palmer, L., & Carty, E. (2006). Deciding when it's labor: The experience of women who have received antepartum care at home for preterm labor. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 35*(4), 509-515.
- Patterson, E. T., Douglas, A. B., Patterson, P. M., & Bradle, J. B. (1992). Symptoms of preterm labor and self-diagnostic confusion. *Nursing Research, 41*(6), 367-372.
- Weiss, M. E., Saks, N. P., & Harris, S. (2002). Resolving the uncertainty of preterm symptoms: Women's experiences with the onset of preterm labor. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 31*(1), 66-76.