

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

---

# Educational Topic 24: Preterm Labor

**Rationale:** Prematurity is one of 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 African-American, G2P0101 woman 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.

#### **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*. 5<sup>th</sup> ed. Philadelphia: Saunders, 2010.

Gabbe S, et al. *Obstetrics: Normal and Problem Pregnancies*. 6<sup>th</sup> ed. Philadelphia: Saunders, 2012.

ACOG Practice Bulletin 127, June 2012.

ACOG Practice Bulletin 120, June 2011.

ACOG Practice Bulletin 130, October 2012.