Nursing Practicum

Preterm Labor

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What is Preterm Labor?

is the Preterm labor onset of labor between 20-37 weeks of gestation, characterized by uterine contractions occurring at regular intervals with cervical changes.

- Labor onset before 37 weeks gestation
- Regular uterine contractions (≥5 in 10 minutes)
- Cervical dilation ≥2 cm or effacement ≥80%
- Affects 5-13% of pregnancies; major cause of neonatal morbidity/mortality

Etiology & Risk Factors

Maternal Factors:

- Infection (UTI, chorioamnionitis, STIs), cervical insufficiency
- Maternal age <17 or >35, stress, poor nutrition
- Uterine anomalies, polyhydramnios, multiple gestation

Fetal Factors:

- Congenital anomalies, intrauterine growth restriction

Primary Nursing Diagnosis (I)

- **Acute Pain** related to uterine contractions and labor progression
- **Risk for Ineffective Fetal Tissue Perfusion** related to preterm delivery complications
- **Anxiety/Fear** related to preterm labor and fetal prognosis risk

Primary Nursing Diagnosis (II)

- **Deficient Knowledge** related to preterm labor management and fetal risks
- **Risk for Infection** related to prolonged labor, procedures, and fetal exposure

Acute Pain

Related to: Uterine contractions and labor progression

Goal: Pain reduced to acceptable level; effective coping demonstrated

Interventions

- Assess pain level and characteristics regularly using pain scale
- Provide comfort measures: positioning changes, back massage, breathing techniques
- Administer analgesics/anesthesia as ordered; monitor fetal effects
- Use non-pharmacological methods: breathing, relaxation, visualization
- Provide continuous labor support (presence of nurse/support person)

Risk for Ineffective Fetal Tissue Perfusion

Related to: Preterm delivery complications and inadequate placental perfusion

Goal: Fetal well-being maintained; normal FHR and pattern

Interventions:

- Monitor FHR continuously; assess for signs of fetal distress
- Maintain maternal left lateral position for optimal placental perfusion
- Administer supplemental oxygen as ordered
- Avoid maternal hypotension; maintain adequate hydration
- Prepare for urgent delivery if fetal distress develops

Anxiety/Fear

Related to: Preterm labor and fetal prognosis risk

Goal: Anxiety reduced; client verbalizes concerns and feels supported

Interventions

- Provide clear, honest communication about preterm labor and management
- Explain fetal monitoring, medications, and interventions
- Encourage verbalization of fears and concerns
- Facilitate presence of support persons and family
- Provide information about neonatal care for preterm infants

Deficient Knowledge

Related to: Preterm labor management and fetal risks

Goal: Client verbalizes understanding of condition and self-care measures

Interventions

- Teach about tocolytic medications and expected effects/side effects
- Explain bed rest guidelines and activity restrictions
- Educate on warning signs: increased contractions, fluid leakage, bleeding
- Discuss corticosteroid administration for fetal lung maturity
- Provide written materials and resources for preterm labor management

Risk for Infection

Related to: Prolonged labor, procedures, and fetal exposure

Goal: Remain infection-free; normal vital signs and labs

Interventions

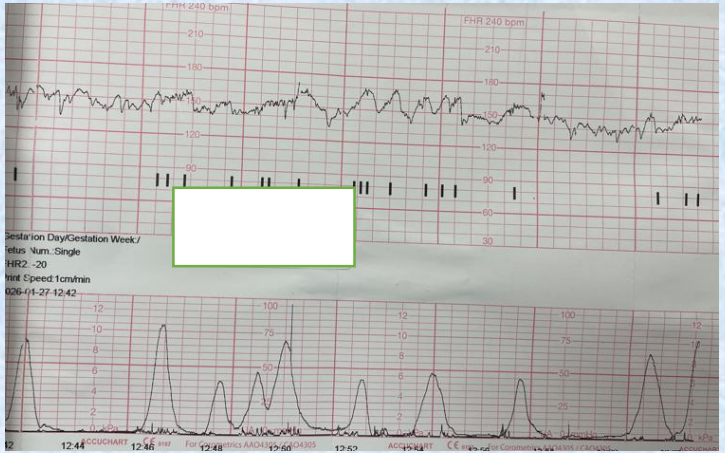
- Monitor vital signs and temperature every 2-4 hours
- Limit vaginal examinations; use aseptic technique when necessary
- Administer antibiotics (Group B Streptococcus prophylaxis) as ordered
- Monitor for infection signs: fever, increased WBC, foul-smelling discharge
- Maintain strict hand hygiene and standard precautions

Inhibit of labour ด้วย Bricanyl

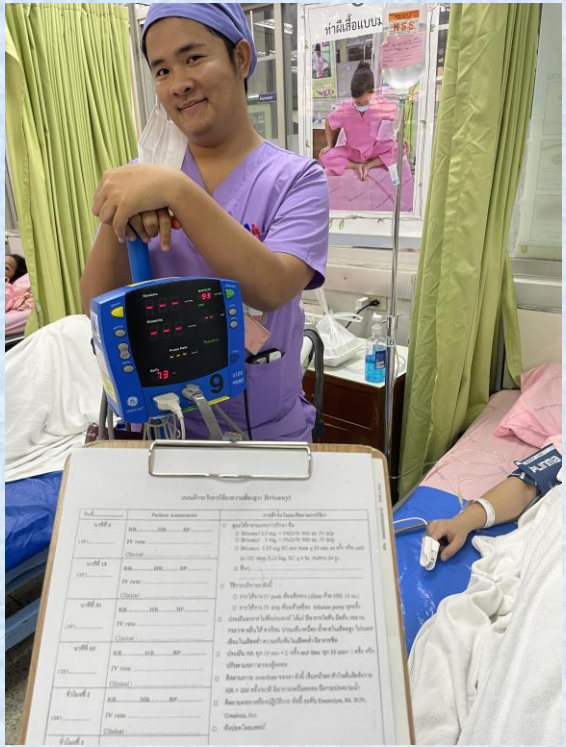
Name.....
Age..... Ward.....
HN ..... AN.....

Date	PROGRESS NOTES	ORDER FOR ONE DAY		ORDER FOR CONTINUATION	
		Date	Orders	Date	Orders
	Note - GA.....wks - Contraction in 10 min Duration.....min Interval.....min - Cervix Dilatation.....cm Effacement.....% Time Start Treatment..... - U/S (วันที่.....) Number..... Presentation..... GA.....wks AFI..... Placenta..... EFW.....gm		☐ U/S **Baseline Laboratory** ☐ CBC, BUN, Creatinine, Electrolyte, BS ☐ Urine analysis ☐ Rectal/Vaginal swab C/S ☐ Dexamethasone 6 mg IM q 12 hrs x 4 doses ☐ Notify PED ☐ ..... **Treatment** **Regimen 1** ☐ 5%DW 500 ml + Bricanyl 2.5 mg (5 amp) Sig IV 30 cc/hr ปรับยาขึ้น 5 cc/hr q 30 min until no UC หาก titrate > 120 cc/hr ให้เปลี่ยนเป็น Regimen 2 แทน **Regimen 2** ☐ 5% DW 500 ml + Bricanyl 5 mg (10 amp) Sig IV 20 cc/hr ปรับยาขึ้น 2.5 cc/hr q 30 min until no UC **หลังไม่มี UC 6 hr ปรับยาลดลง 2 ครั้ง/วัน ครั้งละ 2.5-5 cc/hr จนถึง 20 cc/hr จนไม่มี UC อย่างน้อย 8 hr ให้หยุดยาได้ **Regimen 3** ☐ Bricanyl 0.25 mg (0.5 ml) SC stat then 0.25 mg SC q 30 min X 4 ครั้ง หรือ until no UC then Bricanyl 0.25 mg SC q 4 hr จนครบ 24 hr ☐ Record BP, RR, PR, FHS q 15 min x 4 ครั้ง then q 30min x 2 ครั้ง and then q 1 hr **if pulse > 120/min notify doctor **If discharge from the hospital** F/U ANC 1 wks		- Soft diet - Bed rest - Medication - Triferdine # 30 tab Sig 1 tab oral OD **หมายเหตุ :** **contraindications to labor inhibition include** 1. Intrauterine fetal demise 2. Lethal fetal anomaly 3. Nonreassuring fetal status 4. Preeclampsia with severe features or eclampsia 5. Maternal hemorrhage with hemodynamic instability 6. Intraamniotic infection 7. Maternalcontraindications to the tocolytic drug 7.1 Tachycardia 7.2 poorly controlled hyperthyroidism 7.3 poorly controlled diabetes mellitus

DOCTORS ORDER SHEET



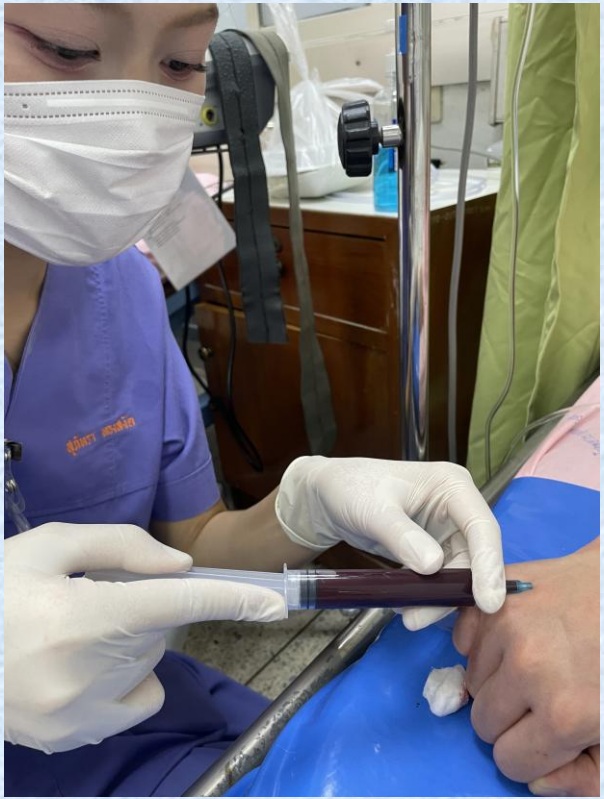
Prepare bicanyl for case Preterm labor

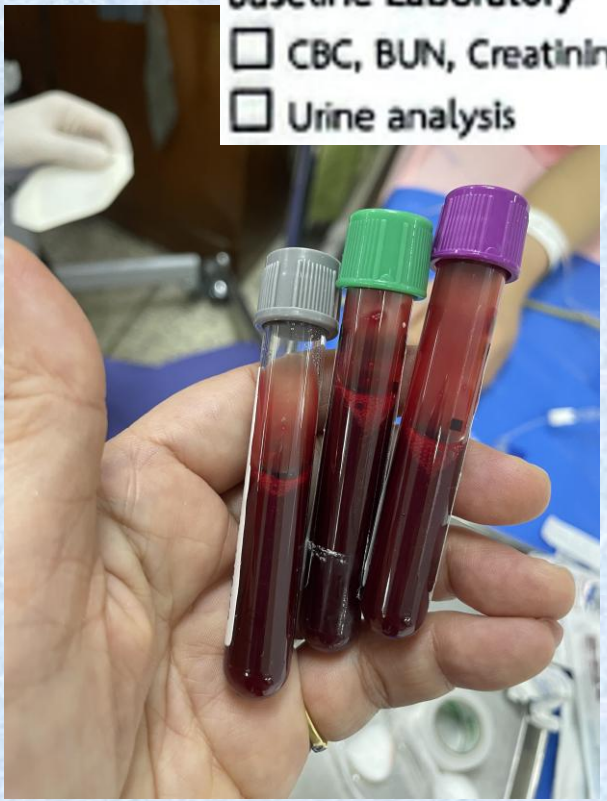


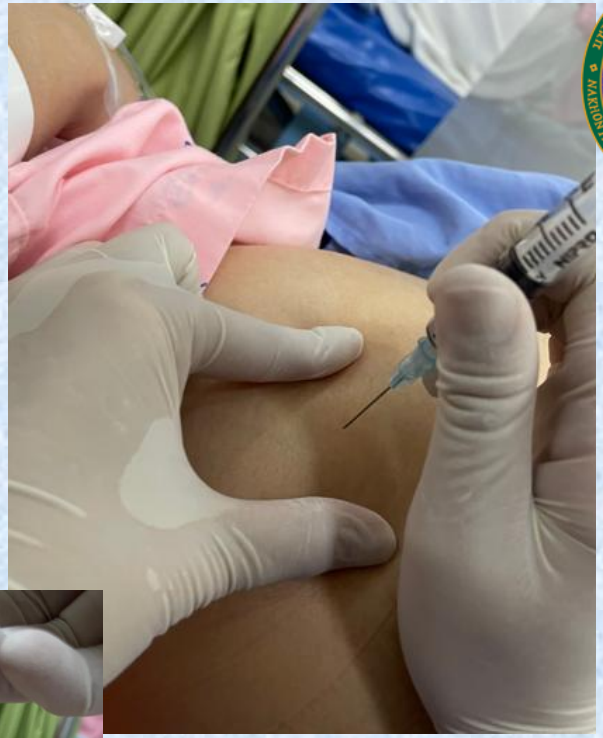

Systolic
117
Diastolic
65
Patient Assessment
นาทีที่ 0
เวลา 15:45
RR 20 HR 78 BP 115/65
IV rate:
Clinical :
นาทีที่ 15
เวลา
RR HR BP
IV rate:
Clinical :
นาทีที่ 30
RR HR BP

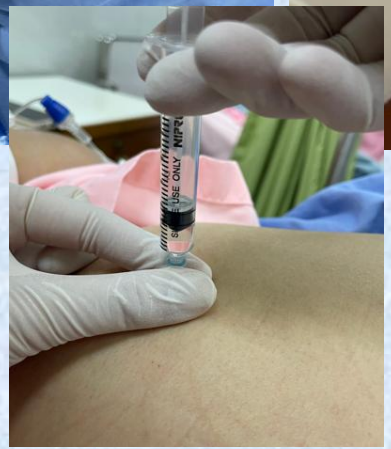
Baseline Laboratory

- ☐ CBC, BUN, Creatinine, Electrolyte, BS
- ☐ Urine analysis



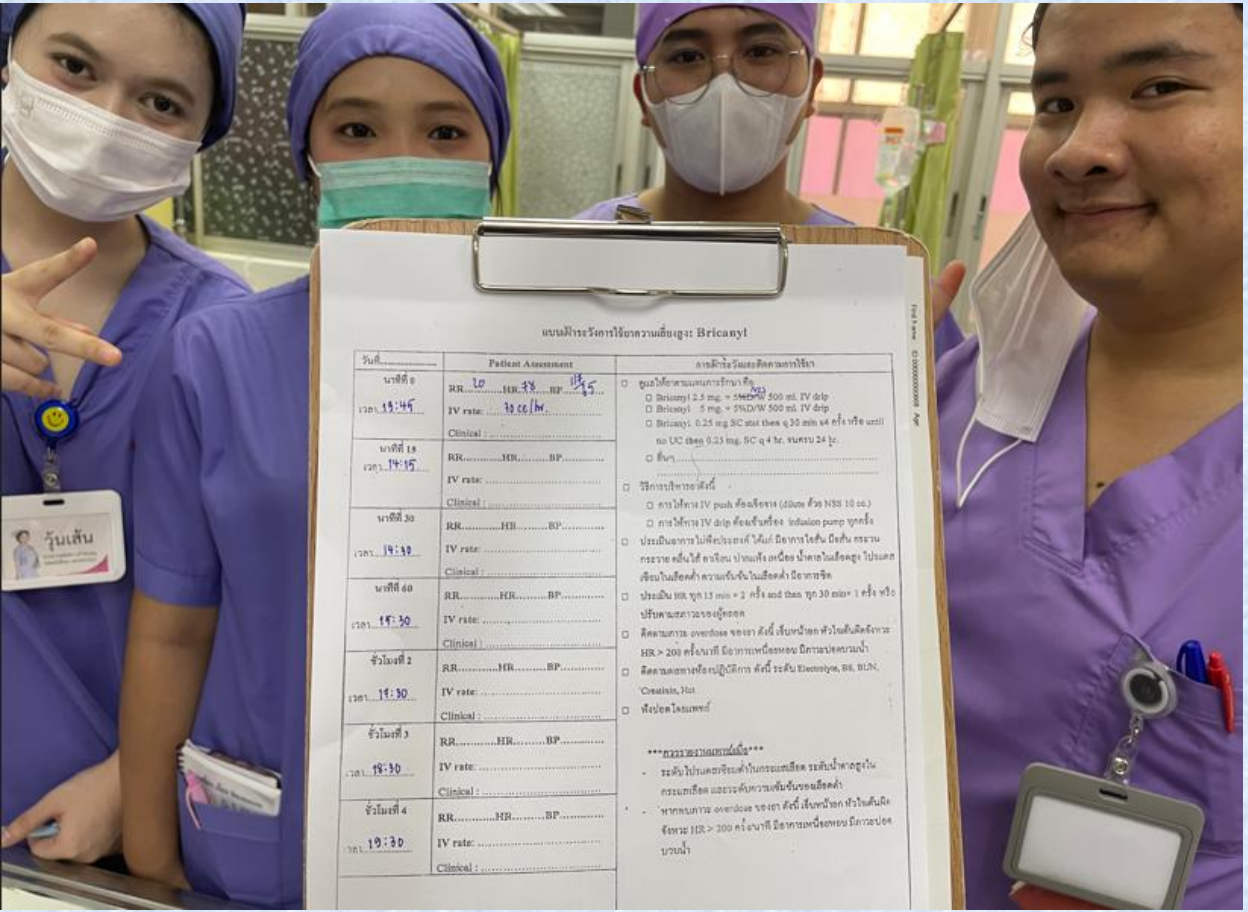






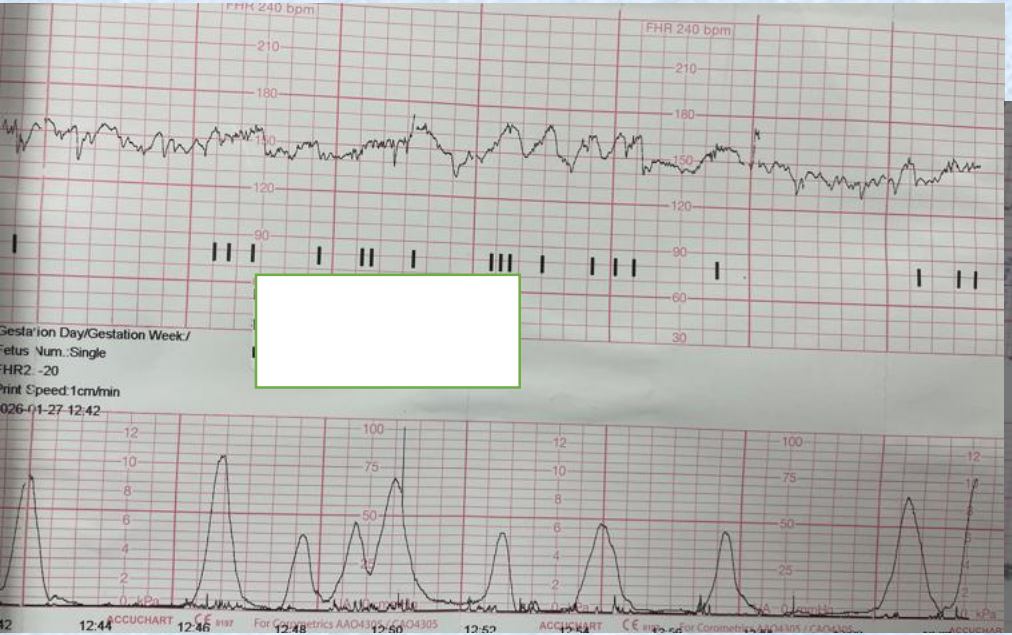
Baseline Laboratory

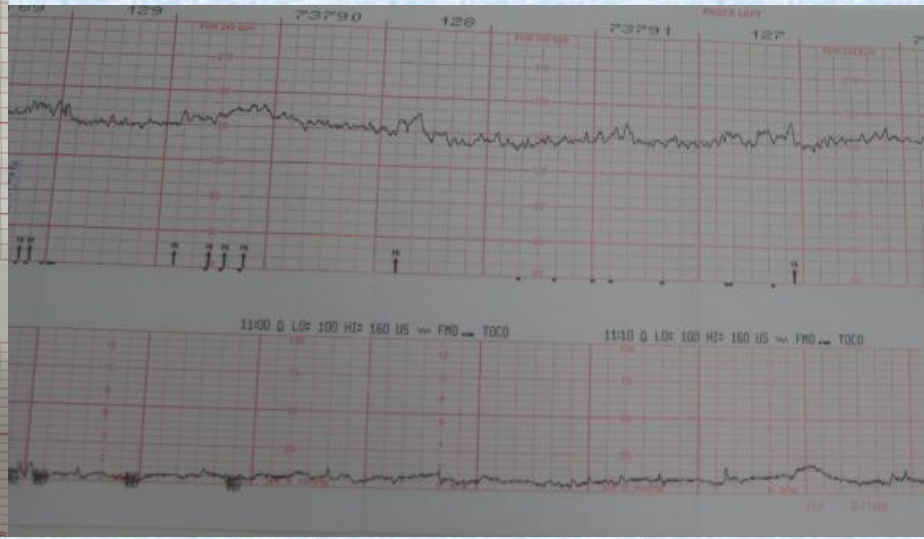
- ☐ CBC, BUN, Creatinine, Electrolyte, BS
- ☐ Urine analysis
- ☐ Rectal/Vaginal swab C/S
- ☐ Dexamethasone 6 mg IM
  q 12 hrs x 4 doses



Absolute bed rest

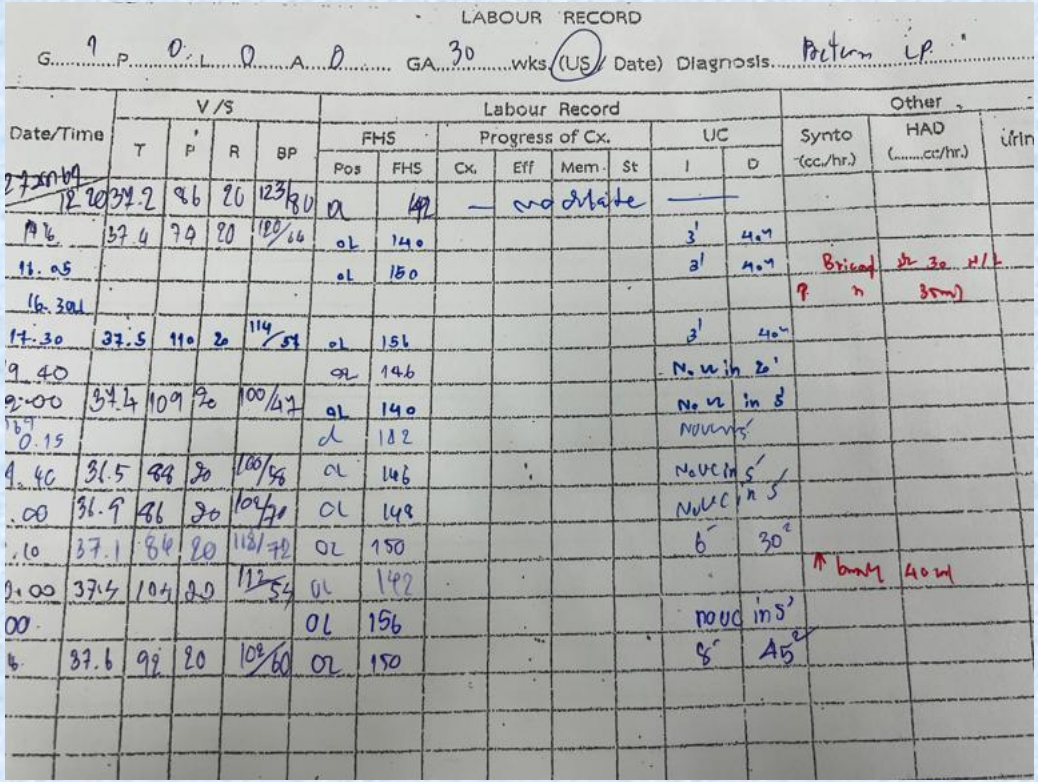
Record HR RR BP Rate Bricanyl & clinical of patient during bricanly was given





Before inhibit labor

After inhibit labor



LABOUR RECORD

G 1 P 0 L 0 A 0 GA 30 wks (US / Date) Diagnosis Preterm LP

Date/Time	V/S T	P	R	BP	Labour Record FHS Pos	FHS	Progress of Cx. Cx.	Eff	Mem	St	UC I	D	Other Synto (cc./hr.)	HAD (.....cc/hr.)	Urin
27/5/09 12.20	37.2	86	20	123/80	OA	142	—	no	Mate		——				
AM	37.4	74	20	120/66	OL	140					3'	40"			
11.05					OL	150					3'	40"	Bricanyl	1/2 30 H/L	
16.30													? "	30ml	
17.30	37.5	110	20	114/54	OL	156					3'	40"			
9.40					OL	146					No U in 20'				
2:00	37.4	109	20	100/47	OL	140					No U in 5'				
0.15					OL	182					NOUC in 5'				
1.40	31.5	88	20	100/58	OL	146					NoUC in 5'				
.00	36.9	86	20	104/70	OL	148					NoUC in 5'				
.10	37.1	84	20	118/72	OL	150					6'	30"			
2.00	37.4	104	20	112/54	OL	142							↑ bmq	40ml	
00					OL	156					NOUC in 5'				
6	37.6	98	20	102/60	OL	150					5'	A5"			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Preterm Delivery Considerations

Maternal Management: Bed rest, tocolytic therapy, corticosteroids, antibiotics

Neonatal Complications: Respiratory distress syndrome, intraventricular hemorrhage, necrotizing enterocolitis, infection

Goals: Delay delivery ≥48 hours for corticosteroids; facilitate delivery at tertiary care center with NICU capability when delivery unavoidable.


Thank
you!
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