

PRETERM LABOR CASE
Hacker, et al. 4th Ed: Ch. 13

A 22 year-old G2P0101 at 27 4/7 weeks gestation presents to labor and delivery with complaints of increased low back pain and pelvic pressure. She states that she has noted some blood-tinged discharge and “menstrual type cramping”.

On examination, there is scant blood from the cervix that appears old. The cervix is 2 centimeters dilated, 50% effaced, and soft in consistency. Tocometer reveals contractions every 3 minutes. The fetus is breech and appropriately grown for this gestation. Discuss your initial management and the long-term care plan for this patient.

Questions to Consider:

- a. How would your management differ if this patient were 35 weeks gestation?
- b. How would your management differ if this patient were 33 weeks gestation?
- c. What if you saw pooling of fluid in the posterior fornix of the vagina?
- d. What lab tests should you obtain in this patient?
- e. What medications are indicated in this patient?
- f. Given her history of preterm birth, how would you have counseled this patient preconceptually?
- g. What options are available to prevent recurrent preterm birth?
- h. Which patients are candidates for cerclage placement?
- i. What are the various techniques of cerclage placement?

APGO Educational Topic 24: Preterm Labor

- a. Cite the risk factors for preterm labor
- b. Distinguish preterm labor from Braxton Hicks contractions
- c. Identify the causes of preterm labor
- d. Counsel the patient regarding the signs and symptoms of preterm labor
- e. Describe the initial management of preterm labor
- f. List indications and contraindications of medications used to treat preterm labor
- g. Describe the adverse events associated with the management of preterm labor
- h. Counsel the patient who has experienced prior preterm birth
- i. Describe cervical incompetence

APGO Educational Topic 25: Premature Rupture of Membranes

- a. Summarize the history, physical findings, and diagnostic methods to confirm rupture of the membranes
- b. Cite the factors predisposing to premature rupture of membranes
- c. List the risks and benefits of expectant management versus immediate delivery
- d. Describe the methods to monitor maternal and fetal status during expectant management
- e. Counsel the patient with preterm premature rupture of membranes

APGO Educational Topic 21: Fetal Death

- a. Describe the common causes of fetal death in each trimester.
- b. Describe the symptoms, physical findings and diagnostic methods to confirm the diagnosis of fetal death.
- c. Describe the maternal complications of fetal death, including DIC
- d. Counsel the patient experiencing death of the fetus.