Premature Labour

Leonie Semmens

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AVVRG celebrating 10 years of collaboration in Health Education
HCMC - 2012

AUSTRALIA VIETNAM VOLUNTEERS RESOURCE GROUP

Chuyển dạ sanh non

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Definition

Preterm or Premature labour is the presence of contractions with effacement and dilation of the cervix between 20 - 37 weeks gestation

Occurs in 5-10 % of all births

It is associated with short and long term neonatal morbidity

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Định nghĩa

Chuyển dạ sanh non là sự xuất hiện những cơn gò cùng với sự xóa mở cổ tử cung trong thời gian 20 – 37 tuần thai

Xảy ra trong 5-10% các trường hợp sinh

Hiện tượng này liên quan đến bệnh suất sơ sinh trước mắt và lâu dài

Risk factors

- History of previous pre-term birth
- Multiple pregnancy
- Women < 16 years or > 35 years
- APH – antepartum haemorrhage
- IUGR – intra uterine growth restriction
- Cervical incompetence
- Uterine abnormality – bicornuate uterus
- Polyhydramnios
- Chronic maternal medical conditions – Diabetes mellitus, renal disorders
- Fetal malformation

Những yếu tố nguy cơ

- Tiền sử sanh non
- Đa thai
- Tuổi sản phụ < 16 hoặc > 35
- Chảy máu trước sanh
- Chậm tăng trưởng trong tử cung
- Cổ tử cung hoạt động kém
- Bất thường tử cung – tử cung hai sừng
- Đa ối
- Tình trạng bệnh lý mạn tính ở thai phụ - Tiểu đường, rối loạn chức năng thận
- Dị tật thai nhi

Risk factors

- Infections – vaginal or urinary tract infections, chorioamnionitis
- Rhesus factor
- Fetal death
- Violence or trauma to abdomen
- Hypertensive disease
- Extreme poverty
- Hard physical work
- Cigarette, alcohol or drug use
- Poor antenatal care and attendance
- African American women

Những yếu tố nguy cơ

- Nhiễm trùng – nhiễm trùng đường âm đạo hay tiết niệu, nhiễm trùng ối
- Yếu tố Rhesus trong máu
- Thai chết lưu
- Bạo hành hoặc Chấn thương vùng bụng
- Bệnh lý tăng huyết áp
- Quá nghèo
- Lao động nặng nhọc
- Sử dụng thuốc, rượu, ma túy
- Chăm sóc tiền sản không tốt và không đầy đủ
- Phụ nữ Mỹ Phi

Signs and Symptoms

- Period like cramps
- Backache
- Contractions
- Urinary frequency
- Vaginal bleeding
- Change in vaginal discharge
- Diarrhoea
- Pelvic pressure or increased vaginal discharge

Dấu hiệu và triệu chứng

- Giống bị vọp bẻ
- Đau lưng
- Cơn co tử cung
- Tiểu nhiều lần
- Chảy máu âm đạo
- Thay đổi chất tiết bất thường ở âm đạo
- Tiêu chảy
- Áp lực vùng chậu hoặc gia tăng chất tiết âm đạo

Assessment

DO NOT do a vaginal examination if a woman is admitted with suspected preterm labour! – this stimulates the cervix

Speculum examination to view cervix and attend to fetal fibronectin test if no PV blood/ liquor loss and no intercourse in last 24 hours

Ultrasound scan to determine cervical length

Đánh giá

KHÔNG ĐƯỢC thăm khám âm đạo nếu thai phụ nhập viện nghi ngờ chuyển dạ sanh non! Việc thăm khám này làm kích thích cổ tử cung

Xem cổ tử cung bằng khám mỏ vịt và kiểm tra fibronectin thai nếu không có hiện tượng chảy máu âm đạo và không quan hệ tình dục trong vòng 24 giờ

Siêu âm kiểm tra để xác định chiều dài cổ tử cung

Do not inhibit labour if.....

- Intrauterine death
- Major fetal anomaly
- Severe IUGR
- Chorioamnionitis
- Haemodynamically unstable mother
- Severe pre-eclampsia

Không ngăn chặn chuyển dạ nếu.....

- Thai chết lưu trong tử cung
- Những bất thường thai nhi nghiêm trọng
- Thai chậm tăng trưởng nặng trong tử cung trầm trọng
- Nhiễm trùng ối
- Huyết động học thai phụ không ổn định
- Tiền sản giật nặng

Monitoring

- ½ hourly blood pressure, pulse, temperature
- Morning and evening fetal health rate
- Palpate abdomen to monitor contractions – intensity, duration and frequency
- CTG as ordered
- Document contractions and fetal heart rate and observations
- Review by doctor if contracting

Theo dõi

- Theo dõi huyết áp, mạch, nhiệt độ mỗi 30 phút
- Nhịp tim thai sáng và tối
- Khám bụng để theo dõi cơn gò – cường độ, thời gian và tần suất
- Biểu đồ tim thai cơn gò theo y lệnh
- Ghi lại cơn gò, nhịp tim thai và theo dõi
- Bác sĩ xem lại nếu có cơn gò

Management of Preterm Labour

- Treatment of underlying condition
- CTG
- Abdominal palpation to assess contractions
- Bed rest and promote relaxation
- Blood tests as ordered
- Intravenous fluids - IV antibiotics if infection present or if in active labour
- Assess and treat cause of preterm labour
- Safe transport to a hospital providing neonatal care
- Prolong pregnancy with tocolytics – nifedipine, terbutaline

Xử trí chuyển dạ sanh non

- Điều trị bệnh lý nền
- Biểu đồ tim thai cơn gò
- Khám bụng để đánh giá cơn gò
- Nghỉ ngơi tại giường và tăng cường thư giãn
- Xét nghiệm máu theo y lệnh
- Truyền dịch hoặc kháng sinh đường tĩnh mạch nếu có nhiễm trùng hoặc trong chuyển dạ tích cực
- Đánh giá và điều trị nguyên nhân chuyển dạ sanh non
- Chuyển BN an toàn đến BV có đơn vị chăm sóc sơ sinh
- Kéo dài thai kỳ bằng thuốc giảm gò – nifedipine, terbutaline

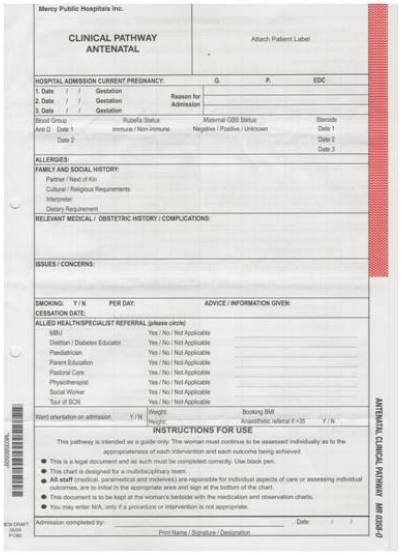
Management of Preterm Labour

- Administer steroids to mature fetal lungs and delay birth for 24 – 48 hours. This reduces hyaline membrane disease
- Ensure the woman and her partner are informed of all treatment and potential outcomes and answer questions
- If birth imminent – inform neonatal unit and paediatrician
- Ensure paediatrician present for birth

Xử trí chuyển dạ sanh non

- Sử dụng steroid để làm trưởng thành phổi thai nhi và trì hoãn cuộc sanh trong 24-48 giờ. Việc này làm giảm các bệnh màng trong
- Đảm bảo thai phụ và chồng được thông tin các phương pháp điều trị và những khả năng có thể xảy đến, trả lời các thắc mắc
- Nếu cuộc sanh sắp sửa diễn ra – thông báo cho khoa và bác sĩ sơ sinh
- Đảm bảo sự có mặt của bác sĩ sơ sinh trong cuộc sanh

Care Plan



Mercy Public Hospitals Inc.

CLINICAL PATHWAY
ANTENATAL

Attach Patient Label

HOSPITAL ADMISSION CURRENT PREGNANCY: G. P. EDC

1. Date / / Gestation
2. Date / / Gestation
3. Date / / Gestation

Reason for Admission

Blood Group / Rubella Status / Maternal GBS Status / Steroids
Anti D Date 1 / Immune / Non-immune / Negative / Positive / Unknown / Date 1
Date 2 / Date 2
Date 3

ALLERGIES:

FAMILY AND SOCIAL HISTORY:
Partner / Next of Kin
Cultural / Religious Requirements
Interpreter
Dietary Requirement

RELEVANT MEDICAL / OBSTETRIC HISTORY / COMPLICATIONS:

ISSUES / CONCERNS:

SMOKING: Y / N PER DAY: ADVICE / INFORMATION GIVEN:
CESSATION DATE:

ALLIED HEALTH/SPECIALIST REFERRAL (please circle)

MBU	Yes / No / Not Applicable
Dietitian / Diabetes Educator	Yes / No / Not Applicable
Paediatrician	Yes / No / Not Applicable
Parent Education	Yes / No / Not Applicable
Pastoral Care	Yes / No / Not Applicable
Physiotherapist	Yes / No / Not Applicable
Social Worker	Yes / No / Not Applicable
Tour of SCN	Yes / No / Not Applicable

Ward orientation on admission: Y / N Weight: / Booking BMI
Height: / Anaesthetic referral if >35 Y / N

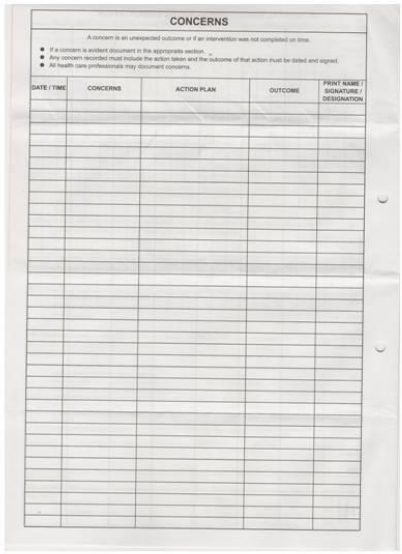
INSTRUCTIONS FOR USE

This pathway is intended as a guide only. The woman must continue to be assessed individually as to the appropriateness of each intervention and each outcome being achieved.

- This is a legal document and as such must be completed correctly. Use black pen.
- This chart is designed for a multidisciplinary team.
- **All staff** (medical, paramedical and midwives) are responsible for individual aspects of care or assessing individual outcomes, are to initial in the appropriate area and sign at the bottom of the chart.
- This document is to be kept at the woman's bedside with the medication and observation charts.
- You may enter N/A, only if a procedure or intervention is not appropriate.

Admission completed by: Date: / /
Print Name / Signature / Designation

ANTENATAL CLINICAL PATHWAY MR 0309-D



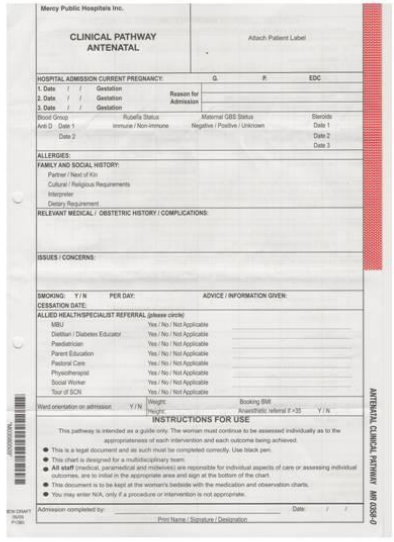
CONCERNS

A concern is an unexpected outcome or if an intervention was not completed on time.

- If a concern is evident document in the appropriate section. _
- Any concern recorded must include the action taken and the outcome of that action must be dated and signed.
- All health care professionals may document concerns.

DATE / TIME	CONCERNS	ACTION PLAN	OUTCOME	PRINT NAME / SIGNATURE / DESIGNATION

Kế hoạch chăm sóc



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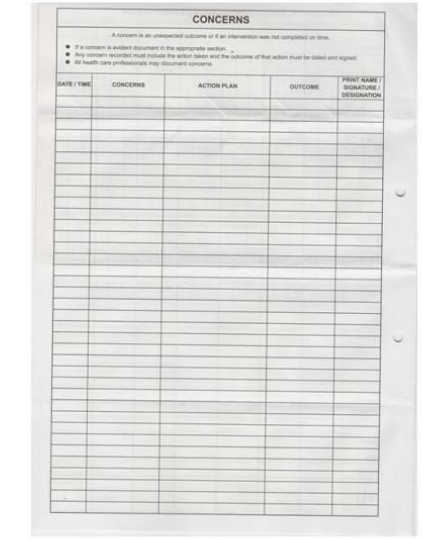

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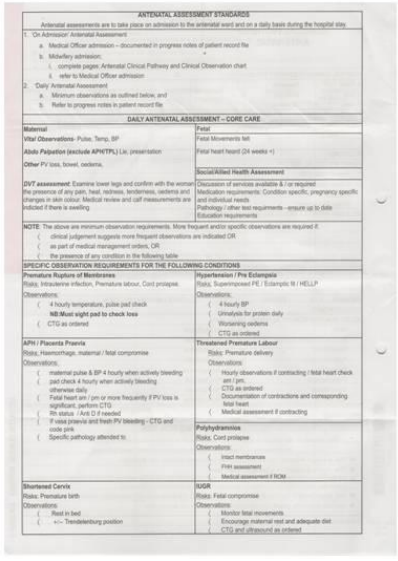


ANTENATAL ASSESSMENT STANDARDS

Antenatal assessments are to take place on admission to the antenatal ward and on a daily basis during the hospital stay.

1. 'On Admission' Antenatal Assessment
   a. Medical Officer admission – documented in progress notes of patient record file
   b. Midwifery admission:
      i. complete pages; Antenatal Clinical Pathway and Clinical Observation chart
      ii. refer to Medical Officer admission
2. 'Daily' Antenatal Assessment
   a. Minimum observations as outlined below, and
   b. Refer to progress notes in patient record file

DAILY ANTENATAL ASSESSMENT – CORE CARE

Maternal	Fetal
Vital Observations- Pulse, Temp, BP	Fetal Movements felt
Abdo Palpation (exclude APH/TPL) Lie, presentation	Fetal heart heard (24 weeks +)
Other PV loss, bowel, oedema,	**Social/Allied Health Assessment**
DVT assessment: Examine lower legs and confirm with the woman the presence of any pain, heat, redness, tenderness, oedema and changes in skin colour. Medical review and calf measurements are indicted if there is swelling	Discussion of services available & / or required Medication requirements: Condition specific, pregnancy specific and individual needs Pathology / other test requirements – ensure up to date Education requirements

NOTE: The above are minimum observation requirements. More frequent and/or specific observations are required if:
(clinical judgement suggests more frequent observations are indicated OR
(as part of medical management orders, OR
(the presence of any condition in the following table

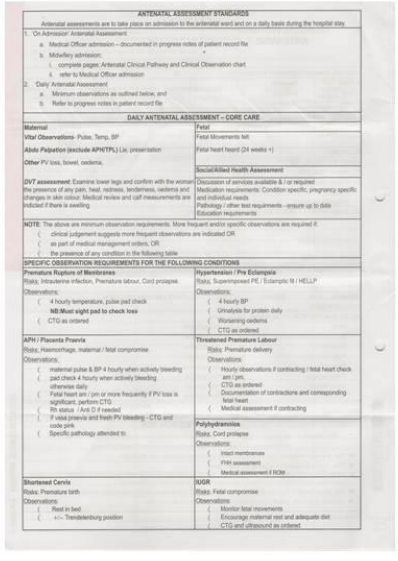
SPECIFIC OBSERVATION REQUIREMENTS FOR THE FOLLOWING CONDITIONS

Premature Rupture of Membranes Risks: Intrauterine infection, Premature labour, Cord prolapse. Observations: (4 hourly temperature, pulse pad check **NB:Must sight pad to check loss** (CTG as ordered	**Hypertension / Pre Eclampsia** Risks: Superimposed PE / Eclamptic fit / HELLP Observations: (4 hourly BP (Urinalysis for protein daily (Worsening oedema (CTG as ordered
APH / Placenta Praevia Risks: Haemorrhage, maternal / fetal compromise Observations: (maternal pulse & BP 4 hourly when actively bleeding (pad check 4 hourly when actively bleeding otherwise daily (Fetal heart am / pm or more frequently if PV loss is significant, perform CTG (Rh status / Anti D if needed (If vasa praevia and fresh PV bleeding - CTG and code pink (Specific pathology attended to:	**Threatened Premature Labour** Risks: Premature delivery Observations: (Hourly observations if contracting / fetal heart check am / pm; (CTG as ordered (Documentation of contractions and corresponding fetal heart (Medical assessment if contracting **Polyhydramnios** Risks: Cord prolapse Observations: (Intact membranes (FHH assessment (Medical assessment if ROM
Shortened Cervix Risks: Premature birth Observations: (Rest in bed (+/– Trendelenburg position	**IUGR** Risks: Fetal compromise Observations: (Monitor fetal movements (Encourage maternal rest and adequate diet (CTG and ultrasound as ordered

ANTENATAL RECORD OF CLINICAL OBSERVATION

Date
Gestation
Time
SYSTOLE
DIASTOLE
TEMPERATURE
Pulse
Weight
Lie
Presentation
FHR / FM
CTG
Patient Activity
DVT Assessment
PV Loss
Oedema
Urinalysis
Bowel
Pathology
Name / Signature / Designation
AM
PM
ND

Kế hoạch chăm sóc



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PV Loss
Oedema
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Bowel
Pathology
Name / Signature / Designation
AM
PM
ND

Midwifery Interventions

If babe is delivered prematurely – don't stimulate or warm – place in a zip lock bag to allow for assessment and monitoring

Can thiệp hộ sinh

Nếu bé được sanh non – không kích thích hay làm ấm – đặt bé vào túi ni lông có đường kéo kín để tiện cho việc đánh giá và theo dõi

- What information do you give women on preterm labour in the antenatal period?
- How do you differentiate between Braxton Hicks and preterm labour contractions?

- Thông tin nào bạn cung cấp cho thai phụ về việc sanh non trong thời kỳ tiền sản?
- Bạn phân biệt cơn gò Braxton Hicks và cơn gò trong chuyển dạ sanh non như thế nào?

References

Ailsworth, K, Anderson, J, Bailey, R, Canavan, T et al. *Advanced Life Support in Obstetrics.* 4th ed. 2000. American Academy of Family Physicians: USA.

Henderson, C & Macdonald, S. *Mayes' Midwifery: A textbook for midwives.* 2006. Bailliere Tindall: China

Mercy Hospital for Women Care Plan www.mercy.com.au

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http://www.slideworld.org/slideshow.aspx/preterm-labor-ppt-312229#1a

Tài liệu tham khảo

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THANK YOU

CHÂN THÀNH CÁM ƠN