

Treatment of Preterm Labor

Specific treatment for preterm labor will be determined by your physician based on: your pregnancy, overall health, and medical history; extent of the condition; your tolerance for specific medications, procedures, or therapies; expectations for the course of the condition; your opinion or preference.

Common Treatments

Treatment for preterm labor may include:

- ✓ **Bedrest** (either at home or in the hospital may be recommended)
- ✓ **Hospitalization** (as specialized personnel and equipment may be necessary)
- ✓ **Tocolytic Medications** - medications to help slow or stop contractions. These may be given in an injection or intravenously. Tocolytic medications often used include terbutaline and magnesium sulfate.
- ✓ **Corticosteroid Medications** - medications that may help mature the lungs of the fetus. Lung immaturity is a major problem of premature babies.
- ✓ **Cervical Cerclage** - a procedure used to suture the cervical opening. Cerclage is used for women with an incompetent cervix. This is a condition in which the cervix is physically weak and unable to stay closed during pregnancy.
- ✓ **Antibiotics** (to treat infection)
- ✓ **Delivery** - if treatments do not stop preterm labor or if the fetus or mother is in danger, delivery of the baby may occur. Cesarean delivery may be recommended in certain cases.

What will happen if you go to the Hospital

You may be told by your doctor to go to the hospital if they feel you may be experiencing preterm labor. At the hospital, a nurse will take your temperature, pulse and blood pressure. A fetal monitor may be placed on your abdomen to see if you are having contractions and to check your baby's heart rate. If you are in labor, and your doctor feels your pregnancy should be prolonged, treatment may include bedrest, I.V. fluids, medications, and continued monitoring of your contractions and your baby's heart rate. If it is felt that you are not in labor, or having any other problems, you may be allowed to go home.

Common Medications

- ✓ **Terbutaline:** Also known as Brethine. It can be taken as a pill, through an IV (through a catheter directly into your vein), as an injection, or through a controlled infusion pump. A pump is used to give a continuous low dose of the terbutaline. Additional amounts of the medication can be administered if uterine activity increases. A subcutaneous (the medicine is injected under your skin but not directly into a vein) infusion pump may be used with home uterine monitoring. Some of the side effects can include nervousness, restlessness, insomnia, headache, rapid heart rate, nausea, hyperglycemia (high blood sugar) and hypokalemia (low blood potassium). A rare but serious side effect is pulmonary edema. The baby may also experience a fast heart rate and high or low blood sugar after birth. The mother and baby should be monitored while taking this drug. Your doctor should be informed if you have shortness of breath or chest pain while taking this medicine, or if the contractions begin again while you are on this medicine.
- ✓ **Ritodrine:** It acts in a similar way to terbutaline. You can take it through an IV. The side effects are like those of terbutaline. If you have a history of cardiac dysrhythmias (irregular heart rhythms) or cardiac disease, hypertension or thyrotoxicosis (an excess of thyroid hormones), you should discuss this with your doctor before taking terbutaline or ritodrine.
- ✓ **Nifedipine:** Also called Adalat or Procardia and is taken as a pill. Some of the side effects that may occur include facial flushing, headache, nausea, palpitations, and lightheadedness. No serious newborn side effects have been noted.
- ✓ **Magnesium sulfate:** It can be taken as a pill or through an IV. Side effects may include feelings of extreme warmth, perspiration, flushing, nausea, vomiting, blurred vision, lightheadedness, lethargy, nasal stuffiness and constipation. Magnesium sulfate can affect your reflexes and slow your breathing. Some women report chest pain, especially if they are taking this medicine with another of the tocolytics. Women who have myasthenia gravis, a history of renal impairment (kidney problems), heart block, or a history of a myocardial infarction (heart attack) should discuss this with your doctor before using magnesium sulfate. Side effects usually go away within a few days. The fetus may show a decreased baseline heart rate. A newborn who has been exposed to magnesium sulfate may seem drowsy, have a weak cry and a decreased sucking rate in the early postpartum period. The mother and fetus should be monitored while on this medication.
- ✓ **Indomethacin:** Also called Indocin. It can be taken as a pill or as a suppository (in the rectum). Side effects include abdominal discomfort, nausea, vomiting, depression and dizzy spells for the mother. Indocin can also have serious effects on the fetus if used long term or if the gestational age is greater than 32-34 weeks. This drug may also be dangerous for the mother if she has a history of bleeding disorders, aspirin sensitivity, or kidney problems.
- ✓ **Betamethasone:** This medicine is a steroid used to help the fetal lungs develop more quickly. It is also called Celestone and is given as an injection into muscle tissue. The use of betamethasone can decrease the chance that the baby will have respiratory distress syndrome when born. It is usually used if preterm delivery is a concern. Sometimes doctors use dexamethasone, which is a very similar medicine. Side effects may include sleeplessness and higher blood sugar levels for the mother and decreased fetal movement for the baby.