Algorithm for Preterm Labor (PTL) Triage Assessment

Triage Assessment
1. History
2. Prenatal data
3. Physical assessment
4. Fetal heart rate
5. Psych/social assessment
6. Medical screening exam

PTL Assessment
1. Risk assessment: signs or symptoms such as contractions, reported ruptured membranes, flank pain, sexual intercourse, dehydration, vaginal bleeding or heavy vaginal discharge
2. Fetal heart rate assessment
3. Contraction frequency
4. Obtain UA; C&S if indicated per lab protocol

Report
1. Notify MD/CNM:
   • Patient Data/History—include major risks for preterm delivery
   • Fetal Assessment
2. Obtain additional orders

Perform Pelvic Exam and Action Path
• Collect fFN sample by sterile speculum exam (SSE), if 24-34 weeks, and hold. If non-speculum method is performed, use proper process per published protocols.
• Ferning/Nitrazine/Amnisure (if indicated by history)
• GBS culture, BV screen, other tests as needed
• Perform sterile vaginal exam (SVE)

Are membranes ruptured?
NO
YES

Cervical dilation of at least 2 cm?
NO
YES

Positive
TVU < 20 mm
Increased Risk

PTL Screening Test
• Send fFN to lab, if not contraindicated, using sample obtained prior to pelvic exam
• Assess cervical length via transvaginal ultrasound (TVU), if 20-28 weeks
• If fFN and/or TVU are not utilized, or patient is 34 0/7-36 6/7 weeks, repeat SVE for cervical change at 2-hour intervals

Equivocal
TVU 21-24mm and/or fFN positive

Options
1. Notify MD/CNM
2. Consider antenatal corticosteroids (24-34 weeks)
3. Consider situational and patient-specific interventions as ordered by provider
4. Discharge disposition: consider increased frequency of assessment

Negative
fFN negative and/or TVU > 25 mm
Lower Risk

Discharge
1. Notify MD/CNM
2. Discharge teaching with home care instructions and awareness of contributing factors
3. Follow-up with MD/CNM within 1 week
4. Chart patient disposition in log book

This decision model represents a guideline for completion of assessment within 2 to 4 hours; however, individualized medical care decisions should be directed by the provider.