### Dexamethasone for lung maturity

- **Eligibility**
  - High confidence GA viability < 34 weeks
  - High confidence likely to deliver in 7 days
  - No suspicion of maternal sepsis or chorioamnionitis
  - Advanced preterm postnatal care is available: resuscitation, thermal care, feeding support, infection treatment, and safe oxygen use

- **Benefits**
  - Can reduce death in preterm babies by 30% by:
    - Maturing fetal lungs
    - Protecting fetal intestines and blood vessels in the brain
  - May increase risk of:
    - Maternal sepsis
    - Perinatal mortality in infants born at term

- **Regimen**
  - **Loading dose:**
    - 24 mg IM in divided doses
  - **Recommended:**
    - 12 mg IM every 24 hrs x 2
  - **May also use:**
    - 6 mg IM every 12 hrs x 4

- **Repeat Dose (one time only)**
  - It has been > 7 days since the first dose
  - GA is still < 34 weeks
  - There is a high risk of birth within 7 days based on a new clinical assessment
  - Patient has only received one prior course

- **Side effects and risks**
  - Benefits disappear after 7 days, repeat dose may restore
  - More than two courses can be harmful to the fetus
  - May repeat selected regimen one time if all eligibility criteria have been met for a repeat dose

### Magnesium sulfate for fetal neuroprotection

- **Eligibility**
  - Viability < 32 weeks GA
  - High risk of birth in the next 24 hours
  - No known maternal cardiac problems or myasthenia gravis
  - Do not give maintenance doses to women with impaired renal functioning

- **Benefits**
  - Decreases the risk of cerebral palsy and motor major dysfunction

- **Regimen**
  - **Loading dose:**
    - 4 g 20% solution IV loading dose over 10–15 minutes PLUS
    - 10 g IM 50% solution (5 g in each buttock)
  - **Maintenance dose:**
    - 5 g 50% solution IM in alternating buttocks every 4 hours for 24 hrs or until birth, whichever occurs first

- **Common side effects:**
  - Sweating
  - Flush and feeling of warmth
  - Headache
  - Nausea
  - Slight decrease in fetal heart rate

- **Risks:**
  - Respiratory or cardiac arrest related to magnesium toxicity (very rare)

### Nifedipine to slow or stop contractions and delay birth 24–48 hours

- **Eligibility**
  - High confidence GA < 34 weeks
  - In preterm labor
  - Has been given dexamethasone
  - Is not being given MgSO₄
  - No known cardiac problems
  - Not in active labor
  - Prolonging pregnancy is not dangerous to woman or baby

- **Benefits**
  - May delay birth by 24–48 hours to get the benefit of dexamethasone or to transport patient

- **Regimen**
  - **Loading dose:**
    - 20 mg PO standard release
  - **Maintenance Dose:**
    - 10–20 mg every 4–8 hours for up to 48 hours
  - Do not exceed 180 mg in 24 hours

- **Common side effects:**
  - Nausea, headache, flushing
  - Heart palpitations, dizziness

- **Risks:**
  - Severe hypotension
  - Shortness of breath

### Erythromycin for PPROM to prevent infection and delay birth

- **Eligibility**
  - GA < 37 weeks (deliver by 37 weeks)
  - Ruptured membranes
  - No known allergy to erythromycin
  - Monitor closely and change to treatment protocol if signs of infection appear.
  - Does not cover Group B Strep

- **Benefits**
  - Helps prevent infection, which also reduces prematurity-related problems for baby
  - Delays delivery

- **Regimen**
  - **Loading dose:**
    - 250 mg orally four times per day for 10 days
  - Stop antibiotics after vaginal birth
  - If erythromycin unavailable, use a penicillin.
  - Do NOT use co-amoxiclav/Augmentin due to increased rates of necrotizing enterocolitis.

- **Common side effects:**
  - Diarrhea, nausea, vomiting
  - Risk of allergic reaction

*Never delay delivery for medication if delivery is necessary for the safety of the mother or fetus*