



# Pre-term Labor



Fetal heart rate assessment Q 15 min; during and immediately after contractions PRN

Upon FFL arrival, cervical dilation > 3 cm  
or  
contractions < 5 minutes apart

YES →

- Consider delivery at referring facility
- Consider neonatal transport team

NO ↓

- Left lateral recumbent position
- NS 500 mL bolus IV/IO then NS 250 mL/hr IV/IO
- Ensure empty bladder, foley if needed

Magnesium initiated

Discuss with transferring physician administration of Nifedipine IR 20 mg orally prior to transfer.

- Magnesium Toxicity**
- Respiratory depression
  - Loss of deep tendon reflexes (DTR's)
  - Muscular paralysis
  - Weak or unequal grip
  - Hypotension
  - Visual changes
  - Somnolence

Magnesium sulfate 4 g bolus over 20 min  
Followed by infusion at 1 g/hr IV/IO

Discuss if betamethasone is indicated.  
Discuss antibiotics if mother is GBS+.

Assess for magnesium toxicity  
q 15 min and PRN

Magnesium toxicity

- Discontinue magnesium
- NS 500 mL bolus IV/IO
- Calcium gluconate 2 g IV/IO over 5 min

This guideline does not substitute for sound clinical judgment.

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Original \_\_\_/\_\_\_/\_\_\_ Reviewed 7/9/25 Revised 6/14/24 Posted 9/23/25 Standards and Practice Committee

Reference  
<https://www.uptodate.com/contents/preterm-labor-clinical-findings-diagnostic-evaluation-and-initial-treatment?>