



Flow Chart for Antenatal Corticosteroid (ANCs) Administration {24-34 Weeks gestational Age}

Assess the gestational age of pregnant woman reporting with the complaints of labour pain.

If between 24-34 weeks then

Check whether the pregnant woman is in true preterm labour using the table* given below:

If the pregnant woman is in true labour

If the pregnant woman is not in true labour

Delivery imminent

Give one dose of Injection Dexamethasone as described in the box** and prepare for delivery and neonatal resuscitation. **Delivery NOT imminent**

Give one pre-referral dose of Injection Dexamethasone if the patient is to be referred, otherwise complete the course. Tocolysis (delay of uterine contractions) is to be done under medical supervision.

Observe for the symptoms, discharge if the symptoms resolve with advice to report immediately if danger signs appear.

If symptoms do not resolve, treat her as in true preterm labour and follow the chart.

Before referral

- 1. Check vitals, BP
- 2. Do Hb, Blood Sugar, Urine Examination (Ex)
- 3. Give ANCS first dose Refer to higher facility
- 4. Arrange transport
- 5. Referral slip

Referral refused or not possible

- 1. Check vitals, BP
- 2. Do Hb, Blood Sugar, Urine Ex.
- 3. Give ANCS first dose then 3 additional doses 12 hourly
- 4. Arrange for delivery, resuscitation and care of preterm baby

**Dexamethasone protocol	
Dose/injection	6 mg
Route	Intramuscular
Interval	12 hours
No. of Injections	4

Contraindication for use of ANCS is Frank Chorioamnionitis

*Symptoms of True and False Labour Pain

TRUE Labour Pain

- 1. Begins irregularly but becomes regular and predictable
- 2. Felt first in the lower back and sweeps around to the abdomen in a wave pattern
- 3. Continues no matter what the woman's level of activity
- 4. Increases in duration, frequency and intensity with the passage of time
- 5. Accompanied by 'show' (blood-stained mucus discharge)
- 6. Associated with cervical effacement and cervical dilatation

FALSE Labour Pain

- 1. Begins irregularly but becomes remains irregular
- 2. Felt first abdominally and remains confined to the abdomen and groin
- 3. Often disappears with ambulation or sleep
- 4. Does not increase in duration, frequency or intensity with the passage of time
- 5. Show absent
- 6. Does not associate cervical effacement and cervical dilatation