WHO Guidelines for Preterm Labour Management

Dr Sithembile Nqeketo

Preterm birth: the scale of the problem

- Birth before the end of 37weeks of pregnancy
- High risk of lifelong disability

13.4M

babies born preterm in 2020, about 1 in 10 births

~900,000

child deaths in 2019 from preterm complications, the leading cause under 5

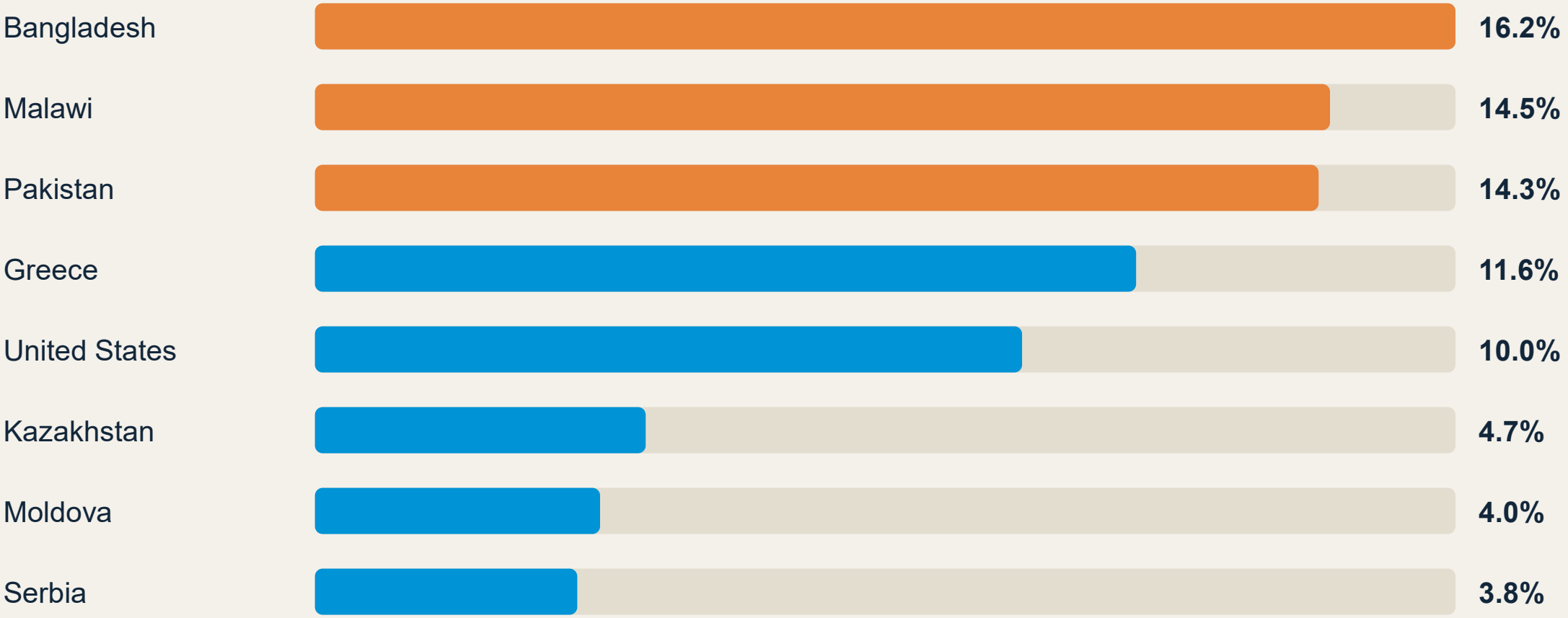
3 in 4

of these deaths could be prevented with current, cost-effective interventions

Preterm birth rates range from 4% to 16% across countries.

Source: WHO Preterm birth fact sheet (who.int), 2023

Rates vary widely between countries



About 65% of preterm births occur in sub-Saharan Africa and southern Asia.

Source: WHO news release, 6 Oct 2023 (Lancet national estimates, 2020). Chart redrawn from published figures.

Where a baby is born decides whether it survives

Extremely preterm babies (<28 weeks): deaths within the first days of life



Antenatal steroids, kangaroo mother care, CPAP and good basic care close much of this gap.

Source: WHO Preterm birth fact sheet (who.int). Bars are indicative.

WHO recommendations at a glance

Intervention	When	WHO position
Antenatal corticosteroids	24 to 34 weeks, birth likely within 7 days, conditions met	Recommended (2022)
Tocolysis with nifedipine	High likelihood of preterm birth, short course up to 48 hours	Recommended (2022)
Magnesium sulfate	Imminent birth before 32 weeks	Recommended
Antibiotics	Preterm prelabour rupture of membranes (PPROM)	Recommended
Antibiotics	Preterm labour, intact membranes, no infection	Not recommended (2015)

Source: WHO recommendations on interventions to improve preterm birth outcomes (2015); ACS and tocolytic updates (2022)

Antenatal corticosteroids: use them safely

Give only when all five apply

- Gestational age accurately assessed
- Preterm birth imminent
- No clinical sign of maternal infection
- Adequate childbirth care available
- Adequate preterm newborn care available

Regimen and limits

- 24 to 34 weeks of gestation
- Dexamethasone 6 mg IM every 12 h × 4, or betamethasone 12 mg IM every 24 h × 2
- One repeat course if first was 7+ days ago and birth is again likely within 7 days
- Not routinely where ultrasound dating is impossible

Source: WHO recommendations on antenatal corticosteroids (2022); WHO provider guide adaptation

Tocolysis and magnesium sulfate

Tocolysis: buy time

- Nifedipine is the preferred agent
- Acute use only, up to 48 hours
- Purpose: complete steroids and allow in-utero transfer to a higher level of care
- Not a treatment to prolong pregnancy to term

Magnesium sulfate: protect the brain

- Women at risk of imminent birth before 32 weeks
- Reduces cerebral palsy in the child (strong recommendation)
- Follow your national protocol for dose and monitoring

Source: WHO news item, 30 Sep 2022; WHO recommendation on tocolytic therapy (2022)

A bedside pathway for preterm labour

1

Date

Confirm gestational age, ideally by ultrasound

2

Screen

Look for infection, bleeding, severe pre-eclampsia

3

Steroids

Under 34 weeks, no infection, birth expected within 7 days

4

Add

Nifedipine for labour, antibiotics for PPROM, magnesium sulfate under 32 weeks

5

Prepare

Transfer if needed and ready the newborn care team

Source: adapted from the WHO provider guide, Risk of preterm birth (implementation research adaptation)

After birth: care that saves preterm babies

Kangaroo mother care

- Start immediately after birth
- Skin-to-skin upright on the chest, with exclusive breastfeeding
- Cuts deaths, infection and hypothermia

Breathing support

- CPAP for preterm babies in respiratory distress
- Caffeine for breathing problems
- Steroids work best where CPAP is available

Feeding and family

- Early breastfeeding
- Keep mother and baby together unless the baby is critically ill
- The family takes the central role in care

Sources: WHO Preterm birth fact sheet (2023); WHO recommendations on care of the preterm infant (2022); WHO KMC practice guide (2025)

Key messages

- Date the pregnancy accurately before giving steroids
- Steroids, short-course nifedipine, magnesium sulfate and PPROM antibiotics work together
- After birth: kangaroo mother care, early breastfeeding and CPAP save lives
- Safe use needs the five conditions and a prepared newborn care team

Read more: who.int/publications/i/item/9789240057296 · 9789240057227 · 9789241508988 · paho.org · emro.who.int