Magnesium Sulfate for Neuroprotection

Inclusion
- Singleton or multiple gestation
- Viable and planning resuscitation

<23w0d
- Not Recommended

23w0d-31w6d
- Presenting with
  1. Preterm labor and 4 cm dilated or preterm labor and advance to 4 cm while observing
  2. Preterm rupture of membranes
  3. Anticipated indicated preterm birth within 24 hours
  4. Admitted for proximity to OR (i.e. vasa previa, mo-mo TIUP)

≥32w0d
- Not Recommended

Prior 12 h Mg Exposure
- Yes
  - If delivery immediately anticipated within 12 h (i.e. SVE > 6 cm or plan for cesarean)
  - Restart magnesium
    - bolus if >6 h since last magnesium infusion, if <6 h restart 2 g/h
  - Okay to stop before 12 h if delivery not imminent on re-evaluation
- No
  - Not Recommended

Start Mg infusion
- 6 g bolus over 30 min, then 2 g/h × 12 h
- At 12 hours reassess if undelivered
- Stop if delivery not anticipated in 24 hours
- If delivery anticipated within 24 hours, continue magnesium and reassess every 2-4 hours

Caution when patient also receiving tocolytic therapy and with calcium channel blockers
Assess diet needs. NPO may not be indicated.
REFERENCES


These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school. www.mombaby.org

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