



FOGSI SURVEY 2020-21 BY



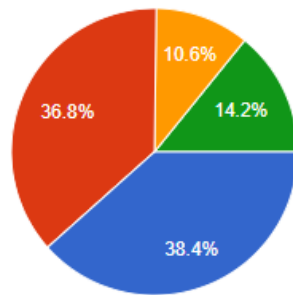
## # 8 Survey on Preterm Births

President : Dr Alpesh Gandhi  
Secretary General : Dr Jaydeep Tank  
Survey Co-Ordinators : Dr Punit Bhojani, Dr Nilesh Balkawade, Dr Sebanti Goswami

### Analysis of the responses:

Q1. . In your practice, which is the single largest contributor to preterm birth?

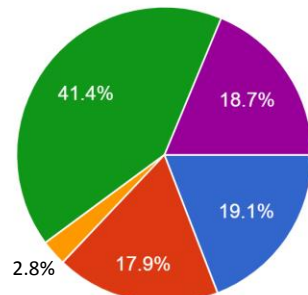
742 responses



- A. Spontaneous preterm labour
- B. PPROM followed by preterm labour
- C. Previous H/O of Preterm delivery
- D. Medically indicated preterm births for obstetric or medical reasons

Q2. Which underlying etiology is the single largest contributor to preterm births in your practice?

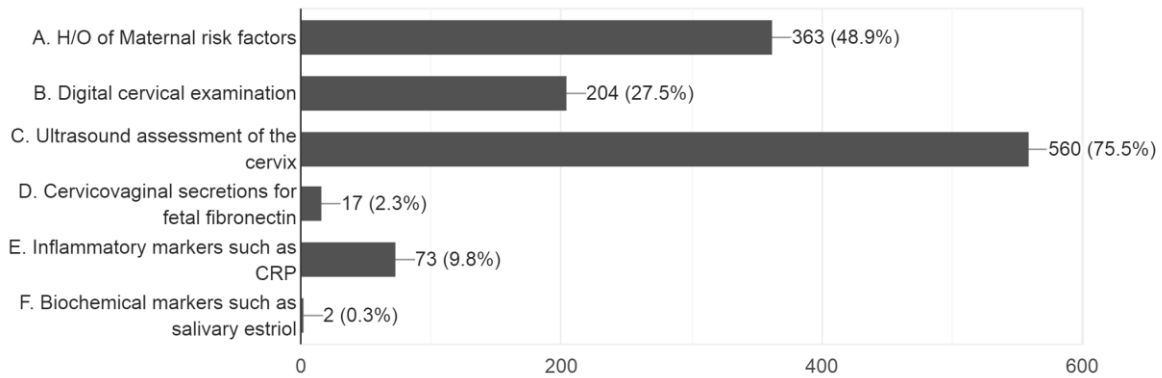
742 responses



- A. Multiple pregnancy
- B. Preeclampsia
- C. Antepartum hemorrhage
- D. Infection (UTI, vaginal, etc)
- E. Incompetent Cervical Os

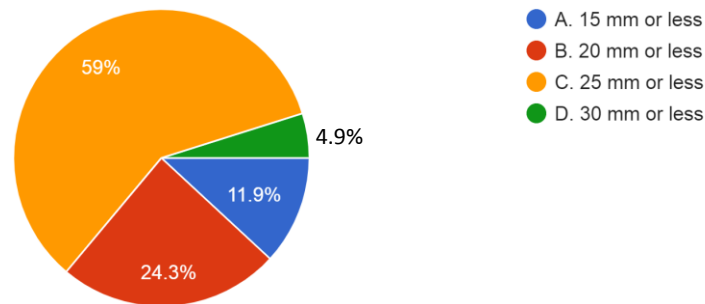
Q3. With regards to Prediction of preterm birth in your practice, which of the following do you use routinely?

742 responses



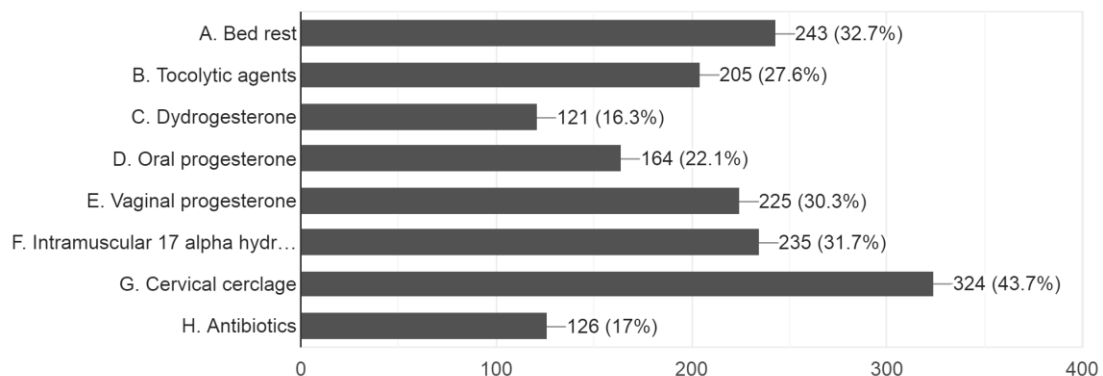
Q4. What cervical length do you consider significantly short in predicting preterm birth in an otherwise low-risk primigravida with a singleton pregnancy?

742 responses



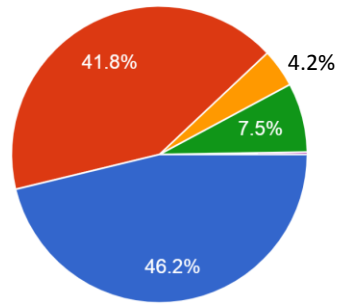
Q5. For a primigravida with no other risk factors and a singleton pregnancy with a short cervix which intervention do you usually offer?

742 responses



Q6. Which tocolytics is your first choice for women in established preterm labour?

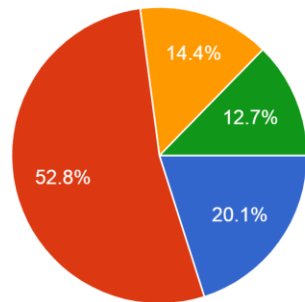
742 responses



- A. Beta mimetics – Ritodrine, Isoxuprine
- B. Nifedepine
- C. Atosiban
- D. Magnesium sulphate
- E. Indomethacin

Q7. What regimen of corticosteroids do you routinely use in your practice?

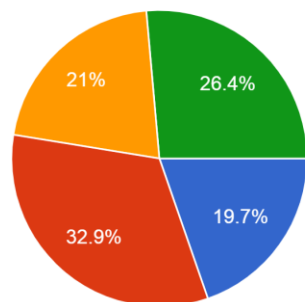
742 responses



- A. Betamethasone two injections of 12 mg every 12 hours
- B. Betamethasone two injections of 12 mg every 24 hours
- C. Dexamethasone four injections of 6 mg every 6 hours
- D. Dexamethasone two injections of 12 mg every 12 hours

Q8. Do you administer magnesium sulphate for neuroprotection in Premature labour?

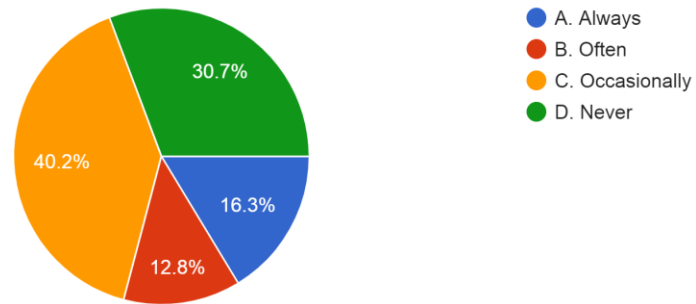
742 responses



- A. Always, if it is between 24wks – 34wks of GA
- B. Often, If it is between 26wks-32wks of GA
- C. Often, If it is between 26wks-34wks of GA
- D. Never

Q9. Do you give repeat course of Injectable steroids after completion of initial dose, if delivery prolongs

742 responses



Q10. Which commonest neonatal complication you come across in your practice due to prematurity?

742 responses

