



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



# COMMITTEE OPINION SUMMARY

Number 652 • January 2016

(Replaces Committee Opinion Number 573, September 2013)

For a comprehensive overview of these recommendations, the full-text version of this Committee Opinion is available at <http://dx.doi.org/10.1097/AOG.0000000000001267>.



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## The American College of Obstetricians and Gynecologists Committee on Obstetric Practice Society for Maternal-Fetal Medicine

*This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

**INTERIM UPDATE:** This Committee Opinion is updated to reflect a limited, focused change in gestational age at which to consider tocolysis.

## Magnesium Sulfate Use in Obstetrics

**ABSTRACT:** The U.S. Food and Drug Administration advises against the use of magnesium sulfate injections for more than 5–7 days to stop preterm labor in pregnant women. Based on this, the drug classification was changed from Category A to Category D, and the labeling was changed to include this new warning information. However, the U.S. Food and Drug Administration's change in classification addresses an unindicated and non-standard use of magnesium sulfate in obstetric care. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine continue to support the short-term (usually less than 48 hours) use of magnesium sulfate in obstetric care for appropriate conditions and for appropriate durations of treatment, which includes the prevention and treatment of seizures in women with preeclampsia or eclampsia, fetal neuroprotection before anticipated early preterm (less than 32 weeks of gestation) delivery, and short-term prolongation of pregnancy (up to 48 hours) to allow for the administration of antenatal corticosteroids in pregnant women who are at risk of preterm delivery within 7 days.

### Conclusions

The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine continue to support the short-term (usually less than 48 hours) use of magnesium sulfate in obstetric care for appropriate conditions and for appropriate durations of treatment, which include the following:

- Prevention and treatment of seizures in women with preeclampsia or eclampsia.
- Fetal neuroprotection before anticipated early preterm (less than 32 weeks of gestation) delivery.
- Short-term prolongation of pregnancy (up to 48 hours) to allow for the administration of antenatal corticosteroids in pregnant women who are at risk of preterm delivery within 7 days.

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