

PROGESTERONE WORKSHEET
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Patient's Full Legal Name: _____

Patient's Address: _____

Patient's Phone Number: _____

Date of Birth: _____ EDC _____ by ^U/_S Y N

Name of Practice Site: _____ **Fax:** _____

Name of Local Provider: _____

New Request:

I. Patient had PTD at < 32⁰ weeks GA:

Refer to UNC High Risk clinic as close to 16 weeks as possible

II. Patient had PTD at 32⁰-36⁶ weeks GA:

Current singleton pregnancy

Current gestation < 24 weeks GA

Medicaid, PE Medicaid, uninsured, private insurance that does not cover progesterone to prevent PTD

Discuss safety for mothers (There are minimal risks for mothers who take 17P to reduce their risk of recurring preterm birth. The most common problems are soreness, irritation, itching, bruising, swelling and pain that can occur at the injection site. More severe side effects may occur in rare circumstances)

Discuss safety for babies (The randomized clinical trials of 17P did not find increased risks for birth defects for mothers taking 17P. The Maternal Fetal Medicine Unit network trial has followed the infants in their study for five years and found no differences in development of health problems.)

Patient wants weekly injections of progesterone

III. Additional information needed to order 17P:

Number of previous PTDs: _____

Week gestation of earliest PTD: _____

Patient's payer source: _____

Need more 17P for above patient:

Name/title of person at local practice site who verifies accuracy of above information:

_____ **Date:** _____
When complete, fax to 919-966-2288

UNC Department of OB/GYN reviewed and 17P was ordered on _____ and will be shipped to local provider

COMMENTS:

Name/title of UNC OB/GYN Representative responsible for above review:

_____ **Date:** _____