Progesterone for prevention of preterm birth

Prior singleton delivery between 20 0/7-36 6/7 weeks, including PPROM, SPTB; current singleton pregnancy [2]

Or

Asymptomatic short cervical length on midtrimester ultrasound

Recommend weekly 17-OHP
250mg IM weekly starting 16 weeks – 36 weeks [2]

Confirm with transvaginal US cervical length (18-23 weeks EGA) [1,9] and digital cervical exam

17-P Options
1) compounded 17-OHP [3,4,5]
2) Makena™, www.makena.com

TVCL $\leq$ 25mm

Yes   **No**

18-23 weeks
TVCL $\leq$ 25mm

Recommend daily vaginal progesterone [9]
Options for vaginal progesterone:
(Progesterone gel (Crinone®, Prochieve®) 90mg pv qhs through 36 weeks[6]
(Micronized compounded progesterone 200mg ph qhs through 36 weeks[7]

If prior preterm birth or cervical dilatation is noted, consider cervical cerclage

Preterm birth symptoms education

Yes   **No**

Continue progesterone and offer cerclage[8]; most effective with TVCL $\leq$ 15 mm

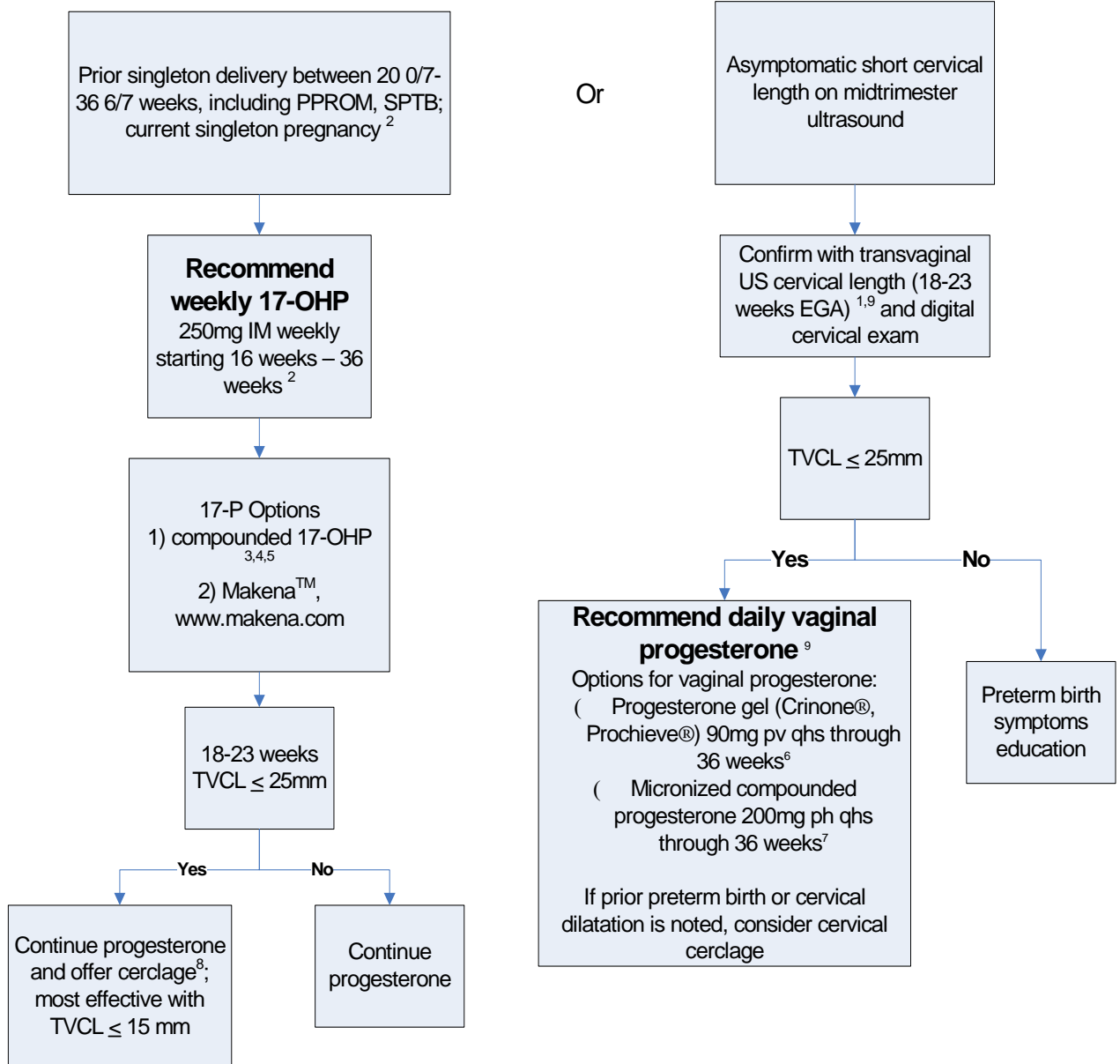Continue progesterone

Use of progesterone or cerclage in multiple gestation, as well as the utility of US cervical screening in multiple gestation remains unproven. Progesterone has not been demonstrated to prevent preterm birth in unselected twins/triplets.

References

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8. Iams JD, Berghella V Care for women with prior preterm birth. Am J Obstet Gynecol 2010.
9. Romero, R, et al. vaginal Progesterone in women with asymptomatic sonographic short cervix in the midtrimester decreases preterm delivery and neonatal morbidity: A systematic review and meta-analysis of individual patient level data. Am J Obstet Gynecol. 201.

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