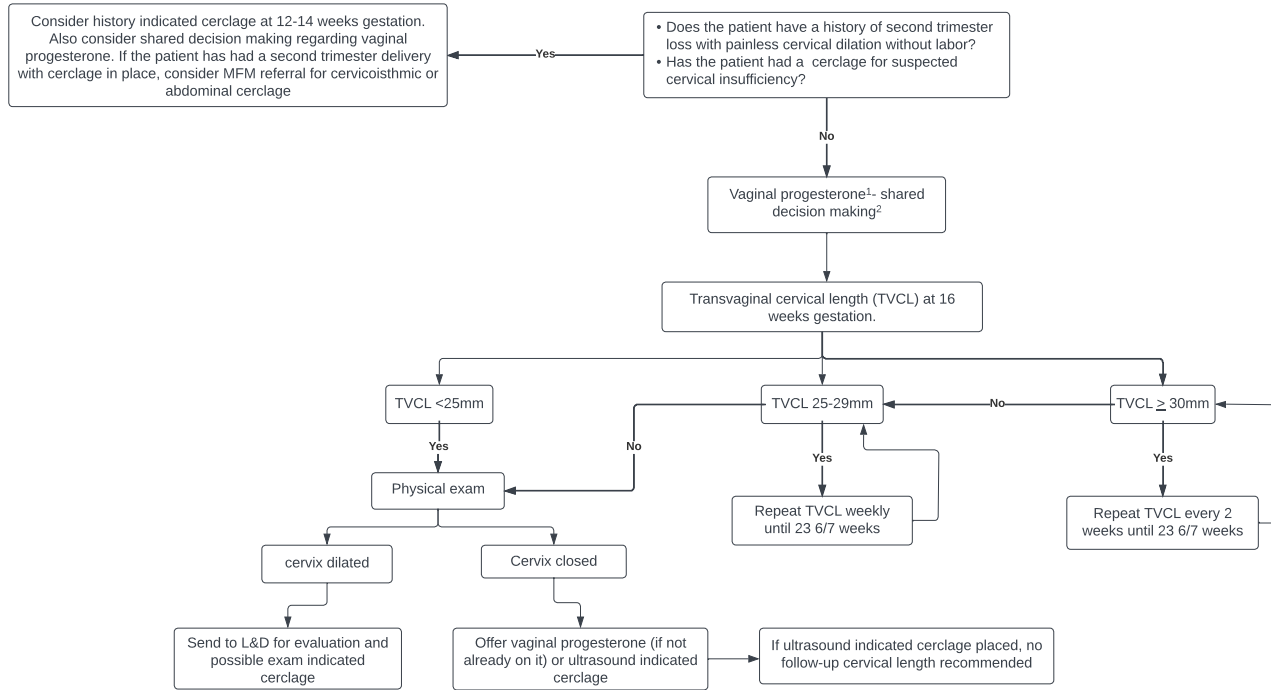


History of Prior Preterm Birth (prior singleton spontaneous preterm birth 16 0/7-33 6/7 weeks)



1. Vaginal progesterone dose: 200mg micronized progesterone daily
2. Shared decision making: Discussion with patient regarding gestational age of prior sPTB, use of progesterone in previous pregnancy, number of previous sPTB, number of term births, outcome of most recent pregnancy (preterm versus term).

References:

1. ACOG Practice Bulletin No. 234, Prediction and Prevention of Spontaneous Preterm Birth. April 2021
2. ACOG Practice Advisory, Updated Clinical Guidance for the Use of Progesterone Supplementation for the Prevention of Recurrent Preterm Birth. April 2023
3. SMFM Statement: Response to the Food and Drug Administration's withdrawal of 17-alpha hydroxyprogesterone caproate. April 2023
4. ACOG Practice Bulletin No.142, Cerclage for the Management of Cervical Insufficiency. February 2014
5. Berghella V, et al. Cerclage for short cervix on ultrasonography in women with singleton gestations and previous preterm birth: a meta-analysis. *Obstet Gynecol* 2011; 117: 663-71

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.

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