

Example of care protocol for women with a history of a spontaneous preterm birth

<i>HRC Visit</i>	<i>Evaluation</i>	<i>Treatment</i>
Initial visit (<18 weeks gestation)	<ul style="list-style-type: none"> • Detailed obstetric history with personalized risk assessment • Urine culture • Vaginal wet mount • TVUS CL after 16 weeks 	<ul style="list-style-type: none"> • Prophylactic cerclage if indicated • Antibiotic treatment for positive urine culture or vaginal infection • Initiate 17 P at 16 weeks
Second visit (20-24 weeks gestation)	<ul style="list-style-type: none"> • Review signs and symptoms of labor • Urinalysis with culture if indicated • Vaginal wet mount • TVUS CL at 20-23 weeks • Assess compliance with 17 P 	<ul style="list-style-type: none"> • US indicated cerclage if CL < 2.5 cm (see short cervix protocol) • Antibiotic treatment for positive urine culture or vaginal infection • Tocolysis PRN documented uterine contractions • Steroids PRN evidence of labor or short cervix and >23 weeks gestation
Third visit (26-30 weeks gestation)	<ul style="list-style-type: none"> • Review signs and symptoms of labor • Urinalysis with culture if indicated • Vaginal wet mount • TVUS CL if symptoms present • Assess compliance with 17 P 	<ul style="list-style-type: none"> • Antibiotic treatment for positive urine culture or vaginal infection • Tocolysis PRN documented uterine contractions • Steroids PRN evidence of labor or short cervix
Compliance Measures	<ul style="list-style-type: none"> • Initiation of 17 P before 20 weeks gestation • Number of cervical length measurements • Number of consults attended 	



State of Utah Algorithm for Screening and Progesterone Treatment

At first prenatal visit:

- Does the patient have a history of any preterm birth (PTB)?
- Confirm EDC
- Confirm singleton pregnancy

(YES)

(NO)

- Consider evaluation of cervical length at time of anatomic survey (ultrasound)

Does the patient have a:

- History of a spontaneous PTB?
- Singleton live birth between 16 and 36 weeks gestation?

Spontaneous PTB includes presentation as labor, PPRM, advanced cervical dilation/cervical insufficiency and abruption/vaginal bleeding

Consider consultation with a Maternal Fetal Medicine provider

Cervical length < 25 mm?

(YES)

(NO)

- Routine care

- Start vaginal progesterone 200 mg per vagina QHS
- May substitute Crinone Gel

(YES)

(NO)

Was PTB between 16 and 24 6/7 weeks?

(YES)

(NO)

- Start 17 P at 16-20 weeks gestation*
- May start after 20 weeks if needed
- Evaluate Cervical length by TVUS between 16 0/7 and 23 6/7 weeks

Cervical length < 25 mm?

(YES)

(NO)

- Continue 17 P

- Consider prophylactic cerclage placement at 12-14 weeks
- Start 17 P at 16-20 weeks gestation*

- Consider ultrasound indicated cerclage placement
- Continue 17 P or switch to Vag P

*If 17 P is unavailable, consider vaginal progesterone. See Preterm Birth Provider Guide for additional information.

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