WHAT IS 17P?
The abbreviation “17P” stands for 17-alpha-hydroxyprogesterone caproate. It’s a type of progesterone, a hormone naturally produced by the placenta during pregnancy. The medication 17P is prescribed by a doctor to help prevent preterm birth.

WHO SHOULD RECEIVE 17P?
Your doctor or midwife may recommend 17P if you meet both of these conditions:

- You’re carrying only one baby in this pregnancy (that is, it’s a singleton pregnancy — not one with twins, triplets, or more multiples) AND
- You’ve already had at least one preterm singleton birth

Studies have shown that 17P treatment in the second trimester of pregnancy can lower the risk of preterm birth for women who fit this high-risk profile. In one recently published study, the rate of preterm birth was reduced by one-third among these women. Other pregnant women, however, may not need or benefit from taking this medication.

IS 17P SAFE?
Experts believe that 17P is safe for mothers and babies when given in the second and third trimesters of pregnancy. In fact, the nation’s leading group of pregnancy experts, the American Congress of Obstetricians and Gynecologists (ACOG), approves and recommends the use of 17P to prevent recurrent preterm birth. Follow-up studies of children born to mothers treated with 17P showed no ill effects from treatment.

WHY IS IT SO IMPORTANT TO PREVENT PRETERM BIRTH?
A baby born too early — a premature infant, often called a “preemie” — will be smaller than normal and may have underdeveloped organs. This can cause problems with breathing and feeding and makes the baby more vulnerable to infections, brain problems, and other serious complications. A very small or sick preemie may suffer life-long physical or learning problems or, despite the best medical care, may die. Despite these risks, many preemies do well. The closer the birth is to the due date, the better the preemie’s chances for good health at birth and throughout life. Still, a preemie nearly always requires advanced medical care in a newborn intensive care unit (NICU). Combined with an unexpected early labor, this makes for a stressful beginning for a new life.
HOW IS 17P GIVEN?

- The 17P medication is given in a once-a-week injection (shot).
- Weekly injections usually begin in the 16th to 20th week of pregnancy (though they may start later). They should continue through the 36th week of pregnancy.
- Each injection must be given into a muscle. Most women choose to have the injection in the buttock muscle or thigh muscle.
- You can get your weekly injection at your doctor’s office or at home. (At home, you can inject yourself, or have someone do it for you.) Talk to your doctor about where you want to receive your injections.

WILL I HAVE SIDE EFFECTS FROM 17P?
Most women report no side effects, other than mild soreness and swelling at the injection site. If you have soreness, you can ease it by sitting in a warm tub or taking acetaminophen (Tylenol). Don’t take any other medication without first checking with your doctor.

WHEN SHOULD I CALL THE DOCTOR?
Like any pregnant woman, you should call your doctor or midwife if you have any of these symptoms:

- Contractions (not always painful) that come every 15 minutes or more often
- Cramping (like menstrual cramps) that’s either constant or on-and-off, and may come with diarrhea
- Low, dull backache that’s constant or on-and-off
- Pressure in your pelvis, groin, or thighs
- Bleeding or spotting
- A change in vaginal discharge (a sudden increase in discharge, or discharge that is suddenly watery or full of mucus)
- A gush or a slow leak of fluid from your vagina
- A feeling that your uterus is “knotting up” or tightening, or that the baby is balling up inside
- Headaches that are constant or severe
- Sudden swelling in your face or hands
- Pain in the upper right part of your tummy
- Blurred vision or spots in front of your eyes
- Sudden weight gain (more than one pound in a day)
- Decreased or no movement of your baby
- A feeling that something just isn’t right