

Progesterone for the Prevention of Spontaneous Preterm Birth

A. Transvaginal Ultrasound (TVUS) cervical length measurement

Cervical length screening will be performed by TVUS on asymptomatic pts from 16-24 wks with a hx of PTD \leq 33 6/7 wks according the Dept to Dept Agreement between Radiology and MFM/OB

Previous spontaneous preterm birth < 29 6/7 wks:

At initial prenatal visit, refer to MFM for consultation regarding when to start cervical length screening

Previous spontaneous preterm birth > 30 0/7 – < 33 6/7 wks:

Perform TVUS for cervical length at time of anatomy US (18-22 wks)

-If < 2.5 cm refer to MFM

-If \geq 2.5 - < 3.0 cm repeat in one week and refer to MFM if \leq 2.5 cm

-If \geq 3.0 no further follow-up needed

B. Vaginal Progesterone Therapy for Women with a Short Cervix

There is some newer evidence that progesterone 200 mg vaginal suppositories daily may be of benefit in preventing preterm birth in women found to have a short cervix (less than 2.0 cm, with or without funneling) on ultrasound. These studies have included women with multiple gestation (for whom both cerclage and 17P have not been found to be beneficial), and those with a history of cervical insufficiency.

For example, if a transvaginal cervical length at 24 weeks is:

- a. >2.0 cm, no MFM consult needed
- b. \leq 2.0 cm, may be vaginal progesterone candidate. Consult MFM.

While routine transvaginal cervical length at 24 weeks is not currently recommended, if, at any gestational age, a routine US done for other reason detects a short cervix, then discussion with Maternal Fetal Medicine is suggested. This can include further evaluate the patient for treatment with vaginal progesterone, or, if prior to 24 weeks, cervical cerclage.

Short cervix \leq 23 6/7 weeks

-Offer cerclage

-Offer vaginal progesterone

History of cervical insufficiency with a cerclage in current pregnancy

-If patient develops a short cervix, then offer vaginal progesterone

NB: Women with symptomatic uterine contractions are **not** candidates for this therapy.

The dose of vaginal progesterone is 200 mg vaginal suppository nightly from discovery of the short cervix until 36 weeks.

If ≥ 24 wks, then individualize care. Consider MFM consult

References:

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Revised 4/14/23njm
 Revised 10/19/22njm
 Revised 10/31/20 njm
 Revised 10/15/19njm
 Reviewed 12/9/17njm
 Revised 10/6/15njm
 Reviewed 8/14/13njm
 Approved 9/21/11njm

