

The Utah Women and Newborn Quality Collaborative (UWNQC) is a statewide, multi-stakeholder network dedicated to improving perinatal health in the state

PRETERM BIRTH PREVENTION RESOURCES

Available at the Utah Women and Newborns Quality Collaborative Website: mihp.utah.gov/UWNQC

UWNQC Preterm Birth Prevention Video Series

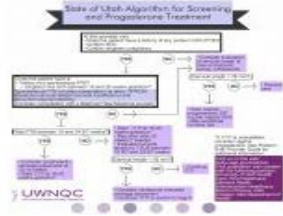
[Preterm Birth Prevention Video Series](#)

<https://vimeo.com/187728519>



Videos topics include:

Introduction to Preterm Birth, Preterm Birth and Progesterone, How to Obtain Progesterone, Cervical Length and Cerclage, Post-Delivery Counseling and Immediate Postpartum LARC



Utah Screening & Progesterone treatment process & care protocol example

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



What to do to Prevent a Preterm Birth: 17P (Progesterone) Guide for Providers

Provider guide that explains what is 17P, who is an appropriate candidate, the risks, potential side effects, and benefits of taking progesterone.



17P for Preventing Preterm Birth Fact Sheet (English and Spanish)

Fact sheet for patients and families that states what is 17P, who should receive it, is it safe, why it is so important to prevent preterm birth, how it is given, potential side effects and when should pregnant women call the doctor.



What to Do After a Preterm Birth: A Guide for Families Booklet (English and Spanish)

Comprehensive booklet for patients and families with information on how to reduce their risk of having another preterm birth, why preterm birth matters, preterm birth assessment, 17P Compounding Pharmacies and additional resources.



Plan to Implement Changes and Track Improvement*

Month One

Form a Team that includes a prenatal care provider (obstetrician or other physician or midwife), a nurse and an administrative staff member. Meet to set a SMART aim. Review current process for finding and treating women with prior preterm birth or short cervix. Provide access to available resources and tools, discuss project key driver diagram.

Month Two

Start with **Consistent and early recognition of Prior Preterm Birth**

Screen every pregnant woman to find those with a prior birth between 16 and 36 weeks of pregnancy. Key questions to ask: Have you ever had a baby born a month or more early? Have you had a baby in NICU? Have you ever been told your cervix was short, weak or incompetent?

Use Plan Do Study Act (PDSA) methods to determine the best time, personnel and process for screening. Measure results to be sure that your process reliably finds all pregnant women who might benefit from progesterone.

Month Three

Start by **creating a log for all progesterone candidates** entering their clinical information to track their needs over time. Use PDSA methods to promote treatment beginning before 20 weeks of pregnancy. Use your log to alert you to other patient risks and barriers and any delays in progesterone starts.

Month Four

Continue to test and implement methods to expedite progesterone treatment: identify care managers, collaborate with managed care personnel, assign paperwork to specific staff members, order progesterone as early as possible and create an alert system from the log to ensure timelines. Track the number and percent of women eligible for progesterone who start treatment by 20 weeks of gestation.

Month Five

Identify causes of missed opportunities or late starts on progesterone to identify those most common. If late entry to prenatal care is a common cause of late treatment, work on Early Access to Prenatal Care. If you have a high-risk population, work on Adopt a Cervical Length and Screening Protocol. If women have many needs and are in and out of care, work on Customize Care to maintain women on progesterone.

Month Six

Review your practice data to be sure that all women are screened for risk, all progesterone candidates are being tracked in a log, progesterone is started before 20 weeks and that your practice has systems implemented to screen for short cervical length and customize care. If you need to bring women in earlier for prenatal care, partner with managed care, infant mortality initiatives and other community groups that serve women of childbearing age.

*Adapted from the Ohio Perinatal Quality Collaborative Progesterone Supplementation Change Package <https://opqc.net/announcements/26-10-17/progesterone-supplementation-change-package>