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

<table>
<thead>
<tr>
<th>HRC Visit</th>
<th>Evaluation</th>
<th>Treatment</th>
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</table>
| **Initial visit (<18 weeks gestation)** | • Detailed obstetric history with personalized risk assessment  
  • Urine culture  
  • Vaginal wet mount  
  • TVUS CL after 16 weeks        | • 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)** | • 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 | • 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)** | • Review signs and symptoms of labor  
  • Urinalysis with culture if indicated  
  • Vaginal wet mount  
  • TVUS CL if symptoms present  
  • Assess compliance with 17 P | • Antibiotic treatment for positive urine culture or vaginal infection  
  • Tocolysis PRN documented uterine contractions  
  • Steroids PRN evidence of labor or short cervix |
| **Compliance Measures**                | • 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

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, PPROM, advanced cervical dilation/cervical insufficiency and abruption/vaginal bleeding
  **Consider consultation with a Maternal Fetal Medicine provider**

  Was PTB between 16 and 24 6/7 weeks?
  • Consider prophylactic cerclage placement at 12-14 weeks
  • Start 17 P at 16-20 weeks gestation*

  Cervical length < 25 mm?
  • 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

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

  • Routine care

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

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