

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

HRC Visit	Evaluation	Treatment
Initial visit (<18 weeks gestation)	<ul> <li>Detailed obstetric history with personalized risk assessment</li> <li>Urine culture</li> <li>Vaginal wet mount</li> <li>TVUS CL after 16 weeks</li> </ul>	<ul> <li>Prophylactic cerclage if indicated</li> <li>Antibiotic treatment for positive urine culture or vaginal infection</li> <li>Initiate 17 P at 16 weeks</li> </ul>
Second visit (20-24 weeks gestation)	<ul> <li>Review signs and symptoms of labor</li> <li>Urinalysis with culture if indicated</li> <li>Vaginal wet mount</li> <li>TVUS CL at 20-23 weeks</li> <li>Assess compliance with 17 P</li> </ul>	<ul> <li>US indicated cerclage if CL &lt; 2.5 cm (see short cervix protocol)</li> <li>Antibiotic treatment for positive urine culture or vaginal infection</li> <li>Tocolysis PRN documented uterine contractions</li> <li>Steroids PRN evidence of labor or short cervix and &gt;23 weeks gestation</li> </ul>
Third visit (26-30 weeks gestation)	<ul> <li>Review signs and symptoms of labor</li> <li>Urinalysis with culture if indicated</li> <li>Vaginal wet mount</li> <li>TVUS CL if symptoms present</li> <li>Assess compliance with 17 P</li> </ul>	<ul> <li>Antibiotic treatment for positive urine culture or vaginal infection</li> <li>Tocolysis PRN documented uterine contractions</li> <li>Steroids PRN evidence of labor or short cervix</li> </ul>
Compliance Measures	<ul> <li>Initiation of 17 P before 20 weeks gestation</li> <li>Number of cervical length measurements</li> <li>Number of consults attended</li> </ul>	



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Health Care, HCA Healthcare, IASIS Healthcare, Intermountain Healthcare,
March of Dimes, Utah Chapter, Utah Department of Health.

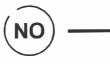
## State of Utah Algorithm for Screening and Progesterone Treatment



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







 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?

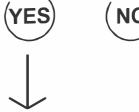
Spontaneous PTB includes presentation as labor, PPROM, advanced cervical dilation/cervical insufficiency and abruption/vaginal bleeding

Consider consultation with a Maternal Fetal Medicine provider





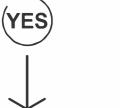
Cervical length < 25 mm?

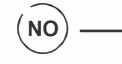


 Routine care

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

Was PTB between 16 and 24 6/7 weeks?





- 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



Consider prophylactic

cerclage placement at

Start 17 P at 16-20

weeks gestation\*

12-14 weeks

Cervical length < 25 mm?



Continue

 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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