SMFM Preterm Birth Toolkit

Singletons without prior sPTB Algorithm

Society for Maternal • Fetal Medicine

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Current singleton pregnancy with a No prior Spontaneous Preterm Birth

**Review ALL PTB Risk Factors**

If pos., see appropriate guideline (smoking, etc)

**Screen for: Urine Culture; RPR/GC/Chlam**

**Consider Single Transvaginal CL Ultrasound (at 18-23 weeks of gestation)**

**Address Barriers:**
- Adequate review of all risk factors by provider (adequate time, list, etc)
- Provider knowledge re: importance of TVU, interpretation of images (CLEAR for Quality)
- Access to TVS by trained clinicians

**Address Barriers:**
- Access to vaginal progesterone

**CL ≤20 mm**

Vaginal Progesterone**

**CL >20 mm**

No intervention

No cerclage, or pessary, for these women

*See Table of Risk Factors in text

** 90mg gel, or 200mg suppositories, q day until 36 weeks of gestation
Disclaimer

This algorithm and key driver material was written by a group of experts in the field of Preterm Birth. It was then reviewed by the Society for Maternal-Fetal Medicine's (SMFM's) Publications Committee, Executive Committee and Risk Management.

Standardization of healthcare processes and reduced variation has been shown to improve outcomes and quality of care. SMFM developed these documents to help facilitate the standardization process. These algorithms and key driver documents are “tools” to assist clinicians and practices. The practice of medicine continues to evolve, and individual circumstances may vary. They reflect clinical and scientific advances as of the date issued and are subject to change. They are not intended to dictate a certain management or course of action. We encourage users to adapt them to their particular situation, environment and patient population.

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