SMFM Preterm Birth Toolkit

Singletons without prior sPTB Matrix

Society for Maternal - Fetal Medicine

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### Matrix – Singletons without prior sPTB

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<th>What (best practice/strategy)</th>
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<th>Implementation Institution</th>
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| Screen for ALL PTB risk factors | Ask all women, preferably preconception or at least at first prenatal visit, about ALL risk factors of PTB – each one (see list) | All offices and clinics providing preconception and prenatal care | • Medical assistants  
• Nursing  
• Prenatal provider (physician, midwife, nurse practitioner) | Who: Medical assistants; Nursing, Prenatal provider  
What: List of risk factors for PTB  
How: EMR pre-loaded list of risk factors read by provider to patient, with checkboxes; provider education | • Provider and Patient education  
• EMR with list of PTB risk factors, and checkboxes  
• Automatic EMR risk factor-specific algorithms (e.g. smoking, multiples, etc) |
| TVU CL screening | Offer TVU CL at time of anatomy ultrasound | All offices and clinics providing prenatal care | • Sonographers  
• Sonologists  
• Prenatal provider (physician, midwife, nurse practitioner) | Who: Sonographers; sonologists; Prenatal provider  
What: Ultrasound screening  
How: Add TVU CL to anatomy scan | • Provider and Patient education (handouts, booklets, etc)  
• CLEAR Certification for sonographers  
• Automatic TVU CL added to order for anatomy ultrasound  
• Change ultrasound schedules  
• Billing changes  
• Algorithm for management of TVU CL ≤20mm (vaginal progesterone) |
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.

This publication is not expected to reflect the opinions of all members of the Society for Maternal-Fetal Medicine.