## PTB Best Practice Matrix

<table>
<thead>
<tr>
<th>What (best practice/strategy)</th>
<th>Brief description</th>
<th>Implementation Institution</th>
<th>People implementing it</th>
<th>Target of this practice</th>
<th>How to achieve (specific steps)</th>
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</table>
| Screen and treat asymptomatic bacteriuria (AB) | Urine culture testing in the 1st trimester (or initiation of prenatal care) | All offices and clinics providing prenatal care | • Nursing  
• Prenatal provider (physician, midwife, nurse practitioner) | Who: Nursing, Prenatal provider  
What: Prenatal lab order sets  
How: EMR order sets, provider education | • Standing order for urine culture with all initial prenatal labs  
• Patient education in proper urine collection technique  
• Standardization of positive culture ($10^5$ cfu/ml for a clean catch or any growth of GBS)  
• Treatment of all positive cultures  
• Test of cure for women treated  
• Re-screening for at-risk women as needed  
• Antibiotic prophylaxis for at-risk women, such as those with a prior pyelonephritis or recurrent UTIs during the index pregnancy |
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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