SMFM Preterm Birth Toolkit

Singleton with prior PTB Matrix

Society for Maternal-Fetal Medicine

Posted 09/2016
# PTB Best Practice Matrix – Prior PTB

<table>
<thead>
<tr>
<th>What (best practice/strategy)</th>
<th>Brief description</th>
<th>Implementatio n Institution / Location</th>
<th>People implementing it</th>
<th>Target of this practice</th>
<th>How to achieve (specific steps)</th>
</tr>
</thead>
</table>
| **Recommend weekly IM progesterone** | 250 mg IM 17-alpha hydroxyprogesterone caproate weekly (initiate at 16-20 weeks, continue weekly through 36 weeks) | All offices and clinics providing prenatal care | Nurses and providers screen for eligibility at time of new OB visit; providers implement | Who: Nursing, prenatal provider  
What: Medication preauthorization, injection teaching (if applicable)  
How: patient education, counseling, financial counseling/assistance | - Screen all women presenting for prenatal care for eligibility for IM progesterone  
- Provide information/education regarding IM progesterone to all eligible women at their first prenatal visit, obtain insurance authorizations if necessary at that time  
- Initiate medication as close to 16 weeks as possible  
- Create personalized plan for patient to receive IM progesterone  
- Follow through with compliance at each prenatal visit  
- Vaginal progesterone can be considered as alternative prophylactic agent, but considered second tier, and considered only when access to 1P is not feasible |
| **Cervical length screening via transvaginal ultrasound** | Initial transvaginal cervical length ultrasound at 16 weeks, follow q 2 weeks (q 1 week if CL 25-29mm) until 24 weeks gestation | All offices and clinics providing prenatal care, ultrasound units | Provider orders initial TVUS in conjunction with routine fetal anatomic survey, subsequent US based on individual patient history, result of first US, etc. | Who: prenatal provider, ultrasound provider  
What: identification of women at risk for PTB at time of ultrasound  
How: ask brief obstetric history at first ultrasound visit to ensure no patients ‘missed’, plan of action to notify obstetric provider if short cervix found | - All women with a prior PTB should have TVUS ordered together with anatomic survey at 18-20 weeks; consider initial CL at 16-18 weeks if very early or recurrent PTB or history suggestive of cervical insufficiency  
- Provide brief patient history forms to all women at the time of their initial OB ultrasound; women with prior spontaneous PTB should have vaginal CL ultrasound added to orders (additional screening method to ensure all patients are captured appropriately)  
- Utilize followup algorithms after each CL assessment to guide timing of next TVUS, or initiation of vaginal progesterone or offering of cerclage  
- Ensure appropriate training of those performing CL screening exam. Consider CLEAR training course. [https://clear.perinatalquality.org/](https://clear.perinatalquality.org/) |
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.