SMFM Preterm Birth Toolkit

Multiple gestations

**Progesterone:**

1) Progesterone treatment (17 hydroxyprogesterone caproate -17OHP, or vaginal progesterone - VP) **does not** reduce the risk for preterm birth or adverse perinatal outcome compared to untreated women in **unselected/uncomplicated twin** pregnancies.

2) In twin pregnancies with a **prior PTB**, 17OHP or VP **has been insufficiently studied regarding a possible** reduction in the risk for preterm birth or adverse perinatal outcomes.

3) In twin pregnancies with a **short transvaginal ultrasound (TVU) cervical length (CL) (≤25mm before 24 weeks of gestation)** 17OHP or VP **do not** reduce the rate of PTB, but VP may reduce the rate of adverse perinatal outcome.

**Cerclage:**

Cerclage has not been shown to be beneficial for unselected twins, or for those with a short TVU CL (ultrasound indicated cerclage). As the data are limited, more research is needed. There are no data on clinically dilated cervix in twins or the effect of a prior preterm birth in twins with a short cervix. Therefore, based on available evidence cerclage should in general not be performed in twins regardless of cervical length, unless in research trials.

**Pessary:**

1) Pessaries **do not** reduce the risk of PTB or improve neonatal outcomes in unselected twin pregnancies.

2) There is conflicting evidence regarding the benefit of Arabin pessary in twins with a short cervix. Some studies show a reduction in early PTB while others did not. No studies have shown improvement in neonatal outcomes. Meta-analysis of the 3 trails published so far shown no benefit in PTB or neonatal outcomes.

**TVU CL:**

- Routine TVU CL screening is not yet recommended for twins because no intervention has been definitively proven to be beneficial in this population.

- Consider enrolling women with twins and short cervix in ongoing NICHD trial: PROSPECT, or other trials as available.
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.

Posted 9/16