



Preventing preterm birth

Preventing preterm birth is a challenge because the causes can be complex and not well understood.

What can providers do?

Substance use, smoking, and a history of preterm birth are all recognized risk factors for premature births. As a prenatal care provider, you have an opportunity to help reduce this risk by offering your patients support and counseling. Screening patients for substance and tobacco use, as well as assessing obstetrical history and other risk factors, are essential to prevention and management of substance use and prior preterm births:

- For women with a history of preterm birth, 17 alpha hydroxyprogesterone caproate (17P) treatment can be offered starting at 16 to 24 weeks of a singleton gestation.
- A short cervix combined with a prior preterm birth increases the risk of preterm delivery. Asymptomatic women with a cervical length up to 20 mm before or at 24 weeks' gestation can be treated with vaginal progesterone.

Remember:

- Tests for fetal fibronectin, bacterial vaginosis, and home uterine monitoring are not recommended as screening strategies for preterm birth.
- In women with twin or triplet gestations, progesterone treatment is not recommended, as it does not reduce the incidence of preterm birth.

If you have questions, call Provider Services at 866-231-0847.



The information on this flier is based on *ACOG Practice Bulletin Number 130* (October 2012) and *ACOG Practice Bulletin Number 171* (October 2016). To access these materials, go to <http://www.acog.org> > Resources & Publications > Practice Bulletins.

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