HIGHMARK WESTERN NEW YORK

Medicaid Managed Care
Child Health Plus

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, short-interval pregnancy, low pre-pregnancy BMI 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, nutritional status, 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.
- Assess cervical length in women with no history of preterm birth between 18 to 23 weeks of gestation as part of the anatomy assessment.

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.
- Racial disparities persist in the preterm birth rate in the United States. Non-Hispanic Black women are about 50% more likely to deliver preterm than non-Hispanic white women.

The information on this flier is based on ACOG Practice Bulletin Number 171 (October 2016) and ACOG Practice Bulletin Number 234 (August 2021). To access these materials, go to http://www.acog.org > Resources & Publications > Practice Bulletins.

https://providerpublic.mybcbswny.com

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