Cervical Length Ultrasound and Progesterone Supplementation for the Prevention of Preterm Birth in Singletons

NOTE: IM and SC progesterone are NOT recommended or FDA approved for prevention of recurrent preterm birth. The administration of vaginal progesterone after cerclage placement is not beneficial and is not recommended.

REQUEST PRECONCEPTION OR 1ST TRIMESTER MFM CONSULT: If h/o prior cerclage, history of second trimester loss related to painless cervical dilation, history of more than one PTB <34w as result of PTL/PPROM, or patient inquiring about option of prophylactic cerclage

OTHER SCENARIOS:

SINGLETON PREGNANCY, NO PRIOR SPTB <34w: the cervix should be visualized at the 18 0/7–22 6/7 weeks of gestation anatomy assessment, with either a transabdominal or endovaginal approach.

- If unremarkable and >25mm, no further interventions
- If unremarkable and 10-25mm, start vaginal progesterone
- If remarkable (funneling, dynamic, etc) and/ or <10mm, call MFM

SINGLETON PREGNANCY, PRIOR SPTB 32-34w: the cervix should be visualized at the 18 0/7–22 6/7 weeks of gestation anatomy assessment, with an endovaginal approach.

- If unremarkable and >30mm, no further interventions
- If unremarkable and 26-30mm, repeat TVCL in 1 week
- If remarkable (funneling, dynamic, etc) and/ or ≤ 25 mm, call MFM

SINGLETON PREGNANCY, PRIOR PTB <32w: serial endovaginal ultrasound measurement between 16 0/7 – 24 0/7

- If unremarkable and >30mm, reassess q2-3w
- If unremarkable and 26-30mm, repeat TVCL in 1 week
- If remarkable (funneling, dynamic, etc) and/ or ≤ 25 mm, call MFM

VAGINAL PROGESTERONE OPTIONS – qhs from initiation through 36w

- Micronized progesterone (Prometrium) 200mg suppositories – cost effective alternative is PO capsules used vaginally.
- Progesterone gel (Crinone) 90mg

Citation: ACOG PB 234 plus Practice Advisory 4/2023
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