Updated April 2023

Progesterone for the Prevention of Preterm Birth

History of spontaneous preterm birth less than 37 weeks gestation secondary to preterm labor or premature preterm rupture of membranes

Currently pregnant, singleton gestation: offer progesterone supplementation in the context of shared decision-making process incorporating available evidence and patient's preferences.(1)

- **Progesterone 200 mg capsules** (Prometrium™ or generic equivalent) administered vaginally daily from 16-24 weeks through 36 6/7 weeks of gestation.

Due to lack of efficacy demonstrated in PROLONG clinical trial, the manufacturer of Makena®17-OHPC announced in March 2023 plans to withdraw the drug from the market.

Data supporting efficacy of vaginal progesterone for prevention of recurrent spontaneous preterm birth has been published. (2, 3)

Asymptomatic short cervical length ≤25mm at or before 24 weeks of gestation and with no prior spontaneous preterm birth

- Currently pregnant, singleton gestation: offer daily vaginal progesterone 200 mg (Prometrium™ or generic equivalent)(2, 4-6)

Multiple gestation

- There is conflicting evidence regarding the efficacy of vaginal progesterone in multiple gestations with asymptomatic short cervix ≤ 25mm and therefore no recommendation for or against this treatment can be made at this time.(1,7,8)

For special circumstances regarding use of progesterone to prevent preterm birth not covered in this document, consider maternal-fetal medicine consultation

References

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