

How can you help reduce preterm birth and infant mortality?

Ohio ranks among the worst states in the country in overall infant mortality.

Preterm birth is the #1 cause of newborn deaths in Ohio.
Early preterm births (before 32 weeks) account for more than 70% of neonatal deaths. That is 500 neonatal deaths annually.
Progesterone can reduce the risk of preterm births.

\$30,000



The average cost of a preterm birth in Ohio

5-10 minutes



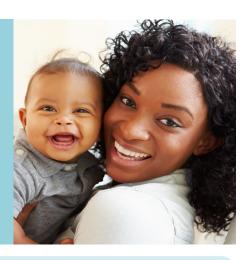
The time it takes to conduct a transvaginal ultrasound with little discomfort for the patient and coverage by most insurance plans

\$1,000



The average cost of progesterone during a pregnancy

Three steps you can take to lower Ohio's high infant mortality rate



Should I consider progesterone treatment for my patient?

Has patient had prior preterm birth?

YES

NO

Evaluate for progesterone treatment

Consider TVUS to measure cervical length at 18-24 weeks If cervix is short (<20mm) consider progesterone treatment

Identify women at risk

Women are at high risk of preterm birth if they have had a previous spontaneous preterm birth. These women can be identified by obtaining a thorough OB history at the time of their first visit.

Women who have a short cervix during their current pregnancy also are at high risk of premature delivery. These women can be identified by either risk-based or universal transvaginal ultrasound screening.

Introduce at-risk women to progesterone treatment

Progesterone, an evidence-based, yet underutilized treatment, can reduce the risk of premature birth by as much as 35% for women with either a short cervix or previous spontaneous preterm birth. Progesterone is backed by national guidelines from the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine.

It is important to start progesterone as early as possible, between 16-24 weeks of pregnancy. There are two forms of progesterone used for preterm birth prevention: 1) Injectable progesterone (17-P or 17-alphahydroxyprogesterone caproate) which is given as a weekly injection to women with a history of spontaneous preterm birth; and 2) Vaginal progesterone (suppositories, capsules or gel) which is used on a daily basis for women who have a short cervix.

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Consult an OB or maternal fetal medicine specialist ASAP

For practices or prenatal care providers not set up to treat women at risk for preterm birth, it is important to get guidance from an OB or Maternal Fetal Medicine specialist. Progesterone is most effective in reducing preterm birth when it is started in the second trimester of pregnancy, before 24 weeks of gestation.





OBBO is a partner in CelebrateOne, a community-wide initiative to reduce infant mortality and help more babies celebrate their first birthdays. For more information and resources, visit www.celebrateone.info and www.ohiobetterbirthoutcomes.org.