



Progesterone for PTB in pregnancy

What's the deal?

Progesterone therapy is used in a couple scenarios:

1. Can reduce the risk of spontaneous preterm birth (PTB) for women at an increased risk of preterm delivery (based off history) or with a short cervical length.

Who is at risk for a preterm birth?

- a. Women with a previous preterm birth <34 weeks would be a candidate for progesterone: 200mg daily vaginal progesterone from 16-36 weeks.
- b. Women with a single pregnancy, but a shortened cervix (<25mm) on the ultrasound between 16 and 24 weeks: 200mg daily from diagnosis until 36 weeks.
- c. Women with a twin pregnancy and a shortened cervix (<25mm) on ultrasound between 16 and 24 weeks: 400mg daily from diagnosis until 36 weeks.

I read about progesterone used in miscarriage prevention?...

2. While not endorsed by the Society of Obstetricians and Gynecologists of Canada, NICE recommends offering vaginal micronized progesterone 400 mg twice daily when started within 4 days of the onset of bleeding in patients with a confirmed intrauterine pregnancy under 12 weeks and continued to 16 weeks AND a history of early pregnancy loss.
 - a. Talk to your health care provider more
 - b. This is not routinely practiced in Ontario

What is the purpose of progesterone, what does it do?

Progesterone is a very important hormone for a healthy pregnancy.

- Progesterone prepares the tissue lining of the womb (endometrium) to allow implantation, and stimulates glands in the endometrium to secrete nutrients for the early embryo.
- High levels of progesterone help prevent uterine contractions, reducing the risk of preterm labour.

Fun Fact: Progesterone can also contribute to constipation experienced in the first and second trimester by slowing the digestive system down.