

# What to do after a **PRETERM BIRTH**

*A Guide for Families*



UNIVERSITY OF UTAH  
HEALTH CARE

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This publication was created with the help of  
the following partners: Intermountain Healthcare,  
Utah Department of Health and March of Dimes  
Utah Chapter. If you have any questions or  
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## WHAT IS PRETERM BIRTH?

Preterm birth is a birth that happens too soon - before 37 completed weeks of pregnancy. Your due date is at 40 weeks' gestation, so a preterm birth is 3 or more weeks early.

A **spontaneous preterm birth** happens when a woman goes into labor early (preterm labor) or when her water breaks too early (preterm premature rupture of membranes, or PPRM).

A **medically indicated preterm birth** is a delivery that is recommended by a healthcare provider in order to reduce the risk to a woman or to her unborn child. Common reasons for medically indicated preterm birth include:

- Pregnancy related problems, such as preeclampsia (high blood pressure during pregnancy)
- Maternal medical problems, such as diabetes
- Fetal problems, such as poor growth

## WHY DOES PRETERM BIRTH MATTER?

**It's common.** About 1 out of every 8 U.S. births is preterm (12%).

**It's dangerous.** Newborn intensive care units (NICUs) help preterm babies to have the best possible start in life. Despite the best medical care, being born preterm can mean problems that last into adulthood. Preterm babies have a higher rate of complications after delivery. In babies who survive, long-term complications may include cerebral palsy, developmental delay (mental retardation), behavioral issues, chronic lung disease, deafness and blindness.

Babies who are born very early have the highest risks. However, even babies born 'late preterm' (34 weeks to 36 weeks) have a higher rate of serious complications and death. All preterm births are therefore very serious.

**It's expensive.** Preterm birth affects families and society. It is difficult for families emotionally and affects quality of life. It is also expensive for families and for the healthcare system. The estimated cost of preterm birth in the U.S. is \$26 billion per year – more than \$51,000 per preterm baby.

## WHAT IS THE RISK OF HAVING ANOTHER PRETERM BIRTH?

We often don't know why a preterm birth happens. We do know that all women who deliver early are at increased risk for preterm birth in future pregnancies.

A woman's risk of having another preterm birth depends on

- How early the preterm birth(s) happened (earlier births = higher risk)
- The number of preterm births (more preterm births = higher risk)
- How long it has been since the last preterm birth (shorter time = higher risk)

Factors strongly associated with preterm birth include:

- Prior preterm birth. You've delivered early in one or more previous pregnancies.
- Short cervix. Your cervix – the opening of the uterus – shortens in preparation for childbirth. If an ultrasound or exam shows that your cervix has shortened too early in pregnancy, you have an increased risk of delivering early.
- Pregnancy spacing less than 6 months. You've become pregnant within 6 months of your previous pregnancy.
- Multiple gestation. You're carrying more than one baby (twins or triplets).
- Smoking and substance abuse. You use tobacco, prescription pain medications, or street drugs.
- Chronic medical conditions. You have a medical problem, such as diabetes or high blood pressure (hypertension).
- Underweight, overweight or poor nutrition. Being under or overweight increases your risk.
- Little or no prenatal care.



- African-American race.
- Problems with the uterus or cervix. If you have had surgery on your uterus or cervix, you have uterine fibroids, or you have a uterine anomaly (such as bicornuate or septate uterus), you may be at increased risk of delivering preterm.

Keep in mind that while these risk factors increase your risk of preterm birth, they are only part of the story. Most women who deliver preterm have no known risk factors.

*See YOUR personal risk assessment on page 10. This should be completed by a Maternal Fetal Medicine (MFM) physician, ideally during your and your baby's hospital stay. If this cannot occur during your hospital stay, a consultation with a MFM physician should be scheduled.*

## HOW DO I REDUCE MY RISK OF HAVING ANOTHER PRETERM BIRTH?

Because preterm birth isn't well understood, there are few reliable ways to predict it or prevent it. However, studies have shown that there are ways to lower your risk of having another preterm baby.

### **1) Plan Your Pregnancies – and Space Them at Least 18 Months Apart.**

Waiting 18 months before you get pregnant again allows time for your body to heal and reduces your risk of having another preterm birth. Pregnancy planning makes sure that you, your family, and your body are prepared for a new addition.

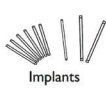
### **2) Use Highly Effective Contraception as Soon as Possible After You Deliver.**

The best way to ensure an 18-month space between pregnancies is to use the most effective methods of contraception, which include the IUD or implant. Talk to your health care provider about what form of contraception is best for you. Some forms of contraception can be safely started before you leave the hospital. See the chart on the next page for a comparison of contraception choices.

## Comparing Effectiveness of Family Planning Methods

### More effective

Less than 1 pregnancy per 100 women in one year



Implants



IUD



Female Sterilization



Vasectomy



Injectables



LAM



Pills



Patch



Vaginal Ring



Male Condoms



Diaphragm



Female Condoms



Fertility Awareness Methods



Withdrawal



Spermicides

### Less effective

About 30 pregnancies per 100 women in one year

### How to make your method more effective

#### Implants, IUD, female sterilization:

After procedure, little or nothing to do or remember

**Vasectomy:** Use another method for first 3 months

**Injectables:** Get repeat injections on time

**Lactational Amenorrhea Method (for 6 months):** Breastfeed often, day and night

**Pills:** Take a pill each day

**Patch, ring:** Keep in place, change on time

**Condoms, diaphragm:** Use correctly every time you have sex

**Fertility awareness methods:** Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

**Withdrawal, spermicides:** Use correctly every time you have sex



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World Health  
Organization

#### Sources:

Steiner MJ, Trussell J, Mehta N, Condon S, Subramaniam S, Bourne D. Communicating contraceptive effectiveness: a randomized controlled trial to inform a World Health Organization family planning handbook. *Am J Obstet Gynecol* 2006; 195(1):85-91.

World Health Organization/Department of Reproductive Health and Research (WHO/RHR), Johns Hopkins Bloomberg School of Public Health (JHSPH)/Center for Communication Programs (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2007.

Trussell J. Choosing a contraceptive: efficacy, safety, and personal considerations. In: Hatcher RA, Trussell J, Stewart F, Nelson AL, Cates W Jr., Guest F, Kowal D, eds. *Contraceptive Technology, Nineteenth Revised Edition*. New York: Ardent Media, Inc., in press.

2007

### 3) If You Delivered Early Because of Preterm Labor or Because Your Water Broke, Talk to Your Health Care Provider About Taking 17P in Your Next Pregnancy.

Progesterone is a natural body hormone that is important for pregnancy. In women with a history of preterm birth, a special form of progesterone called '17P' can lower the chance of having another preterm baby. In fact, 17P is one of the most effective treatments available for women with a history of preterm birth. Studies show that treatment with 17P lowers the risk of another preterm birth by about one-third (30%).

### Who can get progesterone shots?

You are eligible for progesterone shots in your next pregnancy if you had a preterm birth of one baby (not twins or other multiples) because of labor or because your water broke.

### Are progesterone shots safe?

There is no evidence of risk to mother or baby. Your risk of preterm birth may be reduced if you take the shots. You may have some discomfort at the site of injection. Studies of babies followed through the first four years of life showed no evidence of problems from the progesterone shots.

### How do you get progesterone shots?

17P is prescribed by your health care provider. It is given as weekly injections between 16 weeks and 36 weeks of pregnancy. There are two forms of the drug.

1. Prepared (compounded) at special pharmacies – see page 11
2. A brand name drug called Makena™

Your health care provider will talk to you about these options and help you choose which form of the drug is right for you.

## 4) Maintain or Achieve a Healthy Weight.

Overweight and underweight women have an increased risk of delivering early. Ideally, your body mass index (BMI) should be between 18.5-24.9 when you get pregnant. If you are outside of this target range, talk to your health care provider. Don't get discouraged- even small changes in weight may reduce your risk.

BMI is calculated using your height and weight. Find out your BMI by going to the following website: <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

## 5) Don't Smoke and Don't Use Substances That Increase the Risk of Preterm Birth.

Smoking increases your risk of delivering early. The more you smoke, the higher your risk. Prescription pain medication (opioids)



and recreational drugs (such as cocaine and methamphetamine) also increase the risk of preterm birth.

If you smoke or use drugs, talk to your health care provider. Your health care provider can give you support and information to help you quit. Don't give up! Most people try to quit several times before they are successful. There has never been a better time to quit.

- You can get information and support to quit smoking at <http://www.tobaccofreeutah.org/quitline.htm> or by calling the Utah Tobacco Quit Line: 1.800.QUIT.NOW (1-800-784-8669).
- To locate counseling or treatment for substance use, visit Substance Abuse and Mental Health Services Administration at [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov) or call 1-800-662-HELP (1-800-662-4357).

## **6) Take Care of Chronic Diseases.**

If you have a chronic disease (such as heart disease, diabetes, high blood pressure, autoimmune disease), work with your health care provider to make sure it is well controlled before your next pregnancy. Treating these diseases before you get pregnant will keep you healthy and may reduce the chance of another early delivery.

## **7) If You've had Treatment for Infertility, Talk to Your Health Care Provider about Ways to Lower the Risk of Multiples (Twins or Triplets).**

Fertility treatment may increase your chance of getting pregnant with more than one baby. Unfortunately, twin and triplet pregnancies are at much higher risk of delivering early. Talk to your health care provider about ways to reduce the chance of multiples. You are more likely to have a healthy pregnancy and baby if you only carry only one baby at a time.

### **8) Get a Personal Risk Assessment from a Specialist.**

Before your next pregnancy, see a Maternal Fetal Medicine (MFM) physician. MFM physicians specialize in high-risk pregnancies and preterm birth. A consultation (where you talk face-to-face with a specialist about your unique situation) will give you specific information on how to reduce YOUR risk of another preterm birth.

An example of a personalized risk assessment is included on page 10. A list of MFM specialists near you is included on page 12.

### **9) See Your Health Care Provider Early and Regularly During Your Pregnancy.**

When you do get pregnant, see your health care provider early and regularly during pregnancy. Women who receive good prenatal care have a lower chance of delivering early.

### **10) Take a Multivitamin with Folic Acid (at least 400 mcg).**

Make this a habit! Experts recommend that every woman of childbearing age take folic acid, even if she's not planning to become pregnant. Long-term supplementation helps prevent certain birth defects and may lower your chance of delivering early.



## YOUR PRETERM BIRTH ASSESSMENT

Your preterm birth happened at \_\_\_\_\_ weeks' gestation (the due date is at 40 weeks' gestation).

Your preterm birth occurred because of:

- ☐ Cervical insufficiency
- ☐ Preterm labor
- ☐ Preterm premature rupture of membranes (PPROM)
- ☐ Your health care provider's decision to deliver you because of a
  - Pregnancy complication
  - Maternal medical complication
  - Fetal concern

Your recurrence risk (the chance of delivering preterm in your next pregnancy) is estimated to be \_\_\_\_\_%.

In your situation, we recommend:

Waiting 18 months before considering another pregnancy. This allows time for your body to heal and reduces the risk of another preterm birth. Use of highly effective contraception (IUD or implant) is encouraged.

Contraceptive plan: \_\_\_\_\_

Consultation with a Maternal Fetal Medicine specialist before your next pregnancy and early in your next pregnancy to discuss additional ways to reduce your risk of preterm birth.

Additional recommendations:

- ☐ Uterine imaging before your next pregnancy
- ☐ 17P beginning by 16 weeks in your next pregnancy
- ☐ Cervical cerclage in your next pregnancy
- ☐ Cervical length assessment in the mid-trimester of your next pregnancy
- ☐ Start a daily baby aspirin (81 mg) before or early in your next pregnancy
- ☐ \_\_\_\_\_

## 17P COMPOUNDING PHARMACIES

### BOUNTIFUL

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#### **Medicine Shoppe Pharmacy**

47 East 500 South  
Hours: Friday 9 a.m.–6 p.m.  
Saturday 9 a.m.–1 p.m.  
Phone: (801) 295–3463  
Fax: (801) 298–8223

### PROVO

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#### **Rock Canyon Pharmacy**

3179 North Canyon Road  
Hours: Friday 9 a.m.–7 p.m.  
Saturday 9 a.m.–5 p.m.  
Phone: (801) 377–2002  
Fax: (801) 377–2007

### RIVERTON

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#### **South Valley Pharmacy**

12447 South Crossing Drive  
Hours: Friday 9 a.m.–6 p.m.  
Phone: (801) 676–7880  
Fax: (801) 676–7883

### SALT LAKE CITY

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#### **University Pharmacy**

1320 East 200 South  
Hours: Friday 9 a.m.–8 p.m.  
Saturday 9 a.m.–5 p.m.  
Phone: (801) 582–7624  
Fax: (801) 582–7633

#### **Intermountain Homecare**

Phone: (801) 887–7351  
Toll-free: 1–888–887–0015  
Fax: (801) 887–6777

*The above pharmacies are able to compound 17P using safe and sterile conditions. They will ship prescriptions to your home, if requested.*

## MATERNAL FETAL MEDICINE SPECIALISTS:

*Utah Doctors with Expertise in Preterm Birth*

### **University of Utah, Salt Lake City ..... (801) 581-8425**

D. Ware Branch, M.D.

Janice L.B. Byrne, M.D.

Jeanette R. Chin, M.D.

Erin A. S. Clark, M.D.\*

Michael L. Draper, M.D.

Tracy A. Manuck, M.D.\*

Robert M. Silver, M.D.

Amy E. Sullivan, M.D.

Michael W. Varner, M.D.

### **University of Utah, South Jordan ..... (801) 581-8425**

Jeanette R. Chin, M.D.

Erin A. S. Clark, M.D.\*

Michael L. Draper, M.D.

### **Intermountain Medical Center, Murray ..... (801) 507-7400**

D. Ware Branch, M.D.

Alexandra Grosvenor Eller, M.D.

M. Sean Esplin, M.D.\*

Cara C. Heuser, M.D.

Calla M. Holmgren, M.D.

G. Marc Jackson, M.D.

T. Flint Porter, M.D.

Nancy C. Rose, M.D.

### **LDS Hospital, Salt Lake City ..... (801) 408-3446**

D. Ware Branch, M.D.

Alexandra Grosvenor Eller, M.D.

M. Sean Esplin, M.D.\*

Cara C. Heuser, M.D.

Calla M. Holmgren, M.D.

G. Marc Jackson, M.D.

T. Flint Porter, M.D.

Nancy C. Rose, M.D.

### **St. Mark's Hospital, Salt Lake City ..... (801) 743-4700**

Robert Ball, M.D.

Katherine Gesteland, M.D.

Andrew Spencer, M.D.

### **McKay Dee Hospital, Ogden ..... (801) 387-4647**

Robert L. Andres, M.D.

Heather D. Major, M.D.

**Utah Valley Regional Medical Center, Provo ..... (801) 357-7706**

Donna S. Dizon-Townson, M.D.      Julie A. Gainer, M.D.  
Helen Feltovich, M.D.\*              Glen K. Schemmer, M.D.

**Dixie Regional Medical Center, St. George ..... (435) 688-4770**

Kurt A. Hales, M.D.

Maternal fetal medicine physicians also offer consultations at the following locations on a weekly or monthly basis:

- Logan Regional Medical Center .....(435) 716-6189
- Davis Medical Center.....(801) 807-7120
- South Valley Women's Health.....(801) 569-2626
- Salt Lake Regional Medical Center.....(801) 350-4514
- Timpanogos Regional Hospital .....(801) 743-4700
- Lone Peak Hospital.....(801) 743-4700
- Mountain West Medical Center .....(801) 743-7400

*\*These physicians have special preterm birth prevention clinics.*



## Did you know?

You have a Care Manager through University of Utah Health Plans and Healthy U!

University of Utah Health Plans and Healthy U Medicaid members are eligible for the U Baby Care Program. The goal of the U Baby Care Program is healthy moms and healthy babies. We work with you and your health care provider to ensure a healthy pregnancy and to reduce your risk of having another preterm birth.

To learn more about our program, or to talk to your personal care manager, please contact us at (801) 587-6480, option 2.



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