### CARE PROTOCOL: Prior Spontaneous PTB

<table>
<thead>
<tr>
<th>Gestational age</th>
<th>Evaluation</th>
<th>Treatment</th>
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| <20 weeks gestation | • Detailed obstetric history with personalized risk assessment (see pages 5 to 8).  
• Urine culture.  
• Vaginal wet mount.  
• Transvaginal ultrasound (TVU) to measure cervical length (CL) at 16–18 weeks. | • Initiate 17P at 16 weeks. See progesterone discussion, page 20.  
• Treat bacteriuria or bacterial vaginosis with antibiotics if test results positive.  
• Consider prophylactic cerclage, if indicated by CL on TVU. See the Care Protocol: Short Cervix on page 15, cerclage discussion on page 20. |
| 20–26 weeks gestation | • Review signs and symptoms of labor.  
• Urinalysis with culture if indicated by symptoms or urine dipstick findings.  
• Vaginal wet mount.  
• TVU CL at 20–23 weeks.  
• Assess compliance with progesterone therapy. | • Treat bacteriuria or bacterial vaginosis with antibiotics if test results positive.  
• If TVU reveals short cervix:  
  – Offer ultrasound-indicated cerclage if CL <2.5 cm and no multiple gestation. See the Care Protocol: Short Cervix on page 15, cerclage discussion on page 20.  
  – Consider vaginal progesterone in addition to or in place of 17P, per the Care Protocol: Short Cervix on page 15, cerclage discussion on page 20.  
  – Monitor for uterine contractions. If documented uterine contractions and patient is >23 weeks gestation, consider management per the PTL Assessment and Management Algorithm on page 22:  
    → Consider tocolysis. See PTL/PTB Medication Table on page 23.  
    → Consider steroids. See PTL/PTB Medication Table on page 23.  
    → Consider magnesium sulfate. See PTL/PTB Medication Table on page 23. |
| 27–30 weeks gestation | • Review signs and symptoms of labor.  
• Urinalysis with culture if indicated.  
• Vaginal wet mount.  
• TVU CL at 26–30 weeks.  
• Assess compliance with progesterone therapy. | • Treat bacteriuria or bacterial vaginosis with antibiotics if test results positive.  
• If TVU reveals short cervix, monitor for uterine contractions. If documented uterine contractions and patient is >23 weeks gestation, consider management per the PTL Assessment and Management Algorithm on page 22:  
  → Consider tocolysis. See PTL/PTB Medication Table on page 23.  
  → Consider steroids. See PTL/PTB Medication Table on page 23.  
  → Consider magnesium sulfate. See PTL/PTB Medication Table on page 23. |

### PATIENT EDUCATION MATERIALS

Intermountain fact sheets supporting this risk-specific protocol:

- **17P for Preventing Preterm Birth**
- **Cervical Cerclage**

Fact sheets available in English and Spanish. See page 25 for a list of all related resources, instructions for accessing them.

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**KEY ACTIONS for providers:**

- Initiate 17P before 20 weeks gestation.
- Obtain serial cervical length measurements as indicated in the protocol.