

► [Click here](#) to view the complete care process model, *Prevention and Management of Preterm Birth (Spontaneous and Indicated)*

CARE PROTOCOL: Prior Spontaneous PTB

Gestational age	Evaluation	Treatment
<20 weeks gestation	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Treat bacteriuria or bacterial vaginosis with antibiotics if test results positive. If TVU reveals short cervix: <ul style="list-style-type: none"> – 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: <ul style="list-style-type: none"> → 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> → 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	<p>Intermountain fact sheets supporting this risk-specific protocol:</p> <ul style="list-style-type: none"> 17P for Preventing Preterm Birth Cervical Cerclage <p><i>Fact sheets available in English and Spanish. See page 25 for a list of all related resources, instructions for accessing them.</i></p>	



KEY ACTIONS for providers:

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