

Client information about the use of progesterone during pregnancy

You have received this brochure because your obstetric caregiver has told you that you have an increased risk of preterm birth in your current pregnancy. This brochure explains how to reduce the risk of preterm birth.

Why?

The due date of a pregnancy corresponds to 40 weeks gestational age. A birth before 37 weeks of pregnancy is called a premature birth.

In the Netherlands, approximately 12.000 women per year give birth before 37 weeks, of which around 1500 spontaneous births before 32 weeks.

Spontaneous preterm birth is the most important cause of short- and long-term complications in children in the Netherlands.

Daily use of vaginal progesterone is recommended for pregnant women with an increased risk of preterm birth (< 37 weeks).

For whom?

Women who are eligible for the use of progesterone are divided into two groups:

- Women who had a preterm birth (< 37 weeks) in a previous pregnancy.
- Women who have a shortened cervix (shorter than 25mm) before 24 weeks of pregnancy without any symptoms.

How does progesterone work?

Progesterone is a female sex hormone that is produced by the placenta. The use of extra progesterone reduces the risk of preterm birth.

What are the numbers?

When pregnant women, who had a preterm birth in a previous pregnancy, use extra progesterone, it reduces the risk of another preterm birth in the current pregnancy.

The chance of recurrence of a preterm birth (without the use of progesterone) is about 20-30% in a subsequent pregnancy.

- The risk reduction for preterm birth < 37 weeks by the use of progesterone is 55-62%.
- Without the use of progesterone the risk for preterm birth < 34 weeks is 25%. By using progesterone this risk decreases to 17,5%

When women who have a shortened cervix before 2 weeks of pregnancy without any symptoms, use extra progesterone, it protects them against preterm birth.

- The use of progesterone mainly lowers the risk of severe preterm birth < 28 weeks and preterm birth < 34 weeks.
- The risk reduction for preterm birth < 34 weeks by the use of progesterone is approximately 65%.

When should you not use progesterone?

There can be certain reasons why you should not use progesterone. Your obstetric caregiver will always discuss these reasons with you. The reasons are as followed:

- You have severe liver failure or a severe liver disease.
- You have a malignant tumor that is sex hormone-sensitive.
- You have a history of venous thrombosis like thrombosis in the leg or a pulmonary embolism.
- You have a history of arterial thrombosis like a stroke, a cerebral infarction or a heart attack.

Side effects

The use of vaginal progesterone during pregnancy is safe for mother and child.

Side effects can occur (see also the medication leaflet).

The following side effects are rare: sore or tense breasts, headache, dizziness and drowsiness.

The following side effects are very rare (less than 1:100 women): vaginal yeast infection, mood changes, fluid retention, hypersensitivity (such as vaginal burning), thrombosis.

Inform your obstetric caregiver if you suspect any side effects.

On the baby, no harmful effects of progesterone have been reported.

The long term effects are not known yet.

What do you have to do?

If you choose to use extra progesterone during pregnancy, your obstetric caregiver will prescribe you the vaginal tablets (200mg). The tablets must be used daily between 16 weeks and 36 weeks of pregnancy. We recommend to insert the progesterone tablets into the vagina before you go to sleep at night. The tablets dissolve so you will have more vaginal discharge.

Other precautions

- Stop smoking. Smoking during pregnancy increases the risk of spontaneous premature birth.
- Aim for a healthy body weight prior to the pregnancy. Both being underweight (BMI < 17) and being overweight (BMI > 35) increases the chance of premature birth.
- Go to the dentist regularly to check your dental health. Periodontitis is an infection of the gums and is related with the risk of preterm birth.
- Depression increases the chance of premature birth. Talk to your GP or other caregivers involved about possibilities to deal with these negative emotions, preferably prior to the pregnancy.
- A subsequent pregnancy shortly (within 6 months) after pregnancy is considered a risk factor for preterm birth, as is a long interval (more than 60 months).
- Avoid heavy physical strain, excessive stress, irregular working hours and night shifts.
- Hygiene advice: vaginal douching, use of intimate soaps, washing gel/lotions or sanitary pads are strongly discouraged due to disturbance of the natural resistance of the vagina.