

How Do You Store 17P?

The shelf life of 17P is compounded 3 months. The medication can be kept at room temperature and does not need refrigeration. For best results, 17P should be kept in a dry place away from direct heat and sunlight. If the medication looks cloudy it may have been stored for too long.

How Can 17P Be Billed and How Do I Order 17P for My Patient?

Currently in Mississippi, Medicaid covers 17P. However, other states may have different funding options. For information on billing codes, pharmacy, and the order of the drug, please visit www.HealthyMS.com/17P.

What Else Can Patients Do to Prevent a Preterm Birth?



The use of 17P does not guarantee that the pregnancy will be carried to term. Therefore, it is important that patients be counseled at every visit about how to reduce the risk of preterm birth and ways to recognize the signs of preterm labor. Patient information on 17P and preterm birth are available on the web. Visit www.HealthyMS.com/17P for more information.

If a patient goes into preterm labor, other measures will be needed to delay birth. These might include tocolytics to stop contractions and steroids to help develop the baby's lungs. In some circumstances, bed rest may be recommended. If a woman is going to deliver early, it is best that she give birth in a facility that has a high-level intensive care nursery.

Questions?

Please visit www.HealthyMS.com/17P to locate more information.



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Preventing Preterm Birth: Progesterone Treatment (17P)

Health Care Provider Information



Has your patient had a premature baby? Is she pregnant again? If so, you need to know that there is a new type of treatment that may help prevent another preterm birth.

What Is 17P?



The progesterone treatment known as *17 alpha-hydroxyprogesterone caproate* (17P) has been shown to reduce the risk of preterm birth among women with a history of prior preterm birth. In 2003, two major research studies found that the use of 17P resulted in a 33% reduction in risk of recurring preterm birth.

Additionally, although a woman may still deliver a few weeks early, women who use 17P are more likely to carry the pregnancy at least one week longer than are women who do not take 17P.

Who Should Get 17P?

Women eligible for 17P must meet the following criteria:

- Have a history of a previous singleton spontaneous preterm birth between 20⁰ and 36⁶ weeks gestation.
- Have a current singleton pregnancy.
- Initiate treatment between 16⁰ and 21⁶ weeks gestation. If an eligible woman presents to prenatal care late, 17P may be initiated as late as 23⁶ weeks.

Currently, studies have not demonstrated that 17P is an effective intervention for the prevention of preterm birth in other pregnant women. The use of 17P is not appropriate for women with a multi-fetal pregnancy, women with a short cervix and no prior preterm birth, or women with a previous medically indicated preterm birth.



Is It Safe?



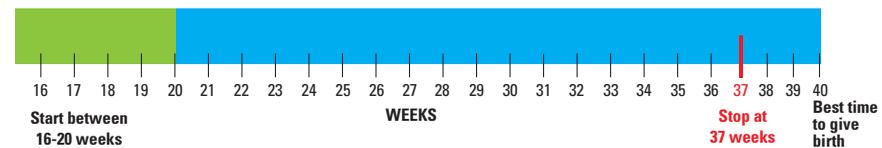
Studies show that 17P is safe and that there are no serious side effects for the mother or the baby. Results also demonstrate that there is no increase in the rate of birth defects for infants whose mothers used 17P during pregnancy. One study continues to follow infants into childhood and has observed no increased risk for birth defects and other health problems.

What Are the Potential Side Effects of 17P?

Side effects are very rare. If side effects do occur, they commonly include soreness, swelling, itching, or bruising at the site of the injection.

When Should the 17P Treatment Be Given?

Treatment should be initiated between 16⁰ and 21⁶ weeks of pregnancy and continued every week until 36⁶ weeks.



How Do I Give the 17P Treatment to My Patient?



The majority of nurses give this injection in the gluteus muscle, alternating sides each week. It may also be given in the anterior thigh. The shot is not unusually painful. It has been compared to a Depo-Provera injection with less medication but a thicker consistency. Patients can take Tylenol and/or soak in a warm tub if they are sore, but this is usually not necessary. Many patients have been successful in finding a friend or family member to give them the weekly injection once they have been trained.

Additional suggested instructions for administering 17P include:

1. Clean the vial top with an alcohol swab before use.
2. Clean the injection site with an alcohol swab before administration.
3. Draw up 1 ml of 17P in a 3cc syringe with an 18-gauge needle.
4. Change the needle to a 21-gauge 1½ inch needle before injecting 17P.

The 17P medication is extremely thick. Careful technique is required to avoid overfilling the syringe and subsequent wastage. Each weekly dose is 1 ml of 17P. The dose is the same for all eligible women.

What If My Patient Misses a Dose?

Progesterone stays in the body for approximately 7 days. Therefore, it is important that a woman receives a dose of 17P every week. The suggested range of time in between injections is 5 to 9 days should it be necessary to plan around holidays or other delays.

If a week is missed, be sure that the patient receives the next dose. If a woman has difficulty making her weekly appointments, consider teaching her or a family member how to give the shot. It is important that a patient receive the shots until 36⁶ weeks in order to help carry her pregnancy as close to full term as possible. If the patient is experiencing signs and symptoms of preterm labor, continue to give her 17P until she delivers or until 36⁶ weeks of pregnancy.