



MDH: Progesterone shows promising results for preventing preterm births

With Minnesota and the nation as a whole continuing efforts to reduce infant mortality, the Minnesota Department of Health is highlighting the value of progesterone to prevent preterm births. The United States lags behind many other developed countries in infant mortality rates. About one out of every eight births in the U.S. and about one out of 10 births in Minnesota are premature. As part of the effort to raise awareness of infant mortality and potential solutions, Governor Dayton proclaimed September 23-29 as [Infant Mortality Awareness Week](#).

According to the Minnesota Commissioner of Health Jan Malcolm, it is important for women and their health care providers to know about potential tools to help prevent premature birth. “Sometimes a baby will be born early no matter what, but in other cases there are things women can do to help increase their chances of having a full-term baby,” Malcolm said. “If you have already had a premature birth (more than three weeks ahead of your due date), and are pregnant again, you should talk with your health care provider about the option of progesterone. Our goal is to change standard practice in Minnesota so more women who can benefit from this treatment have access to it and end up receiving it.” Progesterone is a hormone that a woman's body makes naturally during pregnancy. Extra progesterone for some women can help reduce the chance of another preterm birth by 30 to 40 percent, [according to research \(New England Journal of Medicine\)](#). Despite this, nationally only a small percentage of women who should get the treatment in fact do.

The most effective strategies for a woman who has already had a premature infant is a series of progesterone shots called 17P. The health department and other partners have been working with Minnesota clinics to get this important treatment to expecting mothers. The [17P Quality Improvement Project](#) started in 2016 is focused on educating providers, identifying women for the treatment, addressing barriers and sharing best practices for helping expecting mothers complete the series of shots. Minnesota clinics have already been seeing success with 17P implementing national ACOG and SMFM guidelines. Results from clinics in Minnesota are consistent with national research findings that the progesterone injections can help prevent premature births. The effort to increase the use of 17P is supported by a coalition of partners formed in 2016. The partnership includes MDH, Minnesota Perinatal Organization, Minnesota Prematurity Coalition, and the March of Dimes.

On average, between 350 and 380 infants die in the state every year. Prematurity is the second-leading cause of infant mortality in Minnesota. From 2011-2015, the top three causes of infant mortality in Minnesota were congenital anomalies (26.7 percent),



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prematurity (23.3 percent), and sudden unexpected infant deaths, a category that includes SIDS and other sleep-related infant deaths (13.2 percent). Together these factors account for about two-thirds of all infant deaths in the state. From 2011-2015, prematurity was the leading cause of infant deaths among in the Black/African American (26 percent) and the Asian/Pacific Islander (31.5 percent) populations, while congenital anomalies were the leading cause of infant deaths the Hispanic (30.8 percent) and Non-Hispanic Whites. Sudden unexpected infant deaths (SUID), which include SIDS and other sleep-related deaths during infancy, were the leading causes of deaths among American Indian Infants.

In 2016, Minnesota's infant mortality rate (5.1 infant deaths per 1,000 live births) was lower than the U.S. rate of 5.9 per 1,000 live births, and below the benchmark Healthy People target of 6.0 deaths/1,000 live births by 2020. However, the disparities described above persist.

In addition to consulting with health care providers about progesterone, MDH recommends several other steps that women can take to help prevent preterm births.

- Plan your pregnancies – and space them at least 18 months apart.
- Take a multivitamin with Folic Acid (at least 400 mcg).
- Maintain or achieve a healthy weight and manage chronic diseases such as diabetes.
- Don't smoke and don't use opioids or other substances that increase risk of preterm birth. See [March of Dimes - Prescription Opioids During Pregnancy](#).

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