

# MVP FASTFAX

News for Providers

## PREVENTING PRETERM BIRTH WITH MAKENA<sup>®</sup>

A history of preterm birth is one of the strongest clinical risk factors for recurrent preterm birth, and is reported to confer a 1.5 to 2 fold increased risk of preterm birth in a subsequent pregnancy<sup>1</sup>. Preventing recurrent preterm births among women with a history of preterm birth, and the use of 17P (17 alpha-hydroxyprogesterone) a clinical intervention, are cited in the Prevention Agenda action plan for reducing preterm births<sup>2</sup>.

*The American Congress of Obstetricians and Gynecologists (ACOG) Practice Bulletin "Prediction and Prevention of Preterm Birth"* recommends that a woman with a singleton gestation and a prior spontaneous preterm singleton birth should be offered progesterone supplementation, regardless of transvaginal ultrasound cervical length, to reduce the risk of recurrent spontaneous preterm birth (Grade A Recommendation)<sup>3</sup>. Makena<sup>®</sup> (hydroxyprogesterone caproate) is approved by the Federal Drug Administration for the prevention of recurrent preterm birth, with initiation of therapy between 16 weeks, 0 days and 20 weeks, 6 days of gestation and weekly intramuscular injections continuing through 36 weeks and 6 days of gestation or delivery, whichever is earlier.

Data from the NYSDOH Medicaid Prenatal Care Quality Improvement Project, a statewide, obstetric practice based self-evaluation project implemented in 2014, showed that 9.8% of women in the study sample of women with a delivery in 2013 had a history of a preterm birth documented. Of these women, 59.5% had a prior spontaneous preterm birth, but among those who were eligible for 17P, only 20.7% received the intervention.

MVP Health Care would like every pregnant woman to deliver a healthy baby at term. For some pregnant women, Makena may be their best opportunity to deliver at term. Timely initiation of Makena injections is important. Common barriers to the initiation of Makena include failure to offer Makena to eligible women, patient refusal of treatment and late entry into prenatal care. Continuation of weekly Makena injections is also important.

If you have patients who have difficulty keeping appointments, MVP can provide Care Management support to facilitate continuity of care. If you have pregnant patients who would benefit from MVP Care Management Support to maintain timely Makena injections, please call 1-866-942-7966.

**If you have any questions with respect to this notice,  
please contact your Professional Relations Representative.**



<sup>1</sup> *American College of Obstetricians and Gynecologists. Practice Bulletin Number 130. Prediction and Prevention of Preterm Birth. Obstetric Gynecology 2012; 120(4):964-973.*

<sup>2</sup> *New York State Department of Health. Prevention Agenda 2013-2017: New York State's Health Improvement Plan. Available at [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/plan/wic/focus\\_area\\_1.htm#g1.2](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/focus_area_1.htm#g1.2). Last accessed November 21, 2016.*

<sup>3</sup> *American College of Obstetricians and Gynecologists. Practice Bulletin Number 130. Prediction and Prevention of Preterm Birth. Obstetric Gynecology 2012; 120(4):964-973.*