



Effective Health Care

17-Alpha Hydroxyprogesterone (17-OHP) for the Prevention of Preterm Birth

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- 17-OHP for the prevention of preterm birth will go forward for refinement as a comparative effectiveness or effectiveness review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/getInvolved.cfm?involveType=subscribe>.

Topic Description

Nominator:	Public payer
Nomination Summary:	The nominator suggests there is clinical uncertainty around the importance and effectiveness of 17-OHP in preventing pre-term birth. 17-OHP is a covered service under Medicaid, and the nominator wants to know if there is evidence for improving outcomes.
Key Questions from Nominator:	None

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- The use of progesterone for the prevention of preterm birth represents significant public interest and a common issue in clinical practice. An Institute of Medicine report from 2007 titled *Preterm Birth: Causes, Consequences, and Prevention* asserts that several questions about the use of progesterone supplements remain incompletely answered. This topic is best suited for a clinical effectiveness review that evaluates expanded indications and includes health outcomes, harms, mechanism of action, and study designs other than RCTs.