Progestérone pour prévenir l'accouchement prématuré

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BACKGROUND: One of the most important public-health problems, preterm birth, has worsened in the past decade. Prematurity is a leading cause of neonatal morbidity and mortality and it has a huge cost. Progesterone (P) is the primary factor of uterine quiescence that permits the physical distension of the uterine muscle throughout pregnancy. Recent studies have shown that progesterone might prevent premature delivery in some high-risk populations. The use of progesterone in patients with preterm labor has not been evaluated.
OBJECTIVES: To demonstrate that progesterone 1) reduces preterm birth before 37, 32 and 34 weeks of gestation 2) reduces the number and duration of recurring episodes of preterm labor and 3) reduces infant mortality and morbidity.
DESIGN AND METHODS: International, multicenter, prospective, double-blind, randomized, placebo-controlled trial. The study will be fully coordinated and supervised from Geneva.
The study will include 626 women with a singleton pregnancy at 240/7 to 336/7 weeks of gestation, hospitalized and treated for preterm labor. Consenting women will be randomly allocated to receive either daily vaginal progesterone or placebo until 366/7 weeks of gestation or delivery, in addition to standard tocolysis and as a maintenance therapy.