

Preventing preterm birth: Costs and effects of screening of healthy women with a singleton pregnancy for a short cervical length.

Published: 23-03-2009

Last updated: 06-05-2024

To evaluate whether progesterone treatment for women with a short cervical length is effective in reducing the risk of preterm delivery. In addition to assess whether it is cost-effective to do so.

Ethical review	Approved WMO
Status	Pending
Health condition type	Pregnancy, labour, delivery and postpartum conditions
Study type	Interventional

Summary

ID

NL-OMON35507

Source

ToetsingOnline

Brief title

Triple P treat study

Condition

- Pregnancy, labour, delivery and postpartum conditions

Synonym

short cervical length, threatened preterm birth

Research involving

Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: cervical length, preterm birth, progesterone

Outcome measures

Primary outcome

Bad neonatal outcome.

Secondary outcome

- delivery before 34 weeks
- child health, growth and development at 2 years time to delivery
- preterm birth rate before 32 weeks, and before 37 weeks
- days of neonatal admission
- maternal morbidity
- maternal admission for preterm labour
- costs

Study description

Background summary

Spontaneous preterm delivery is the single most important cause of perinatal mortality in the Western world. Although it is already known that cervical length measurement at 20 to 22 weeks can identify women at increased risk for preterm delivery, an effective treatment was until recently not available. In august 2007, Fonseca et al. published in the New England Journal of Medicine that the risk of preterm delivery in women with a shortened cervix could be decreased with 50% due to treatment with progesterone. However, there was no statistically significant effect on neonatal outcome, possibly due to a lack of statistical power.

Study objective

To evaluate whether progesterone treatment for women with a short cervical length is effective in reducing the risk of preterm delivery. In addition to assess whether it is cost-effective to do so.

Study design

Multicenter randomised clinical trial.

Intervention

Vaginal progesterone each night or placebo from 24 to 34 weeks of gestation.

Study burden and risks

A minimal burden for the pregnant woman: from 24 to 34 weeks of gestation daily 1 vaginal capsule.

However, the pregnant woman could benefit a lot from participating in the trial: if progesterone indeed reduces the preterm birth probability, she does not have to undergo all problems related to preterm birth.

Contacts

Public

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

- capacitated women
- at least 18 years old
- healthy singleton pregnancy
- both measurements of cervical length were < 30 mm (Triple P screening study)

Exclusion criteria

- major foetal abnormalities
- painful regular uterine contractions
- a history of ruptured membranes
- cervical cerclage
- a previous preterm birth

Study design

Design

Study phase:	3
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo
Primary purpose:	Treatment

Recruitment

NL

Recruitment status: Pending

Start date (anticipated):	01-02-2009
Enrollment:	1920
Type:	Anticipated

Medical products/devices used

Product type:	Medicine
Generic name:	Progesterone
Registration:	Yes - NL outside intended use

Ethics review

Approved WMO	
Date:	22-10-2009
Application type:	First submission
Review commission:	METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
EudraCT	EUCTR2008-005987-15-NL
CCMO	NL25467.018.08