

**MODERN ROLE OF REPEATED COURSES ANTENATAL CORTICOSTEROIDS  
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**R**ebirth of use of progesterone in prevention of preterm birth. Preterm birth is currently the most important problem in maternal-child health throughout the world. It complicates one in eight US deliveries, and accounts for over 85% of all perinatal morbidity and mortality. Although survival of preterm infants has increased steadily over the past four decades, efforts to prevent preterm birth have been largely unsuccessful. The US Food and Drug Administration (FDA) on February 3, 2011 approved the use of progesterone supplementation (hydroxyl progesterone caproate) during pregnancy to reduce the risk of recurrent preterm birth in women with a history of at least one prior spontaneous preterm delivery. This is the first time that the FDA has approved a medication for the prevention of preterm birth specifically for use in pregnancy in almost 15 years. Progesterone supplementation reduces the risk of preterm birth by about one-third in women with a singleton pregnancy who have had a previous spontaneous singleton preterm birth and in women with a short cervix on ultrasound examination in the current pregnancy. For women with mid trimester cervical shortening (defined as  $\leq 20$  mm before 24 weeks) and no prior spontaneous singleton preterm birth, vaginal progesterone treatment 200 mg daily through the 36 weeks of gestation is suggested as a reasonable option. Routine progesterone supplementation does not appear to be useful for preventing preterm birth. For women with twin pregnancies and a previous spontaneous preterm birth. In women with preterm premature rupture of membranes or after an episode of arrested preterm labor or with cerclage, the effect on efficacy is unclear.