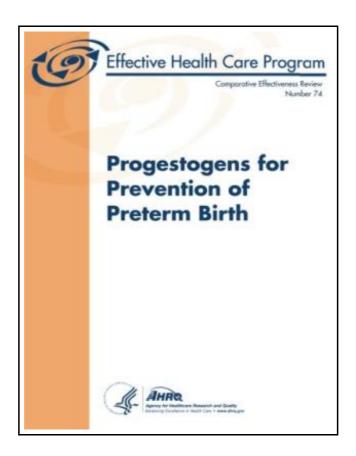
Progestogens for Prevention of Preterm Birth: Comparative Effectiveness Review Number 74



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Reviews

Comprehensive guide! Its this type of very good read through. It is actually writter in simple words and phrases rather than difficult to understand. It is extremely difficult to leave it before concluding, once you begin to read the book.

(Bernie Mante PhD)

PROGESTOGENS FOR PREVENTION OF PRETERM BIRTH: COMPARATIVE EFFECTIVENESS REVIEW NUMBER 74



CreateSpace Independent Publishing Platform. Paperback. Book Condition: New. This item is printed on demand. Paperback. 364 pages. Dimensions: 11.0in. x 8.5in. x 0.8in.Birth before completion of 37 weeks of pregnancy is considered preterm. These early births are associated with more than 85 of all perinatal morbidity and mortality and are the leading cause of infant mortality and long-term disability. Each year in the U. S. more than 475, 000 infants are born preterm representing 12. 5 of live births. Efforts to reduce preterm birth have been largely unsuccessful, with a 20 relative increase since 1990 in the proportion of births in the U.S. that are preterm. Morbidity and mortality associated with preterm birth represent untold distress for families, as well as significant costs to patients, health care systems, and payers. Average neonatal care costs are estimated to be 17, 300 greater for preterm infants relative to term infants, amounting to more than 8. 6 billion of annual medical spending in the U. S. The ultimate goal in preventing preterm birth is to eliminate the risks of neonatal complications and death and to ensure normal development. In the last decade, accumulating evidence from randomized clinical trials (RCTs) has led professional organizations and an Institute of Medicine working group to endorse the use of progestogens for women with prior spontaneous preterm birth. However, these groups also note interest in assessing long-term safety because the legacy of diethylstilbestrol suggests caution and extended followup of mothers and infants after hormone use in pregnancy. Unresolved issues about choice of progestogen, optimal route of drug delivery, and other candidate high-risk populations for treatment remain. To review the current state of the evidence we answered the following Key Questions. 1. In pregnant women who are at risk for preterm birth (which is birth before 37 weeks...

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