

Study shows racial and ethnic disparities in use of 17-hydroxyprogesterone

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In a study to be presented on Feb. 4 at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in Atlanta, researchers will present findings from a study titled, Racial and ethnic disparities in use of 17-hydroxyprogesterone caproate for prevention of preterm birth.

The study looked at 472 women with a prior spontaneous preterm birth who were eligible for 17-hydroxyprogesterone caproate (also known as 17P) in evaluating whether racial and ethnic [disparities](#) exist in the use of and adherence to 17P. Associations between self-identified race/ethnicity (non-Hispanic black versus in all other racial/ethnic groups) and documented counseling about 17P, receipt of 17P, and adherence to 17P administration (no more than one missed dose, initiation at less than 20 weeks gestational age, and continuation until 37 weeks or delivery) were estimated by bivariable analysis and multivariable logistic regression.

The results were that non-Hispanic black women had more missed doses, initiated care later, and were more likely to discontinue 17P for non-medical reasons than women in other racial/ethnic groups. A significant interaction between non-Hispanic black race/ethnicity and public insurance was also identified.

"17-hydroxyprogesterone caproate is a helpful medication for preventing recurrent [preterm birth](#). This study identifies racial/[ethnic disparities](#) in health care utilization required for successful 17P use," explained Lynn

M. Yee, M.D., MPH with the Northwestern University Feinberg School of Medicine in Chicago. Dr. Yee is one of the researchers of the study and will present the findings at the SMFM annual meeting. "By identifying these disparities, we can develop systems to facilitate timely 17P initiation in eligible patients, continued weekly dosing, and remaining on 17P until delivery or reaching term," added Yee.

Provided by Society for Maternal-Fetal Medicine

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