



Universiteit
Leiden
The Netherlands

Preventing preterm birth with progesterone: costs and effects of screening low risk women with a singleton pregnancy for short cervical length, the Triple P study (vol 11, 77, 2011)

Os, M.A. van; Ven, J.A. van der; Kleinrouweler, C.E.; Pajkrt, E.; Miranda, E. de; Wassenaer, A. van; ... ; Haak, M.C.

Citation

Os, M. A. van, Ven, J. A. van der, Kleinrouweler, C. E., Pajkrt, E., Miranda, E. de, Wassenaer, A. van, ... Haak, M. C. (2025). Preventing preterm birth with progesterone: costs and effects of screening low risk women with a singleton pregnancy for short cervical length, the Triple P study (vol 11, 77, 2011). *Bmc Pregnancy And Childbirth*, 25(1). doi:10.1186/s12884-025-07171-5

Version: Publisher's Version

License: [Creative Commons CC BY 4.0 license](#)

Downloaded from: <https://hdl.handle.net/1887/4298976>

Note: To cite this publication please use the final published version (if applicable).

CORRECTION

Open Access



Correction: Preventing preterm birth with progesterone: costs and effects of screening low risk women with a singleton pregnancy for short cervical length, the Triple P study

Melanie A van Os^{1*}, Jeanine A van der Ven^{2†}, C Emily Kleinrouweler², Eva Pajkr², Esteriek de Miranda², Aleid van Wassenaer³, Martina Porath⁴, Patrick M Bossuyt⁵, Kitty WM Bloemenkamp⁶, Christine Willekes⁷, Mallory Woiski⁸, Martijn A Oudijk⁹, Katia M Bilardo¹⁰, Marko J Sikkema¹¹, Johannes J Duvekot¹², Diederik Veersema¹³, Jacqueline Laudy¹⁴, Petra Kuiper¹⁵, Christianne JM de Groot¹, Ben Willem J Mol² and Monique C Haak⁶

Correction: *BMC Pregnancy Childbirth* 11, 77 (2011)

<https://doi.org/10.1186/1471-2393-11-77>

Following publication of the original article [1], the authors reported an error in Background section. “**progesterone**” should read “**progestagens**” in the following sentences:

All highlighted instances of “**progesterone**” should be changed as indicated.

“A breakthrough in the management of women at increased risk is the use of **progesterone**. Two randomized clinical trials demonstrated a reduction in preterm birth of 50% in women with a previous preterm birth [4, 5]. The number of women who delivered prior to 32 weeks in both studies decreased from 20–10%. The effectiveness of **progesterone** was also addressed in a recent meta-analysis [6].

[†]Jeanine A van der Ven contributed equally to this work.

The online version of the original article can be found at <https://doi.org/10.1186/1471-2393-11-77>.

*Correspondence:

Melanie A van Os
m.vanos@vumc.nl

¹Department of Obstetrics and Gynaecology, VU Medical Centre, Amsterdam, the Netherlands

²Department of Obstetrics and Gynaecology, Academic Medical Centre Amsterdam, Amsterdam, the Netherlands

³Department of Neonatology, Emma Children's Hospital Academic Medical Centre, Amsterdam, the Netherlands

⁴Department of Obstetrics and Gynaecology, Máxima Medisch Centrum, Veldhoven, the Netherlands

⁵Department of Clinical Epidemiology, Academic Medical Centre, Amsterdam, the Netherlands

⁶Department of Obstetrics and Gynaecology, Leiden University Medical Centre, Leiden, the Netherlands

⁷Department of Obstetrics and Gynaecology, Academic Hospital, Maastricht, Maastricht, the Netherlands

⁸Department of Obstetric and Gynaecology, Radboud University, Nijmegen, the Netherlands

⁹Department of Obstetrics and Gynaecology, University Medical Centre, Utrecht, the Netherlands

¹⁰Department of Obstetrics and Gynaecology, University Medical Centre, Groningen, the Netherlands

¹¹Department of Obstetrics and Gynaecology, ZHT, Almelo, the Netherlands

¹²Department of Obstetrics and Gynaecology, Erasmus Medical Centre, Rotterdam, the Netherlands

¹³Diagnostiek voor u diagnostisch centrum, Eindhoven, the Netherlands

¹⁴Star Medisch Diagnostisch Centrum, Rotterdam, the Netherlands

¹⁵Ultrasound centre FARA, Ede, the Netherlands



Relative to women allocated to placebo, those who received progestational agents (17[alpha]-hydroxyprogesterone caproate and other forms of **progesterone**) had lower rates of preterm delivery (26% versus 36%), corresponding to a number needed to treat to prevent one premature delivery of 10. In addition, women who had received progestational agents had lower rates of perinatal mortality (14.8% versus 17.1%).

The problem with the use of **progesterone** at present is that, based on current evidence, it can only be applied to women with a history of preterm birth.

Published online: 24 January 2025

References

1. van Os MA, van der Ven JA, Kleinrouweler CE, et al. Preventing preterm birth with progesterone: costs and effects of screening low risk women with a singleton pregnancy for short cervical length, the Triple P study. *BMC Pregnancy Childbirth*. 2011;11:77. <https://doi.org/10.1186/1471-2393-11-77>

Publisher's note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.