**Progesterone**

No response: case report

A 37-year-old woman exhibited no response during tocolytic therapy with progesterone during pregnancy.

The woman was admitted to a hospital at 34 weeks of gestation with high-grade multiple pregnancies (triplets) for threatened premature birth associated with COVID-19. A day before admission, she was diagnosed with COVID-19. Her medical history was significant for paroxysmal supraventricular tachycardia and she had undergone surgery for atrial septal defect. Previously, she was admitted to another obstetrical hospital at 27 weeks of gestation for threatened premature birth, where she received unspecified tocolytic treatment and unspecified antenatal corticosteroid therapy for fetal maturation. Upon admission (current presentation), she started receiving tocolytic therapy with unspecified antispastics and progesterone administered locally. She had been receiving cardiac treatment with propafenone 150mg 2 tablets per day and aspirin 75mg per day, which continued further. On the second day of hospitalisation, she experienced regular and high-intensity systematic uterine contractions that did not respond to progesterone. Therefore, the woman underwent caesarian surgery. She gave birth to four male neonates weighing 1400g, 1600g, 1820g and 1520g. There Apgar scores were found to be 7 and 8 in first neonate, 7 in second neonate, 7 and 6 in third neonate and 6 and 8 in fourth neonate. All the four neonates were immediately transferred to a third-degree neonatology service due to their prematurity. She started receiving off-label treatment with ceftriaxone 1g at 12h for COVID-19 on the day of the caesarian delivery. Also, low molecular weight heparins was initiated along with pain relief medications, paracetamol [acetaminophen] and unspecified nausea relief drugs. She was moderately dyspnoeic on third day postpartum. Oxygen therapy was initiated along with off-label dexamethasone 6mg at 8h for COVID-19 and omeprazole given for gastric protection. Subsequently, she was diagnosed with bilateral COVID-19 pneumonia and became unstable. Therefore, remdesivir therapy was initiated and she was transferred to the ICU. After 7 days, she was stable with improvement in her condition. She was discharged 14 days later.