GENERAL HOUSEKEEPING

Please note the following:

All participants will be muted on entry

To speak to the group, remember to unmute yourself:

1. If you are connected through the computer audio, click the mic in the lower left hand corner of your screen to unmute and mute.

2. If you are connected through the phone press *6 to unmute and mute

Be sure to mute yourself when you are not speaking

Please do not place call on hold

Use the chat box, if you would like a moderator to call on you or share your comments with the group
AGENDA

Welcome & Introductions - Dr. Lisa Waddell & Dr. Chris Zahn

Work Group Accomplishments and 2019 Work Plan - Dr. Chris Zahn

Preterm Birth Prevention Toolkit - Dr. Joseph Biggio, Assoc Chair of Women’s Services, Line & Section Head for MFM, Ochsner Health System

Next Steps for PTB Bundle & Discussion - Dr. Chris Zahn

Business

Adjourn
GOALS

• Review CPHP accomplishments, current priorities and progress thus far
• Learn about current PTB prevention clinical tools available
• Discuss PTB prevention bundle priority and identify next steps
• Identify a small group of members willing to work on this deliverable
Christopher Zahn, MD
Vice President, Practice Activities, ACOG

Vanessa Lee, MPH
HRSA Infant Mortality COIIN Coordinator

#prematuritycollab
CONNECTING OUR WORK TO THE STRATEGIC MAP

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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</thead>
<tbody>
<tr>
<td>Increase effective use of evidence-informed clinical and public health practice</td>
<td>Expand discovery and accelerate translation and innovation</td>
<td>Align multi-level support to improve health equity</td>
<td>Develop and implement messaging, policy &amp; practice strategies</td>
<td>Secure the funding and resources required for success</td>
</tr>
<tr>
<td>The Clinical and Public Health Practice Workgroup has the following objectives:</td>
<td>The Research Workgroup has the following objectives.</td>
<td>The Health Equity Workgroup has the following objectives.</td>
<td>The Policy and Communications Workgroups have the following objectives.</td>
<td>The Funding and Resources Workgroup has the following objectives.</td>
</tr>
<tr>
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<tr>
<td>Optimize public health systems and strategies to improve the health of women and adolescents</td>
<td>Implement public health/community-based research and program evaluation</td>
<td>Foster and support community/place-based leadership and engagement</td>
<td>Tell the right story to each audience in a compelling way</td>
<td>Align and strengthen staffing and infrastructure</td>
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<tr>
<td>Optimize clinical practices to improve the health of women and adolescents</td>
<td>Expand basic, translational, clinical and health services research</td>
<td>Foster and support population-based solutions</td>
<td>Coalesce partners to support common messaging</td>
<td>Identify cultivate relationships and prioritize potential funders/resources</td>
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<tr>
<td>Support strategies to increase the intentionalitiy of pregnancy</td>
<td>Research effective adaptation and implementation of evidence to improve precision</td>
<td>Align federal, tribal, state, territorial, local and community policy initiative</td>
<td>Integrate messaging with other campaigning efforts</td>
<td>Improve “asks” to secure funding and coordinate where appropriate</td>
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<tr>
<td>Ensure all women receive high quality prenatal care</td>
<td>Provide career support for multi-level/multi-degree investigators</td>
<td>Partner across sectors to impact the root causes of inequity</td>
<td>Engage partners to advocate policies supporting preterm birth goals</td>
<td>Provide appropriate funder and partner recognition</td>
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<tr>
<td>Ensure appropriate care for all women with prior preterm birth</td>
<td>Foster collaborative community learning</td>
<td>Establish a federal home for preterm birth efforts</td>
<td>Align payment/funding with desired outcomes</td>
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<tr>
<td><strong>F</strong></td>
<td><strong>G</strong></td>
<td><strong>H</strong></td>
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<tr>
<td>Engage families, communities and other strategic partners across sectors through a collaborative infrastructure</td>
<td>Optimize the use of data and evaluation to drive learning and success</td>
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</table>
The Work Group has the following objectives to help meet this goal:

• Optimize public health systems & strategies to improve the health of women and adolescents
• Optimize clinical practices to improve the health of women and adolescents
• Support strategies to increase the intentionality of pregnancy
• Ensure all women receive high quality prenatal care
• Ensure appropriate care for all women with prior preterm birth

GOAL: Increase effective use of evidence-informed clinical and public health practice
CPHP WORK GROUP HISTORY

• Launched in February of 2017
• Early meetings focused on sharing best practices, identifying priority focus areas, and establishment of a work plan
  • 17P and Low Dose Aspirin prioritized for Year 1

Work plan included:
AIM #1: Increase access to & utilization of 17P
AIM #2: Increase access to & utilization of low dose aspirin (LDA) to Prevent Preeclampsia
# EARLY ACCOMPLISHMENTS & LESSONS LEARNED

## YEAR 1 ACCOMPLISHMENTS

<table>
<thead>
<tr>
<th>Accomplishments</th>
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<tbody>
<tr>
<td>Conducting Webinars/Learning Series on 17P &amp; LDA</td>
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<tr>
<td>Developing and publishing 17P resources on PATIENT EDUCATION, PRIOR AUTHORIZATION, ADMINISTRATION OUTSIDE OF THE CLINICIANS OFFICE &amp; MODEL LEGISLATION at marchofdimes.org/collaborative</td>
</tr>
<tr>
<td>Membership from all levels: national, state, local, and community</td>
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</table>
# 2018/2019 CPHP WORK PLAN

## CLINICAL PUBLIC HEALTH PRACTICE WORKGROUP WORK PLAN 2018/2019

<table>
<thead>
<tr>
<th>ACTIVITY/AIM</th>
<th>STRATEGIES</th>
<th>PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate for or preterm birth prevention best clinical practices to be quality measures</td>
<td>Optimize clinical practices to improve the health of women and adolescents. Ensure all women have appropriate prenatal care.</td>
<td>• Next priority of focus</td>
</tr>
<tr>
<td>Develop a preterm birth prevention bundle</td>
<td>Optimize Clinical practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care. Ensure appropriate care for women with a previous preterm birth.</td>
<td>• Our focus today!</td>
</tr>
</tbody>
</table>

## JOINT HEALTH EQUITY, POLICY, AND CLINICAL & PUBLIC HEALTH PRACTICE WORK PLAN

<table>
<thead>
<tr>
<th>ACTIVITY/AIM</th>
<th>STRATEGIES</th>
<th>PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification or creation of a universal screening tool to identify social risk factors that may influence birth outcomes</td>
<td>Optimize Clinical / Public Health systems and Practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care. Foster and support community/ place-based leadership and engagement. Foster and support population-based solutions.</td>
<td>• A joint workgroup subcommittee convenes Wednesday the 24th</td>
</tr>
<tr>
<td>Toolkit or resource guide related to Group Prenatal Care-including integration of doulas and CHW's</td>
<td>Optimize Clinical / Public Health systems and Practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care. Foster and support population based solutions.</td>
<td>• Next priority of focus</td>
</tr>
</tbody>
</table>
CPHP PROGRESS

1. Featured discussions focused on bundles, toolkits, tools related to our three priorities for the last 9 months (Quality Measure, PTB Bundle and SDOH screening) to help us research, understand and assess our next steps:
   - Dr. Dale Reisner, Swedish, WA State Safe Deliveries bundles
   - Tanweer Kalleemullah, Harris County Public Health, Pathways SDOH tool
   - Dr. Helen Bellanca, Health Share of OR Oregon Family Wellbeing Assessment (SDOH tool)
   - Jeanne Mahoney, ACOG AIM program, AIM Bundles
   - Nicole Garro, March of Dimes Office of Government Affairs, quality measures, how they are created, how they are enforced, and the resources necessary to develop them.
   - Kweli Rashied-Henry, March of Dimes Director of Health Equity, Consensus Statement for Moms and Babies.

2. Our January 30th Joint Work Group meeting allowed us to share progress across work groups and seek additional feedback from other work groups.

3. Continuing our effort to share and spread tools, bundles and resources related to prevention of PTB, we will hear from Dr. Job Biggio next!
SOCIETY FOR MATERNAL FETAL MEDICINE-PTB TOOLKIT

Joseph Biggio, Jr., MD
Associate System Chair of Women’s Service Line & Section Head for Maternal Fetal Medicine
Ochsner Health System, New Orleans, LA
Member, Society for Maternal and Fetal Medicine
Preterm Birth Toolkit
Preterm birth (PTB) is the main cause of perinatal morbidity and mortality in most countries. It is generally defined as a birth between 20 0/7 and 36 6/7 weeks of gestation. In the United States, the 2014 data showed that PTB occurs in 9.5% of births, or almost 500,000 births. The aim of this Society for Maternal-Fetal Medicine (SMFM) document is to supply clinical providers with easy-to-use practice algorithms and other materials to better implement clinical screening and interventions to prevent PTB, and especially to prevent the burden of PTB, i.e. decrease perinatal morbidity and mortality related to PTB. The toolkit is not intended to dictate a certain management or course of action and users are encouraged to adapt them to their particular situation, environment and patient population.

What is a toolkit and How to use it:

Toolkits, triggers, bundles, protocols, and checklists are examples of tools that can be used directly by the clinician to facilitate improvements in quality of care and to lead to improvements in outcomes. A bundle is usually defined as a set of evidence-based best practices, that when implemented, are designed to achieve optimal patient outcomes. This initiative is defined as a “toolkit,” to adjust for the fact that while there was an effort to present only evidenced-based suggestions for care, the evidence for some of these suggestions is limited, or somewhat controversial. There is recognition that currently we do most of the right things for most of the patients most of the time, and our goal is to reliably do all of the right things, for all of the patients all of the time. This toolkit is not meant to mandate exclusive ways of managing certain conditions or clinical situations. This is an effort to help standardize care so that all members of the team can work better together, and can come closer to achieving this ideal. Within a toolkit are tools designed to assess barriers and to assist execution to improve care in a wide variety of clinical settings. These materials are designed to strike a balance between standardization and clinical discretion.
Clinical Guidance Documents

- Clinical Guideline, Progesterone and preterm birth prevention: translating clinical trials data into clinical practice
- Consult Series, When to use fetal fibronectin
- Consult Series, Cervical cerclage for the woman with prior adverse pregnancy outcome
- Consult Series, Patient counseling following perivable premature rupture of the membranes
- Consult Series #40, The role of routine cervical length screening in selected high- and low-risk women for preterm birth prevention
- SMFM Statement, Implementation of the use of antenatal corticosteroids in the late preterm birth period in women at risk for preterm delivery
Each topic

- Synopsis
- Algorithm
- Matrix with drivers

- Address medical and obstetric issues
  - Modifiable risks

Singletons with prior sPTB
- Singletons with prior sPTB Algorithm
- Singletons with prior sPTB Matrix
- Singletons with prior sPTB

Singletons without prior sPTB
- Singletons without prior sPTB Algorithm
- Singletons without prior sPTB Matrix
- Singletons without prior sPTB

Bacteriuria
- Bacteriuria Matrix
- Bacteriuria Algorithm
- Bacteriuria

Smoking
- Smoking
- Smoking Algorithm
- Smoking Matrix
Synopsis Document

SMFM Preterm Birth Toolkit

Singleton with Prior PTB

The strongest predictor of preterm birth (PTB) is a prior spontaneous preterm birth (sPTB). Spontaneous preterm birth (sPTB) recurs in 35-50% of women, and tends to recur at similar gestational ages. Likewise, the probability of sPTB recurrence increases with the number of prior sPTBs a woman has experienced, the most recent birth being the most predictive.

Women with a prior sPTB 16-36 weeks of gestation should be offered empiric prophylactic treatment with weekly intramuscular progesterone therapy (17-alpha hydroxyprogesterone caproate).

- When should 17P be initiated, and when should it be discontinued?
  - The initial dose of 17P should be started at 16 weeks of gestation, optimally.
  - 17P should be given every week.
  - 17P should be continued through 36 weeks of gestation. Early termination of 17P is associated with an elevated risk of PTB in the time period after discontinuation.

- Special situations:
  - Although women with a history of sPTB of a twin or triplet gestation are at higher risk of sPTB in a subsequent singleton pregnancy, the efficacy of 17P among women with this pregnancy history is uncertain.
  - Initiation of 17P at 16 weeks of gestation is optimal. However, when women present late to care and are candidates for 17P, late initiation of treatment may still be efficacious in reducing the recurrence of PTB. Prophylaxis with 17P should
### PTB Best Practice Matrix – Prior PTB

<table>
<thead>
<tr>
<th>What (best practice/strategy)</th>
<th>Brief description</th>
<th>Implementation Institution / Location</th>
<th>People implementing it</th>
<th>Target of this practice</th>
<th>How to achieve (specific steps)</th>
</tr>
</thead>
</table>
| **Recommend weekly IM progesterone** | 250 mg IM 17a-estradiol hydroxyprogesterone capsules weekly (initiate at 14-20 weeks, continue weekly through 36 weeks) | All offices and clinics providing prenatal care | Nurses and providers screen for eligibility at time of new Oil visit; providers implement | **Who:** Nursing, prenatal provider  
**What:** Medication preauthorization, injection teaching (if applicable)  
**How:** Patient education, counselling, financial support and assistance | - Screen all women presenting for prenatal care for eligibility for IM progesterone  
- Provide information/education regarding IM progesterone to all eligible women at their first prenatal visit; obtain insurance authorizations if necessary at that time  
- Initiate medication as close to 16 weeks as possible  
- Create personalized plan for patient to receive IM progesterone  
- Follow through with compliance at each prenatal visit  
- Vaginal progesterone can be considered as alternative prophylactic agent, but considered second line, and considered only when access to IM is not feasible |

| **Cervical length screening via transvaginal ultrasound** | Initial transvaginal cervical length ultrasound at 16 weeks, follow q 2 weeks (q 1 week if Cl 20-29mm until 24 weeks gestation | All offices and clinics providing prenatal care, ultrasound units | Provider orders initial TVUS in conjunction with routine fetal anatomic survey, subsequent US based on individual patient history, result of first US, etc. | **Who:** Prenatal provider, ultrasound provider  
**What:** Identification of women at risk for PTB at time of ultrasound  
**How:** Ask brief obstetric history of first ultrasound visit to ensure no patients ‘missed’, plan of action to notify obstetric provider if short cervix found | - All women with a prior PTB should have TVUS, ordered together with anatomic survey at 18-20 weeks; consider initial Cl at 14-18 weeks if very early or recurrent PTB or history suggestive of cervical insufficiency  
- Provide brief patient history forms to all women at the time of their initial Oil ultrasound; women with prior spontaneous PTB should have vaginal Oil ultrasound added to orders (additional screening method to ensure all patients are captured appropriately)  
- Utilize follow-up algorithms after each Cl assessment to guide timing of next TVUS, or initiation of vaginal progesterone or offering of cerclage  
- Ensure appropriate training of those performing Cl screening exam. Consider CLEAR training course. [https://clear.pertno.com](https://clear.pertno.com/) |

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**Society for Maternal-Fetal Medicine**
Algorithm and Flow Diagram
SMFM Clinical Guidance Documents

- Consult Series #40, The role of routine cervical length screening in selected high-and low-risk women for preterm birth prevention
- SMFM Statement, Implementation of the use of antenatal corticosteroids in the late preterm birth period in women at risk for preterm delivery
- SMFM Statement, The choice of progesterone for prevention of preterm birth in women with singleton pregnancy and prior preterm birth
- SMFM Statement, The role of cervical pessary placement to prevent preterm birth in clinical practice
Preterm Birth Toolkit App

- App being updated
- Once updated, additional available resources:
  - Podcasts
  - Other content
  - Patient education
Questions?

Contact information

Dr. Joseph Biggio

Kathryn Schubert, MPP
Chief Advocacy Officer, SMFM
kschubert@smfm.org
DEFINING OUR ROLE IN A PTB PREVENTION TOOL
1. Who should be the primary user of this tool?
   1. 84% responded that the community of professionals serving women should be the user
   2. 16% responded clinicians
2. What resources/information do you need to prevention PTB in your community?
   1. 36% responded resources related to SDOH
   2. 24% wanted upstream guidance related to pre-pregnancy support and education
   3. 16% responded that they want best practices in determining prior PTB and evidence-based clinical algorithms
   4. 4% want more professional education
RECOMMENDED NEXT STEPS

• There are a number of clinical toolkits, bundles, best practices to inform clinicians on prevention of PTB

• Our members are interested in a wider, more upstream collection of tools, resources and best practices to prevent PTB

• NEXT STEPS:
  • Compile clinical guidelines, community best practices and upstream tools to create a broader collection of tools in one centralized location (hosted on Collaborative website) for partners across the maternal-fetal continuum of care to access.
  • Focus on dissemination
  • Continue to highlight and research best practices to share on calls and integrate into our online guide
VOLUNTEERS

If you are willing to join this subcommittee please add your name to the chat box or contact us at collaborative@marchofdimes.org

Do you have a resource to share? Please tell us in the chat box.
POLL QUESTION

Whether you can or cannot provide your time or resources towards this work, which of the topics below can you provide stories, resources, policies, articles, toolkits or more for?

1. Community Considerations
2. Preconception Health
3. Pregnancy
4. Postpartum

*Please email these to Collaborative@marchofdimes.org
EQUITY IN ACTION: MOVING FROM THEORY TO PRACTICE

Registration is NOW OPEN!
http://www.cvent.com/d/f6qd6k

Please reach out at the collaborative@marchofdimes.org with questions!

Agenda available at: www.marchofdimes.org/collaborative
BUILDING OUR RESULTS FRAMEWORK

Please join us May 22nd for our Full Collaborative quarterly call where we will work to operationalize our strategic map into a results framework.

• What are our strategies for improving equity and preterm birth prevention?
• What do we do together?
• How much do we do?
• Who does it effect?
# COLLABORATIVE MEETING SCHEDULE *(all times are EST)*

<table>
<thead>
<tr>
<th>2019</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
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<tbody>
<tr>
<td><strong>Full Collaborative</strong></td>
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<td>13</td>
<td>1:00-2:30</td>
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<td>18</td>
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<td>14</td>
<td>1:00-2:30</td>
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<tr>
<td><strong>Steering Committee</strong></td>
<td>24</td>
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<td>1:00-2:30</td>
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<td>12:30-2:00</td>
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<td><strong>Health Equity</strong></td>
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<td>18</td>
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<td>7</td>
<td>3:30-5:00</td>
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<tr>
<td><strong>Clinical &amp; Public Health Practice</strong></td>
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<td>1:00-2:30</td>
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<td>3:30-5:00</td>
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<tr>
<td><strong>Policy</strong></td>
<td>15</td>
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<td>18</td>
<td>14</td>
<td>4:00-5:00</td>
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<td></td>
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<td>19</td>
<td>4:00-5:00</td>
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<td><strong>Communications</strong></td>
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If you are interested in attending the full Collaborative or specific workgroup meetings please email us at collaborative@marchofdimes.org to receive the registration link and specific meeting information. This calendar is subject to change.
A conference to discuss unique nutritional needs before and during pregnancy and lactation, and how those needs impact the lifelong health of mother and offspring.

May 2-3, 2019
Washington, D.C.
www.ohsu.edu/nutritioninpregnancy
In the chat box, you will see a link to a brief post-meeting survey that will take you less than 5 minutes to complete. Your feedback is very important to us, so thank you in advance.

The link for the survey is: [http://marchofdimes.org/workgroup](http://marchofdimes.org/workgroup)

Click on the Chat icon in your toolbox to access the survey link.
ADJOURN