Surgeon General’s Conference on the Prevention of Preterm Birth

BIOMEDICAL RESEARCH WORKGROUP

Co-Chairs
George R. Saade, MD
University of Texas Medical Branch at Galveston

Catherine Y. Spong, MD
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Surgeon General’s Conference on the Prevention of Preterm Birth

Key Issues

• Identify causes and mechanism of preterm birth
• Improve data collection on preterm birth:
  – National vital statistics
  – Morbidity and mortality measures
• Develop and test clinical interventions for prevention of preterm birth
• Evaluate management strategies for indicated and spontaneous preterm deliveries
Short-term Goals

• Identify contributors to the rise in preterm birth, including:
  – Late preterm births and their indications
  – Health and socioeconomic disparities
  – Multiple gestations (ART, etc.)
  – Non-medically indicated preterm birth
  – Other
Surgeon General’s Conference on the Prevention of Preterm Birth

Short-term Goals

• Conduct studies to determine the risks versus benefits of indicated early and late preterm birth in relation to perinatal morbidity and mortality
  – Develop accurate antenatal indicators of fetal maturity
  – Identify novel methods of fetal well-being assessment
Short-term Goals

- Develop predictors of perinatal morbidity and mortality that are specific to gestational age and birth weight
  - Emphasize perinatal morbidity and mortality as primary outcome measures
  - Consistently integrate gestational age and birth weight in measures
  - Obtain accurate gestational dating (ultrasound in early pregnancy)
Surgeon General’s Conference on the Prevention of Preterm Birth

Short-term Goals

- Enhance the national vital records system to:
  - Utilize the new birth certificates in all reporting jurisdictions
  - Facilitate timely data reporting
  - Ensure data quality and consistency in vital records
  - Develop and implement a classification for preterm birth, including subgroups related to the pathogenesis of preterm birth
Surgeon General's Conference on the
Prevention of Preterm Birth

Mid-term Goals

• Expand research on promising clinical interventions to prevent preterm birth
  – 17P: mechanism of action, clinical indications, optimal forms, dosing, safety
  – Clinical trials during preconception and early prenatal periods (e.g. folic acid)
  – Clinical trials of bundling of interventions in prenatal care
  – Prenatal interventions to improve acute and long-term outcomes for infants born preterm
Surgeon General’s Conference on the Prevention of Preterm Birth

Mid-term Goals

• Improve ability to identify women at risk for preterm birth
  – Identify biomarkers (proteomics/genomics/other biomarkers) for susceptibility or prediction of preterm birth
  – Foster multidisciplinary collaboration focusing on complex system biology
Mid-term Goals

• Determine the fetal and maternal innate and acquired immune responses that may trigger premature labor in response to microorganisms, using conventional and advanced molecular techniques.
Surgeon General’s Conference on the
Prevention of Preterm Birth

Mid-term Goals

• Explain the mechanisms relating preterm birth to other adverse pregnancy outcomes, such as stillbirth, IUGR, preeclampsia, congenital anomalies, and abruption.
Surgeon General’s Conference on the
Prevention of Preterm Birth

Mid-term Goals

• Support the training and career development of scientists and physician-scientists in preterm birth research through novel and existing programs
  – Include support for mentoring, bridge funding
  – Address professional liability insurance as a barrier to a career in research
Long-term Goals

- Initiate, develop, and establish a comprehensive understanding of the basic mechanisms of preterm birth, with emphasis on genetic, epigenetic and environmental interactions, using the latest technologies
  - Establish a national biorepository that is easily accessible to researchers to facilitate research into preterm birth
  - Create multi- and trans-disciplinary centers focused on preterm birth research
Long-term Goals

- Promote multidisciplinary studies of aberrant peri-implantational events and placentation related to preterm birth and other adverse pregnancy outcomes
Long-term Goals

- Identify predictors and develop interventions addressing preterm birth and other adverse outcomes in nulliparous women
Long-term Goals

• Investigate the biological basis of racial-ethnic and socioeconomic disparities and preterm birth
Long-term Goals

• Conduct clinical trials of interventions based on pathway-specific predictors of preterm birth
Other

• Encourage research into improving singleton pregnancy rates from ovulation promotion/induction
• Develop reporting mechanisms for ovulation induction cycles using gonadotrophins through a registry
• Explain the association between maternal BMI (both low and high) and gestational length
Surgeon General’s Conference on the
Prevention of Preterm Birth

Other

• Enhance studies of preterm birth in the National Children’s Study and other cohort studies
• Explore the fetal contribution to preterm birth, including fetal growth, congenital anomalies, etc
• Increase basic research efforts to understand the physiology of normal labor and delivery
Other

- Increase basic research efforts to understand the physiology of normal labor and delivery
- Identify subgroups of mothers and children who are at risk for adverse long-term morbidity
Surgeon General’s Conference on the
Prevention of Preterm Birth

EPIDEMIOLOGICAL RESEARCH WORKGROUP

Co-Chairs
Michael S. Kramer, MD
McGill University

Eve Lackritz, MD
Centers for Disease Control and Prevention
Key Issues

- PTB is the leading cause of infant death and severe neurocognitive and other long-term disabilities in the U.S.
- PTB is on the rise in the U.S. and elsewhere
  - Changes in obstetric practice
  - ART and ovulation stimulation
  - Older maternal age
Key Issues

• Wide racial disparities in PTB persist
• Causes of PTB multiple & poorly understood
  – Role of pollutants, micronutrients, psychosocial stress?
  – Genetic factors and gene-environment interactions probably important
• Few preventive available interventions have been shown to be effective
Short-term Goals

- Strengthen national vital statistics data collection, quality, and analysis by:
  - Purchasing vital statistics data from states
  - Supporting states to use revised birth certificates (including ART, BMI, and WIC use)
  - Verifying and improving data quality & analysis
  - Training hospital personnel
  - Standardizing algorithm to estimate GA
Short-term Goals

- Investigate the causes of racial disparities
  - Physical environment
  - Social environment (neighborhood, community): measured and “perceived”
  - Psychological factors
  - Cultural patterns of providers, women/families
  - Access/quality of prenatal/other health care
Surgeon General’s Conference on the
Prevention of Preterm Birth

Short-term Goal

• Investigate the cause of racial disparities
  – Gene-environment interactions
  – Acculturation of immigrants (diet, family structure)
  – Clinical management, including iatrogenic factors
  – Impact of intervention programs
  – Infection/inflammation, stress, vascular pathways
Short-term Goals

• Improve understanding of the roles of ovulation induction and ART
• Study effects of single embryo transfer
• Evaluate impact of ART insurance coverage
• Improve data linkage for ART, ovulation induction, and pregnancy outcomes
Short-term Goals

• Recognize heterogeneity of PTB
  – Base categories on known/suspected causes
  – Distinguish among medically indicated, PTL, PPROM
  – Consider other categories based on timing (acute vs chronic), pathophysiology (inflammatory vs vascular vs hormonal)
Short-term Goals

– Study differential outcomes of PTB by cause

• Understand factors (provider, client, medicolegal) influencing decision making about medically indicated late preterm births
Long-term Goals

• Improve hospital-based perinatal data
  – Support detailed clinical data collection
  – Link obstetric and neonatal databases
  – First trimester ultrasound dating (ACOG recommendation, insurance coverage)

• Physical science/engineering/biochemical approaches to assess GA and maturity
Surgeon General’s Conference on the Prevention of Preterm Birth

Long-term Goals

• Improve funding for epidemiologic, basic, translational, clinical, & health services research in PTB
• Establish trans-disciplinary PTB research centers
  – “De-silo” epidemiologic research
  – Build research capacity
    • Multidisciplinary training environments
    • Incentives for clinician-scientists (including allied health professionals)
Long-term Goals

- Enhance research infrastructure, linked to community-based care settings
  - Link data across pregnancies & reproductive health
  - Study effects of public programs/policies and innovative models of prenatal care (e.g. RCTs)
Surgeon General’s Conference on the Prevention of Preterm Birth

Long-term Goals

• Fund prospective cohort studies that combine epidemiologic, demographic, sociologic, nutritional, clinical, and biologic data
• Include physical and social environment
• Incorporate measures of placental function and biological mediators of parturition
Long-term Goals

- Integrate molecular techniques
  - Study DNA of trios (maternal, paternal, fetal)
  - "-omics" and epigenetics research
  - Gene-gene and gene-environment interactions
Surgeon General’s Conference on the Prevention of Preterm Birth

PSYCHOLOGICAL & BEHAVIORAL WORKGROUP

Co-Chairs
Dawn Misra
University of Michigan

Lynne Messer
Environmental Protection Agency
Surgeon General’s Conference on the
Prevention of Preterm Birth

Key Issues

• Needs identified in research, screening, and clinical care should be addressed in a timely fashion

• Research and services for African Americans are a priority as they bear the highest burden of prematurity

• Research on the effects of race, racism, and social injustice is a priority
Surgeon General’s Conference on the
Prevention of Preterm Birth

Short-term goals

• Develop a Blue-ribbon panel for studying stress – definition, conceptualization, measurement, and biological correlates – in prematurity research

• Invest in the collection and analysis of data that enables high quality evaluation of existing large-scale intervention programs
Short-term goals

• Improve the measurement of psychosocial and behavioral risk factors
  – Achieve consensus on gold standards of measurement for research
  – Promote consistency in measures used for screening of these risk factors
Surgeon General’s Conference on the Prevention of Preterm Birth

Short-term goals

• Maximize use of existing data to better understand psychosocial and behavioral determinants of preterm birth
• Analyze potential barriers to care for identification and management addressing psychosocial and behavioral risk factors
Surgeon General’s Conference on the Prevention of Preterm Birth

Mid-term goals

• Determine what drives individual decision-making on health behaviors along the life course and develop interventions that target that decision making process

• Promote community-based participatory research on preterm birth, utilizing both qualitative (e.g., ethnography) and quantitative research methods
Mid-term goals

• Promote research on nutrition and physical activity interventions
• Improve screening for psychosocial risks and responses
  – Set gold standards for reliable, consistent screening
  – Address identified needs
  – Include high-risk sub-populations
Surgeon General’s Conference on the
Prevention of Preterm Birth

Long-term goals

• Shift from a risk-based approach to an assets-based approach to identify protective factors that mediate and alleviate stress and other factors in the pathway to preterm birth.
Long-term goals

• Develop methods to study preterm birth across the life-course in a multiple-determinants framework.
  – Better data infrastructure for longitudinal studies, whether across a woman’s reproductive “career” or across generations.
Surgeon General’s Conference on the Prevention of Preterm Birth

Long-term goals

– Improve measurement, including methods to assess cumulative and clustered exposures.
– Promote study of interactions.
– Develop statistical techniques that test causal pathways.
– Identify mechanisms for sharing/linkage of neighborhood and individual level data.
Long-term goals

• Promote research on interventions that go beyond the mother to target the family and/or community, especially fathers, to address psychosocial and behavioral risk factors.
Final Thoughts

• Multiple workgroups produced several identical recommendations (e.g., the need for quality, national-level data).

• The Surgeon General should give these recommendations extra weight when prioritizing actions for implementation.
EDUCATION & TRAINING WORKGROUP

Co-Chairs
Hal C. Lawrence III
American College of Obstetricians and Gynecologists

Carolyn Aoyama
Indian Health Service
Key Issues

- All health care and public health professionals need to have preterm birth information included in their training.
- Prenatal care offers an important management opportunity (84% get 1st trimester care).
Key Issues

- Elective inductions or cesarean deliveries should not be performed prior to 39 weeks of gestation.
- Potential negative consequences of preterm birth must be emphasized.
Surgeon General’s Conference on the Prevention of Preterm Birth

Key Issues

• Although the theory of integrated care (behavioral counseling plus medical care) is known, resources often don’t exist to implement it in practice.

• Women need primary care that includes preconception education. Families need to be included in this education.

• Effect of training should be evaluated.
Surgeon General’s Conference on the Prevention of Preterm Birth

Short-term Goals

• Who should be taught
  – All health care professionals and professionals who educate the public (including but not limited to physicians, dental professionals, pharmacists, nurses and advance practice nurses, physicians assistants, teachers, social workers, nutritionists, health educators, etc.)
Surgeon General’s Conference on the
Prevention of Preterm Birth

Short-term Goals

• What should be taught
  – Only medically indicated deliveries before 39 weeks of gestation
  – Outcome data for babies delivered <38 weeks of gestation (financial, emotional, family and societal costs)
  – Risk factors (medical, psychosocial, demographic/racial, social determinants) for and effective treatments to prevent preterm delivery
Short-term Goals

• What should be taught (cont.)
  – Importance of pre- and inter-conception health care (including ongoing wellness care/primary care plus specifics that deal with pregnancy)
  – Need for basic and clinical research on the cause of preterm delivery
  – Methods for translating evidence from research findings into practice
Short-term Goals

• How it should be taught
  – Include in curricula for all health science and public health education programs
  – Encourage organizations and government agencies to develop and disseminate educational programs and materials and to conduct and incorporate ongoing evaluation
Short-term Goals

• How it should be taught (cont.)
  – Identify key stakeholders who can promote the importance of knowledge about preterm labor/birth to other specialties/disciplines
  – Use clinical sites for educational opportunities
  – Provide online training that includes the “what” (potentially using existing programs such as March of Dimes)
Mid-term Goals

- Who should be taught
  - All health care professionals and professionals who educate the public (see audiences listed earlier)
  - Elected officials, hospital CEOs, policy makers, higher education leaders, business community, insurance providers
Mid-term Goals

• What should be taught
  – Ways to encourage the discussion of a reproductive life plan with both women and men (to decrease the incidence of childbearing at the extremes of reproductive age)
  – Skills related to promoting health literacy as part of behavioral change
Mid-term Goals

• What should be taught (cont.)
  – New research findings (integrate into curricula)
  – The impacts of new curricula and policy changes
Mid-term Goals

• What should be taught (cont.)
  – Awareness of the need to have psychosocial/behavioral health services immediately available to perinatal and women’s health care providers and their patients and to have those services supported by health care funders
Mid-term Goals

- How it should be taught
  - Disseminate research information on causative factors of preterm labor (bring laboratory to the bedside)
  - Encourage organizations to inform policy makers about key issues related to preterm labor and birth
  - Monitor incorporation of knowledge by linking evidence-based management of preterm labor to certification, re-certification, and Maintenance of Certification
Surgeon General’s Conference on the
Prevention of Preterm Birth

Mid-term Goals

• How it should be taught (cont.)
  – Reconvene state of the science update conferences
Surgeon General’s Conference on the Prevention of Preterm Birth

Long-term Goals

• Continue ongoing education about preterm labor for all health care providers (curriculum goals will be fully implemented, and new research will have been included in curricula)

• Continue to ensure that all preterm deliveries are medically indicated

• Ensure all preterm deliveries occur in appropriate-level facilities
Long-term Goals

- Incorporate the now-identified core etiology of preterm birth in education
- Ensure that all health care professionals practice patient-centered care incorporating a life-course perspective that emphasizes the different psychosocial/behavioral risk experienced by different groups
COMMUNICATIONS & OUTREACH WORKGROUP

Co-Chairs
Nelson L. Adams
National Medical Association

George Strait
National Center for Minority Health and Health Disparities
Surgeon General’s Conference on the Prevention of Preterm Birth

Key Issues

• How do we effectively communicate the scope and risks of preterm birth and the available effective therapies?

• How do we identify and dispel myths and misconceptions that currently exist?

• What tools do we use to communicate these issues?
Key issues

• How do we address and eliminate health disparities?

• How do we acknowledge culture to improve health literacy?

• How do we continue the efforts towards communications and outreach after the Surgeon General’s conference?
Methodology

- IDENTIFY (Audience)
- INFORM (Message)
- INCENTIVIZE (Buy In)
• Establish a National Education and Action Program to communicate what we know about preterm birth and how to reduce its incidence.
Surgeon General’s Conference on the Prevention of Preterm Birth

Short-term

• Reactivate the Interagency Coordinating Council on Prematurity and Low Birthweight.

• Identify and reach high risk groups and their health care providers. The groups include but are not limited to:
  - prior preterm birth
  - racial and ethnic groups
  - demographic groups (low SES, rural, reservations)
Short term continued

- High risk groups and their health care providers:
  - assisted reproductive technology (ART)
  - multiple gestations
  - short cervix
  - high risk pregnancy
    (e.g., pre-existing medical conditions, gestational diabetes, preeclampsia)
Short term

• Identify stakeholders and form partnerships to develop and implement communication strategies for preventing preterm birth:

  - ensure culturally appropriate health education and health literacy tools

  - highlight the importance of preconception, prenatal care, postpartum and inter-conception care.
Surgeon General’s Conference on the Prevention of Preterm Birth

Short term continued

- Disseminate information related to:
  
  - evidence based treatment plans
  
  - evidence based best practices
  
  - evidence based research findings
Surgeon General’s Conference on the
Prevention of Preterm Birth

Mid term

• Develop a self assessment instrument to help an individual understand her risk for preterm birth.

• Support and evaluate innovative, needs specific community outreach programs that educate the public and high risk populations on the causes, risks and prevention of preterm birth.
Surgeon General’s Conference on the Prevention of Preterm Birth

Midterm

• Develop culturally appropriate general population messages and programs that communicate the risks and consequences of preterm birth and highlight best practices to improve birth outcomes.
Surgeon General's Conference on the Prevention of Preterm Birth

Identify, inform and recruit as stakeholders

– Pregnant women, their partners and families
– Women of childbearing age
– Healthcare providers (including but not limited to dentists, pharmacists, nurses, counselors and community workers)
– Policy Makers (elected officials, insurance companies)
Inform and recruit as stakeholders

- Employers
- Media
- Industry (e.g., retailers, manufacturers, pharmaceutical companies)
- Community Organizations (e.g., faith based organizations, sororities, salons, fraternities)
- Advocacy Groups (e.g., grassroots)
- Military
- Prison Systems
Surgeon General’s Conference on the Prevention of Preterm Birth

Incentivize: Leave no stone unturned

- Electronic (television, radio)
- Digital (internet, podcasts, blogs)
- Social media (myspace, youtube)
- Traditional press (newspaper, magazines, popular press)
- Culture specific publications
Surgeon General’s Conference on the
Prevention of Preterm Birth

- Celebrities and Entertainers
- Health care provider offices
- Community partners
- Grass roots organizations
Long-term

• Establish a Surgeon General’s Task Force on Preterm Birth

  – Communicate the most recent scientific knowledge, evidence based treatments and best practices, programs, and interventions related to preterm birth to identify future research and public outreach priorities every 2 years.
Specific Recommendations

• Expand the communication and outreach efforts to include a diverse group of health care providers beyond the traditional players to include dentists, residents, medical students, pharmacists, doulas, school nurses, health educators, community health workers, midwives, nurse practitioners, physician assistants, mental health workers, social workers and counselors.
Surgeon General’s Conference on the Prevention of Preterm Birth

- Expand communication and outreach efforts to include a diverse group of the general public including women of childbearing age, young adults, families and men.

- Develop educational campaigns aimed at employers to highlight the impact and cost of preterm birth on the workplace.

- Advocate for affordable health care for all women.
Surgeon General’s Conference on the
Prevention of Preterm Birth

• Focus short term initiatives on efforts that focus on prevention of known risk factors.
  – Family planning and inter-conception care.
  – Frame prevention of preterm birth as a public health issue.
  – Behavioral modification (smoking, nutrition, weight gain and loss, safe sex practices)
  – Environmental contributors (stress, violence, environmental toxicants)
  – Access to early prenatal care
Surgeon General’s Conference on the Prevention of Preterm Birth

• Influence social marketing and prime time programming to communicate the entire story of preterm birth including risks associated with multiple gestations and the consequences of preterm birth.

• Ensure multicultural, multidisciplinary partnerships across academia, private and public sectors to reduce overlap to develop and implement effective communication strategies.
Surgeon General’s Conference on the Prevention of Preterm Birth

• Support and fund research to evaluate and measure the implementation and efficacy of communication and outreach interventions.

• Replicate successful interventions in multiple settings.
Surgeon General’s Conference on the Prevention of Preterm Birth

• Create and disseminate a comprehensive list of partners committed to addressing preterm birth including government agencies, foundations, public, private, and community organizations.

• Partner with the correction system (prisons, jails) regarding the causes, costs, risks and consequences of preterm birth and the importance of prevention.
Surgeon General's Conference on the
Prevention of Preterm Birth

QUALITY OF CARE & HEALTH SERVICES WORKGROUP

Co-Chairs
Susan Allan
University of Washington School of Public Health and Community Medicine

Denise Dougherty
Agency for Health Care Research and Quality
Surgeon General’s Conference on the
Prevention of Preterm Birth

Charge to Workgroup 6

• Economic consequences of preterm birth
• Impact of the health care delivery system on preterm birth
• Research that will inform public policy
• Medicaid, SCHIP, Medicare, and private insurance
Surgeon General’s Conference on the Prevention of Preterm Birth

Workgroup Guidelines for Development of Recommendations

• Evidence based
• Actionable
• Strategic
• Systems based
• Bold
General Principles

- All care should be family centered, including care coordination, support services
- Care and treatment should be equitable
  - Individualized for individual and community
  - Not “one size fits all”
  - Everyone should have access to what we know works
- “If everything is a priority, nothing is a priority”
What do we want from the Health Care System?

- Implement what we know effectively and consistently
- Collect data about patients and services
  - Quality measures
  - Database for research
- Participate in clinical research
- Be prepared to apply new knowledge
What do we want from the health care system?

- Link funding to better service and better outcome
- Apply quality processes and incentives
- Healthy babies, mothers, and families
Surgeon General’s Conference on the Prevention of Preterm Birth

Recommendation #1
National Priority

• Make prevention of preterm delivery, management of preterm labor, and care of preterm infants and their families a national health priority now

• Federal, state and local agencies should make this a programmatic priority and coordinate across sub-agencies and agencies, and be accountable for progress at every level
Surgeon General’s Conference on the
Prevention of Preterm Birth

Recommendation #2
Access

• The health system should assure access to appropriate preventive and intervention measures for all women of reproductive age and infants to include:
  – Access to health care coverage and care for all women of child bearing age
  – Preconception, inter-conception and early prenatal care
  – Access to health care coverage and care for all children
Recommendation #3
Payment

• Payers for health services should align payment with recommended clinical practices
  – Private health insurance
  – Medicaid, SCHIP, Medicare and other publicly supported programs
  – Payment structure should support access and promote quality
Surgeon General’s Conference on the Prevention of Preterm Birth

Recommendation #4
Quality /Accountability

- Quality measures related to prevention and management of preterm birth should be developed and implemented for systems of clinical care
  - (See attached list of evidence-based practices)
  - Health care systems should provide training, support and implementation tools
- This should include accountability measures for providers to utilize appropriate clinical practice
Surgeon General’s Conference on the Prevention of Preterm Birth

Selected recommended evidence-based practices #1

- Smoking cessation
- Sonogram to determine gestational age prior to 20 weeks gestation
- Fertility treatments - Reduce frequency of multi-fetal gestation
- Implement ACOG guideline to avoid elective inductions or C-sections prior to 39 weeks unless there is documentation of fetal lung maturity
Surgeon General’s Conference on the
Prevention of Preterm Birth

Selected recommended evidence-based practices #2

• Ensure that preterm infants or high risk pregnant women have access to appropriate level of NICU services
• Preconception care
• Steroids for FLM in women at immediate risk for PTB between 24-33 6/7w;
• Antibiotics for PPROM;
• Drug and domestic abuse screening;
• Universal screening for asymptomatic bacteriuria;
• Prior PTB: 17-hydroxy-progesterone caproate
Surgeon General’s Conference on the Prevention of Preterm Birth

Recommendation #5
Gestational Age

- Prematurity as determined by gestational age should be a major focus for clinical and research investigation
- Gestational age should be determined by an accurate method in the first trimester
- Gestational age, in addition to birth weight, should be included in all reporting systems that collect health data about infants, children and pregnancy status and outcomes
Surgeon General’s Conference on the Prevention of Preterm Birth

Recommendation #6

Data

• Convene appropriate group to identify common data elements with definitions to be used in all health reporting systems
• Sustain, expand, enhance and link data and surveillance systems
• Use health care data to conduct and inform clinical research
• Include all common data elements relevant to maternal and infant health in electronic health records
 Recommendation #7
Health Services Research

• Health Services Research outcomes should include assessment of long-term morbidity, mortality and quality of life to inform policy
  – National Children’s Study as a resource
• Increase resources for transdisciplinary, collaborative research mechanisms, research mission and mentoring
• Remove malpractice insurance costs as a barrier to research
Recommendation #8
Economic Evaluation

• Collect primary data and link databases for economic evaluation and cost analyses of
  – Medical
  – Non-medical
  – Family and community consequences
• Apply appropriate economic evaluation models to interventions
  – Return on Investment (ROI)
  – Cost-effectiveness
Recommendaion #9
Healthy People 2020

- Healthy People 2020 objectives should include at least the following:
  - Increase gestational age reporting on birth certificate
  - Reduce the frequency of preterm birth
  - Reduce morbidity from preterm birth
Surgeon General’s Conference on the
Prevention of Preterm Birth

CROSS-CUTTING ISSUES

Chair
Alan Fleischman, M.D.

March of Dimes Foundation
Surgeon General’s Conference on the
Prevention of Preterm Birth

Purpose of the PREEMIE Act

• To reduce rates of preterm labor and delivery;
• To work toward an evidence-based standard of care for pregnant women at risk of preterm labor or other serious complications, and for infants born preterm and at a low birthweight;
• To reduce infant mortality and disabilities caused by prematurity
Surgeon General’s Conference on the Prevention of Preterm Birth

Research Agenda

• Conduct basic research to understand the mechanisms of parturition and preterm birth, building on current knowledge and encouraging new, creative approaches

• Identify the causes of the rise in preterm birth, including the etiology of late preterm birth and health disparities
Surgeon General’s Conference on the  
Prevention of Preterm Birth

Research agenda (continued)

- Conduct multi (trans-) disciplinary research and develop interventions to reduce racial, ethnic, and socioeconomic health disparities
- Examine how psychosocial and environmental factors translate into biological responses that contribute to preterm birth
- Conduct research on clinical management of late preterm birth, identifying risks and benefits to mother and fetus and focusing on mortality and morbidity as outcomes
Research agenda (continued)

• Promote research incorporating a life course perspective encompassing psychosocial, behavioral, environmental and other factors that impact on preterm birth

• Improve funding to fulfill these goals and create multidisciplinary research centers dedicated to understanding prevention of preterm birth
Research agenda (continued)

- Build capacity to perform research and clinical innovation by training physician scientists and social scientists to address these issues.
Data Needs

• Fully implement a national vital records system, including:
  – common data elements and definitions
  – new electronic birth certificate data
  – timely reporting
  – excellent data quality and consistency
Data Needs (continued)

- Create new systems to collect data to understand impact of assisted reproductive technologies (ART) and ovulation stimulation on preterm birth, in order to improve singleton pregnancy rates from ovulation promotion/induction and ART
Clinical Practice

• Educate health care professionals
  – to promote patient-centered practice
  – to better identify risk factors to reduce the risk of preterm birth
  – to understand mechanisms of preterm birth
  – to communicate with patients about preconception care, risks for preterm birth, and reproductive health planning
Clinical Practice (continued)

- Provide social support services (social work, domestic violence, substance use, mental health) to women and families at risk for preterm birth
- Provide long-term follow up and support programs for patients and families affected by preterm birth
Health Services and Quality of Care

- Align payment for clinical services with evidence-based practices for both public and private payers (e.g. smoking cessation, first trimester ultrasound)
- Develop and implement quality measures for systems and practitioners for preterm birth prevention and clinical care
- Using professional guidelines, encourage clinicians to adopt best practices in preventing prematurity
Communication Efforts

• Develop a national communication strategy and program to increase awareness about preterm birth for the general public and policy and decision makers
  – Include a national effort to increase awareness of risk factors for preterm birth among women of childbearing age and specific high risk groups
  – Assure messages are culturally aware and health literacy appropriate
Conclusions

• Prevention of preterm birth must be a national priority
• Achieving the goals of this plan will require the resources for broad based research, capacity building, data systems, create interventions, quality initiatives, and a comprehensive communications strategy
Conclusions (continued)

- This proposed action plan should be implemented by federal, local, nonprofit, and other organizations and foundations working in partnership over the long term
- Healthy People 2020 should include a comprehensive set of goals and objectives related to preterm birth
Conclusions (continued)

• The Interagency Coordinating Council on Prematurity, established by the PREEMIE Act, should monitor and report on progress on fulfilling these proposed goals and action plan to reduce preterm labor and delivery.