

# Healthy Babies

ARE WORTH THE WAIT<sup>SM</sup>

196 W. Lowry Lane • Lexington, KY 40503  
prematurityprevention.org

## FACT SHEET

**WHO:** The March of Dimes, the Johnson & Johnson Pediatric Institute, and the Kentucky Department for Public Health have teamed with six major Kentucky hospitals and three local health departments for *Healthy Babies Are Worth the Wait: A Prematurity Prevention Partnership*.

King's Daughter's Medical Center in Ashland; Trover Clinic Regional Medical Center of Hopkins County; and the University of Kentucky Hospital in Lexington, are serving as "intervention sites."

Lake Cumberland Regional Hospital in Somerset; Norton Hospital (Downtown) in Louisville; and Western Baptist Hospital in Paducah are the "comparison sites."

The participating local health departments providing services for the intervention hospitals are Lexington Fayette County Health Department; Hopkins County Health Department; and Ashland Boyd County Health Department.

**WHAT:** *Healthy Babies Are Worth the Wait* is a three-year, multi-faceted initiative with the primary goal of a 15 percent reduction in the rate of singleton preterm births in targeted intervention sites by preventing "preventable" preterm births.

**WHY:** Preterm birth (before 37 completed weeks gestation) is the number one obstetrical problem in the United States and the leading cause of newborn death. Rates of preterm birth have increased more than 30 percent since 1981, to an all-time high of 12.7 percent in 2005. This translates to 1 in 8 births, or more than 520,000 births nationwide. In many states, the rates are even higher: in Kentucky, for example, more than 14 percent of births were delivered preterm in 2005.

Almost all of the increase in the preterm birth rate is due to the growing number of late preterm births (32 to 34 weeks gestation). Targeting this group of preterm infants, which represents about 80 percent of all preterm births, could have a major impact on the overall rates of preterm birth. Late preterm babies often appear healthy but are more likely than full-term babies to require acute medical and nursing care, or even to be re-hospitalized. Long-term outcomes of late preterm infants, compared to those born full-term, are not well studied. However, compared to full-term babies, there are increased risks for some problems.

**WHERE:** The six participating hospitals representing several geographic regions throughout Kentucky.

**WHEN:** On-site planning and baseline data collection occurred during January to March 2007. Implementation at the intervention sites began March 2007 and will continue through June 2009 with follow-up and evaluation scheduled to continue until the end of December 2009.

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### Healthy Babies Are Worth the Wait -2-

**WHY KENTUCKY:** Kentucky was selected as the inaugural site because:

1. Of all the states under consideration, it best met criteria for the initiative's design and implementation.
2. The Kentucky Department for Public Health is committed to reducing the state's high rate of singleton preterm births with a specific focus on late preterm births.
3. Kentucky's existing data system supports ongoing, timely, integrated evaluation.
4. Kentucky's obstetric, pediatric, and nursing communities, along with many professional state organizations such as the Kentucky Perinatal Association (KPA) and the Kentucky Public Health Association (KPHA) are eager to embrace and support the initiative with services and leadership. This includes addressing modifiable risk factors contributing to late preterm birth (see interventions on page 3). This interdisciplinary, synergistic approach has the potential to be a model that can be replicated in other high risk areas in the nation.

**HOW:** Multi-disciplinary teams of health care providers at each of the intervention sites will be mobilized in collaboration with their respective local health department and the Kentucky Department for Public Health to promote interventions that can help to prevent preterm birth (see below). This is believed to be the first time that "bundling" such known interventions will take place. The focus will be on the expectant mother and her family; raising awareness in the community at large of the risk factors and potential long-term challenges of preterm birth; promoting a dialogue between expectant mothers and their health care providers about the risks for and consequences of preterm birth; and helping health care providers deliver coordinated prenatal care and community-based services aimed at reducing preterm birth.

### PROPOSED INTERVENTIONS:

The interventions to be employed in *Healthy Babies are Worth the Wait* are diverse, linked elements of clinical care, public health, and public education which, when used in an integrated manner, could make a measurable difference in the rate of preterm birth. They include:

- 1) Consumer awareness and education.
- 2) Professional continuing education.
- 3) Hospital and community-based screening and referral interventions.
- 4) Comprehensive, consistent, evidence-based, culturally-sensitive, health literacy-appropriate care during the prenatal period, complemented with appropriate care before and between pregnancies:
  - a) Follow guidelines for perinatal care established by professional leadership organizations including the American College of Obstetricians and Gynecologists, the Association of Women's Health, Obstetric and Neonatal Nurses, the American Academy of Pediatrics, and the American Academy of Family Physicians;
  - b) Daily folic acid consumption;
  - c) Careful attention to good nutrition and recommended weight gain;

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## Healthy Babies Are Worth the Wait -3-

- d) Prevent and treat infections;
- e) Avoid tobacco use, secondhand smoke, alcohol and illegal drugs;
- f) Promote oral health;
- g) Support and services for women in high risk situations;
- h) Appropriate use of progesterone to prevent recurrent preterm birth;
- i) Avoid elective inductions and Cesarean deliveries at less than 39 weeks gestation that are not medically/obstetrically indicated.
- j) Innovative strategies for prenatal education (e.g., Centering Pregnancy).

For more information about *Healthy Babies Are Worth the Wait*, visit [www.prematurityprevention.org](http://www.prematurityprevention.org)

### About the March of Dimes

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. For more information, visit the March of Dimes Web site at [marchofdimes.com](http://marchofdimes.com) or its Spanish language Web site at [nacersano.org](http://nacersano.org).

### About the Johnson & Johnson Pediatric Institute

The Johnson & Johnson Pediatric Institute, L.L.C., is a nonprofit entity dedicated to saving mothers and infants by addressing global health priorities through education in collaboration with health care systems. For more information please visit [www.JJPI.com](http://www.JJPI.com).

### About the Kentucky Department for Public Health

The Department for Public Health (DPH) is a part of the Cabinet for Health and Family Services. Through its expansive services, DPH reaches thousands of Kentuckians each year by developing and operating all public health programs and activities for the citizens of Kentucky. These health service programs are aimed at prevention, detection, care and treatment of physical disabilities, illness and disease. More information about DPH can be found at [www.chfs.ky.gov/dph](http://www.chfs.ky.gov/dph).

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