

MARCH OF DIMES–JOHNSON & JOHNSON PEDIATRIC INSTITUTE PREMATURITY PREVENTION INITIATIVE

WHO: The March of Dimes and the Johnson & Johnson Pediatric Institute, L.L.C. have teamed with the Kentucky State Department of Health and several major Kentucky hospitals to work to reduce preterm births at the community level.

WHAT: The Prematurity Prevention Initiative, a three-year collaborative initiative with the goal of a 15 percent reduction in the rate of singleton preterm births at the intervention sites.

WHY: Nationwide, preterm birth has increased more than 30 percent in 25 years, due in part to increases in “late preterm” births (34-36 weeks gestation). 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 for late preterm infants compared to those born at term are not known. The March of Dimes National Prematurity Campaign has worked for the past three years to reduce the occurrence of preterm birth by raising awareness, offering provider and consumer education, and funding research. Now it is time to bundle together proven interventions and put them to the test.

WHERE: The initiative is being planned at six hospitals in Kentucky where outstanding obstetric, pediatric, and nursing leadership are willing to work collaboratively to improve birth outcomes. At hospitals serving as intervention sites, a multi-disciplinary approach to preventing preterm birth will be applied; the remaining hospitals will serve as comparison sites.

WHEN: Implementation will begin in January 2007.

WHY KENTUCKY: Kentucky was selected as the inaugural site for the initiative in part because the Kentucky Department of Health is committed to reducing the state’s high rate of singleton preterm births and the rapid rise in the rate of late preterm births. Further, Kentucky’s obstetric, pediatric, and nursing community is eager to embrace and support the initiative with services and leadership to address the preventable risk factors contributing to late preterm births, including smoking, inadequate prenatal care, periodontal disease, excess weight gain during pregnancy, and early C-section and induction.

This integrated approach has the potential to be a model that can be replicated in other high risk areas in the country.

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HOW: Multi-disciplinary teams of health care providers at each of the intervention sites will be mobilized in collaboration with the Department of Health to promote evidence-based interventions that have a high likelihood of success (see below). 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, 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 the Prematurity Prevention Initiative are diverse, linked elements of clinical care, public health, and public education that, 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 education.
- 3) Access to screening and referral interventions that are both hospital- and community-based.
- 4) Consistency of clinical care during the prenatal period, complemented with appropriate care before and between pregnancies:
 - a) Comprehensive care – following clinical guidelines established by the American College of Obstetricians and Gynecologists.
 - b) Patient safety/quality assurance and improvement for timing of elective deliveries.
 - c) Access to smoking cessation support.
 - d) Appropriate use of 17 alpha-hydroxyprogesterone caproate (17P) to prevent recurrent preterm birth.
 - e) Management of periodontal disease.
 - f) Group strategies for delivery (e.g., Centering Pregnancy).

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