

Doing More to Reduce Preterm Birth

Sharper Focus on Preterm Birth Key to Lowering Ohio's High Infant Mortality Rate

Did you know that preterm birth is the root cause of more than one third of infant deaths?

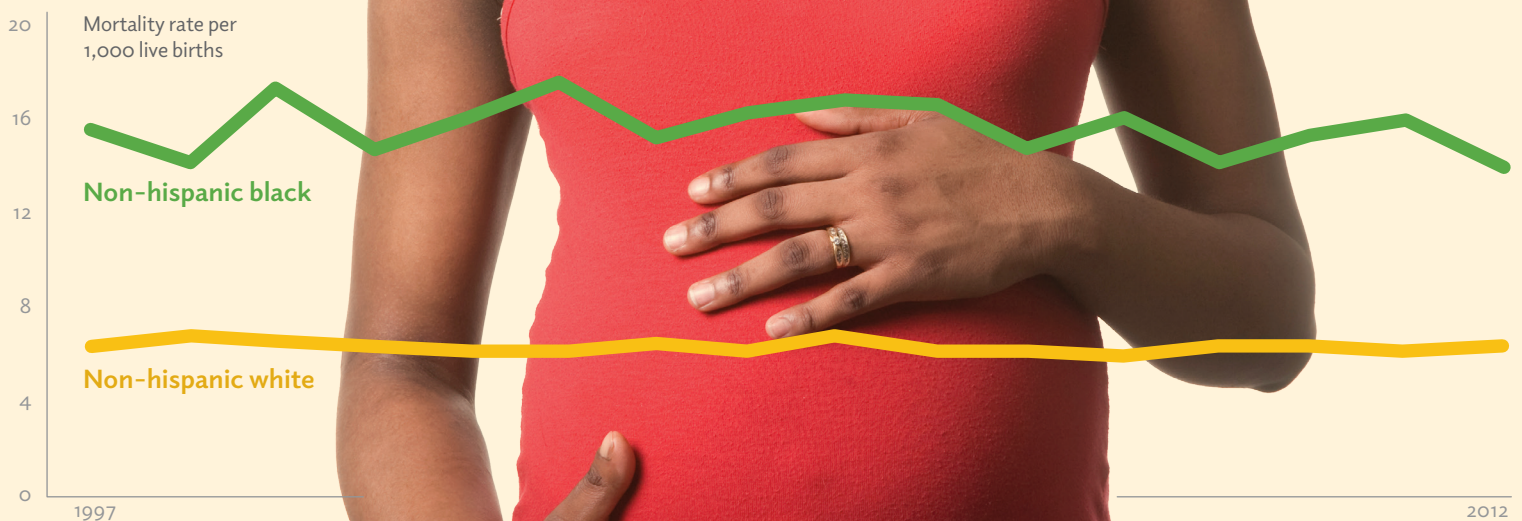
Nationally, Ohio ranks near the bottom for Caucasian, African-American, and overall infant mortality in the United States. Looking more closely, African-American infant mortality is much higher than white infant mortality, indicating that racial disparities impact infant death in Ohio.

Preterm, or premature, birth is the #1 cause of newborn death in Ohio.

Early preterm births (before 32 weeks) account for more than 70% of neonatal deaths, totaling 500 neonatal deaths annually.

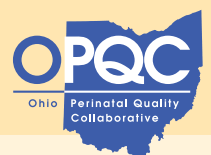
How Can You Help?

Here are the steps you can take to address one of Ohio's biggest public health challenges. ▶▶▶



The Ohio Perinatal Quality Collaborative (OPQC)—a statewide, multi-stakeholder network that has worked to improve perinatal health in Ohio since 2007—aims to reduce the rate of premature births in Ohio by 10 percent by July 1, 2016 with its Progesterone Project.

The project aims to increase the use of effective treatments to help reduce preterm birth among women at highest risk.



3 Steps You Can Take to Pump up the Efforts on Preterm Birth

Ohio's prenatal care providers are on the frontlines of reducing infant mortality. With your help, we can reverse this trend. Here are the steps you can take to lower Ohio's high infant mortality problem:



STEP 1

Identify Women at Risk

Women are at high risk of premature birth if they have had a previous spontaneous premature birth. These women can be identified by obtaining a thorough OB history at the time of their first visit.

Women with a short cervix during their current pregnancy also are at high risk of premature delivery. These women can be identified by either risk-based or universal transvaginal ultrasound screening.

A Patient's Perspective

Pregnant women told they are at risk for preterm birth will have questions. Explaining the benefits of progesterone can help to reduce anxiety.

“My advice for doctors and nurses? Understand that your patients are scared and that they have questions – even if they say they don’t have questions, it’s because they don’t know what questions to ask. Be patient with them and help them to feel safe with you.”

– Tia of Columbus, Ohio

“I was prescribed progesterone after losing a baby due to a weak and irregular cervix. I was only 23 weeks pregnant at the time. After realizing that I was pregnant once again, I knew that I needed help. After 8 weeks, during a routine checkup my doctor discussed progesterone. After the nightmare of my previous pregnancy, choosing to take progesterone was a no brainer. I delivered a beautiful and healthy baby girl after 37 weeks. I can’t say that this would have been possible without progesterone.”

– RaNeisha of Columbus, Ohio

A Practitioner's Perspective

“We are giving patients with a prior preterm birth priority appointments. This facilitates early prenatal care which then enables us to work through the insurance barriers so that progesterone is initiated at 16 weeks. In review of our clinic data we found that early progesterone initiation reduced the rate of preterm birth in our patient population.”

– Hetty Walker, Nurse Coordinator Prematurity Program, The Ohio State University Wexner Medical Center

“Care coordination through diligent follow up with patients that are prescribed progesterone has resulted in improved outcomes and patient satisfaction for patients with a history of premature birth. We see many families who for the first time are able to bypass a NICU admission and bring home a healthy term infant.”

– Marta Wunder, RN Case Manager, TriHealth Preterm Labor Prevention Program

STEP 2

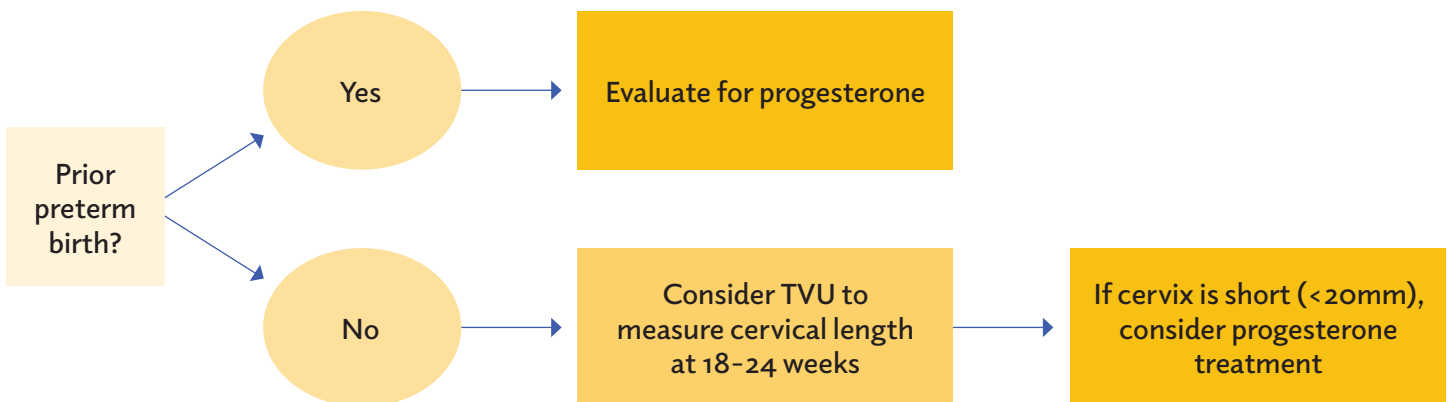
Introduce At-risk Women to Progesterone, Treat When Appropriate

Progesterone, an evidence-based, yet underused treatment, can reduce the risk of premature birth by 30% for women with either a short cervix or previous spontaneous preterm birth. Progesterone is backed by national guidelines from American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. It's important to start progesterone early in the pregnancy.

There are two forms of progesterone used for premature birth prevention: 1) 17hydroxyprogesterone caproate, or 17-p, which is given as a weekly injection for women with a history of spontaneous premature birth; and 2) progesterone vaginal suppositories or vaginal capsules, which are used on a daily basis for women with a short cervix.

Progesterone is part of the solution

Together, with smoking cessation and other ongoing efforts to reduce prematurity, progesterone is a significant tool to reduce premature birth—in particular early preterm birth—and lengthen pregnancy.



STEP 3

Consult ASAP with an OB or Maternal Fetal Medicine Specialist

For practices or prenatal care providers not set up to treat women at risk for preterm birth, it is important to get guidance from an OB or Maternal Fetal Medicine specialist.

Again, for progesterone to be most effective in reducing the risk of preterm birth, it should be started in the second trimester of pregnancy, before 24 weeks of gestation.

OPQC: Your Progesterone Resource in Reducing Preterm Birth

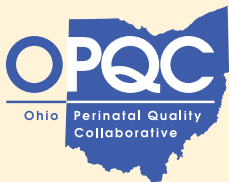
The Ohio Perinatal Quality Collaborative (OPQC) can assist providers in improving their care systems to optimize the use of progesterone by using proven quality improvement measures. Prescribing progesterone is not as easy as you think. It is important to start at-risk patients early as progesterone preparations are not readily available at all pharmacies and insurers cover different forms of it. There also can be tricky billing and insurance issues. OPQC can help you navigate the barriers. For more information go to: <https://www.opqc.net/>

Resources

- **March of Dimes:** www.marchofdimes.com
- **OHIO ACOG:** www.acog.org/About_ACOG/ACOG_Sections/Ohio_Section
- **AWHONN:** www.awhonn.org

OTHER CLINICAL RESOURCES:

- **Society for Maternal-Fetal Medicine Clinical Guideline:**
<https://old.smfm.org/attachedfiles/Progesterone%20and%20preterm%20birth%20prevention.pdf>
- **Green Journal abstract:** http://journals.lww.com/greenjournal/Abstract/2014/06000/Identification_of_Candidates_for_Progesterone_.24.aspx
- **ACOG Practice Bulletin 130:** http://journals.lww.com/greenjournal/Citation/2012/10000/Practice_Bulletin_No__130___Prediction_and.42.aspx



The Ohio Perinatal Quality Collaborative includes hundreds of clinicians, 105 hospitals and clinics, the Ohio Department of Health, the March of Dimes and other stakeholders around the state dedicated to improving perinatal health in Ohio. To that end, OPQC members use scientifically proven methods to reduce preterm births in Ohio, which sees more infants die each year than most other states.

The Progesterone Project is funded by the Ohio Department of Health and the Ohio Department of Medicaid

