Society for Maternal-Fetal Medicine

ACOG THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS

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Media Alert

The Key to Reducing Infant Mortality: Reducing Preterm Birth

Overview

- In 2012, the Society for Maternal-Fetal Medicine (SMFM), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Nurse-Midwives (ACNM) outlined a new strategy to expand preterm risk screening and evidence based intervention.
- This strategy can reduce the risk of preterm birth, infant morbidity, and infant mortality by 40-50% for some of the highest risk pregnancies, and has the potential to save $750 million annually.
- Increased awareness and education are needed to drive adoption of this proven prevention strategy.

The Problem: Unacceptable Rates of Preterm Birth and Infant Mortality

- The United States ranks 55th in the world in infant mortality, lagging far behind many developing countries.
- 24,000 infant deaths occur each year in the U.S. (6.1 deaths per 1,000 live births).
- 70% of babies who die before their first birthday are preemies.
- U.S. preterm birth rate of 11.4% ranks among the worst in the world - 1 out of 9 babies is born prematurely.
- African Americans have a 60% higher preterm birth rate and an infant mortality rate that is 2.3 times higher than non-Hispanic whites.
- Medicaid pregnancies suffer twice as many adverse outcomes, with preterm birth rates up to 20% or higher.

The Cost of Preterm Birth

- The annual economic toll of preterm birth in the U.S. is $26.2 billion.
- Neonatal Intensive Care costs can exceed well over $1 million for just one premature baby.
- Medical costs for first year of life of preterm babies before 28 weeks are 57 times those of a full term baby.
- Medicaid pays for 48% of all pregnancies, and pays for a disproportionate share of preterm births.

A Vital Solution: Progesterone Treatment for Prematurely Short Cervix Following Universal Screening

- A short cervix mid-pregnancy is the most powerful predictor of preterm birth – at least 40% of these pregnancies will deliver before 28 weeks.
- Premature cervical shortening is a silent sign that the pregnancy is in trouble – for first-time moms and those who have not delivered a preterm baby before, there is no way to know they are at risk without screening.
- 50% of all preemies are delivered by mothers not identified as high risk – but with screening for short cervix some of these preterm births can be prevented with progesterone treatment.
- SMFM, ACOG, and ACNM suggest the addition of cervical length screening to routine prenatal care to identify premature cervical shortening and enable progesterone treatment.
- Screening technology is available; cervical length measurement is possible for all pregnant women in all health care settings.
- Treatment recommended for premature cervical shortening, progesterone, is available as a generic drug.
- Progesterone is also indicated for another high risk group, women with prior spontaneous preterm birth; for these pregnancies, cervical length measurements are also important because a cerclage (stitch in the cervix) can further reduce the risk of preterm birth if the cervix shortens too soon.

In Conclusion

- We must use all available clinical strategies to improve birth outcomes and reduce healthcare costs.
- All stakeholders must take action to accelerate adoption of this strategy, because without broad adoption, preventable preterm births and infant deaths will continue to occur and high expenditures will not be avoided.
- We encourage the Health and Human Services Department to expedite inclusion of the professional society recommendations for preterm birth prevention into the national strategy to reduce infant mortality.