

The American Recovery and Reinvestment Act of 2009 Allocates \$400 million to Health Care Comparative Effectiveness Research

ACNM submits recommendations to Institute of Medicine for comparative effectiveness research priorities related to maternity care

The American Recovery and Reinvestment Act of 2009 (Stimulus Bill) allocated \$400 million to the Secretary for Health and Human Services for comparative effectiveness research (CER). As part of this initiative, the legislation also mandates that the Institute of Medicine (IOM) produce and submit a consensus report by June 30, 2009 providing specific recommendations to Congress and the Secretary for expenditure of these funds. The legislation also requires the IOM committee to solicit and consider public input as it develops its recommendations.

To fulfill this mandate, the IOM Committee on Comparative Effectiveness Research Priorities is conducting a study to recommend national priorities for comparative effectiveness research conducted or supported with funds from the American Recovery and Reinvestment Act of 2009. The study is informed by and extends the views of stakeholders and the recent and ongoing IOM work relevant to comparative effectiveness research such as that on the national capacity to identify what works in health care, standards for systematic reviews of evidence, and standards for developing trustworthy clinical practice guidelines. After delivery of a report, a substantial effort will be expended to disseminate and build public interest in, and understanding of, the results of the project.

An online questionnaire was developed to serve as the primary vehicle by which the committee will collect information on the priorities of all stakeholders in health care (e.g., patients, consumers, providers, federal agencies, employers, manufacturers, policy makers). The questionnaire, which asked for the organization to submit three CER priorities, was active from March 6, 2009 - March 27, 2009. All responses will be compiled into a database that will be reviewed by the committee.

ACNM Recommendations

ACNM recently convened a meeting of members of its Division of Research (DOR) along with other leading researchers specializing in maternity care to develop ACNM's recommendations for CER priorities. The research priorities submitted build on the research agenda developed by the DOR and approved by the ACNM Board of Directors in 2005.

ACNM recommended the following CER priorities:

- **Comparative Effectiveness Research Priority One:** Examine perinatal outcomes of women and infants who receive low intervention, evidence-based care following a model that supports normal physiologic processes, in multiple clinical sites.

Over 4 million women give birth in the US annually, making childbirth the leading reason for hospitalization. Combined maternal/infant hospital charges (\$75B) far exceed those of any other condition. While IOM has designated pregnancy and childbirth as national priorities for quality improvement, pregnancy and childbirth have been overlooked in most initiatives. Wide gaps persist between optimal (physiologic) and current models of maternity care, and between evidence-based

practices and prevailing practice. The use of evidence-based models of care should be tested for their impact on reducing adverse perinatal health outcomes, improving maternal well-being, and enhancing cost-effectiveness.

- **Comparative Effectiveness Research Priority Two:** Compare group prenatal care to traditional prenatal care across multiple settings for clinical and cost effectiveness, including effect on key indicators such as preterm birth, low birth weight and other indicators of maternal, infant, and family well-being.

The US preterm birth (PTB) rate has increased 36% since the 1980s. Despite a small decline in 2007, more than 540,000 preterm babies are born annually, costing more than \$26B annually (IOM). The traditional one-on-one prenatal care model persists despite a lack of evidence of its efficacy in improving outcomes. By comparison, a recent RCT found that group prenatal care reduced PTB by 33% and increased breastfeeding initiation and maternal knowledge. African American participants realized a 41% reduction in PTB. Group participants were also more satisfied with their care and more prepared for labor and delivery. Further exploration is warranted.

- **Comparative Effectiveness Research Priority Three:** Examine those factors which are successful in preventing primary cesarean section and those care practices which encourage the safe provision of vaginal birth after cesarean.

Preliminary data indicate that the cesarean rate rose 2%, to 31.8%, in 2007, marking the 11th consecutive year of increase and another record high for the US. This trend is driven both by an increase in primary cesarean sections as well as the lack of availability of vaginal birth after cesarean (VBAC), leading to a high frequency of repeat cesareans, which pose additional maternal risk. More research is needed to identify strategies to prevent the first cesarean and promote the safe provision of VBAC. Research demonstrates that VBACs can be a safe option for appropriately selected women.