

Background of LBWCC and Interrelationship with SACIM

HHS Interagency Coordinating Council on Low Birth Weight and Preterm Birth

Background

Infant mortality and low birth weight/preterm birth as major contributors continue to be significant and costly health problems for this country. In response to recommendations of the Advisory Committee on Infant Mortality (ACIM), Secretary Thompson asked the Health Resources and Services Administration (HRSA) and the National Institutes of Health (NIH) to organize an HHS Interagency Coordinating Council on Low Birth Weight and Preterm Birth (LBWCC). Peter C. van Dyck, M.D., M.P.H., HRSA's Associate Administrator for Maternal and Child Health and Duane Alexander, M.D., Director of NIH's National Institute of Child Health and Human Development, co-chair the group. The group includes representatives from 12 agencies and/or offices in the Department (see attachment), and 2 liaison members from the ACIM. The staff work for the LBWCC is being supported by HRSA.

The purpose of the LBWCC is to galvanize multidisciplinary research, scientific exchange, policy initiatives, and collaboration among Department of Health and Human Services (HHS) agencies and to assist HHS in targeting efforts to achieve the greatest advances toward the national goal of reducing infant mortality. In particular, Secretary Thompson requested the development of a department-wide research agenda on low birth weight and preterm birth, major contributors to infant mortality. Subsequently, Deputy Secretary Allen expanded the charge by requesting the LBWCC to include in its focus attention to racial/ethnic disparities and to Sudden Infant Death Syndrome (SIDS) as another contributor to infant mortality.

The LBWCC is working in conjunction with the Advisory Committee on Infant Mortality to further efforts to formulate recommendations for a coordinated research agenda for the Secretary of HHS. Challenges for the LBWCC include efforts to assure adequacy of data on low birth weight and preterm births, uncovering new knowledge and developing a coordinated research agenda on preterm birth (PTB)/low birth weight (LBW), and delivering and financing relevant health care.

Current LBWCC Tasks:

- Compile an "Inventory of Research and Databases Pertaining to Low Birth Weight and Preterm Birth and Sudden Infant Death Syndrome." This is a compilation of current and planned activities within the HHS that address PTB and LBW. The LBWCC is using this information to examine gaps and identify priorities for future research addressing these issues.
- The LBWCC is also contributing to the research coordination component of the HHS Closing the Health Gap Initiative on Infant Mortality in two ways:
 - The group has broadened its task to identify HHS research and programmatic activities pertaining to LBW/PTB prevention in African Americans and Sudden Infant Death Syndrome (SIDS) Prevention.

- The group was asked to identify evidence-based interventions that can contribute to reductions in SIDS, reductions in LBW/PTB, and infant mortality associated with LBW/PTB.

Summary of Recent LBWCC Activities

- Last LBWCC Meeting – held 10/30/03
 - Reviewed Research Inventory to determine if classification scheme worked and for accuracy of assignment of research activities to categories.
 - Expanded committee charge to work on the HHS Closing the Health Gap Initiative on Infant Mortality.
 - Extended membership to three more agencies: AoA, ACF, FDA
 - Formed LBWCC Disparities Sub-Committee: Rose Higgins; Felicia Collins; Susie Meikle; Judy Thierry; Julie Moreno; Ann Koontz; Robin Brocato
- Research Inventory – initiated revision in November to include new information on Sudden Infant Death Syndrome and on racial/ethnic disparities associated with LBW/PTB and SIDS.
- LBWCC Disparities Sub-Committee – met on December 18, 2003; group included additional program representatives; identified evidence-based interventions that could contribute to reductions in LBW/PTB, infant mortality associated with LBW/PTB, or SIDS in selected subpopulations. In its deliberations, the group discussed interventions that have been shown to be effective through a systematic search and review of the best available scientific evidence.

In general, with respect to SIDS prevention, the group agreed that proven interventions are available; however, additional work is needed to determine the most effective approaches to influence wider adoption of these preventive behaviors among African Americans and AI/AN. Overall, the scientific literature reveals few successful interventions to prevent LBW/PTB, although there are confirmed interventions that improve the survival of LBW/PTB infants.

The interventions identified (see attached) will be utilized in the implementation of future health disparities initiatives, including the Risk Reduction component of the Closing the Health Gap Initiative on Infant Mortality.

- Updates on LBWCC activities sent to Acting Assistant Secretary for Health in February and March - covered activities listed above in addition to activities underway on the HHS Closing the Health Gap Initiative on Infant Mortality (Risk-Reduction Pilots using evidence-based interventions).

- Secretary's Advisory Committee on Infant Mortality (SACIM) – last met on March 30-31, 2004; SACIM members reviewed the revised Research Inventory and made recommendations regarding gaps and needs for future research; at the next meeting scheduled for July 13-14 SACIM members will review the LBWCC recommendations.
- Review of LBWCC Research Inventory is underway to determine if HHS is involved in any research that matches SACIM's research recommendations (2001 and 2004).

HHS Interagency Coordinating Council on Low Birth Weight and Preterm Birth (LBWCC)

Administration on Aging
Rick Greene

Administration for Children and Families
Robin Brocato

Agency for Healthcare Research and Quality
Susan F. Meikle

Centers for Disease Control and Prevention
National Center on Birth Defects and Developmental Disabilities
Hani K. Atrash

National Center for Chronic Disease Prevention and Health Promotion
Eve M. Lackritz

National Center for Health Statistics
John L. Kiely

Centers for Medicare and Medicaid Services
Jerry Zelinger

Food and Drug Administration
Peggy Miller

Health Resources and Services Administration
Bureau of Primary Health Care
Barbara Braden

Maternal and Child Health Bureau
Peter C. van Dyck **Co-Chair**
Michael Kogan
Ann M. Koontz **Staff to LBWCC**

Indian Health Service
Judy K. Thierry

National Institutes of Health
National Institute of Child Health and Human Development
Duane Alexander **Co-Chair**
Rose Higgins

Office of the Assistant Secretary for Planning and Evaluation
Marty M. McGeein

OS Office of Public Health and Science
Office on Disease Prevention and Health Promotion
Woodie Kessel

HHS Office of Minority Health
Julie Moreno

HHS Office on Women's Health
Jonelle C. Rowe

Substance Abuse and Mental Health Services Administration
Duiona Baker

Liaisons from Secretary's Advisory Committee on Infant Mortality
Fred Frigoletto

Bob E. Hannemann

**LBWCC Disparities Subcommittee
for
Closing the Health Gap Initiative on Infant Mortality**

LBWCC Members:

Duane Alexander (NIH/NICHD) – Co-Chair
Peter C. van Dyck (HRSA/MCHB) – Co-Chair
Rose Higgins (NIH/NICHD)
Felicia Collins (HRSA/BPHC)
Susie Meikle (AHRQ)
Judy Thierry (IHS)
Julie Moreno (OMH)
Michael Kogan (HRSA/MCHB)
Ann Koontz (HRSA/MCHB)
Robin Brocato (ACF)

NICHD and HRSA Program Staff

SIDS Activities

Paul Rusinko (HRSA/MCHB)
Marian Willinger (NIH/NICHD)
Andrea Furia (NIH/NICHD)

Perinatal Health Activities

Maribeth Badura (HRSA/MCHB)
Karen Hench (HRSA/MCHB)

State MCH Activities

Audrey Koertvelyessy (HRSA/MCHB)

Community Health Centers/Perinatal Collaborative

Barbara Braden (HRSA/BPHC)
Amy Chanlongbutra (HRSA/BPHC)

Closing the Health Gap Initiative on Infant Mortality
Evidence-Based Interventions Pertaining to Low Birth Weight, Preterm Birth, and Sudden Infant Death Syndrome

An existing HHS Interagency Coordinating Council on Low Birth Weight and Preterm Birth (LBWCC) was asked in the Fall of 2003 to identify evidence-based interventions that can contribute to reductions in Sudden Infant Death Syndrome (SIDS), reductions in low birth weight (LBW)/preterm birth (PTB), and infant mortality associated with LBW/PTB. In its deliberations, the group discussed interventions that have been shown to be effective through a systematic search and review of the best available scientific evidence. In general, with respect to SIDS prevention, the group agreed that proven interventions are available; however, additional work is needed to determine the most effective approaches to influence wider adoption of these preventive behaviors among African Americans and American Indian/Alaska Natives. Overall, the scientific literature reveals few successful interventions to prevent LBW/PTB, although there are confirmed interventions that improve the survival of LBW/PTB infants.

The LBWCC identified the following evidence-based interventions for this initiative:

Medical Treatment for Pregnant Women and Neonates (aimed at diseases/conditions that increase risk of infant death or other adverse outcomes):

Antenatal glucocorticoids – course of medication given to women at high risk for preterm delivery between 24-34 weeks of gestation to promote fetal lung maturation.

Postnatal surfactant replacement therapy – therapy given to neonates to minimize respiratory distress syndrome commonly associated with preterm birth (PTB)

Antenatal 17-alpha hydroxyprogesterone (17P) - medication for PTB prevention in subset of women with previous PTB infant [Please note that drug is only available in compounding pharmacies.]

Group B streptococci screening/treatment – antenatal screening and intrapartum antibiotic prophylaxis for women at-risk to prevent early-onset disease in infants
See the Centers for Disease Control and Prevention, American College of Obstetricians and Gynecologists or American Academy of Pediatrics Web sites for updated recommendations on the use of risk-based or culture-based approaches to screening.

Diabetes control - for women with pre-existing diabetes to reduce/prevent increased risk of congenital abnormalities and fetal and neonatal mortality.

Health Services/System Approaches:

Delivery of very low birth weight (VLBW - less than 1,500 grams) infant in subspecialty/ tertiary facility (includes maternal transfer) – birthweight-specific mortality rates for VLBW infants are lower among infants born in subspecialty facilities compared with infants born in basic/community level or in specialty facilities.

Neonatal transfer to neonatal intensive care units (NICU) for high-risk infants – improves infant survival rates.

Early and continuous prenatal care – while the evidence of the effectiveness of prenatal care in general is weak, the consensus is that women must be receiving prenatal care to maximize the opportunity to identify and reduce health risks.

Behavioral Approaches During Pregnancy:

Smoking cessation – to reduce incidence of LBW/PTB

Alcohol cessation – to reduce incidence of LBW

Behavioral Approaches Postnatally:

SIDS prevention

Infant sleep position on back

Overbundling cessation

Safe/appropriate bedding for infants

Safety seats in cars – to reduce injury deaths

Smoking cessation/reduce environmental or household exposure

Infant Care:

Immunizations

Standard care for infectious diseases