

# Recommendations and a Plan for Preventing Preterm Birth

Secretary's Advisory Committee on  
Infant Mortality (SACIM)

August 10, 2015





# PREEMIE Act Reauthorization P.L. 113-55

# Reauthorized SACIM Duties

- **SACIM shall provide advice and recommendations to the Secretary concerning:**
  - A. Programs of HHS directed at reducing infant mortality and improving the health status of pregnancy women and infants.
  - B. Strategies to coordinate federal programs and activities with state, local, and private programs that address factors that affect infant mortality.
  - C. Implementation of the Healthy Start program and HP 2020 infant mortality objectives.
  - D. Strategies to reduce preterm birth rate through research, programs, and education.

# PREEMIE Act & CDC

- **Conduct epidemiological studies on the clinical biological, social, environmental, genetic, and behavioral factors related to prematurity;**
- **Conduct activities to improve national data to facilitate tracking the burden of preterm birth; and**
- **Continue efforts to prevent preterm birth, including late preterm birth, through identification of opportunities for prevention and assessment of impact of such efforts.**

# PREEMIE Act and HRSA

- **Telemedicine & high risk pregnancies**
- **Public and health care provider education** (42 USC 280g-5)
  - Core risk factors for preterm labor & delivery
  - Medically indicated deliveries before full term
  - Preconception and prenatal care including:
    - Smoking cessation, weight maintenance and good nutrition including folic acid, screening for and treatment of infections, and stress management
  - *“Programs to increase the availability, awareness, and use of pregnancy and post-term information services that provide evidence-based, clinical information through counselors, community outreach efforts, electronic or telephonic communication, or other appropriate means regarding causes associated with prematurity, birth defects, or health risks to a post term infant.”*

# PRETERM BIRTH PLAN



**Factors Associated with Preterm Birth**

**Social, Personal, and Economic Characteristics**

- ✓ Low or high maternal age.
- ✓ Black race.
- ✓ Low maternal income or socioeconomic status.

**Medical and Pregnancy Conditions**

- ✓ Infection.
- ✓ Prior preterm birth.
- ✓ Carrying more than 1 baby (twins, triplets, or more.)
- ✓ High blood pressure during pregnancy.

**Behavioral**

- ✓ Tobacco and alcohol use.
- ✓ Substance abuse.
- ✓ Late prenatal care.
- ✓ Stress.

For more information visit:  
[www.cdc.gov/reproductivehealth/maternalinfanthealth/PretermBirth.htm](http://www.cdc.gov/reproductivehealth/maternalinfanthealth/PretermBirth.htm)



**Direction to SACIM for Plan  
The PREEMIE Reauthorization Act (P.L.  
113-55) directs SACIM to produce**

*“a plan for conducting and supporting  
research, education, and programs on  
preterm birth through the Department of  
Health and Human Services.”*

# Specifics for plan

**The PREEMIE Act further states that such plan should:**

*“(A) examine research and educational activities that receive Federal funding in order to enable the plan to provide informed recommendations to reduce preterm birth and address racial and ethnic disparities in preterm birth rates;*

*(B) identify research gaps and opportunities to implement evidence-based strategies to reduce preterm birth rates among the programs and activities of the Department of Health and Human Services regarding preterm birth, including opportunities to minimize duplication; and*

*(C) reflect input from a broad range of scientists, patients, and advocacy groups, as appropriate.”*





# Plan development in partnership with federal agencies and private organizations

# SACIM Process

- **Review of recommendations from:**
  - Surgeon General's Conference on Preterm Birth (2008)
  - Institute of Medicine, *Preterm Birth* (2006)
  - Professional literature.
- **Request for input from federal agencies** (in writing and at SACIM meeting)
- **Request for input from private organizations and individuals** (patients, advocates, providers, etc.)
- **Prepare and submit report to Secretary**

# Federal Liaison Agencies

- **Department of Health and Human Services**

- Administration for Children and Families (ACF)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Maternal and Child Health Bureau, Health Resources and Services Administration (MCHB-HRSA)
- National Institute of Child Health and Human Development, National Institute of Health (NICHD-NIH)
- Office of Minority Health (OMH)

- **Department of Agriculture**

- **Department of Education**

- **Department of Housing and Urban Development**

- **Department of Labor**

# Questions to Agencies

1. What are the **primary activities** your agency/unit has undertaken related to preterm birth prevention? Please include activities currently underway or completed within the past three years.
2. What **additional activities or projects** are planned for the coming years? Are these activities part of formal plans or budgets?
3. What are the **major gaps** your agency/unit has identified related to preterm birth prevention? Please describe approaches through which the federal government, particularly your agency/unit, can use to help fill these gaps.

# Private Sector Input

- **Request to March of Dimes and receipt of written input**
- **Request for comments from ASTHO & AMCHP**
- **How best to pursue other input?**
  - Professional organizations
  - Consumers, families, and their advocates

# SACIM Strategic Directions

- 1. Improve the health of women before, during and after pregnancy.**
- 2. Ensure access to a continuum of safe and high-quality, patient-centered care.**
- 3. Redeploy key evidence-based, highly effective preventive interventions to a new generation.**
- 4. Increase health equity and reduce disparities by targeting social determinants of health through investments in high-risk communities and initiatives to address poverty.**
- 5. Invest in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes.**
- 6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration.**