



# POSITION STATEMENT

## Prevention of Preterm Labor and Preterm Birth

The American College of Nurse-Midwives (ACNM) affirms the following:

- Spontaneous labor and birth at term provides substantial benefits to the mother, newborn, and society. Preterm birth places the infant at risk of initial and long term consequences of prematurity.
- Every woman deserves access to comprehensive, holistic, evidence-based, prenatal care that includes ongoing screening for preterm labor symptoms, timely interventions that may prevent preterm birth, and strategies and treatments that may improve outcomes for preterm infants.
- All providers of maternity care services should offer comprehensive education regarding prevention of prematurity, including symptom recognition, detection, and treatment strategies.
- Evidence-based strategies that can reduce the risk of prematurity should be disseminated and used in all settings that provide maternity care services. For example, the CenteringPregnancy model is an approach to the provision of prenatal care that can reduce the risk of preterm birth.
- Application of evidence-based clinical approaches to effectively screen women at potential risk for preterm birth should be accessible and available to every woman, including strategies to assess cervical length in order to implement timely prevention strategies.
- Progesterone therapy is evidence-based, cost effective, affordable, and reduces the rate of preterm birth. This therapy should be accessible for selected women at risk for preterm delivery.
- Consistent with the ACNM position statement on induction of labor,<sup>1</sup> in order to prevent iatrogenic prematurity, induction should be limited to evidence-based, medical indications and the use of elective inductions should be discouraged, and never offered prior to 39 weeks gestation.

Reduction in rates of preterm birth reduces suffering and costs related to health care, education, and social services. To identify effective strategies to reduce preterm birth and realize these savings, comprehensive research is needed to explore the risk factors and treatment of preterm labor and the components of midwifery care that are associated with lower preterm birth rates.

### **Background**

Preterm birth, defined as birth that occurs between 20 and 37 weeks of pregnancy, is a leading cause of neonatal morbidity and mortality in the United States.<sup>2</sup> Preterm labor is defined as regular contractions that result in cervical change prior to 37 weeks gestation.<sup>3</sup> In 2012, the preterm birth rate in the United States was 12.3%.<sup>4</sup>

Prematurity accounts for more than 70% of neonatal deaths and is responsible for nearly half of all long term neurologic disabilities in the United States.<sup>5</sup> Despite advances in research and technology that improve outcomes, a newborn that is born preterm is still vulnerable to long term complications that persist over the course of a lifetime.<sup>6</sup> The cost associated with prematurity is at least \$26.2 billion per year.<sup>7</sup> In an analysis for the March of Dimes, Thomson Reuters found that the care of preterm infants and their mothers cost 4 times more than birth without complications.<sup>8</sup>

Midwives provide care to women from a wide range of socioeconomic backgrounds, and caring for vulnerable women remains a major focus for many midwifery practices. Prenatal care and education programs designed to support women, such as CenteringPregnancy, are associated with decreased rates of preterm labor and birth and are consistent with the midwifery model of care. This evidence-based approach to the provision of prenatal care services should be expanded into all maternity care settings so more women may benefit from this approach to reducing prematurity risk.

It is known that the risk factors for prematurity are numerous and varied, encompassing preexisting conditions, conditions associated with pregnancy, psychosocial stressors, and demographic factors. Psychosocial and behavioral factors may have a mediating effect on biomedical determinants and may significantly contribute to the disparities that have been noted in vulnerable populations.<sup>6</sup> The interaction of genomic, social, and biological risk factors and the impact on prematurity is not well understood and requires continued evaluation.<sup>5</sup>

Despite all that is understood about risk factors, they are not highly predictive.<sup>9</sup> All women, regardless of pre-existing risk factors, should receive information and education regarding prevention of prematurity and information regarding the symptoms of preterm labor. Evidence-based methods of identifying women at risk for premature labor, including ongoing risk assessment at each visit, screening women with preterm labor contractions using fetal fibronectin (fFN) testing, and screening using cervical length measurement techniques should be accessible in all practice settings.<sup>3,10,11,12</sup> These clinical strategies should be provided in conjunction with comprehensive education that includes prevention information, risk based assessment and symptom detection information, and resources aimed at reducing the risk of premature birth.

The use of 17 hydroxy-progesterone has been documented to be effective in decreasing the rate of recurrent preterm birth.<sup>13</sup> In addition, several studies have demonstrated that the use of vaginal progesterone gel in varying concentrations has been effective in decreasing preterm birth rates in women with shortened cervical length.<sup>14,15</sup> Currently, considerable, ongoing discussion is focused on Food and Drug administration approval of progesterone gel for prevention of preterm birth in women with a shortened cervical length.

## REFERENCES

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