Improving Pregnancy Outcomes: The North Carolina 17P Project

Sarah Verbiest, MSW, MPH

UNC Center for Maternal and Infant Health

APHA November 7, 2007

Session 5181.0

Acknowledgements

- Joe Holliday, MD, MPH – North Carolina Division of Public Health, Women's Health Branch

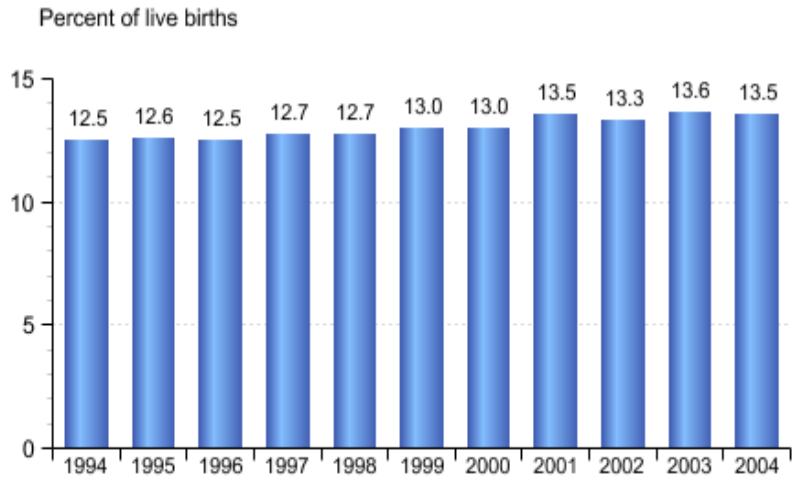
- Kathryn Menard, MD, MPH – University of North Carolina School of Medicine, Dept of OB/GYN

The Problem: Premature Birth

- 1:8 infants in the US is born preterm.
- 1:5 African American infants is born preterm.
- The most significant known risk factor is a history of preterm birth. A woman with previous PTB is 21% to 45.1% more likely to have a preterm infant than other women.

The Problem: Premature Birth

- Costs > $26 billion dollars each year.
- Increased 27% since 1982 and continues to grow.
- Causes over **70%** of perinatal morbidity and mortality.



A Solution: 17P

- 17P stands for 17 alpha hydroxyprogesterone caproate
- Synthetic form of progesterone
- 17P can **reduce a woman's risk of recurring preterm birth by 33%**
- Women who use 17P are more likely to carry the pregnancy at least one week longer than women who did not

Protocol for 17P Use

- ✓ History of a previous singleton spontaneous preterm birth (20^0 to 36^6 weeks)
- ✓ Current singleton pregnancy
- ✓ Initiate treatment between 16^0 - 21^6 weeks gestation
- ✓ Receive 17P injections **weekly** until 36^6 weeks gestation or she delivers

Women who delivered multiple infants preterm and/or who are pregnant with multiples are not eligible for treatment

The 17P Project

- Launched in September 2007
- Created through the advocacy of maternal fetal medicine specialists statewide
- Funded by the NC General Assembly through the work of the Governor's Child Fatality Task Force
- Reflects the desire on the part of policy makers, health care providers, payers, communities and families to prevent preterm birth in North Carolina

Project Goal

All women in North Carolina who meet the clinical criteria for 17P will have access to this medication to reduce their risk of a recurring preterm birth.

Objectives

- Facilitate distribution of 17P to eligible, low-income pregnant women
- Educate providers about 17P
- Sustain access to 17P
- Inform high-risk women about 17P
- Evaluate the barriers / facilitators to 17P use

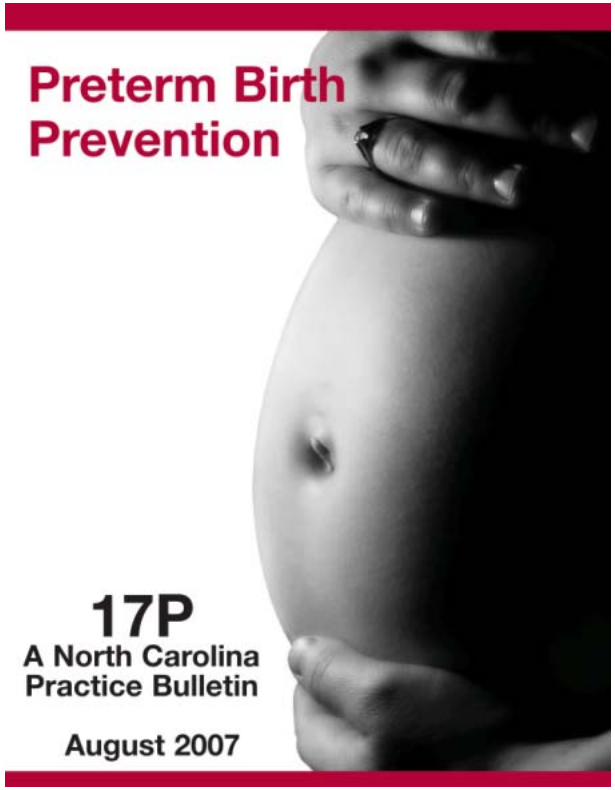
Communication

Website provides multiple services. It creates a way to order 17P, post new research, raise emerging issues and share ideas for implementation.

The site provides 17P education to women, providers and payers in North Carolina and beyond.

Educational Materials

- Practice bulletin and brochure for health care providers
- Patient facts sheets in English and Spanish
- Promo items to remind providers about the website
- A video that includes mothers who talk about their experience with early birth and 17P



Achievements to Date

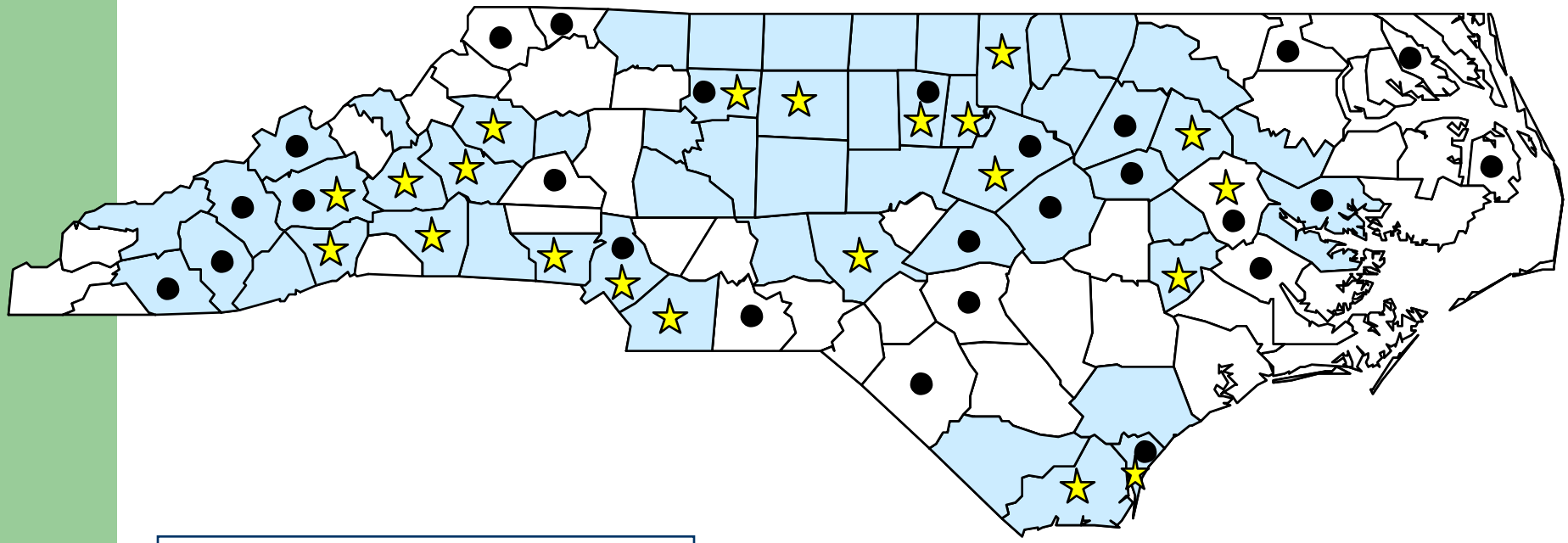
Steps toward sustaining access to medication. NC Medicaid covers 17P as of April 2007. The NC General Assembly funded coverage for low income uninsured mothers for a second year

Created easy access to ordering 17P

Reached women across half of the state (50 counties) in 9 months

Have significantly **increased attention** to and **interest** in 17P

Outreach (January - June 2007)



Key

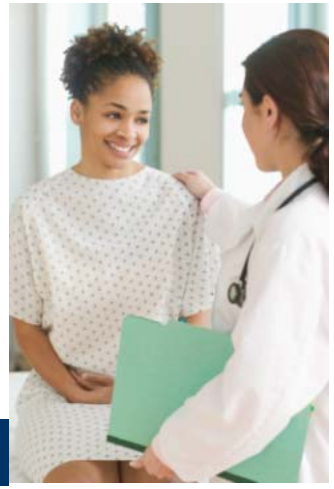
★ = Physicians who prescribed 17P

□ = Women who have received 17P

● = Videoconference Sites

February-June 2007

Lessons Learned



It takes time and effort to reach health care providers with information about new clinical interventions.

Working with respected, clinical leaders statewide confers credibility and can speed up the translation of research into every day practice.

Agreeing on a clinical protocol first is essential. Sticking to it is equally important.

Website as communication central works well.

Lessons Learned

Nurses in provider offices MUST be fully engaged in the process and feel comfortable with the intervention. They ask very concrete questions.

Do not under-estimate the volume of billing and technical questions. A point person is needed as well as a link to experts in financial administration.

Leadership from the Division of Public Health is essential.

Work with a trusted, engaged pharmacy.

Challenges

- 17P is one piece of the puzzle. Remind women about the signs and symptoms of PTL and other related health messages
- Medicaid rules are not in line with the way providers and patients need to use 17P
- Potential high cost of Gestiva when approved
- Designing office protocol for a variety of clinics

Opportunities

- Opens the door for interconception counseling for mothers of preterm infants
- Could prevent over 350 early births each year in North Carolina
- Provides the chance to prove that the translation of research to practice doesn't have to take 15 years!

Current Projects

Ongoing outreach to health care providers statewide

Partnerships are being formed with **local infant mortality prevention coalitions** to increase awareness about 17P among mothers, provide outreach to providers, and support mothers receiving 17P.

Targeted evaluations with mothers who received 17P and in regions of the state that have not accessed free 17P for uninsured women.

Research studies are underway to look at a) why women decline 17P and b) the differences between providers who prescribe 17P and those who do not.

Advisory Council Members

- Dr. Carol Coulson, Dr. Hythem Imseis, Melinda Ramage: Mission Memorial St. Joseph's Hospital
- Dr. Lydia Wright: Wilmington Maternal-Fetal Medicine
- Dr. Paul Meis, Melissa Swain: Wake Forest Baptist Medical Center
- Dr. Edward Newton, Mildred Carraway: East Carolina University Brody School of Medicine
- Dr. Amy Murtha: Duke University Medical Center
- Dr. Kate Menard,Karen Dorman, Cathy Howes, Merry-K Moos: University of North Carolina Chapel Hill, Dept of OB/GYN
- Dr. Joe Holliday, Sheila Cromer, Belinda Pettiford, Alvina Long Valentine: Division of Public Health, Women's Health Branch
- Dr. William Lawrence, Dr. Patti Forest: Division of Medical Assistance
- Dr. Julie DeClerque: Cecil G Sheps Center for Health Services Research
- Marcia Roth: UNC School of Public Health, MCH Department
- Dennis Rodriguez: Center for Maternal and Infant Health

Questions?

- Contact Sarah Verbiest, MSW, MPH
- 919-843-7865
- sarahv@med.unc.edu
- www.mombaby.org