

Research Support Needed to Investigate Preterm Birth

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An Institute of Medicine report calls for increased research into the causes, prevention, and outcomes of preterm birth, recognizing that preterm birth has increased by 30% since 1981.

In 2004, 12.5% of US live births were preterm (born before 37 weeks of gestation) compared with 9.4% in 1981, according to *Preterm Birth: Causes, Consequences, and Prevention*, released earlier this year. ACOG was a cosponsor of the report.

Preterm birth is a “complex cluster of problems with a set of overlapping factors of influence,” rather than one specific disease or condition, the report explains. Causes are unknown, there are no tests to accurately predict it, and “treatment” simply focuses on delaying delivery as long as possible. Causes may include individual behavioral and psychosocial factors, neighborhood characteristics, environmental exposures, medical conditions, infertility treatments, biological factors, and genetics.

“ACOG is pleased to be a part of efforts to address this complicated issue,” said Gary D.V. Hankins, MD, chair of ACOG’s Committee on Obstetrics Practice. “In particular, the College strongly supports the IOM recommendation for an increase in federal funding for research into the causes and prevention of preterm birth”.

Report recommendations

Some of the recommendations are:

- Establishing federal and private integrated multidisciplinary research centers to focus on understanding the causes and outcomes of preterm birth.
- Promoting the collection of improved prenatal data
- Encouraging the use of ultrasound early in pregnancy to establish gestational age
- Improving methods for identification and treatment of women at increased risk of preterm labor

Infertility treatment

The report recommends the creation of guidelines to reduce the number of multiple gestations and calls for research into the causes and consequences of preterm births that occur because of fertility treatments. Among infants conceived using fertility treatments, 65% of twins and 97% of triplets and other high-order multiples are born preterm, according to the IOM report.

The IOM report states that “particular attention should be paid to the transfer of a single embryo and to the restricted use of superovulation drugs and other nonassisted reproductive technologies for infertility treatments.”

ACOG supports 2004 guidelines by the American Society for Reproductive Medicine that outline the number of embryos to be transferred based on the patient’s age and the prognosis of successful transfer.

Late preterm births

One of the key lessons learned in developing the report, according to the IOM, was that infants born near term—at 32 to 36 weeks of gestation—are at increased risk for adverse

health and developmental outcomes that should not be ignored. These infants represent the greatest number of infants born preterm, the report said.

Racial and ethnic disparities

The report calls for research on prevention of preterm births among certain populations. The preterm birth rate is highest among black women, at 17.8%, and is 11.9% for Hispanic women, 11.5% for white women, and 10.5% for Asian women.

Socioeconomic differences and maternal behaviors cannot fully account for these disparities, according to the IOM.

“ACOG has been addressing the prevention of preterm birth for many years as one of the top obstetric challenges,” Dr. Hankins said. “ACOG’s Committee on Obstetric Practice is reviewing the IOM report and evaluating the recommendations.”

Info

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