Healthy North Carolina 2020

EVIDENCE BASED STRATEGIES

FOCUS AREA	Maternal & Infant Health
OBJECTIVE	2. Reduce the infant mortality rate and prematurity rates

EBS PROGRAM DESCRIPTION	Provision of 17P injections (hydroxyprogesterone caproate) for preterm birth prevention.

EBS LEVEL *CDC Ranking*	B (Best/Proven)
REFERENCE/CITATION *Data Supporting Level/Ranking*	Meis PJ. 17 hydroxyprogesterone for the prevention of preterm delivery. *Obstet Gynecol* 2005;105:1128-35. Meis PJ et al. Prevention of recurrent preterm delivery by 17 alpha-hydroxyprogesterone caproate. *N Eng J Med* 2003;348:2379-85. Da Fonseca EB, et al. Prophylactic administration of progesterone by vaginal suppository to reduce the incidence of spontaneous preterm birth in women at increased risk: A randomized placebo-controlled double-blind study. *Am J Obstet Gynecol* 2003;188:419-24. Preventing Preterm Birth: The Role of 17α-Hydroxyprogesterone Caproate. Albany, N.Y: American College of Obstetricians and Gynecologists; Jan. 2009. District II. Available at: mail.ny.acog.org/website/17PResourceGuide.pdf. Accessed 11/09/2011.

PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	Pregnant women carrying singleton pregnancies with histories of preterm labor/preterm deliveries
Intervention Setting	Multiple settings i.e. Antepartum clinics, hospitals, and during nurse home visits.
Key Measures	Increase percent of health care providers who provide 17P to eligible pregnant women**.** Increase percent of eligible pregnant women who receive 17P. Decrease preterm births among women with prior preterm birth who are eligible for 17P.
Cost	This program is low cost as existing health department staff is utilized to administer 17P injections. Injections for pregnant women with Medicaid can be billed to Medicaid and injections for uninsured women can be acquired through UNC Center for Maternal and Infant Health at no cost.
Time to Implement	Organization: Average program set-up for one clinic would be approximately one month. Length of program can be up to 10 weeks since the pregnant woman will receive weekly injections starting between 16 to 21.6 weeks until 36 or 37 weeks gestation. Average amount of injections given per patient is 18 to 20. About 30 minutes of nursing time is required for administering 17P injection. This involves patient education and administration of medication. Patient/Client: Average total appointment/waiting time for patient/client can be approximately one hour. This includes checking in, waiting, being screened, receiving the injection and post counseling plus f/u appointment. It does not involve transportation to and from the site. Time is much shorter when the injection is administered via a home visit.

Difficulty to Implement *Resource Intensity*	Low level.
ROI *if known*	Administration of 17P injections can reduce the rate of a repeat preterm delivery by 30% resulting in health care costs related to infant morbidity.

PROGRAM CONTACT INFORMATION	
Organization	UNC Center for Maternal and Infant Health
Contact Person	Sarah Verbiest
Email / Telephone	sarahv@med.unc.edu / 919 843-7865
Web Site	www.mombaby.org/index.php?c=2&s=58&p=333

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	Maria Valentin-Welch, 919 707-5689, maria.valentin-welch@dhhs.nc.gov Brenda Dunn, Laura Pless, Pat Horton, Dara Dockery, Betty Cox
Funding – Yes/No Specific group? Other limitations?	Yes. Funding is limited to local health departments.
Funding Contact	Tonya Daniel, tonya.daniel@dhhs.nc.gov, 919-707-5680. Phyllis Johnson, Phyllis.johnson@dhhs.nc.gov , 919 707-5715.

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES
Maria Valentin-Welch and 5 Regional Nurse Consultants provide support to all 100 local health departments regarding 17P. MCH block grant is used to provide 17P for uninsured pregnant women, on-line training for providers, educational brochures for providers and patients, maintenance of 17P website, and technical assistance. Actual costs of 17P vials from compounding pharmacy are as follows: 10 ml vial: $110, 5 ml vial: $70, 1 ml vial: $18. The cost for 17P injections is covered by Medicaid for Pregnant Women and is being administered by Pregnancy Medical Homes.