UnitedHealthcare
Strategies to Prevent Prematurity

Tina D. Groat, MD, MBA
National Medical Director
Women’s Health Line of Service

April 2010
Elective Deliveries Less Than 39 weeks

• There is a “continued pronounced shift towards shorter gestational ages” suggesting “more medical management of labor and delivery via techniques such as induction of labor and cesarean delivery.”¹

• Compared with delivery at 39 weeks, elective repeat C-section at 37 weeks is associated with 2.1 times the increased risk of neonatal morbidity and delivery at 38 weeks was associated with 1.5 times the increased risk of neonatal morbidity.²

• “…50% of the admissions to the neonatal intensive care units in both groups [private and public] resulted from violations in American College of Obstetricians and Gynecologists criteria [for the timing of scheduled C-section delivery]³

---

Strategies to Prevent Prematurity

UnitedHealthcare Data

Women’s Health Scientific Advisory Board

Clinical Professionals

Goal: Facilitate adoption of evidence based medicine guidelines on elective deliveries prior to 39 weeks; reduce variation in clinical care

Members

Goal: Ensure understanding of the benefits of full term delivery

Communications (Physician Portal, myuhc.com, etc.)

UnitedHealthcare Analytics

Goal:

Facilitate adoption of evidence based medicine guidelines on elective deliveries prior to 39 weeks; reduce variation in clinical care

Goal:

Ensure understanding of the benefits of full term delivery
Clinical Professionals
  – Facility Datasharing
    • UnitedHealthcare launched a facility data sharing program in the July 2009 to
      address variation in clinical care; analysis of UnitedHealthcare data has shown
      that there is variability in Neonatal Intensive Care Unit (NICU) admission rates
      in hospitals across the country.
    • The Obstetric (OB) Performance Report provides information on maternal and
      newborn outcomes from UnitedHealthcare’s claims data. This report is being
      shared with selected hospital facilities in order to engage in a collaborative and
      constructive discussion about the data along with evidence-based medicine
      guidelines around elective deliveries prior to 39 weeks gestation.
    • The impact of this program on NICU admissions will be measured in 2011.

Members
  – Care Management Programs
    • Reproductive Resource Services, Healthy Pregnancy Program
  – Consumer Research and Education

National Dialogue
  – Local and national PR
“Women’s Perceptions Regarding the Safety of Births at Various Gestational Ages”

- Dr. Robert Goldenberg, Ob/Gyn expert on preterm birth, used data from UnitedHealthcare national consumer research initiative
- Published in December 2009 Obstetrics & Gynecology

Key Findings
- 24% of women surveyed considered a baby of 34-36 weeks of gestation to be full term
- In response to, “What is the earliest point in pregnancy that it is safe to deliver the baby, should there be no other medical complications requiring early delivery?” 51.7% choose 34-36 weeks of gestation, and 40.7% choose 37-38 weeks of gestation, while only 7.6% choose 39-40 weeks of gestation

Women’s Perceptions Regarding the Safety of Births at Various Gestational Ages
Robert L. Goldenberg, md, Elizabeth A. McClure, um, Arvind Bhattacheria, um, Thad D. Green, md, sm, and Pamela J. Sheih

OBJECTIVES: To estimate women’s understanding of the definition of full term and the gestational age at which it is safe to deliver an otherwise healthy pregnancy.

METHODS: A national sample of 2,352 insured women who recently gave birth were surveyed about their beliefs related to the meaning of full term and the safety of delivering a woman's own pregnancy at different gestational ages. Demographic and clinical characteristics were included in the regression model to calculate the demographics variables and seven regression analyses were also performed.

RESULTS: Twenty-three percent of women surveyed considered a baby of 34-36 weeks of gestation to be full term, and 36.4% believed that it is safe to deliver a baby at 36-38 weeks of gestation. In response to “In the earliest point in pregnancy that it is safe to deliver the baby, should there be no other medical complications requiring early delivery?”, 51.7% choose 34-36 weeks of gestation, 40.7% choose 37-38 weeks of gestation, and only 7.6% choose 39-40 weeks of gestation.

CONCLUSION: The American College of Obstetricians and Gynecologists recommends that elective deliveries not occur before 39 weeks of gestation. However, many women believe that full term is reached between 34-36 weeks of gestation, and most believe delivery occurs before 38 weeks of gestation. Nearly half believe it is safe to deliver before 37 weeks of gestation, and almost half believe it is safe to deliver before 35 weeks of gestation. This data suggests a need for more education for both women and their physicians about the appropriateness of preterm deliveries.

It is now clear that the rate and absolute number of late preterm births (34-36 weeks of gestation) and early term births (37-38 weeks of gestation) are increasing. It is also clear that, compared with premature births at 35-36 weeks of gestation, the gestational age at birth decreases the risks of an adverse outcome. Both occurring at late preterm and early term ages, compared with those occurring 7 weeks later, are more likely to occur in women who have had a previous pregnancy and who have had a previous Cesarean delivery. As such, it is necessary to improve understanding among obstetricians and other health care providers about the risks and benefits of delivering at late preterm and early term ages.

Women’s Perceptions Regarding the Safety of Births at Various Gestational Ages

Robert L. Goldenberg, md, Elizabeth A. McClure, um, Arvind Bhattacheria, um, Thad D. Green, md, sm, and Pamela J. Sheih

Copyright© American College of Obstetricians and Gynecologists

VOL. 174, NO. 4, DECEMBER 2009

OBSTETRICS & GYNECOLOGY
Care Management Programs

- **Reproductive Resource Services (RRS) and ParentSteps®** reduce infertility treatment costs and decreases downstream NICU costs of multiple gestations through contractual medical and pharmaceutical savings, clinical case management, and an Infertility Centers of Excellence network.

- **Healthy Pregnancy Program (HPP)** helps reduce incidence and severity of preterm births through enrollment into high risk pregnancy case management.

- **Neonatal Resource Services (NRS)** helps reduce and control NICU costs with an innovative solution that combines intense case management with a NICU Centers of Excellence program.

- **Congenital Heart Disease Resource Services (CHD)** helps reduce costs associated with complex cases through case management and a CHD Centers of Excellence program.
Consumer Engagement and Education

Journey through Pregnancy book introduces members to the Healthy Pregnancy program and provides comprehensive information and guidance throughout the pregnancy.

Healthy-Pregnancy.com provides interactive education and support throughout the pregnancy and after.

Products and discount partnerships added to program to further support and create value for our moms.

Individualized patient counseling provides opportunity to reinforce healthy behaviors and evidence-based decision making.
Questions and Summary