

# Media Release



## Initiative to reduce WA's preterm birth rate

12 November 2014

The Women and Infants Research Foundation (WIRF), in collaboration with the Women and Newborn Health Service (WNHS), The Department of Health Western Australia (DOH) and The University of Western Australia (UWA), will launch a public health initiative on 17<sup>th</sup> November in an effort to reduce the rate of premature births in the State by **15%** over the next two years. The day will coincide with World Prematurity Day.



The *Western Australian Preterm Birth Prevention (PTBP) Initiative* will include the release of new evidence-based clinical guidelines for WA medical practitioners on interventions to prevent preterm birth. The guidelines will be recommended for application into all WA clinical practices involved in obstetric care and include;

- o Prescription of natural vaginal progesterone in certain women with a past history of preterm birth
- o Routine measurement of the length of the cervix at the standard mid-pregnancy ultrasound examination and prescription of natural progesterone if the cervix is shortened
- o Not delivering babies until 38 weeks gestation or later unless there are medical or obstetric reasons necessitating an early birth;
- o Cessation of smoking or exposure to cigarette smoke for pregnant women;
- o Use of fertility treatments with appropriate caution; and
- o Pre-conception care and planning a pregnancy.

Other health optimising strategies will also be encouraged such as the normalising of body weight, avoidance of alcohol consumption and recreational substance abuse, the taking of supplementary folate daily for at least three months before conception, the stabilisation of autoimmune conditions and the control of blood glucose levels or blood pressure in women with diabetes or hypertension respectively.

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The *PTBP Initiative* will also include the opening of a pilot specialist Preterm Birth Prevention Clinic based at King Edward Memorial Hospital for Women (KEMH). The Clinic will be a specialist referral centre for women classified by their regular healthcare practitioner as having an increased risk of delivering prematurely.

A health promotion campaign and outreach program aimed at raising awareness amongst the general public and those most at risk of having a preterm birth will also be launched in the coming year as a part of the *Initiative*.

The *PTBP Initiative* has received endorsement from Australian Medical Association President Dr Michael Gannon who is a member of the *Initiative* Steering Committee along with other leading members of the WA medical, obstetric and midwifery communities.

Chair of the *PTBP Initiative* Steering Committee and WIRF's Executive Director, Professor John Newnham, said, "Preterm birth is the single largest cause of death and disability in children up to five years of age in the developed world. Until recently, preterm birth has been considered to be an unfortunate but inevitable consequence of many human pregnancies, but times have changed. Several decades of research have now left us with the knowledge and skill base that if applied appropriately will safely reduce the rate of preterm birth".

"Our aim is to harness the entire Western Australian obstetric and midwifery workforce, together with the **34,000** women who give birth each year in our state, to reduce the rate of this major complication of pregnancy. Safely reducing the number of babies born preterm will improve the lives of countless future Western Australians and their families", said Professor Newnham.

Further information about the Initiative is available at:

**THEWHOLENINEMONTHS.com.au**

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*Preterm birth is defined as birth before 37, and after 20, completed weeks of pregnancy. In Western Australia, the rate of preterm birth is 8-9 percent, and is almost double in Aboriginal Australians. While many children born preterm can expect to live a normal and productive life, very early preterm birth is associated with death, respiratory disease, cerebral hemorrhage, bowel necrosis and prolonged stay in intensive care. In childhood, risks include chronic lung disease, deafness, blindness, learning difficulties and behavioral problems. In adulthood, there may be additional risks of metabolic syndrome, diabetes and heart disease.*

**Media contact:** Tina Williams, 0416 095561, [tina@wirf.com.au](mailto:tina@wirf.com.au)

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