PREPARING FOR A FUTURE

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Background

Working and living in an area with a high population of underserved community members in such areas as preventive care, chronic disease management and support services; I particularly took notice of the minimal prenatal care and educational services that were offered to women within their community.

The goal of the initiative is to determine if approaches to improve prenatal education and identify resources available to pregnant women can reduce the rate of preterm births, improve the health outcomes of pregnant women and newborns and decrease the health disparities among a high-risk population. For all of these reasons, research and education to prevent preterm birth and reduce its related morbidity and mortality is a top priority.

Objectives

Identifying the numerous indicators put into practice to track possibilities of creating a higher risk of pre-term labor and the complications associated with it are key.

• Existing health condition and complications
• Race and ethnic background
• Age: If younger than 18 or over 35 – and first pregnancy
• Lifestyle factors: smoking, alcohol or drug use
• Condition of pregnancy: Each pregnancy has its own set of risk factors and risk factors change with age
• Environment: Size and makeup of household
• Education: Lack of knowledge on warning signs and where to seek help. Also, often the disadvantage of the sufficient education in order to receive education on pregnancy related issues

Methods

To date, there is no treatment that consistently prevents preterm birth once preterm labor occurs. There are programs that can be expanded to reach all pregnant women to support them throughout their pregnancy and ultimately have a better chance to reach a full term pregnancy. This will then diminish their chances of life altering complications. Programs should start from the pre-conception phase and continue through the post-partum period.

Maternal child health programs are designed to promote safe pregnancy and baby wellness by providing family-centered, culturally appropriate health and wellness programs to pregnant women and mothers.

Such programs can include:

• Comprehensive family planning and related preventative health services
• Health education in the community by providing information in the home on key health issues affecting women
• Centering pregnancy programs
• The Strong Start for Mothers and Newborns initiative
• Breastfeeding services
• Behavioral health support for pregnant woman and mothers along with primary family on a diversity of issues to help individuals live the best life possible

Conclusion

Over the past two decades there has been a significant increase in our understanding of the multiple mechanisms that result in preterm birth. A pregnancy can be affected by several risk factors and at times very difficult to pinpoint the exact cause of the preterm birth. Therefore all factors should be targeted, evaluated and studied.

Nurses and prenatal providers must form a partnership to work in combination with resources available within the community so that they can dramatically reduce pre-term births if identified in time.

Also, the increase in research on reducing preterm births that aim toward the development and implementation of:

• Biological mechanisms that trigger preterm labor
• New methods to characterize, stratify and quantify risks
• Causes of racial disparity in preterm birth rates
• Role of maternal viral/bacterial infections in preterm birth
• Prevention strategies to use before conception
• Effective interventions during pregnancy
• How progesterone works to prevent preterm birth
• Optimal timing of medically indicated delivery

These steps will ultimately reduce the preterm births in a very near future.

References


•  Behavioral health support for pregnant woman and mothers along
•  Breastfeeding services
•  Centering pregnancy programs
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Preterm: United States, 2002-2012

Preterm birth report cards

With a grade of “C,” the United States has a long way to go in reducing our rate of prematurity birth. With 1 in 9 babies born too soon, our country’s rate is higher than that of most developed nations. Source: National Center for Health Statistics, 2012 preliminary data.

2013 Premature birth report cards
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