



# Effective Health Care Interventions to Prevent Preterm Labor Induction Nomination Summary Document

## Results of Topic Selection Process & Next Steps

- Interventions to prevent preterm labor induction is not feasible for a full systematic review due to the limited data available for a review at this time.

## Topic Description

**Nominator:** Organization

**Nomination Summary:** The nominator is interested in interventions to reduce the rates of elective induction of labor and elective cesarean section that are contributing to the rise of iatrogenic prematurity.

**Population(s):** Obstetricians, midwives, and family practitioners providing birthing services

**Intervention(s):** Quality improvement (e.g., hospital- and system-based policies, clinician or nursing education, electronic medical alerts, scheduling procedures), guideline implementation to reduce the frequency of preterm labor inductions

**Comparator(s):** Usual practice, comparison between different quality improvement strategies

**Outcome(s):** Reduced rates of elective preterm labor induction, harms associated with preterm birth (neonatal health outcomes, especially morbidity related to respiratory, CNS, and growth complications; length of NICU and hospital stay)

**Key Questions from Nominator:** 1. What is the comparative effectiveness of interventions to prevent iatrogenic preterm birth?

## Considerations

- The topic meets Effective Health Care (EHC) Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- For close to 30 years, the American College of Obstetricians and Gynecologists has guided its members to totally avoid elective deliveries prior to 39 weeks to avoid iatrogenic prematurity. Accumulating data clearly demonstrates higher neonatal risks with elective delivery prior to 39 weeks.

- Prevention of late preterm births and early term births that are not medically indicated through adherence to the ACOG recommendations has been the focus of numerous local and national quality improvement initiatives. For example, the March of Dimes offers a National Quality Improvement initiative titled Elimination of Non Medically Indicated Elective Delivery: Quality Improvement Toolkit.
- Limited literature exists that addresses the effects of policy implementation on the reduction of labor induction rates; it appears that a review on this topic is not feasible at this time. The issue of guideline implementation is likely best addressed by local quality improvement initiatives. Additional work on the translation and implementation of quality improvement initiatives is most appropriate at this time.