

# Maternal and Child Health: A Business Imperative

## Updates At-A-Glance

Thank you for your interest in the National Business Group on Health's publication *Investing in Maternal and Child Health: An Employer's Toolkit*. We are pleased to announce that the Toolkit has been updated since its initial release in 2003. The Plan Benefit Model in Chapter 2 has not changed as it was determined that the actuarial analysis would not have yielded any significant changes during such a short time frame. The remaining sections of the Toolkit have been updated to ensure the most recent information and statistics are available. Additionally, this page lists some new and relevant updates in the world of maternal and child health.

As always, please do not hesitate to contact us at the Business Group should you have any questions at all, and thank you for your interest in the Toolkit!

### **Guidelines on Weight Gain During Pregnancy**

With the rise of obesity rates in the U.S., obesity during pregnancy is now a common high-risk obstetrical condition affecting about one in five women who give birth. Obesity increases the risk of poor pregnancy outcomes by potentially causing serious pregnancy-related medical complications such as hypertension, infertility, preeclampsia, and increased likelihood of cesarean section.<sup>1</sup>

The Institute of Medicine issued a report in 2009 that updated the guidelines on women's weight during pregnancy. Overall, women weigh more than they did two decades ago and also gain more weight during pregnancy, so the guidelines now focus on the burden this presents to the mother and baby.

The new guidelines are based on revised body mass index categories and now include a recommendation for obese women. To meet the recommendations, women need to gain weight within the ranges for their BMI category.

Guidelines based on a woman's BMI before becoming pregnant with one **baby**:

- Underweight: Gain 28-40 pounds
- Normal weight: Gain 25-35 pounds
- Overweight: Gain 15-25 pounds
- Obese: Gain 11-20 pounds

More information on Institute of Medicine's 2009 report: *Weight Gain During Pregnancy: Reexamining the Guidelines, Report Brief*, can be found at [www.iom.edu](http://www.iom.edu).

### **Vaginal Birth After Cesarean (VBAC): New Insights**

On March 8-10, 2010, a National Institutes of Health (NIH) Panel was held to reexamine repeat cesarean deliveries based on the premise that “for most of the 20th century, once a woman had undergone a cesarean delivery, clinicians believed that her future pregnancies required cesarean delivery.”

The panel, supported by a literature review from the Agency for Healthcare Research and Quality, determined that a trial of labor (essentially allowing the woman to attempt to deliver her baby vaginally) is a “reasonable option for many women with a previous cesarean delivery, and it is successful in nearly 75% of cases.” Panel results indicate:

“Women in whom VBAC may be considered are those with 1 prior cesarean section, a single low transverse incision, singleton gestation, and no medical or obstetrical complicating conditions. Data to support the safety of VBAC in women not meeting these criteria are lacking. Age itself does not preclude VBAC, but the rates of large babies, hypertension, diabetes, and dysfunctional labor are higher in older women.”

Complete panel summary can be found at:

[http://consensus.nih.gov/2010/images/vbac/vbac\\_statement.pdf](http://consensus.nih.gov/2010/images/vbac/vbac_statement.pdf)

### **Guidelines on Pap Test**

In November 2009, the American College of Obstetricians and Gynecologists (ACOG) released revised recommendations on cervical cancer screening. The new guidelines state:

- Routine Paps should start at age 21. Previously, ACOG had urged a first Pap either within three years of first sexual intercourse or at age 21.
- Women 30 and older should wait three years between Paps once they've had three consecutive clear tests. Other national guidelines have long recommended the three-year interval; ACOG had previously backed a two- to three-year wait.
- Women with HIV, other immune-weakening conditions or previous cervical abnormalities may need more frequent screening.

Complete information can be found at: [www.acog.org](http://www.acog.org) and in the December issue of *Obstetrics & Gynecology* (Practice Bulletin #109 “Cervical Cytology Screening”).

## **USPSTF Breast Cancer Screening Guideline Update**

The United States Preventive Services Task Force (USPSTF) published new guidelines on screening for breast cancer on November 17, 2009, updating the 2002 recommendations. The task force now recommends **against** routine mammography screening for women before age 50. This decision was based on a systematic review of evidence concluding that potential harms outweigh benefits for women without specific risks, such as a known underlying genetic mutation or history of chest radiation. The decision to begin screening prior to age 50 should be made on an individual basis based on patient risks and preferences.

The new USPSTF recommendations are well within the range of expert opinion and come after years of ongoing review of the evidence on the relative benefits and harms at different ages as well as frequency of testing. It is well understood that these are guidelines, and as such, benefits and harms vary by individual based on a number of factors including personal health history, family history, and race and ethnicity.

For more information in these changes in recommendations:

Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement, U.S. Preventive Services Task Force, Agency for Healthcare Research and Quality, *Annals of Internal Medicine*, 2009;151:716-726.

For more on this from the National Business Group on Health please visit:

Moving Science Into Coverage: An Employer's Guide to Preventive Services at:

[http://www.businessgrouphealth.org/preventive/topics/breast\\_cancer\\_screening.cfm](http://www.businessgrouphealth.org/preventive/topics/breast_cancer_screening.cfm)

## **Text4baby Launches in 2010**

Text4baby, a free mobile information service that provides health tips timed to a woman's stage of pregnancy or an infant's age, was launched in February of 2010. The National Healthy Mothers, Healthy Babies Coalition program made this possible through a public-private partnership that includes mobile service providers; health professionals; and federal, state, and local agencies. The service enables pregnant women and new parents to receive health information delivered regularly to their mobile phones via text message at no charge. Messages are available in both English and Spanish and focus on topics such as immunization schedules, mental health, nutrition, oral health, safe sleep, seasonal flu prevention and treatment, and tobacco use. The program also connects participants to public clinics and support services for prenatal and infant care.

More information is available at <http://www.text4baby.org>.

## **Late Preterm Birth on the Rise**

Late-preterm birth babies are born between 34 and 36 weeks gestation.

In November 2009, the Agency for Health Care Research and Quality (AHRQ) published *Thinking About Inducing Your Labor: A Guide for Pregnant Women* and a companion guide for clinicians. The two publications summarized the current clinical evidence on elective induction of labor (defined as induction without medical indication), which continues to be on the rise and is linked with the increase in late preterm birth. While the evidence base on this issue is still being established, current research indicates cause for concern:

- Between 1990 and 2006, the U.S. preterm birth rate (birth at less than 37 full weeks of gestation) rose by more than 20%.<sup>2</sup> Most of this increase was among infants born during the “late preterm” period, 34 to 36 full weeks of pregnancy.<sup>3</sup>
- The percentage of late preterm births for which labor was induced more than doubled from 1990 to 2006, climbing from 7.5% to 17.3%.<sup>3</sup>
- It is becoming increasingly recognized that infants born late preterm are less healthy than infants born full term.<sup>3</sup>
- Late preterm babies are more likely than full-term babies to suffer complications at birth such as respiratory distress, to require intensive and prolonged hospitalization, to die within the first year of life, and to suffer brain injury that can result in long-term neurodevelopmental problems. They also incur higher medical costs.<sup>3</sup>

For more information, visit: [www.ahrq.gov](http://www.ahrq.gov) for *Thinking About Inducing Your Labor: A Guide for Pregnant Women and Elective Induction of Labor Safety and Harms: Clinician's Guide*.

Also available on the website is the National Business Group on Health's Health Tip: *Preterm Birth and Elective Inductions Prior to 37 Weeks*.

### Autism

Autism, which affects approximately 1% of all children in the United States, is more common than childhood cancer, juvenile diabetes, and pediatric AIDS combined. Furthermore, the number of autism diagnoses has increased dramatically in the last several decades (by as much as 556% between 1991 and 1997). The increased prevalence of autism affects employers through higher health care costs and utilization, as well as the loss of productivity among, and emotional strain on, care giving employees. The NBGH fact sheet *Autism: Facts for Employers* provides answers to employers' frequently asked questions about autism and includes information about epidemiology, treatment, and strategies employers can use to assist their employees who are caring for a child with autism. *Autism: Facts for Employers* is available at: [http://www.businessgrouphealth.org/pdfs/NBGH%20CFP%20Autism%20FS\\_Final.pdf](http://www.businessgrouphealth.org/pdfs/NBGH%20CFP%20Autism%20FS_Final.pdf).

### References

1. Association of Maternal and Child Health Programs. *The Power of Prevention for Mother's and Children: The Cost and Effectiveness of Maternal and Child Health Interventions*. Available at: <http://www.amchp.org/Pages/Welcome.aspx>.
2. Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2006. National vital statistics reports; vol 57 no 7. Hyattsville, MD: National Center for Health Statistics. 2008.
3. Martin JA, Kirmeyer S, Osterman M, Shepherd RA. Born a bit too early: Recent trends in late preterm births. NCHS data brief number 24. Hyattsville, MD: National Center for Health Statistics. 2009.