

# Preterm Birth

**Making a Difference**

## Program Planning and Implementation Guide

A Collaborative Project of

Best Start: Maternal, Newborn & Early Child Development Resource Centre

The Perinatal Partnership Program of Eastern and Southeastern Ontario

The Society of Obstetricians and Gynaecologists of Canada

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# Program Planning and Implementation Guide

## Overview

Preterm birth is an important perinatal health problem in Ontario. Comprehensive programs are needed to prevent preterm birth and decrease health problems associated with preterm birth.

Achieving these goals requires two strategies:

- Addressing risk factors and conditions that are associated with preterm birth; and
- Encouraging the early recognition and response to preterm labour in order to provide time to administer antenatal steroids and to ensure safe transfer to the appropriate level of care centre.

The *Program Planning and Implementation Guide* will take you through the step-by-step process of developing an effective community-wide initiative. It will help you plan comprehensive programs and implement community-based initiatives.

### Strategies for the early recognition and appropriate response to preterm labour

It is important to remember that preterm strategies are interconnected and support each other. In order for preterm initiatives to be effective, women need to recognize the signs and symptoms of preterm labour, and hospitals need to respond with immediate and effective care.

#### ***Women and their families***

An essential part of this strategy is to educate pregnant women and their partners as to ways of recognising and responding to the signs and symptoms of preterm labour by 22 weeks of pregnancy. Educating all pregnant women, (not just those considered to be at higher risk), is important because the majority of preterm birth occurs in the low risk population (Stewart & Nimrod, 1993). There are many opportunities to provide this education, such as the 18-22 week regular prenatal care visit, prenatal classes or community prenatal programs.

#### ***Health care providers***

The Society of Obstetricians and Gynaecologists (SOGC) recommends the inclusion of preterm birth education at the 18-22 week prenatal visit. They also recommend lifestyle counselling about healthy behaviours early in pregnancy for all women. The primary maternity care setting is a key education point because almost all women begin care with a physician, midwife or nurse practitioner before 14 weeks of pregnancy. As a result, most can be reached by 18-22 weeks of pregnancy.

Research evidence suggests that not all physicians discuss preterm labour with every pregnant woman (Davies et al., 1998). Changing health care provider behaviour is not an easy undertaking. Research studies (Jennett & Hogan, 1998) suggest that interventions for

physicians should:

- Use multiple approaches;
- Tailor suggestions to the stage of “readiness” of the provider;
- Assist the provider in preparing, implementing and maintaining services; and
- Include input from “expert” peers or research literature.

A successful program in Ottawa and Kingston used academic detailing (Thomson et al., 2001) in which physicians and midwives were visited by a trained nurse who provided information about the need to educate all women. The physicians were also provided with resource materials for distribution to patients. Letters, some media coverage, and presentations at key functions promoted the program.

### ***Hospitals***

Potentially, all hospitals can be involved in the early recognition and appropriate response to preterm labour. Hospitals without obstetrical services may be called upon to assess a woman in possible preterm labour and then refer her to another hospital for further assessment and management. The *Clinical Practice Guidelines* section in this manual outlines the best practices for the assessment, diagnosis, treatment and supportive care for women in preterm labour. The adoption of supportive policies and education of staff can enhance the effectiveness of the response within the hospital setting. Some hospitals provide antenatal clinics, another ideal opportunity to provide education to women and their partners.

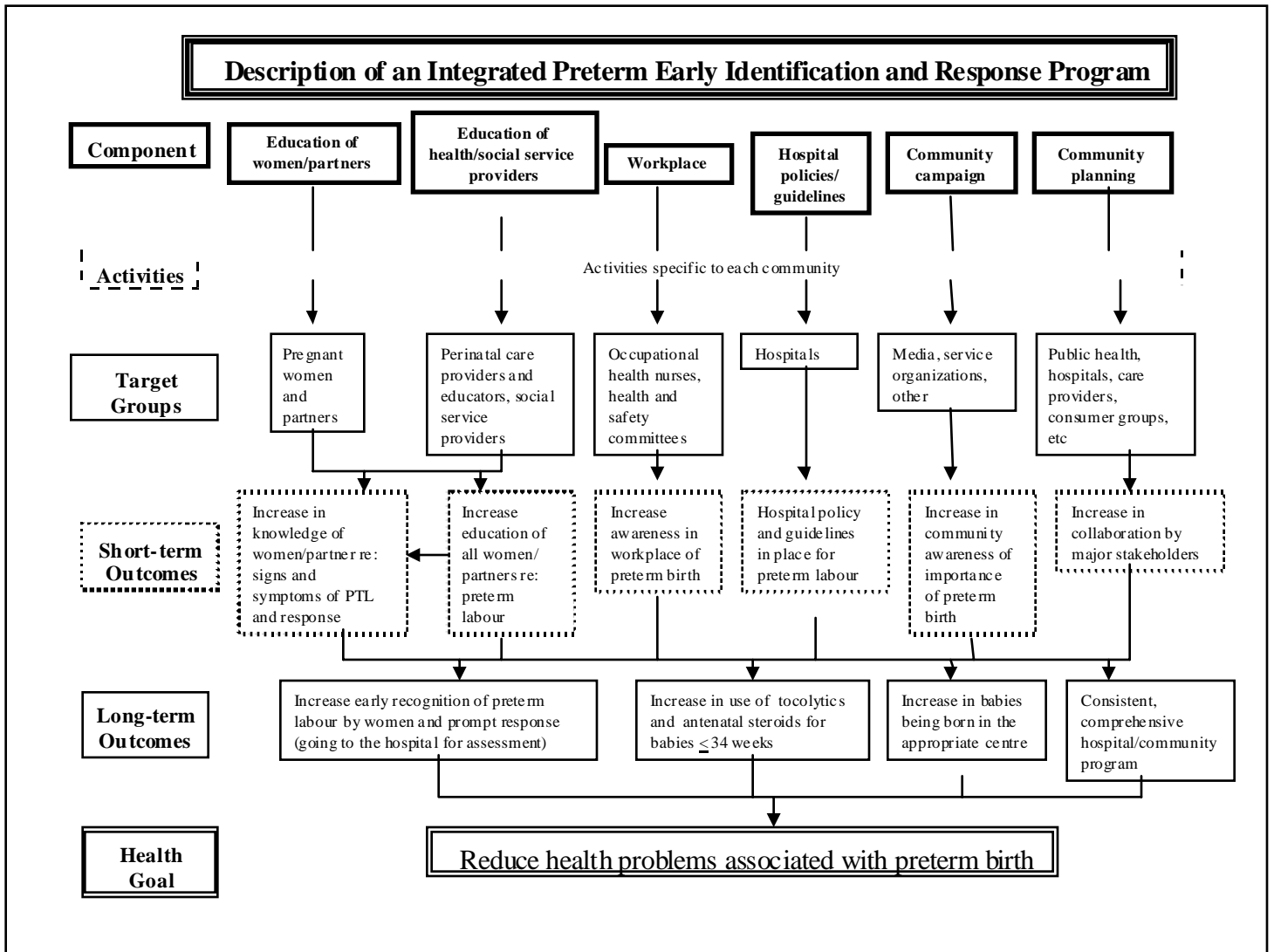
### ***Public health units/community organizations***

A high proportion of women who are pregnant for the first time attend prenatal classes. Information about preterm birth prevention and preterm labour can easily be included in the class curriculum. The challenge is to encourage women and their partners to attend early enough in pregnancy to get maximum benefit from the information.

Other community programs for pregnant women and their partners such as Healthy Babies/Healthy Children and the Canada Prenatal Nutrition Program present opportunities to reinforce the messages received from health care providers.

### ***Community awareness***

A general community awareness campaign can provide the backdrop within which a program occurs. While insufficient on its own, such a campaign can increase awareness of preterm birth as an important health issue. Many less costly approaches are available, such as posters, newspaper articles, talk shows, news coverage, public service announcements, and local cable television programs.



### **Workplace**

Over 90% of women who are pregnant for the first time and about 60-70% of all pregnant women work outside of the home. The workplace, therefore, is a potential place to educate women about preterm labour. Preterm information can be included in broader workplace initiatives that promote healthy policies, worker education and a supportive work environment. This broader health promotion approach should also address any workplace conditions and hazards that can present risks to reproductive health.

### **Program Description**

The following diagram outlines the basic elements of a comprehensive program for the early identification and response to preterm birth and the intended outcomes and health benefits. The appendices include examples of community preterm initiatives, a list of resources and sample evaluation tools.

# Purpose of the Program Planning and Implementation Guide

This guide takes you through five steps of planning, implementing and evaluating a preterm birth initiative to increase the early recognition and appropriate response to preterm labour.

In **Step 1**, you will **form a small group** who will guide the initiative. This small group will recruit additional members to **form the Preterm Action Group**, which will include the individuals and organizations that are required to plan and implement the project.

In **Step 2**, you will **find out what is happening** in your community and what needs to be done.

In **Step 3**, you will **choose priority areas for action** and **set objectives** based on your assessment of your community's needs, interests and resources.

In **Step 4**, you will **create a detailed plan** for the initiative - what needs to be done, by whom and with what resources.

In **Step 5**, you will **implement the plan** with attention to communication and ongoing sustainability of the project. You will **evaluate your progress** and **modify the activities** as needed.

## Key Success Factors

- Get the right people on board
- Be clear about what you intend to do
- Plan, plan, plan
- Know your community and work with its strengths and limitations
- Set realistic goals and timelines
- Build on success as you go

## Step 1 Form the Preterm Action Group

Improving the early detection and appropriate response to preterm birth is a complex undertaking that involves many health care providers, organizations and community groups. It needs the varied insights, energy and resources of a group that represents the community. Collaboration with a wide variety of stakeholders adds to the credibility of your project in the eyes of the community.

By the end of Step 1, you will:

- Form a small group to initiate the process; and
- Establish the Preterm Action Group to provide advice and endorsement and to implement your preterm birth initiative.

### Step 1A: Form a small group to initiate the process.

You need a small group of three to five committed people to guide your initiative. This small group

will recruit the individuals or organizations that will be essential to the project.

**Activities:**

- a) Identify possible individuals. Focus on key people or organizations who have a vested interest in preterm birth – such as an obstetrician, family physician, midwife, public health nurse or manager, prenatal educator, hospital manager, or parent of a preterm baby. Also consider people on existing community committees that promote healthy pregnancy, such as Healthy Babies/Healthy Children or the Canada Prenatal Nutrition Program.
- b) Prepare before approaching the key people. Use points from the *Preterm Birth FAQs* component that would most convince the specific participants of the value of their contribution.
- c) Use personal contact to help you recruit new partners.

**Step 1B: Establish the Preterm Action Group to provide advice and endorsement, and to implement the initiative**

A community group with broad representation can ensure that the project will meet community needs, build on existing strengths and opportunities, and avoid duplication of services. Right from the beginning, try to include at least one individual with expertise in program evaluation. Within this Preterm Action Group, smaller working groups may plan and implement the specific tasks of the project.

There are two ways to create and develop a Preterm Action Group:

- Become part of an existing group that represents those in the community with an interest in preterm birth. The existing group can either take on the initiative as the focus of its work or create a sub-group to carry out the project on its behalf.
- Create a new group.

The solution will be specific to your community. Each community has different services, needs and partnerships.

**Baseline Activities of the small working group:**

**a) Begin networking to identify possible collaborators.**

- Identify key stakeholders, such as hospitals (particularly emergency and obstetrical staff), physicians, midwives, nurse practitioners, public health units, parent groups, community health centres, community prenatal programs, prenatal program providers, homes for young single moms, infant development workers, service clubs. Approach these stakeholders regarding their interest in collaboration. Where possible, take advantage of existing meetings, such as medical rounds and management meetings.
- Identify all existing groups that promote health during pregnancy, such as Healthy Babies/Healthy Children, Canada Prenatal Nutrition Programs or a regional perinatal committee. Consider whether one of these may be the appropriate umbrella

organization for the project. Approach representatives of this group to explore the possibility of their collaboration.

**b) Hold a community event inviting all potential collaborators to generate enthusiasm and to enlist members for the Preterm Action Group.**

- The original group will likely be the driving force behind the event. If an existing coalition has consented to be the umbrella organization, then it will be directly involved in planning. Careful attention to all aspects of the event is essential to ensure a positive outcome.
- Identify an opinion leader as chairperson for the event. This person will also need strong facilitation skills.
- Send a letter of invitation from opinion leaders in your community to key stakeholders. Use the information in the *Preterm Birth FAQs* component of this manual.
- Start with an “expert” as guest speaker. Have the speaker articulate the problem and the range of possible solutions. Use the information in *Preterm Birth FAQs*.
- Invite a panel of representatives of public health, physicians, hospitals and consumers to respond to the speaker’s comments and deal with questions from the audience. The purpose of the panel is to create “buy-in” among the participants and begin discussion about the implications for their community.
- Involve participants in small group discussions to identify possible strategies for improving the early recognition and appropriate response to preterm labour.
- At the end of the event, ask for interest in participation on the Preterm Action Group and set a date for the first meeting. Keep a list of individuals interested in the Preterm Action Group activities. You may be able to enlist their help later in implementation.
- Prepare a Preterm Action Group membership list with all contact information. Arrange for ongoing communication with members.
- Consider when and how to involve the media.

**c) Form the Preterm Action Group.**

- Hold the first meeting of the Preterm Action Group. This meeting will have three purposes:
  - Allow the participants get to know each other;
  - Establish the group's terms of reference; and
  - Outline the draft workplan for Steps 2 to 5, including an overall timetable for each step. (See “Overview” section).
- Select a person (or persons) from within to chair (or co-chair) the group. The chair(s) should be well-respected and demonstrate the following:
  - Ability to recognize and affirm the participants;



- Ability to keep meetings on track;
  - Diplomacy; and
  - A positive, optimistic and encouraging manner.
- Identify the resources needed to support the basic administration of the Preterm Action Group, such as photocopying, administrative support, meeting space and snacks. Wherever possible, obtain “in-kind” donations from supportive organizations.
  - Group members should be supported as needed to ensure their full involvement in group discussions. For example:
    - All members need to have their input affirmed. Consumer involvement is essential and must be meaningful
    - Provide specific education on technical terms so that all members can feel more at ease and confident within the group
    - Avoid short forms and abbreviations
    - Provide childcare and transportation if needed
    - Arrange for teleconferencing if needed
    - Plan convenient times and places for meetings
    - Provide snacks
    - Schedule meetings well in advance
    - Ensure that meeting minutes are prompt and clear, with action items defined
    - Plan a consistent method of communication regarding changes in meetings and new initiatives so that everyone has equal awareness

### **Key Success Factors**

- Representation from major stakeholders - two or more organizations involved
- Support from your own organization
- Energy and determination
- Valuing the contribution of all involved
- Administrative support for the work of the Preterm Action Group
- Clear direction

## Step 2 Determine Needs and Capacities

The *Description of an Integrated Preterm Early Identification and Response Program* chart (found in the Overview section) provides a snapshot of what needs to be done to reduce health problems associated with preterm birth. Before starting the program, gather data about the present situation related to preterm birth in your community. This data will be used to plan your Preterm Birth Initiative and as a baseline to assess progress. In addition, the process of collecting the data will raise awareness of your initiative and encourage the co-operation of the partners.

For this task you may want to create a sub-group that includes both individuals with experience in data collection and representatives from the partner organizations and parents.

By the end of this step you will have identified:

- Present health outcomes related to preterm birth in your community;
- The characteristics of your community;
- Current policies, programs and services for preterm birth prevention; and
- The interest in, and possible resources for, a preterm birth initiative.

### Step 2A: Identify present health outcomes related to preterm birth in your community.

It is helpful to have a baseline by which to compare progress over time. In this step you can collect information on the current status of the outcomes listed in the *Description of an Integrated Preterm Early Identification and Response Program* (found in the Overview section). This chart provides a sample of information that you may want to gather, to help you plan and track your progress.

#### **Instructions:**

For items in the “Need to Know” column in Table 2A, identify and check sources of data that are available to you. Consider which partner will have access to the data needed and the skill to collect it. Indicate this in the “Partner Responsible” column.

**Table 2A: Identify present health outcomes related to preterm birth in your community.**

Need to know	Possible Sources of Data	Partner Responsible
Rates of preterm birth for previous 5 years by maternal characteristics (age, parity, multiple birth, etc.)	<input type="checkbox"/> Public Health Unit (HELPS) <input type="checkbox"/> Perinatal Database <input type="checkbox"/> Other _____	
Rates of antenatal steroid use among babies less than 34 weeks gestation (if possible, obtain data for previous 5 years)	<input type="checkbox"/> Hospital chart review (See form in Appendices) <input type="checkbox"/> Perinatal Database <input type="checkbox"/> Other _____	
Proportion of preterm births in appropriate centres (See “Clinical Practice Guidelines” component of this manual)	<input type="checkbox"/> Hospital chart review (See form in Appendices) <input type="checkbox"/> Perinatal Database <input type="checkbox"/> Other _____	
Proportion of women with signs and symptoms of preterm labour who go to the hospital immediately	<input type="checkbox"/> Hospital chart review (See form in Appendices) <input type="checkbox"/> Post-partum survey of women (See questionnaire in Appendices) <input type="checkbox"/> Other _____	
Knowledge among pregnant women (and partners if possible) about preterm birth	<input type="checkbox"/> Focus groups <input type="checkbox"/> Prenatal class survey <input type="checkbox"/> Post-partum survey of women (Questionnaire in Appendices) <input type="checkbox"/> Other _____	
Knowledge among health care providers (for example, physicians, midwives, nurse practitioners) about preterm birth	<input type="checkbox"/> Focus groups <input type="checkbox"/> Survey of health care providers (Questionnaire in Appendices) <input type="checkbox"/> Other _____	
Proportion of women who are educated about preterm birth by 22 weeks of pregnancy	<input type="checkbox"/> Focus groups <input type="checkbox"/> Post-partum survey of women (Questionnaire in Appendices) <input type="checkbox"/> Other _____	

**Step 2B: Identify the characteristics of your community.**

Each community is unique. Collecting data on characteristics of your community will help you plan a Preterm Birth Initiative that suits the needs of your community.

**Instructions:**

For each item in the “Need to Know” column in Table 2B, identify the sources of data available to you. Consider which partner will have access to the data needed and the skill to collect it. Indicate this in the “Partner Responsible” column.

**Table 2B: Identify the characteristics of your community.**

Need to Know	Possible Sources of Data	Partner Responsible
Number of births overall Number and proportion of births by maternal characteristics (e.g., age, language, parity, literacy level, income level)	<input type="checkbox"/> Public Health Unit (HELPS) <input type="checkbox"/> Perinatal Database <input type="checkbox"/> Key informant interviews with community agencies or organizations that have contact with pregnant women <input type="checkbox"/> Other _____	
Geography - urban/suburban/rural, transportation modes, usual patterns of movement (“hang-outs”, gathering places)	<input type="checkbox"/> Key informant interviews <input type="checkbox"/> Focus groups <input type="checkbox"/> Public Health Unit <input type="checkbox"/> Town/city planner <input type="checkbox"/> Business community <input type="checkbox"/> Other _____	
Health services – number and type of health service providers, organizations, hospitals, patterns of access	<input type="checkbox"/> Hospital administration <input type="checkbox"/> Community organizations <input type="checkbox"/> Public Health Units <input type="checkbox"/> District Health Council <input type="checkbox"/> Key informant interviews <input type="checkbox"/> Focus groups <input type="checkbox"/> Other _____	
Key communications people and channels of communication, such as community newspapers, radio, TV, community cable TV, existing groups (newsletters, meetings), websites, community bulletin boards	<input type="checkbox"/> Communications staff <input type="checkbox"/> Key informant interviews <input type="checkbox"/> Other _____	

**Step 2C: Identify current policies, programs and services for preterm birth prevention.**

Knowledge of existing policies, programs and services for preterm birth prevention will help you plan your Preterm Birth Initiative. It can help you identify strengths, opportunities, challenges and gaps. It can also help you avoid duplication and ensure that all potential partners are included.

**Instructions:**

For each item in the “Need to Know” column in Table 2C, identify the sources of data available to you. Consider which partner will have access to the data needed and the skill to collect it. Indicate this in the “Partner Responsible” column.

**Table 2C: Identify current policies, programs and services for preterm birth.**

Need to Know	Possible Sources of Data	Partner Responsible
How and where women receive antenatal care and education	<input type="checkbox"/> Key informant interviews with community agencies or organizations that have contact with pregnant women <input type="checkbox"/> Prenatal class survey <input type="checkbox"/> Post-partum survey of women <input type="checkbox"/> Focus groups <input type="checkbox"/> Other _____	
Content of education provided to women about preterm birth	<input type="checkbox"/> Key informant interviews with community agencies or organizations that have contact with pregnant women <input type="checkbox"/> Post-partum survey of women (See questionnaire in Appendices) <input type="checkbox"/> Survey of health care providers (See questionnaire in Appendices) <input type="checkbox"/> Focus groups <input type="checkbox"/> Other _____	
Policies and guidelines of local hospital(s)	<input type="checkbox"/> Key informant interviews with hospital obstetrical and emergency departments <input type="checkbox"/> Other _____	
Workplace programs and policies	<input type="checkbox"/> Key informant interviews with management, small businesses, etc. <input type="checkbox"/> Other _____	
Collaboration among players, such as prenatal educator liaison group, health unit/hospital perinatal committee, occupational health nurse groups, physician organizations	<input type="checkbox"/> Key informant interviews <input type="checkbox"/> Other _____	

**Step 2D: Identify the interest in and possible resources for a preterm birth initiative.**

It is helpful if many people and organizations are involved in the implementation of the preterm birth initiative, either by donating services or funding. It is important at this early stage to identify potential interest in, and possible resources for, the initiative.

**Instructions:**

For each item in the “Need to Know” column in Table 2D, identify the possible contributions available to the project. Consider which partner will have access to the information and the skill to collect it. Indicate this in the “Partner Responsible” column.

**Table 2D: Identify the interest in and possible resources for a preterm birth initiative.**

<b>Need to Know</b>	<b>Possible Sources of Information</b>	<b>Partner Responsible</b>
Willingness of partners to: <ul style="list-style-type: none"><li>• Commit resources (“in-kind” or financial) to the implementation of your project</li><li>• Develop and pilot test components of the project</li><li>• Consider change in their policies, programs or services</li></ul>	<input type="checkbox"/> Key informant interviews <input type="checkbox"/> Other	

**Key Success Factors**

- Involvement of people with data collection skills and experience
- Involvement of people who know the community
- Avoiding “paralysis by analysis” - doing what is needed but not getting bogged down in detail

## Step 3 Choose Priority Areas for Action

The goal of the Preterm Birth Initiative is to reduce health problems associated with preterm birth. Research has identified that the use of antenatal steroids, and ensuring that preterm babies are born in a centre that is able to provide the appropriate level of care, are essential to achieving this goal.

Both of these strategies require that pregnant women arrive at the hospital early in preterm labour. It is critical, therefore, that pregnant women recognize the early signs and symptoms of preterm labour and go immediately to the hospital. Once there, the diagnosis of preterm labour can be made and appropriate therapy initiated, along with transfer to another hospital if needed.

In Step 3 you will use data that you collected in Step 2 to identify what needs to be done to *REACH* the women in your community so that they will *REACT* appropriately and ensure that health care providers *RESPOND* using best practices. For an outline of the REACH, REACT, RESPOND program, see the *Clinical Practice Guidelines* section of this manual. You will also set specific objectives for your program.

By the end of this step you will have:

- Identified how you will *REACH* women and partners in your community so they will *REACT* appropriately;
- Identified how you are going to communicate with health care providers so that they can *RESPOND* using best practices;
- Identified how you are going to involve the community and workplace to create a supportive environment; and
- Set up your evaluation.

Think about long-term sustainability as you make your way through this section. Elements of the program that will be ongoing need to fit within the existing community and organizational infrastructure. For example, if a new antenatal clinic is the preferred method to reach women, then an ongoing source of funding will be required.

### Step 3A: Identify how you will REACH women and partners in your community.

It is important that service providers in the community educate women and partners about preterm labour. This education ensures that women will know the signs and symptoms of preterm labour and know how to respond appropriately. These are the short-term outcomes of the program.

#### Instructions:

- Complete Table 3A. Use the data collected in Step 2 to complete the “Where We Are Now” column. (See the completed example.)
- Complete the “Where We Would Like to Be” column. These are the objectives for your program. Be realistic as you set your objectives, recognizing where you are now and

the resources that you have for investment in the program. Go for “slow and steady” rather than “fast and furious”. As you achieve your initial objectives, new ones can be set.

- Use the data collected in Step 2 to identify possible program strategies to reach your objectives.

**Table 3A: Identify how you will reach women and partners in your community.**

Program Short-term Outcome	Where We Are Now (Data from Step 2)	Where We Would Like to Be & By When (Objectives)	Program Strategies to REACH Women (Choose one or more)
<b>Women and their partners</b>			
All pregnant women and partners know the signs and symptoms of preterm labour prior to 22 weeks and know how to react appropriately.			<ul style="list-style-type: none"> <li><input type="checkbox"/> Physicians and midwives educate at the 18-22 week prenatal visit</li> <li><input type="checkbox"/> Prenatal class instructors educate prior to 22 weeks</li> <li><input type="checkbox"/> Hospital antenatal clinic educates women prior to 22 weeks</li> <li><input type="checkbox"/> Education through community groups for pregnant women, such as Canada Prenatal Nutrition Program (CPNP)</li> <li><input type="checkbox"/> Community campaign</li> <li><input type="checkbox"/> Workplace campaign</li> <li><input type="checkbox"/> Other</li> </ul>



**Table 3A: Identify how you will reach women and partners in your community, (filled-out example of chart)**

Program Short-term Outcome	Where We Are Now (Data from Step 2)	Where We Would Like to Be & By When (Objectives)	Program Strategies to REACH Women (Choose one or more)
<b>Women and partners</b>			
Pregnant women and partners know the signs and symptoms of preterm labour prior to 22 weeks and know how to react appropriately .	50% of pregnant women and partners know three or more signs of preterm labour.  50% of women know to go to hospital immediately when in preterm labour.	In 12 months, 80% of pregnant women and partners know three or more signs of preterm labour.  In 12 months, 80% of women know to go to hospital immediately when in preterm labour.	<input type="checkbox"/> Physicians and midwives educate at the 18-22 week prenatal visit <input type="checkbox"/> Prenatal class instructors educate prior to 22 weeks <input type="checkbox"/> Hospital antenatal clinic educates women prior to 22 weeks <input type="checkbox"/> Education through community groups for pregnant women, such as Canada Prenatal Nutrition Program (CPNP) <input type="checkbox"/> Community campaign <input type="checkbox"/> Workplace campaign <input type="checkbox"/> Other

**Step 3B: Identify how you are going to communicate with health care providers.**

In Step 3A you identified strategies to reach the women and partners in your Preterm Birth Initiative. In this step you will identify strategies for communicating with health care providers so that they can educate women and partners. You will also select strategies to encourage the development and use of hospital policies and guidelines that support the early recognition of and appropriate response to preterm labour.

**Instructions:**

- Complete Table 3B. Use the data collected in Step 2 to complete the “Where We Are Now” column.
- Complete the “Where We Would Like to Be & By When” column.
- Using the data collected in Step 2, identify possible program strategies.

**Table 3B: Identify how you are going to communicate with health care providers.**

<b>Program Short-term Outcome</b>	<b>Where We Are Now</b> (Data from Step 2)	<b>Where We Would Like to Be &amp; By When</b> (Objectives)	<b>Program Strategies</b> (Choose one or more)
<p><b>Prenatal care providers</b></p> <p>Prenatal educators and prenatal support workers know the signs and symptoms of preterm labour and the appropriate response.</p> <p>Health care providers (physicians, nurses and midwives) know the guidelines for preterm labour assessment and treatment.</p> <p>Health care providers educate all women and their partners before 22 weeks of pregnancy.</p>			<ul style="list-style-type: none"> <li><input type="checkbox"/> Visit each physician, nurse and midwife providing prenatal care</li> <li><input type="checkbox"/> Calls to physicians, nurses and midwives providing prenatal care</li> <li><input type="checkbox"/> Training for prenatal educators and prenatal support workers</li> <li><input type="checkbox"/> Provide materials to support “patient” education, such as tear-off sheets, decals</li> <li><input type="checkbox"/> Provide materials to remind educators to cover preterm labour, such as chart flags</li> <li><input type="checkbox"/> Articles in health care provider newsletters</li> <li><input type="checkbox"/> Mail-outs</li> <li><input type="checkbox"/> “Lunch ‘n’ Learn” with physicians’ office staff members</li> <li><input type="checkbox"/> Special meeting with good food</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>Hospitals</b></p> <p>Obstetrical and emergency department personnel know the signs and symptoms of preterm labour and the appropriate response.</p> <p>Hospitals develop and use policies and guidelines that support the early recognition and appropriate response to preterm labour.</p>			<ul style="list-style-type: none"> <li><input type="checkbox"/> Individual and group presentations to hospital management and key health care providers (such as chiefs of family practice, paediatrics, obstetrics and emergency)</li> <li><input type="checkbox"/> Provide written guidelines and sample policies to hospital management</li> <li><input type="checkbox"/> Provide materials to remind hospital staffs, such as posters and chart flags</li> <li><input type="checkbox"/> Other</li> </ul>

**Table 3B: Identify how to communicate with health care providers; (filled-in example)**

<b>Program Short-term Outcome</b>	<b>Where We Are Now</b> (Data from Step 2)	<b>Where We Would Like to Be &amp; By When</b> (Objectives)	<b>Program Strategies</b> (Choose one or more)
<p><b>Prenatal care providers</b>                      Prenatal educators and prenatal support workers know the signs and symptoms of preterm labour and the appropriate response.                      Health care providers (physicians, nurses and midwives) know the guidelines for preterm labour assessment and treatment.                      Health care providers educate all women and their partners before 22 weeks of pregnancy.</p>	<p>76% of prenatal educators score at least 90% on knowledge questionnaire.                      70% of health care providers score at least 90% on knowledge questionnaire.                      40% of women and their partners are educated by health care providers before 22 weeks.</p>	<p>In 12 months, 95% of prenatal educators score at least 90% on knowledge questionnaire.                      In 12 months, 90% of health care providers score at least 90% on knowledge questionnaire.                      In 12 months, 60% of women and their partners are educated by health care providers before 22 weeks.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Visit each physician, nurse and midwife providing prenatal care</li> <li><input type="checkbox"/> Calls to physicians, nurses and midwives providing prenatal care</li> <li><input type="checkbox"/> Training for prenatal educators and prenatal support workers</li> <li><input type="checkbox"/> Articles in health care provider newsletters</li> <li><input type="checkbox"/> Mail-outs</li> <li><input type="checkbox"/> "Lunch 'n' Learn" with physicians' office staff members</li> <li><input type="checkbox"/> Special meeting with good food</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>Hospitals</b>                      Obstetrical and emergency department staff know the signs and symptoms of preterm labour and the appropriate response.                      Hospitals develop and use policies and guidelines that support the early recognition and appropriate response to preterm labour.</p>	<p>70% of staff score at least 90% on knowledge questionnaire.                      1 in 4 hospitals has a policy re: preterm labour.</p>	<p>In 9 months, 90% of staff score at least 90% on knowledge questionnaire.                      In 9 months, all 4 hospitals have a common policy re: preterm labour.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Individual and group presentations to hospital management and key health care providers (such as chiefs of family practice, paediatrics, obstetrics and emergency)</li> <li><input type="checkbox"/> Provide written guidelines and sample policies to hospital management</li> <li><input type="checkbox"/> Other</li> </ul>

### **Step 3C: Identify how you are going to involve the community and workplace.**

A workplace and community awareness campaign can educate pregnant women, partners and others with whom they have contact. Education can prepare others to provide support to women in identifying preterm labour and reacting appropriately. For example, in the workplace, if a woman starts describing what she is feeling, a knowledgeable co-worker could identify possible preterm labour and encourage her to go to the hospital. Ideally, this initiative would be part of a broader workplace program to promote healthy pregnancies that includes both education and policies.

With limited resources, this step may need to be deferred until a later date. The critical elements of the program are the education of all women/partners by health care providers and the adoption and use of the *Clinical Practice Guidelines* by both hospitals and health care providers. Therefore, it is important to start working on these two activities first.

#### **Instructions:**

- Complete Table 3C. Use the data collected in Step 2 to complete the “Where We Are Now” column.
- Complete the “Where We Would Like to Be & By When” column.
- Using the data collected in Step 2, identify possible program strategies.

**Table 3C: Identify how you are going to involve the community and workplace.**

<b>Program Short-term Outcome</b>	<b>Where We Are Now</b> (Data from Step 2)	<b>Where We Would Like to Be &amp; By When</b> (Objectives)	<b>Program Strategies</b> (Choose one or more)
<p><b>Workplace</b> Employers and employees are aware of signs and symptoms of preterm labour and the appropriate reaction.</p>			<ul style="list-style-type: none"> <li><input type="checkbox"/> Meetings with occupational health and safety reps/committees</li> <li><input type="checkbox"/> Meetings with unions</li> <li><input type="checkbox"/> Workplace newsletters</li> <li><input type="checkbox"/> Training for occupational health nurses</li> <li><input type="checkbox"/> Provide pamphlets, posters, static-cling decals in the workplace</li> <li><input type="checkbox"/> Worksite “Lunch ‘n’ Learn” sessions</li> <li><input type="checkbox"/> Workplace websites</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>Community</b> General awareness exists in the community of the importance of early identification of preterm labour.</p>			<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide pamphlets, posters, static-cling decals at community events, such as reproductive health fairs, Welcome Wagon</li> <li><input type="checkbox"/> Place posters in strategic community locations, such as drug stores, workplaces, day care centres, shopping centres, women’s locker rooms, and maternity stores</li> <li><input type="checkbox"/> Information on websites of health care providers and community partners</li> <li><input type="checkbox"/> Press releases and articles in community newspapers</li> <li><input type="checkbox"/> Other</li> </ul>

### Step 3D: Set up your evaluation

It is essential to develop an evaluation strategy as early as possible in your planning. Evaluation will help guide decisions as the initiative progresses.

Identify an individual or group with experience in evaluation to lead this part of the Preterm Birth Initiative. Make use of evaluators within partner organizations. A useful reference for this step is *Program Evaluation: A Toolkit for Public Health*, available at your local public health unit.

#### Instructions:

- Bring the objectives that you identified in the “Where We Would Like to Be” columns in Steps 3A to 3C into the “Objective” column of Table 3D.
- From this identify what you need to measure to know if you have made a difference (“Indicator of Success” column).
- Then identify the source of data and the person/organization who will be responsible for collecting the data. Refer to the data collection methods that you used in Step 2. This data will form the baseline for measuring success.

**Table 3D: Set up your evaluation**

Objective	Indicator of Success	Data Source	Responsibility
80% of pregnant women and partners know three or more signs of preterm labour.	Number of pregnant women who score 3 out of 7 on knowledge questionnaire about signs and symptoms	Post-partum survey of women	Hospital partner

### Key Success Factors

- Involve the stakeholders
- Consider all possibilities and select the most feasible
- Plan strategies that are realistic in terms of available resources

## Step 4 Design Your Plan of Action

In Step 3 you decided *what* you are going to do to improve the early recognition of and appropriate response to preterm labour in your Preterm Birth Initiative. Now you are going to decide *how* you are going to do it. Planning will ensure that everyone works together effectively making the best use of resources.

By the end of Step 4, you will have:

- Identified the specific activities that are required for each strategy, as well as those who will be responsible, the timeframe and necessary resources;
- Communicated your plan to others; and
- Developed an evaluation plan for activities.

### Step 4A: Plan Your Activities.

You will need to implement various activities for each of the strategies that you selected in Steps 3B and 3C. With so many partners involved, detailed planning will help you identify how the tasks can be shared among the partners. By clarifying the resources required ahead of time, you can solicit in-kind support or conduct the necessary fundraising. Ultimately, you will be able to ensure that you have what is needed to complete the activity within the timeline.

#### Instructions:

- Complete Table 4A for each strategy that you selected in Steps 3B and 3C.
- Identify the specific activity, responsibility, timeframe and resources needed, as in the example below.
- 

**Table 4A: Example of Filled-in Activity Planning Chart**

Strategy (from Steps 3B and 3C) *"Visit each physician and midwife providing prenatal care"*

Activity	Responsibility	Timeframe		Resources Needed
		Start	Completion	
Compile a list of prenatal educators, physicians, nurses and midwives providing prenatal care.	Public health unit (list already exists)		January 15	# of People/Hours: 1 person x 1 hr.

Activity	Responsibility	Timeframe		Resources Needed
		Start	Completion	
Assemble resource materials, including your teaching materials needed at the visit, and any materials that you intend to leave with the health care provider to use in education of women and partners.	Hospital partner Public health unit Family physician representative on the committee Community members of the committee	January 15	March 15	# of People/Hours: 2 persons x 5 hr. = 10 hr. Materials 3 teaching sets @ \$10 = \$30; Fact Sheets @ \$.05 for 100 physicians x 50 clients = \$250. Financial resources: \$280.00
Make appointments. Send an introductory letter from opinion leaders by email, fax or regular mail. Make phone call to book appointment.	Chief of Obstetrics and Medical Officer of Health Individuals who will conduct the visits Public Health Unit, plus clerical help	February 15	March 15	# of People/Hours: 100 physicians x 10 min. = 16 hr. (3 people) Postage: \$0.47 x 100 letters = \$47. Zerox; In-kind contribution. Long distance calls – In-kind contribution Financial resources: \$47.00
Conduct the visits. (If the appointment is over the lunch hour, bring food)	3 nurses: 2 from Public Health Unit and 1 from hospital partner	March 15	April 30	# of People/Hours: 100 physician-visits x 45 min. = 75 hr. (3 people @ 25 hr. per person) Materials Lunch/Nutritious snacks (Food store sponsor) Mileage & Parking – In-kind contribution Money; in-kind contributions
Follow-up phone call one month later.	3 nurses: 2 from Public Health Unit and 1 from hospital partner	April 15	May 31	# of People/Hours: 100 physicians x 10 min. = 16 hr. (3 people) Long distance calls – In-kind contributions



## Step 4B: Develop a Communication Plan.

Ongoing formal communication will generate and maintain the interest and enthusiasm of all stakeholders and keep them informed about the progress of the Preterm Birth Initiative. Good communication will also create a climate of support in the community that will encourage the success of the activities.

### Instructions

- Complete Table 4B. In the “Audience” column, list the specific individuals or organizations with whom you need to communicate.
- Select the medium that will be most effective for reaching the audience.

**Table 4B      Develop a Communication Plan (activity chart)**

The Audience	The Message	The Medium
Partner organizations: (List) • • • • • •	Project updates	<input type="checkbox"/> Minutes and agendas of meetings <input type="checkbox"/> Project newsletters <input type="checkbox"/> Articles in existing newsletters <input type="checkbox"/> Meetings with key people <input type="checkbox"/> Websites <input type="checkbox"/> Other _____
Other stakeholders (physicians, other professionals, interest groups, funding bodies) : (List) • • •	<i>Preterm Birth FAQs</i> Project updates	<input type="checkbox"/> Project newsletters <input type="checkbox"/> Articles in existing newsletters <input type="checkbox"/> Meetings with key people <input type="checkbox"/> Websites <input type="checkbox"/> Other _____
General community (List) • • •	<i>Preterm Birth FAQs</i> Project updates Individual stories re: preterm birth experiences	<input type="checkbox"/> Community newspapers <input type="checkbox"/> Media interviews (radio and television) <input type="checkbox"/> Other _____
Other: (List) • •		<input type="checkbox"/>

### Step 4C: Plan the Evaluation.

Work with your evaluator to plan an evaluation of the activities that you have decided to do in Step 4A (i.e. a process evaluation). This will allow you to see whether your Preterm Birth Initiative is on track, and provide you with information for planning changes and future initiatives.

#### Instructions:

- For each activity identify indicators of success.
- For each indicator, identify the source of data and who will be responsible for collecting the data, as in the following example.

### Step 4C: Plan the Evaluation (Sample of Filled-in Evaluation Activity Chart)

Activity	Indicator of Success	Data Source	Responsibility
Conduct the visits to health care providers	Number of health care providers visited	Logs of visiting nurses	Project Co-ordinator
Follow-up phone call one month later	Number of health care providers reached Number of health care providers who found the training useful Number of health care providers who have used the materials to educate women and partners.	Survey of physicians as part of follow-up phone call	3 nurses

### Key Success Factors

- Make planning a team effort
- Fill out the plan in detail to fully consider your resources and time
- Tailor the plan to your community

## Step 5 Implement the Plan

You have now assessed your community, identified the priority areas for action, and developed a comprehensive plan for your Preterm Birth Initiative. Now you are ready to put your plan into action.

By the end of this step you will have

- Obtained any necessary funding and resources for the activities;
- Implemented the activities;
- Collected data for the evaluation to help guide the initiative;
- Created a supportive environment for the community mobilization process; and
- Developed a method for sustaining of the initiative.

### Step 5A: Get the resources and funding in place.

- a) Finalize the budget for your program.
- b) Obtain support letters from partner agencies.
- c) Consider a wide variety of funding sources, including external grants, partners, business, service clubs, fundraising activities.
- d) Take your plan and budget to your identified potential funding sources.

### Step 5B: Put the plan into action.

- a) Once you have your funding and resources in place, do a final review of your plan.
- b) Make any necessary adjustments based on funding received.
- c) Ensure that all partners are ready to go.
- d) Launch the Preterm Birth Initiative with an innovative community event. Invite the media. Prepare press releases and articles for community newspapers.

### Step 5C: Collect the data for the evaluation.

- a) Identify one partner to co-ordinate the data collection and collate the data from the various sources for the evaluation.
- b) Prepare regular reports for the Preterm Action Group and funding sources.
- c) Modify the program as needed, based on the evaluation.

### Step 5D: Support the community mobilization process.

- a) Continue to meet regularly to review progress. Each partner can provide updates on its activities.
- b) Communicate regularly with all partners in accordance with the Communication Plan that you developed in Step 4B.

- c) Encourage, reward and celebrate your program's achievements. Use the evaluation findings on an ongoing basis to let people know the progress and to celebrate accomplishments. Even the smallest accomplishments are positive signs.
- d) Host social events to build team spirit and maintain commitment.

**Step 5E: Ensure sustainability of the initiative.**

In order to maintain change, it must be positively reinforced. Eventually, the new approach to the early recognition and appropriate response to preterm birth will become a norm. To ensure sustainability:

- a) Identify what needs to be done to maintain progress.
- b) Negotiate with partners for ongoing commitment for future activities. This also ensures extra funding for future activities.
- c) If the preterm action initiative is not part of an ongoing community coalition, perhaps you could approach a group with an ongoing related focus that would be willing to take it under its umbrella.

## Troubleshooting Tips

What if...	You could...
Resources within partner organizations are stretched too thin to take on anything else	<ol style="list-style-type: none"> <li>1. Hire contract workers to take on some activities</li> <li>2. Involve students doing a practicum in the workplace</li> <li>3. Simplify – plan to take on fewer tasks</li> <li>4. Plan the work sequentially</li> </ol>
There is conflict within the committee	<ol style="list-style-type: none"> <li>1. Focus on common goals and the contribution that each stakeholder can make</li> <li>2. Get an outside facilitator for a debriefing session, if necessary</li> <li>3. Allow time for discussion and consensus-building</li> <li>4. Talk privately with individual people who appear to have concerns</li> </ol>
You are having trouble getting stakeholders interested and getting the initiative off the ground	<ol style="list-style-type: none"> <li>1. Re-group and spend more time laying the groundwork for a common understanding of the importance of preterm birth</li> <li>2. Offer food at meetings</li> <li>3. Meet at a location and time that is convenient for physicians, such as at a hospital at lunchtime</li> <li>4. Defer until the time seems better</li> <li>5. Break down tasks into manageable components</li> </ol>
A key opinion leader (such as Chief of Obstetrics at the local hospital) is not supportive	<ol style="list-style-type: none"> <li>1. Meet with the individual and use the FAQs to explain the rationale behind and the need for the program</li> <li>2. Approach another opinion leader (such as the Chief of Paediatrics)</li> <li>3. Ask a visiting physician to be a keynote speaker on the topic</li> </ol>
Key stakeholders have to leave the coalition	<ol style="list-style-type: none"> <li>1. Talk to the stakeholder about a replacement before he/she leaves</li> <li>2. Re-group and see whether someone else can take on that individual's role</li> <li>3. Ensure that each task is understood by more than one person</li> <li>4. Document the process carefully</li> </ol>
There is lack of ownership and inconsistent attendance among members	<ol style="list-style-type: none"> <li>1. Emphasize accomplishments of the committee</li> <li>2. Give members opportunity to be responsible for tasks</li> </ol>

## **Key Success Factors**

- Be positive and supportive of each other
- Be persistent and adjust the program as needed
- Celebrate all accomplishments
- Try not to take things personally
- Have your sense of humour close at hand at all times

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## Appendix B: Examples of Community Initiatives

In February 2001, 29 Ontario health units participated in a telephone survey that asked about preterm birth initiatives. Most had addressed the issue of preterm birth prevention to some degree. However, only a few had managed to mobilize their communities to the extent that 1) consistent **reaching** out to women and partners by all health care providers (the educational component) had occurred and 2) consistent and guidelines-based **response** by hospital emergency and obstetrical staff (the guidelines component) had been accomplished. In most instances, evaluations had not been done or did not assess 3) the proportion of women in preterm labour who **reacted** by going to hospital immediately.

The experiences shared with the surveyors gave valuable insights into the challenges of community mobilization. Health units consistently reported that the support of those with an interest in the issue of preterm birth, particularly the doctors, was essential to the success of the initiative. It is helpful to carefully consider the best method for gaining this support. Best Start has valuable resources on building partnerships, including partnerships with physicians.

Several health units reported campaigns with varying degrees of success. Here are some highlights of four preterm birth campaigns:

**Ottawa Carleton Health Department (now City of Ottawa) and Waterloo Regional Community Health Department** both had thorough and successful community mobilization initiatives that resulted in the adoption of new clinical guidelines by the hospitals, and improved outcomes for babies. Both process and outcome evaluations were completed. Reports can be obtained from these health departments.

In Ottawa, a community coalition worked on increasing the awareness of preterm birth for approximately the past 10 years. Several of the founding members are still part of the coalition, with a few new partners on board. Along with Perinatal Partnership Program of Eastern and Southeastern Ontario (PPPEO) and other partners, the coalition developed preterm birth guidelines and resources to be used for teaching pregnant women and partners on how to REACT to the preterm labour signs and symptoms. Preterm birth initiatives included working with hospital staff, health care providers and prenatal educators to review guidelines encouraging women to come to hospital with any signs of preterm labour. They also worked with hospitals to develop policies. Their most recent project focused on raising low birth weight awareness in the workplace. This was done via a communications campaign, and by launching a poster and Website.

Their success is partly attributable to their pattern of tackling smaller achievable steps in an overall long-term goal. Decisions about the steps have been based on the availability of funding and resources. Another key success factor has been the supportive involvement and dedication of the Medical Officer of Health, and directors and managers of the various organizations.

**Waterloo** began its preterm birth work in 1998 using the partnership that already existed between Pre-Birth Services of both birthing hospitals and the Community Health Department (Health Unit). The existing committee expanded to address the preterm birth issue. Their goals included working

through health care providers to increase awareness of signs and symptoms of preterm birth and the appropriate response, in the maximum number of pregnant women. Another goal was to have consistent response policies in the 2 hospitals. They did not have external funding for their activities.

Networking and education were planned to involve key people who could help accomplish the goals. They carefully organized a big 'launch' to involve all health care providers and agencies that care for pregnant women. The launch took a lot of time and effort but they were satisfied that it was effective in getting the message out. Now that the initial goals have been achieved, Waterloo continues to distribute preterm labour resources to ultrasound clinics, health care providers and prenatal educators, and through quarterly prenatal health fairs.

**Northwestern Health Unit** worked with six different community coalitions within their health unit area. They reviewed policies of hospital emergency and obstetrical departments. In general, policies were not a problem. In this northern area where women in preterm labour have to be flown out, the physicians advise their patients in preterm labour to come to hospital early.

Education was the main focus of their campaign. Best Start resources were provided to health care providers for distribution. Health unit staff provided training sessions for the public health nurses responsible for teaching early prenatal classes. Other prenatal educators were also invited to the training sessions. Prenatal educators with the Best Start resources, including the video.

Health unit staff also conducted a communication campaign. The campaign was aimed at getting the public to support the message that woman in preterm labour need to go to hospital immediately. This campaign included press releases, information on the Web site and letters to all hospitals, physicians, prenatal educators and public health nurses working in the Healthy Babies, Healthy Children program.

Not surprisingly, success of the endeavour in each of the six communities in the Northwestern area seemed to vary with the commitment of key stakeholders to the coalition.

At the time of the telephone survey, Northwestern was evaluating the health care practitioner education and surveying postpartum women and prenatal couples at prenatal classes.

**The Toronto Public Health - Scarborough Office** facilitated the development of the *Growing Healthy Together Coalition* to promote and advocate for the health of childbearing women and their babies. One of their many initiatives focussed on the development of a preterm birth prevention program. The coalition developed a work plan, undertook a literature review, developed prenatal teaching plans, and drafted awareness materials. Unfortunately, as the result of various changes impacting on membership, resources and mandates, this particular initiative was not completed. Lessons learned included recognizing the need to have members and resources dedicated to the project throughout the duration of the initiative. Other health units also commented on the need to have a broad sharing of responsibility within the committee so that, in the event of loss of members, there is back-up strength and others can carry on.

## Resources Developed

Many different preterm resources are available. Health units often borrowed and adapted the resources developed by PPESO, other health units and Best Start. Looking at existing resources may give ideas, save time, and help you figure out what would work best for your community. Inquiries about the resources listed below should be addressed to the health unit involved.

The Best Start resources are available for a nominal fee (for more information, go to [www.beststart.org](http://www.beststart.org)). To keep current as new resources are developed across the province, you could join the new Maternal Newborn Network and receive their E-mail Bulletin (for more information, contact [beststart@beststart.org](mailto:beststart@beststart.org)).

Here are some of the resources that were used preterm birth prevention initiatives:

**Static-cling decals** - Best Start

**Fridge Magnets** – Simcoe County District Health Unit, Durham Health Unit

**Wallet cards with preterm labour information** - Algoma and Northwestern Health Units

**A resource binder for physicians** - Bruce-Grey Owen Sound Health Unit

**Duo-tang for physicians** - Northwestern Health Unit

**Posters** - Elgin-St. Thomas, Best Start, City of Ottawa

**Display** - Middlesex-London Health Unit, Elgin-St. Thomas Health Unit

**Booklet for Professionals** - Regional Niagara Public Health Department

**Pamphlet** - Perinatal Partnership Project of Eastern and Southeastern Ontario, Regional Niagara Public Health Department, Elgin-St. Thomas Health Unit, Eastern Ontario Health Unit (in French and English), Best Start, Simcoe County District Health Unit

**Tear-off sheets** - Porcupine Health Unit

**Video** - Best Start and Simcoe County District Health Unit

**Newspaper Articles** - Renfrew County Health Unit, Waterloo Regional Health Department, Regional Niagara Public Health Department

**Media Campaign** - Porcupine Health Unit (French and English announcements), Algoma Health Unit, Northwestern Health Unit

**Resources about working with physicians** – Best Start

**Package of campaign materials** –(Includes work plan, sample clinical manual policy, final report and all the materials used) - Regional Municipality of Waterloo

**Web sites** - Best Start [www.beststart.org](http://www.beststart.org) and PPESO [www.PPESO.on.ca](http://www.PPESO.on.ca)

## Appendix C: Preterm Resources

Organization	Resources Available
<p><b>Best Start: Maternal, Newborn and Early Child Development Resource Centre</b>                      1900 - 180 Dundas Street West                      Toronto, Ontario, M5G 1Z8                      Tel: 1-800-397-9567 or 1-416-408-2249                      Fax: 1-416-408-2122                      E-mail: <a href="mailto:beststart@beststart.org">beststart@beststart.org</a>  <a href="http://www.beststart.org">www.beststart.org</a></p>	<ul style="list-style-type: none"> <li>✓ Pamphlet</li> <li>✓ Video</li> <li>✓ Poster</li> <li>✓ Static Cling</li> <li>✓ Prevention of Low Birth Weight in Canada: Literature Review and Strategies</li> <li>✓ How to Build Partnerships with Physicians</li> </ul>
<p><b>Society of Obstetricians and Gynaecologists of Canada (SOGC)</b>                      780 Echo Drive, Ottawa, ON K1S 5R7                      Tel: 1-613-730-4192                      Fax: 1-613-730-4314  <a href="http://www.sogc.com">www.sogc.com</a></p>	<ul style="list-style-type: none"> <li>✓ Healthy Beginnings: Guidelines for Care During Pregnancy and Birth</li> </ul>
<p><b>Sidelines Canada Prenatal Support Network</b>                      31 Iona Street                      Ottawa, Ontario, K1Y 3L6                      Tel: 1-877-271-SIDE  <a href="http://www.sidelinescanada.org">www.sidelinescanada.org</a></p>	<ul style="list-style-type: none"> <li>✓ Support and information for individuals with difficult pregnancies</li> </ul>
<p><b>Motherisk</b>                      The Hospital for Sick Children                      Dept of Clinical Pharmacology                      555 University Avenue                      Toronto, Ontario, M5G 1X8                      Tel: 1-416-813-8084  <a href="http://www.motherisk.org">www.motherisk.org</a></p>	<ul style="list-style-type: none"> <li>✓ Information</li> </ul>
<p><b>March of Dimes</b>                      Education and Health Promotion Department                      1275 Mamaroneck Ave                      White Plains, New York, 10605                      Tel: 1-914-997-4456  <a href="http://www.noah-health.org">www.noah-health.org</a></p>	<ul style="list-style-type: none"> <li>✓ Information and a range of resources</li> </ul>

Organization	Resources Available
<p><b>Perinatal Partnership Program of Eastern and Southeastern Ontario (PPESO)</b>            401 Smyth Road            Ottawa, Ontario, K1H 8L1            Tel: 1-613-737-2660            Fax: 1-613-738-3633            Email: <a href="mailto:pppesoinfo@pppeso.on.ca">pppesoinfo@pppeso.on.ca</a>  <a href="http://www.pppeso.on.ca">www.pppeso.on.ca</a></p>	<ul style="list-style-type: none"> <li>✓ Preterm Labour – It Might Happen To You” brochure</li> </ul>
<p><b>Health Canada</b>  <a href="http://www.hc-sc.gc.ca">www.hc-sc.gc.ca</a></p>	<ul style="list-style-type: none"> <li>✓ Nutrition for a Healthy Pregnancy</li> <li>✓ A Handbook for Health and Social Service Professionals Responding to Abuse During Pregnancy</li> <li>✓ Family Centred Maternity and Newborn Care</li> </ul>