Preterm Birth
PREVENTION ALLIANCE

Consensus statement on maintaining access to FDA-approved treatment to prevent spontaneous recurrent preterm birth.

The preterm birth crisis in the United States

The state of maternal and infant health inequities in the U.S. is bleak. Year after year, the United States lags behind other high-income nations in maternal and infant health outcomes, with Black, Indigenous, and women of color and their babies faring worse than their white counterparts. In recent years the United States has seen a troubling rise in preterm birth rates,[i] defined as when a baby is born before 37 weeks of pregnancy have been completed. In 2020, the U.S. preterm birth rate increased for the fifth consecutive year, to 10.2 percent of births[ii], and preterm birth and its complications were the second-largest contributor to infant death across the country.[iii] Additionally, infants born preterm are at greater risk than infants born at term for a variety of intellectual and developmental complications.[iv]

Persistent racial and ethnic health inequities contribute to how preterm birth disproportionately affects women of color. Black women in the United States experience premature delivery at a rate 50 percent higher than all other women in the country.[v] Additionally, the United States has the 6th highest rate of preterm birth worldwide, with only India, China, Nigeria, Pakistan, and Indonesia faring worse. Too little research has been done to understand the causes behind these numbers. We are concerned that women of color and their newborns continue to be underrepresented in clinical studies about preterm birth and related conditions.[vi]

BACKGROUND ON 17P TRIALS THAT INFORMED FDA DECISIONS

Hydroxyprogesterone caproate—or "17P"—has been approved since 2011 and is the only FDA-approved class of treatments to help prevent spontaneous, recurrent preterm birth in the United States. However, in 2020, the FDA proposed withdrawing 17P in all its forms, including the branded product and its five generic versions, based on conflicting efficacy data from two studies composed of vastly different populations, one inclusive of women in the U.S. most vulnerable to preterm birth and one not. The FDA further stated that if 17P is withdrawn from the market, compounding it for the specific indication "to reduce the risk of recurrent preterm birth" would not be allowed.

The original approval trial demonstrated that 17P substantially reduced the rate of recurrent preterm delivery among women who were at particularly high risk for preterm birth. A majority of the participants in this trial were African American (59 percent) and other women of color in the United States.[vii] A subsequent confirmatory trial conducted primarily outside of the U.S. after 17P was FDA-approved included a predominantly white population. While this trial reaffirmed the safety of 17P, it did not confirm the same benefit for a very different population of women compared to those in the United States at the highest risk for preterm birth.[viii]

The removal of 17P would leave providers and their patients without FDA-approved treatment options to prevent a second, or subsequent, spontaneous preterm birth. Despite multiple formal requests to consider additional data and alternate ways to study this class of drug's efficacy before depriving women of access, FDA made its recommendation without engaging the most important stakeholders—patients at highest risk. Even after a meta-analysis that pooled data from 31 trials concluded that both 17P injections and vaginal progesterone reduced the risk of preterm birth before 34 weeks in high-risk women with singleton pregnancies,[ix] FDA persisted in this recommendation.

PRETERM BIRTH PREVENTION ALLIANCE: CORE BELIEFS

The Preterm Birth Prevention Alliance (PBPA) is a newly formed coalition of organizations concerned about the state of preterm birth in the United States and its disproportionate impact on women of color, and is guided by the following principles:

- We believe in standing up for the needs of moms and babies of every race and ethnicity, and fighting for a more inclusive healthcare system that gives everyone an equal chance of having the best possible outcomes.
- We believe that regulators need to hear directly from women facing prematurity, and the providers who treat them, about their real-world experiences before withdrawing the only FDA-approved treatment option.
- We believe that evidence of efficacy for women of color in the U.S.—who are at highest risk of adverse outcomes—should be more determinative than a lack of demonstrated treatment efficacy on primarily white women from other countries.

- We believe that leaving at-risk, pregnant women without a standard of care for spontaneous, recurrent preterm birth may further exacerbate systemic inequities in maternal and infant health.
- We believe that there's a paucity of research about women and neonates of color and that current research does not reflect the affected patient community's diversity.
- We believe that more inclusive studies and data are needed across more racially and ethnically diverse patient populations.
- We believe that this research must explore both the causes of disparate outcomes and risk of eliminating approved treatment options.

The Preterm Birth Prevention Alliance is working together to advocate for at-risk pregnant women and infants' health interests and demand the immediate suspension of any FDA actions to limit access to 17P.

We also request that:

- The FDA hold a public hearing to fully consider all available 17P data, review additional research methods to further study 17P while maintaining patient access, and hear stakeholder perspectives.
- Additional studies be conducted to collect and make publicly available other post-market data to better understand potential variations in the efficacy of 17P across different populations.
- Public and private actors invest in research to improve understanding of the causes of disparate outcomes across diverse populations and the impact that a lack of approved treatment options could have on affected moms and babies.

ABOUT US

The Preterm Birth Prevention Alliance is a coalition of maternal and women's health advocates who share a common concern about the state of preterm birth in the United States and the proposed market withdrawal of 17P, the only FDA-approved class of treatments to help prevent spontaneous, recurrent preterm birth. Formed in 2021 by the National Consumers League, we seek to improve preterm birth outcomes in the United States by maintaining access to safe, FDA-approved treatment options and advocating for more diverse medical research that adequately represents the experiences of women and newborns of color. Women of color need a seat at the table.*

ALLIANCE PARTNERS

1,000 DAYS · 2020 mom · AABC American Association of Birth Centers · BMMA Black Mamas Matter Alliance · Black Women's Health Imperative

Expecting Health · Healthy Mothers, Healthy Babies The Montana Coalition · healthy women · Miracle Babies · NBEC National Birth Equity Collaborative

National Black Midwives Alliance · NCL National Consumers League · national partnership for women & families · Sidelines High-Risk Pregnancy Support · SisterReach

pretermbirthalliance.org

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i National Partnership for Women and Families. *Maternity Care in the United States: We Can – and Must – Do Better.* February 2020. https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf.
ii March of Dimes. *March of Dimes 2020 Report Card.* https://www.marchofdimes.org/materials/MOD2020_REPORT_CARD_and_POLICY_ACTIONS_BOOKLET_FIN.pdf.
iii March of Dimes. *March of Dimes 2020 Report Card.* https://www.marchofdimes.org/materials/MOD2020_REPORT_CARD_and_POLICY_ACTIONS_BOOKLET_FIN.pdf.
iv March of Dimes. *Long term health effects of premature birth.* https://www.marchofdimes.org/complications/long-term-health-effects-of-premature-birth.aspx
v March of Dimes. *March of Dimes 2020 Report Card.* https://www.marchofdimes.org/materials/MOD2020_REPORT_CARD_and_POLICY_ACTIONS_BOOKLET_FIN.pdf.
vi Centers for Disease Control and Prevention (CDC). *Reproductive Health: Preterm Birth.* https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm.
vii Meis PJ, Klebanoff M, Thom E. , et al; National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Prevention of recurrent preterm delivery by 17 alpha-hydroxyprogesterone caproate. N Engl J Med 2003; 348 (24) 2379-2385.
viii Blackwell SC, Gyamfi-Bannerman C, Biggio JR Jr, Chauhan SP, Hughes BL, Louis JM, et al. 17-OHPC to Prevent recurrent preterm birth in singleton gestations (PROLONG Study): a multicenter, international, randomized double-blind trial. Am J Perinatol. 2020;37:127–36.
ix EPPPIC Group. Evaluating Progestogens for Preventing Preterm birth International Collaborative (EPPPIC): meta-analysis of individual participant data from randomised controlled trials. Lancet. 2021 Mar 27;397(10280):1183-1194. doi: 10.1016/S0140-6736(21)00217-8. PMID: 33773630.