

May 1, 2013

## **Joint Statement: Strong Start in America's Hospitals**

American Academy of Family Physicians  
American Academy of Pediatrics  
American College of Nurse Midwives  
American College of Obstetricians and Gynecologists  
American Hospital Association  
Association of Women's Health, Obstetric and Neonatal Nurses  
March of Dimes

Dear Member:

The Strong Start Initiative, launched in February 2012 by the Department of Health and Human Services (HHS), is a multifaceted national campaign to eliminate non-medically indicated elective deliveries before 39 weeks gestation. Strong Start and this goal are fully supported by the undersigned national organizations, representing the major players in the delivery of maternity care in the U.S.

Scientific and clinical evidence clearly show that babies are healthier if pregnancies continue past 39 weeks 0 days. Of course, there will always be pregnancies that necessitate early delivery for maternal or fetal indications. Women who spontaneously go into labor prior to 39 weeks or who face medical indications necessitating early delivery are not the focus of this letter.

We've come together with a mutual pledge to help facilitate a landmark change in the way maternity and delivery care is provided in America's 3,103 maternity care hospitals by dramatically reducing the rate of non-medically indicated deliveries before 39 weeks performed in every hospital to below 5 percent. You have an important role to play in leading this change, through this Strong Start in America's Hospitals campaign.

We're asking you and your hospital executive counterparts throughout the nation to ensure that every maternity care hospital has and follows an obstetrical care plan aimed at improving the health of babies by eliminating non-medically indicated deliveries before 39 weeks and 0 days gestation. We recognize that many hospitals already have such a plan in place, and we congratulate you as an early adopter of an important best practice if you do. However, if your hospital or health system has yet to adopt this practice change, America's newborns and their families need you on board.

This practice policy builds on the American Hospital Association's Board of Trustees' statement of June 2012:

America's hospitals are committed to protecting the health and wellbeing of all patients, including newborns. Increasing evidence demonstrates that elective deliveries prior to full-

term gestation put babies at risk, and established clinical guidelines now advise against performing early-term (37 or 38 weeks gestation), non-medically necessary deliveries.

Improving the nation's health care system requires enhancing patient care and the health of populations through the most effective use of resources. With those goals in mind, eliminating elective deliveries prior to full-term gestation is a priority for hospitals and will lead to better quality, value and health for patients and communities.

To ensure that every infant can reach his or her highest potential for health, AHA supports policies to eliminate early-term, non-medically necessary deliveries.

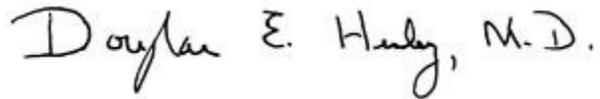
Already, hospitals across the Nation, including HCA, Geisinger Health System, Intermountain Healthcare, Ascension HealthCare, LifePoint, Dignity Health, Carolinas Health System and Magee Women's Hospital of UPMC, are putting this plan into practice. According to the HHS' Partnership for Patients, hospitals that work together with medical and nursing staff on "hard stops" or other effective policies for non-medically indicated deliveries before 39 weeks can rapidly and dramatically decrease their rates of early elective deliveries and improve maternal and fetal outcomes. Every hospital that delivers babies – urban and rural, large or small – can make a difference in a child's life by adopting this policy. Hospitals participating in the Partnership for Patients are implementing policies and reducing early elective deliveries across entire states including: Washington State, Minnesota, Georgia, North Carolina, Oklahoma, Iowa and many others.

How can you accept this leadership challenge?

1. If you do not have a documented hospital plan/policy in place to reduce or eliminate early elective deliveries, we urge you to form a multi-disciplinary team composed of obstetrical providers, nursing staff, administration, and as this is a public issue, potentially a Board member. This group should be charged with developing and implementing a policy to eliminate non-medically indicated deliveries before 39 weeks.
2. Please click on our [resource document](#) for helpful sites and policies that have already proven effective in hospitals across the country. These policies are easily adaptable to your hospital.
3. Voluntarily report your hospital early elective delivery data to a Hospital Engagement Network (HEN), post your hospital policy on your website, or do both.
4. Contact our organizations for help, questions, or concerns. Staff email and contact information is provided in the [resource document](#). We want you to succeed.

Thank you in advance for your effort and leadership on bringing about landmark change to help all babies get a Strong Start.

**American Academy of Family Physicians**



Douglas E. Henley, MD, FAAFP  
Executive Vice President

**American Academy of Pediatrics**



Errol Alden, MD  
Executive Director/CEO

**American College of Nurse-Midwives**



Holly Powell Kennedy, CNM, PhD, FACNM, FAAN  
President

**American College of Obstetricians and Gynecologists**



Hal C. Lawrence III, MD, FACOG  
Executive Vice President

**American Hospital Association**



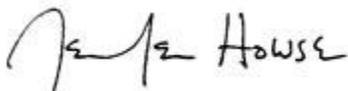
Rich Umbdenstock  
President and CEO

**Association of Women's Health, Obstetric and Neonatal Nurses**



Karen Peddicord, PhD, RNC  
Chief Executive Officer

**March of Dimes**



Jennifer L. Howse, PhD  
President