



MIRROR, MIRROR

Fixating on appearance can develop into an obsession. P4

WA introduces a world-first plan to reduce the incidence of pre-term births

By Peta Rasdien

For generations the causes of pre-term birth remained stubbornly difficult to pin down. It was just accepted that babies came early, some very early, bringing with them a catalogue of health risks including death, disability and learning disorders.

Now, after years of research, doctors believe many cases of pre-term birth may in fact be preventable. An ambitious, world-first plan to reduce pre-term birth rates in WA will be launched next week, timed to coincide with World Prematurity Day.

Rolled out in three phases, the WA Preterm Birth Prevention Initiative will encompass a State-wide multifaceted program which engages the medical profession, the public and pregnant women at high risk, and aim for a 35 per cent reduction in pre-term births over five years.

The rate of pre-term birth stands at 8 to 9 per cent of all births in WA and is at 15 per cent among Aboriginal women. Each year this equates to about 2800 babies.

Not all babies born early experience difficulties as they grow older, but many do.

John Newnham, chairman of the initiative's steering committee and executive director of the Women and Infants Research Foundation, said in the past a patchwork of interventions had been applied, however bringing together all the best research and rolling it comprehensively over a discrete geographical area had never been attempted before.

"What we are about to do is world unique and the people in this field around the world will be very interested to see how we go," Professor Newnham said.

A pilot Preterm Birth Prevention Clinic at King Edward Memorial Hospital will open for women at increased risk of giving birth prematurely and new clinical guidelines,

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which zero in on a number of interventions identified through research to reduce pre-term birth, will be implemented by all medical professionals involved with obstetric care across the State in a bid to deliver the much-hoped-for improvement.

The biggest gains are initially expected to be made by preventing non-medically indicated late pre-term births, use of progesterone for those women identified as at risk and reducing smoking rates, especially among pregnant Aboriginal women.

And, as new research bears fruit, new interventions will be introduced alongside those already in place.

One which holds great hope is the identification and treatment of bacteria in the vagina which is believed to trigger very early pre-term birth.

It is hoped that, with funding, a clinical trial of a new antibiotic possibly starting in 2016 may deliver positive results.

Professor Newnham said raising awareness of pre-term birth, its consequences and the fact that many cases could now be prevented was crucial.

While medical intervention had shown babies born very early, at 23 weeks, could be saved, this came with a high risk of disability and an enormous financial cost.

He said the \$400,000-plus cost of the pilot pre-term birth prevention clinic could be saved just by delaying the birth of three newborns from 24 to 31 weeks gestation.

"Pre-term birth has been considered by the community, including the medical community, as an inevitable and normal consequence — a part of life that some are going to come out early and that it not the case," he said.

The best way to improve child health was to improve their development before birth.

"A massive investment is spent on child health, investment in obstetrics has been a poor cousin, but it is in obstetrics that you have the greatest opportunity to improve child health," he said.

"The single greatest cause of death and disability in children under five is pre-term birth — you can't prevent that after it is born."

Keeping baby safe ins

With research uncovering factors which contribute to premature births, there are now several interventions which can help take a baby closer to full-term

By Peta Rasdien

Years of research have enabled WA's most eminent pre-term birth experts to zero in on a number of interventions most likely to safely and significantly reduce the rate of pre-term births and the associated death and disability.

Under the Preterm Birth Prevention Initiative, to launch next week, all medical professionals involved in obstetric care will be advised of new clinical guidelines that reflect the best evidence available.

PRECONCEPTION CARE

Where possible, all women should seek advice from a health professional about preconception care to ensure they are at their best physically before they conceive.

This is especially important for women who have a history of pre-term birth, have had surgical procedures on their cervix or who experienced multiple miscarriage. Women at the extreme ends of the maternal age, or those with pregnancy intervals of less than 18 months are also at increased risk of pre-term birth.

Women considering pregnancy are advised that to give their future child the best chance of going full term, they should maintain a healthy body weight, not smoke and steer clear of

second-hand smoke, avoid recreational drugs, limit alcohol intake and take a folate supplement.

FERTILITY TREATMENT

Fertility treatments increase the risk of multiple births which is a risk factor for pre-term birth. For reasons that are still unclear, even fertility treatment which results in a single baby also confers a higher risk.

Under the initiative, those considering such treatment will be counselled about the increased risks of pre-term birth and those involved in providing fertility treatment will be advised on strategies that reduce the risk of multiple pregnancy and pre-term birth.

PROGESTERONE

While the benefits of progesterone have been suspected for some time, only recent research has pinpointed when and in which women it should be used.

Vaginal progesterone pessaries used daily in women with a shortened cervix, usually detected by ultrasound at the 18 to 20-week anatomy scan and defined as between 10 and 20mm, can halve the rate of pre-term birth. It can also halve the incidence in women with a history of pre-term birth or pregnancy loss between 20 and 34 weeks.

John Newnham, chairman of the initiative's steering committee and executive director of the Women and Infants Research Foundation, said a shortened cervix put women at high risk of a very early pre-term birth.

Work was underway to ensure all ultrasound units around WA accurately measure the cervix of pregnant women and include it as a routine component of the scan.

CERVICAL CERCLAGE

This procedure, where a stitch or tape is placed around the cervix to prevent dilatation and pre-term birth, is recommended for women with a history of pre-term birth or a cervical length of less than 10mm and can provide benefits similar to progesterone treatment. It is considered as an alternative to progesterone treatment, not an addition.

SMOKING

Smoking in pregnancy, or even being around second-hand smoke, is



another preventable trigger in pre-term birth, carrying a 25 per cent risk, and is also a cause of low birth weight.

While the percentage of women who smoke during pregnancy has fallen to 12 per cent in the general population, it remains a worrying 50 per cent for Aboriginal women.

Professor Newnham believes a new education approach which appeals to a pregnant woman's desire to give her child the best start to life, rather than promoting the benefits for her own health, may be effective in reducing smoking rates.

PREVENTION OF EARLY BIRTH WITHOUT MEDICAL NEED BEFORE 38 WEEKS

In WA, births between 34-38 weeks have risen 50 per cent in 16 years, with no impact on the rate of stillbirths. Research shows that every extra day in the womb makes a difference for children born prematurely, even those born close to full term.

Professor Newnham said the difference between a baby born at 37 weeks and 38 weeks could be significant for some, with an increased risk of respiratory problems at birth but also behavioural and learning problems when they hit school age.

Under the initiative, every

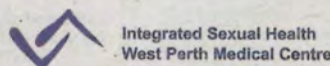


Many cases of preterm birth can now be prevented.

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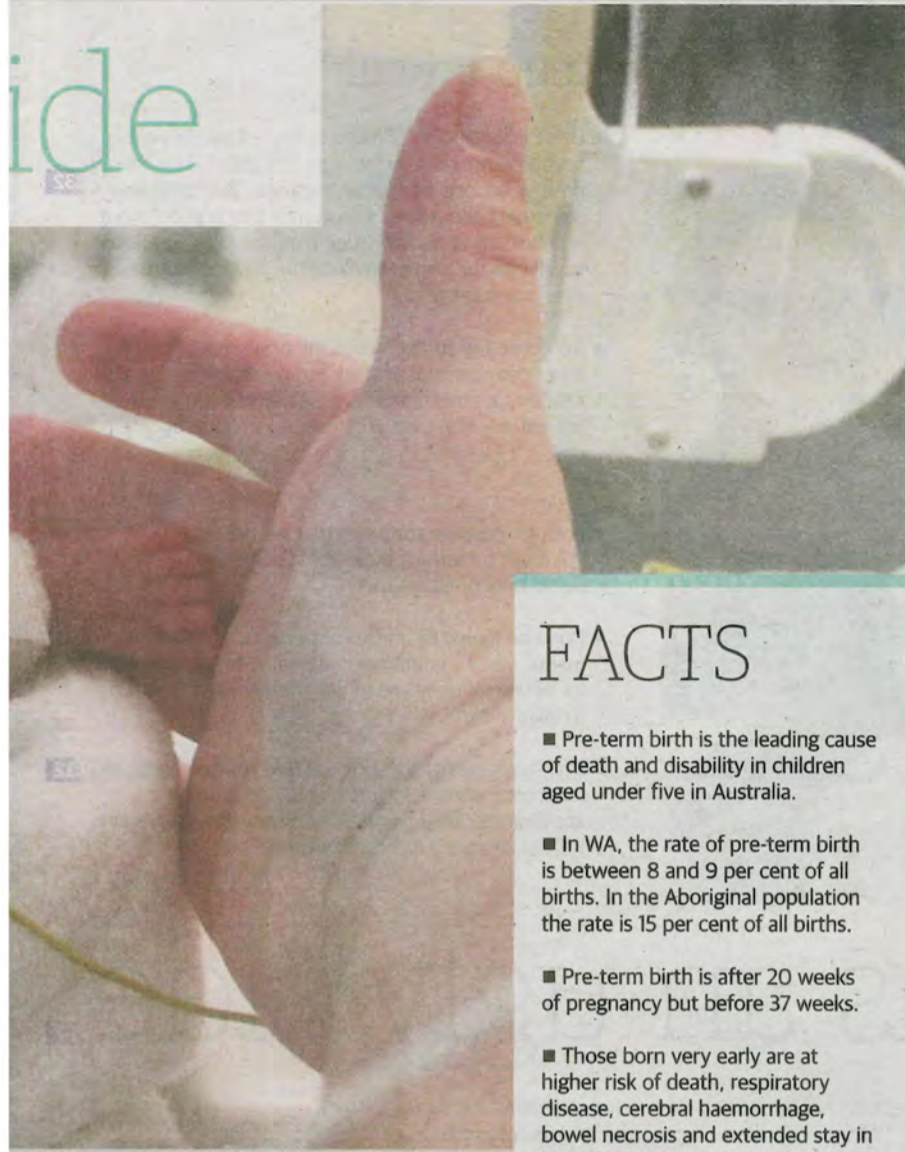
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ONLINE

Professor John Newnham explains how preventing pre-term birth is within our grasp



To see the video of the full interview go to health.thewest.com.au



Family feel twin loss every day

Hugo Moullin has thrived since being born at 25 weeks but his brother didn't make it. His parents hope others can avoid the heartache of pre-term births.

THERE'S someone important missing from this family photo. Little Beau lived for just three hours after he was born at 25 weeks. His twin brother Hugo, however, survived and has thrived, showing none of the disabilities which can sometimes affect babies born too soon.

Mother Anita Moullin said the family had experienced the very worst and the very best outcomes of early pre-term birth in one pregnancy.

Her waters broke at 21 weeks but Ms Moullin managed to hold on until 25 weeks before going into labour.

"I look at Hugo, and Beau is with us every day, and I think even today, five years down the track it is something that will never leave me," she said.

"I like to think that Beau went into spontaneous labour to give Hugo a chance in life – it is like he took all the problems away, all the bad stuff away, and left us with Hugo."

Hugo's school teacher only recently discovered he was born premature because he did not display any of the difficulties that could be associated with very early pre-term birth.

There was no solid explanation as to why the boys had decided to come early.

"Once you have a pre-term baby, you sort of go into survival mode, there is only so much you can go over – ifs, whys and buts," Mrs Moullin said.

"It doesn't change the outcome and for us it is a real priority to help as much as we possibly can to make sure the rates of pre-term birth improve and make people aware of pre-term births."

Prevention would save much heartache, as well as the heavy burden for people born with disabilities.

Since the twins, Ms Moullin has gone on to have Stella, 4.

"It was a really hard pregnancy to get through because you are always thinking about the worst possible outcome instead of enjoying the pregnancy and enjoying every step," she said.

However, Stella came out full term and full of energy.



Anita and Jamie Moullin, with Hugo, 5, and Stella, 4. Picture: Gerald Moscarda

FACTS

■ Pre-term birth is the leading cause of death and disability in children aged under five in Australia.

■ In WA, the rate of pre-term birth is between 8 and 9 per cent of all births. In the Aboriginal population the rate is 15 per cent of all births.

■ Pre-term birth is after 20 weeks of pregnancy but before 37 weeks.

■ Those born very early are at higher risk of death, respiratory disease, cerebral haemorrhage, bowel necrosis and extended stay in intensive care.

■ In childhood, babies born pre-term are at increased risk of chronic lung disease, deafness, blindness, learning difficulties and behavioural problems.

SOURCE: WOMEN AND INFANTS RESEARCH FOUNDATION

obstetrician in WA will be advised that unless there are medical or obstetric reasons necessitating an early birth, babies should not be born before 38 weeks.

Parents will also be informed about the risks. "That extra week is very precious to your child and will be when your child is school age," Professor Newnham said.

A US study which examined the effects of preventing elective deliveries before 39 weeks found birth rates could be safely lowered, resulting in a 15 per cent reduction in the number of admissions to neonatal intensive care.

PRETERM BIRTH PREVENTION CLINIC

The new clinic at King Edward Memorial Hospital will see about 200 patients identified as high risk each year – those who have had a previous pre-term birth (before 34 weeks), a late pregnancy loss (after 16 weeks) or other medical issues.

Women, who will be referred by their GP, obstetrician or midwife, will attend the clinic up to three times during their pregnancy and their usual healthcare provider will be given a treatment plan.

Dedicated clinics have been shown to reduce or delay pre-term births by up to 60 per cent.

SOURCE: WA PRETERM BIRTH INITIATIVE

Research shows that every extra day in the womb makes a difference for children born prematurely, even those born close to full term.

health+MEDICINE

FEATURES EDITOR Mark Mallabone, 9482 3574, features@wanews.com.au
 EDITOR Andrew Shipp, 9482 3029, andrew.shipp@wanews.com.au
 SENIOR WRITERS Peta Rasdien, 9482 3182, Katie Hampson, 9482 3153
 DESIGN Renata Perino COVER PICTURE Thinkstock EDITION NUMBER 783
 ADVERTISING Ree Morgan, 9482 3563, ree.morgan@wanews.com.au HEALTH & MEDICAL SERVICES ADVERTISING Sophie Ferguson, 9482 2403, sophie.ferguson@wanews.com.au
 facebook.com/health.thewest twitter.com/HM_thewest health.thewest.com.au

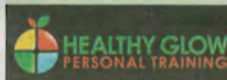
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RESULTS GUARANTEED!

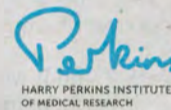


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