



Addressing the Catastrophic Impacts of Preterm Birth on Employers

Discover how the PreTRM® Test
can bring tangible value to your
organization



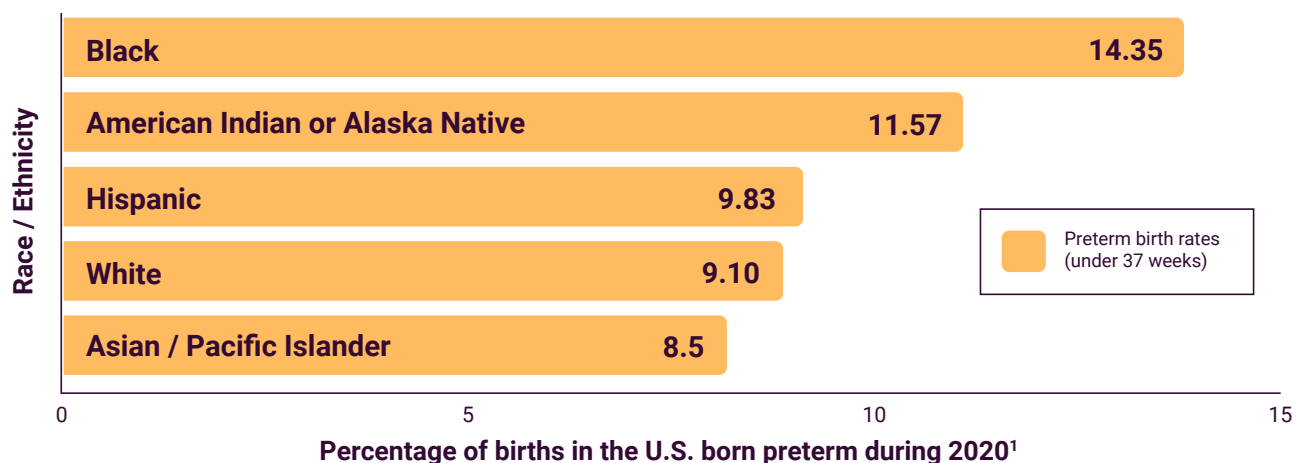
A HEALTHCARE CRISIS

Preterm birth has significant impact on employers and lasting repercussions on families

- Occurs in 1 in 10 pregnancies in the U.S.¹
- Is a leading contributor to infant morbidity and mortality²
- Costs 10x as much as a full-term birth, driving 61% of total newborn costs³
- Leads to short- and long-term health conditions for babies including brain bleeds, respiratory issues, jaundice, vision and hearing loss, learning disabilities, and cerebral palsy⁴
- Affects healthcare outcomes and costs far beyond initial birth



Preterm birth rates in the U.S. vary by ethnic groups, impacting diverse employee populations



By prioritizing access to maternal health offerings, employers can help address racial and ethnic disparities by:



Bringing awareness to this important issue through diversity, equity, and inclusion programs



Providing an innovative solution that helps reduce preterm birth regardless of race/ethnicity



Addressing inequities in care to improve health disparities within diverse populations



EARLY. INDIVIDUAL. ACCURATE.

The PreTRM[®] Test enables physicians to more accurately identify and manage preterm birth risk for a better outcome

The PreTRM Test is a simple blood test to predict a woman's individualized risk of spontaneous preterm birth (before 37 weeks) with results provided directly to healthcare providers.



- First and only broadly, clinically validated commercially available test of its kind



- The test measures and analyzes two placentally expressed proteins in the blood that are highly predictive of spontaneous preterm birth in asymptomatic singleton pregnancies.

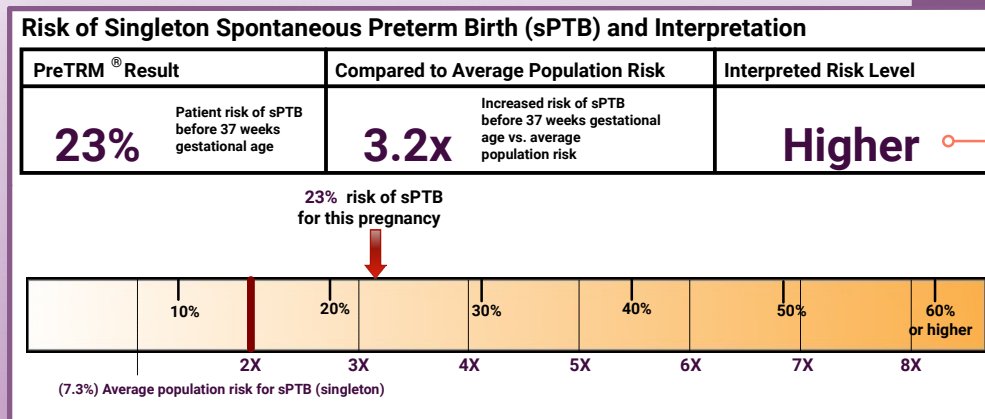


- A single blood draw during week 18 through 20 of pregnancy with results available from a certified lab in an average of 7 days from the receipt of the sample.



- This test enables more personalized clinical decisions based on each woman's individual risk for preterm birth.

PRETRM REPORT EXAMPLE



Patients identified as higher risk by the PreTRM Test are at increased risk for:⁵

- Spontaneous preterm birth
- Longer neonatal hospital length of stay
- Severe adverse neonatal outcomes

Patients with higher-risk scores generally give birth earlier than lower-risk subjects⁶

IMPROVE OUTCOMES

PreTRM® Test and treat for better maternal and neonatal outcomes

Armed with a patient's individual risk, practitioners are able to intervene with methods that have been shown effective in reducing preterm birth rates and improving outcomes.

Interventions such as proactive care management, progesterone supplementation, low-dose aspirin, cervical length surveillance, cerclage placement, and others, have been shown to achieve:



Reducing the time a baby spends in the NICU after a premature birth

Standard of Care



45.5

average days
in NICU⁹



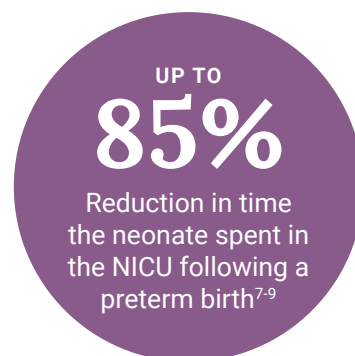
PreTRM® Test

+ Treat Strategy[^]



6.8

average days
in NICU⁹

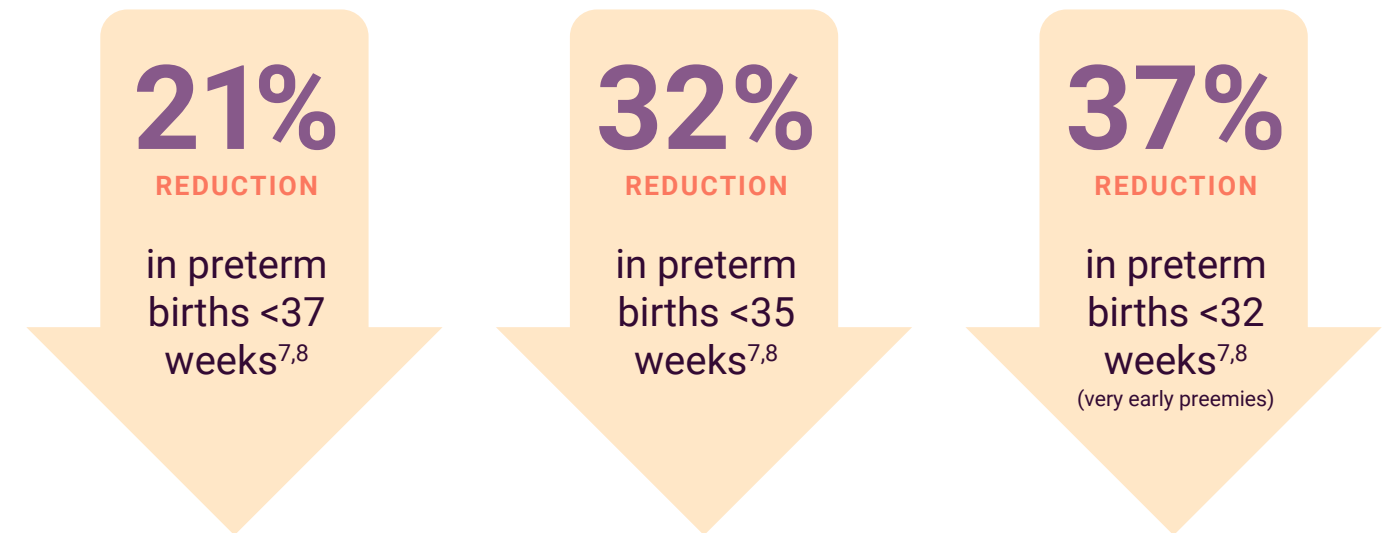


[^] Identifying patients at higher risk for spontaneous preterm birth with the PreTRM Test and applying proactive, evidence-based interventions to improve neonatal health and reduce total health costs.

REDUCE COSTS

Health benefits translate into an economic impact

Results projected by a major payer in the Value Advantage Model show the impact of the PreTRM Test and Treat Strategy vs. Standard Care.^{†^}



Total Annual Cost Savings^{7,8*}

\$898,000



\$1,022

Savings per pregnant woman tested^{7,8*}

\$5,611

Savings per pregnant woman shown to be at higher risk^{7,8*}

^{*}After PreTRM Test and intervention

[†]Modeled using ACCORDANT case management treatment size effect and the validated, published payer model.



Improving maternal and neonatal outcomes demonstrates direct and indirect value to employers

The PreTRM® Test allows employers to benefit from earlier intervention and improved clinical outcomes. Benefits may include:

- Help to reduce stop loss and catastrophic claims
- Close gaps in care and improve health disparities
- Improve employee overall mental, emotional, and physical wellbeing
- Attract and retain talent
- Reduce presenteeism, absenteeism, and resignations

PreTRM[®] is innovation made easy

Suitable for 88% of pregnant women^{10,11}

- Women with a singleton pregnancy
- Asymptomatic for preterm labor

Simple to Administer

- Single blood draw during week 18 through 20, typically coinciding with anatomy scan
- Fast turnaround from our CLIA-certified, CAP-accredited lab in an average of 7 business days from the receipt of sample



How your members will access the PreTRM Test



Healthcare provider orders the PreTRM Test – notification sent to Sera



Sera Customer Support contacts patient to coordinate blood draw



Patient has sample collected in broad network of available collection sites



Healthcare provider receives results in an average of 7 business days

Seamlessly integrate PreTRM into your benefits package

- No minimum group size
- No eligibility file feeds
- Flexible pricing options
- Ability to work with any health plan/TPA
- Can be added to any maternity and/or infertility program
- Employer-specific ROI reporting available

To speak with a Market Access Team member, contact info@seraprognostics.com



To speak with a Market Access Team member, contact info@seraprognostics.com

References: 1. Hamilton BE, et al. Births: Provisional data for 2020. Vital Statistics Rapid Release; no 12. Hyattsville, MD: National Center for Health Statistics. May 2021. 2. Callaghan WM, et al. The contribution of preterm birth to infant mortality rates in the United States. *Pediatrics*. 2006 Oct;118(4):1566-73. 3. Waitzman NJ, et al. Preterm birth lifetime costs in the United States in 2016: An update. *Semin Perinatol*. 2021 Jan 24;151390. doi: 10.1016/j.semperi.2021.151390. 4. Howson CP, et al. Born Too Soon: Preterm birth matters. *Reprod Health* 10, SI (2013). 5. Burchard J, Polpitiya AD, Fox AC, et al. Clinical validation of a proteomic biomarker threshold for increased risk of spontaneous preterm birth. 2021 <https://doi.org/10.1101/2021.01.23.21249902>. 6. Saade GR, et al. Development and validation of a spontaneous preterm delivery predictor in asymptomatic women. *Am J Obstet Gynecol*. 2016;214:633.e1-24. 7. Grabner M, et al. Cost-Effectiveness of a Proteomic Test for Preterm Birth Prediction. *Clinicoecon Outcomes Res*. 2021. 8. Burchard, et al. Clinical and economic utility of a preterm birth predictor derived from an analysis of a large and diverse pregnancy cohort. 2021. <https://doi.org/10.1101/2021.09.08.21262940>. 9. Branch, et al. Prediction and Prevention of Preterm Birth. *Am J Perinatol*. 2021. DOI <https://doi.org/10.1055/s-0041-1732339>. 10. Petrini JR, et al. Estimated effect of 17 alpha-hydroxyprogesterone caproate on preterm birth in the United States. *Obstet Gynecol*. 2005;105:267-72. 11. Hassan SS, et al. Vaginal progesterone reduces the rate of preterm birth in women with a sonographic short cervix: a multicenter, randomized, double-blind, placebo-controlled trial. *Ultrasound Obstet Gynecol*. 2011;38:18-31.