

Improving Birth Outcomes: “Charting a Future Course for MCH”

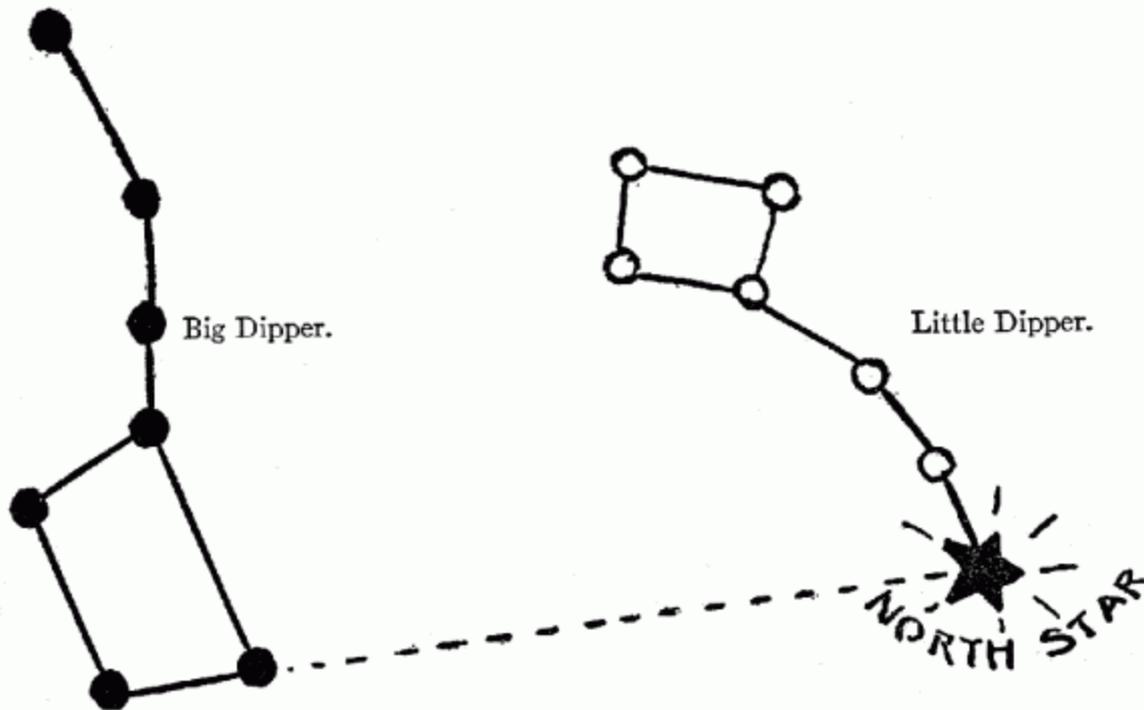
Dr. Jennifer L. Howse
President, March of Dimes

AMCHP Annual Conference

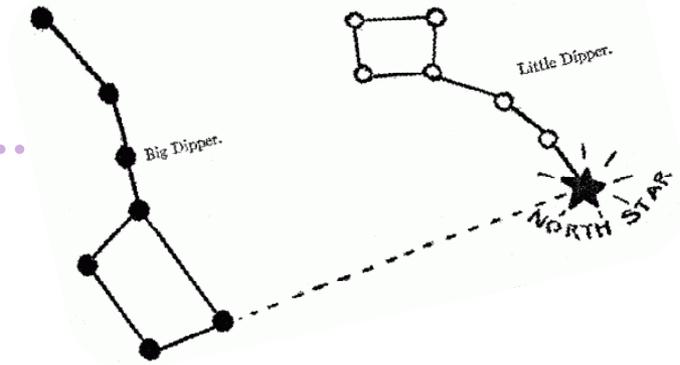
March 8, 2010



When it is dark... find the North Star

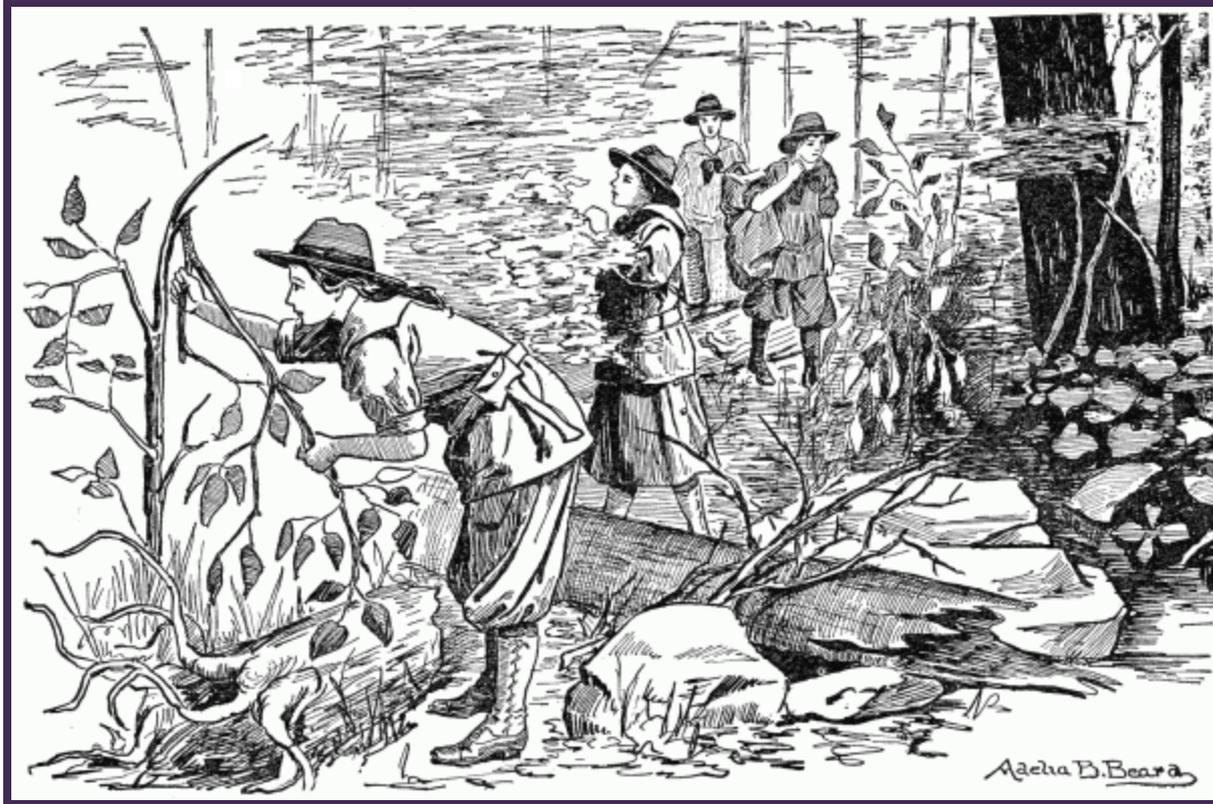


MCH Fixed Points



- * Data
- * Demonstration Programs
- * Dissemination

Title V / Health Reform: Trail Blazers for Public Health



Preterm Birth: Opportunities
March of Dimes Prematurity Campaign



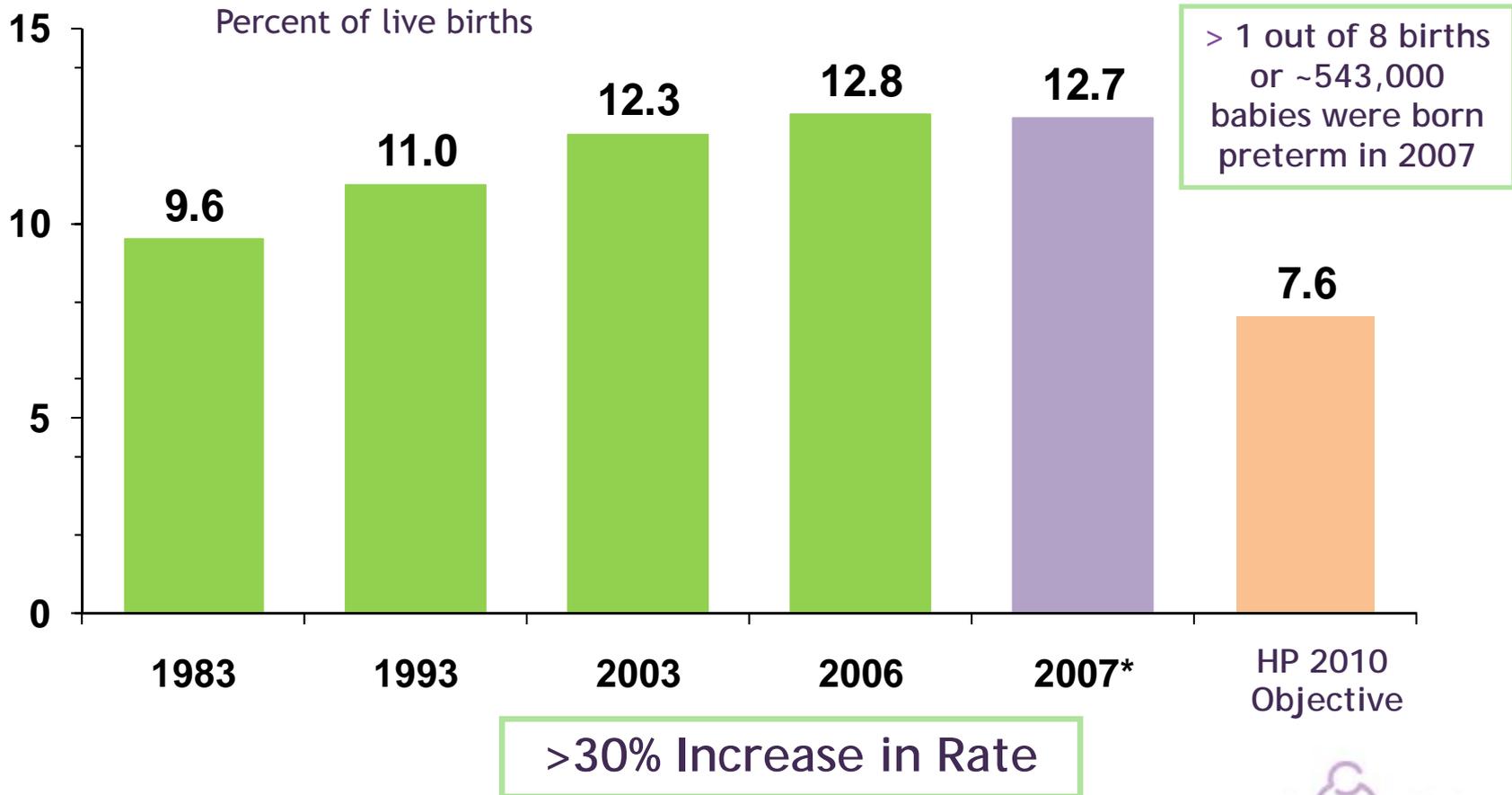
National Launch

01/30/2003

march  of dimes®

Preterm Birth: Challenges

U.S. Preterm Birth Rates



Preterm is less than 37 completed weeks gestation.

Source: National Center for Health Statistics, final natality data, *2007 data are preliminary

Prepared by March of Dimes Perinatal Data Center, 2009

Preterm Birth: Challenges

Preterm Birth in the USA

- 4 million live births ~ 543,000 preterm
 - 12.7% of live births preterm
- Leading cause of neonatal mortality and black infant mortality
 - 24.4% of neonatal deaths
 - 22.4% of black IMR
- Second leading cause of infant mortality, after birth defects
 - 16.6% of all infant deaths
- Major contributor to morbidity

Preterm is less than 37 completed weeks gestation.

Source: National Center for Health Statistics, 2007 preliminary natality data, 2005 linked birth/infant death data

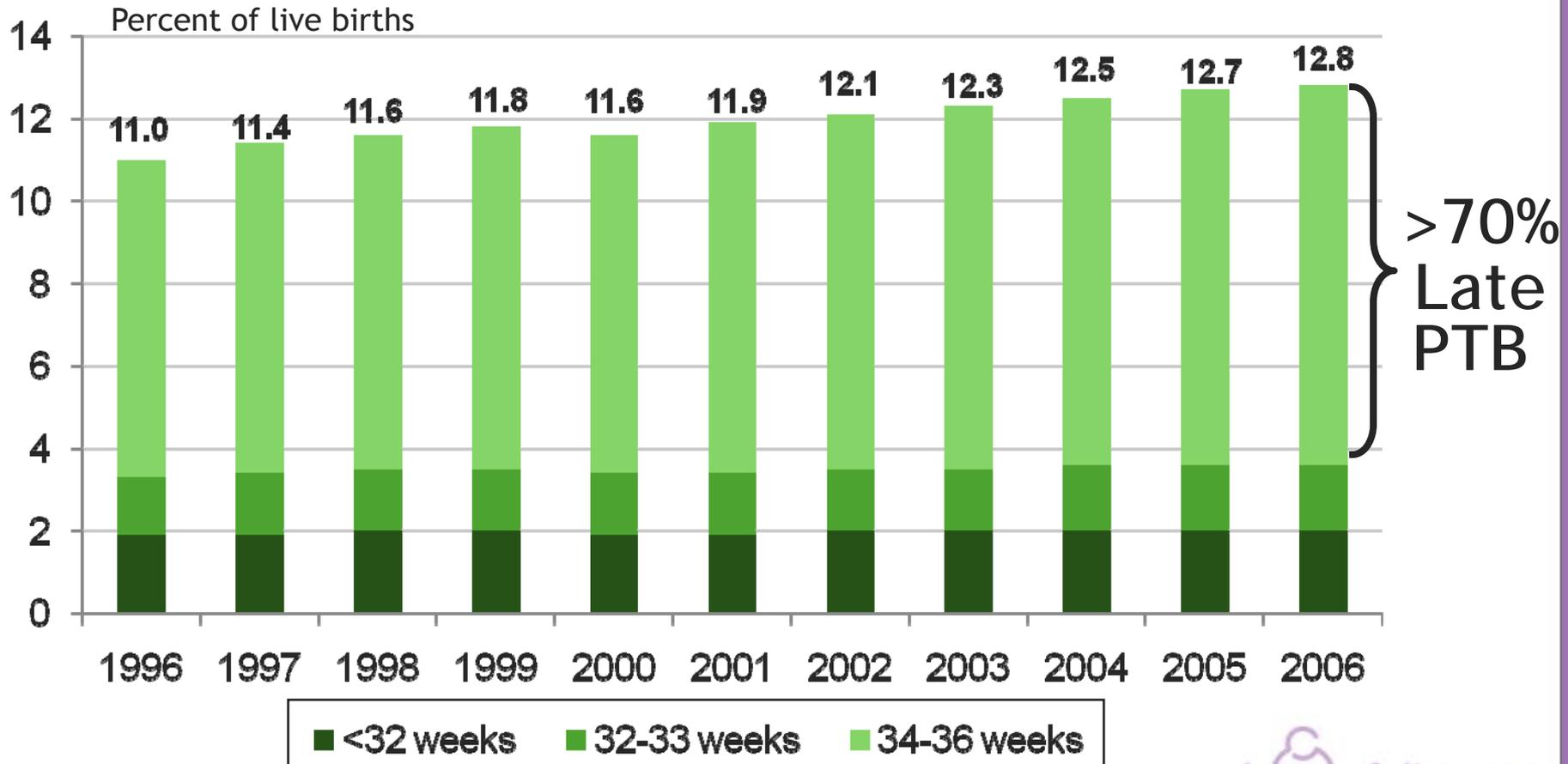
Prepared by March of Dimes Perinatal Data Center, 2009

Preterm Birth: Challenges

Risk Factors for Preterm Labor & Delivery

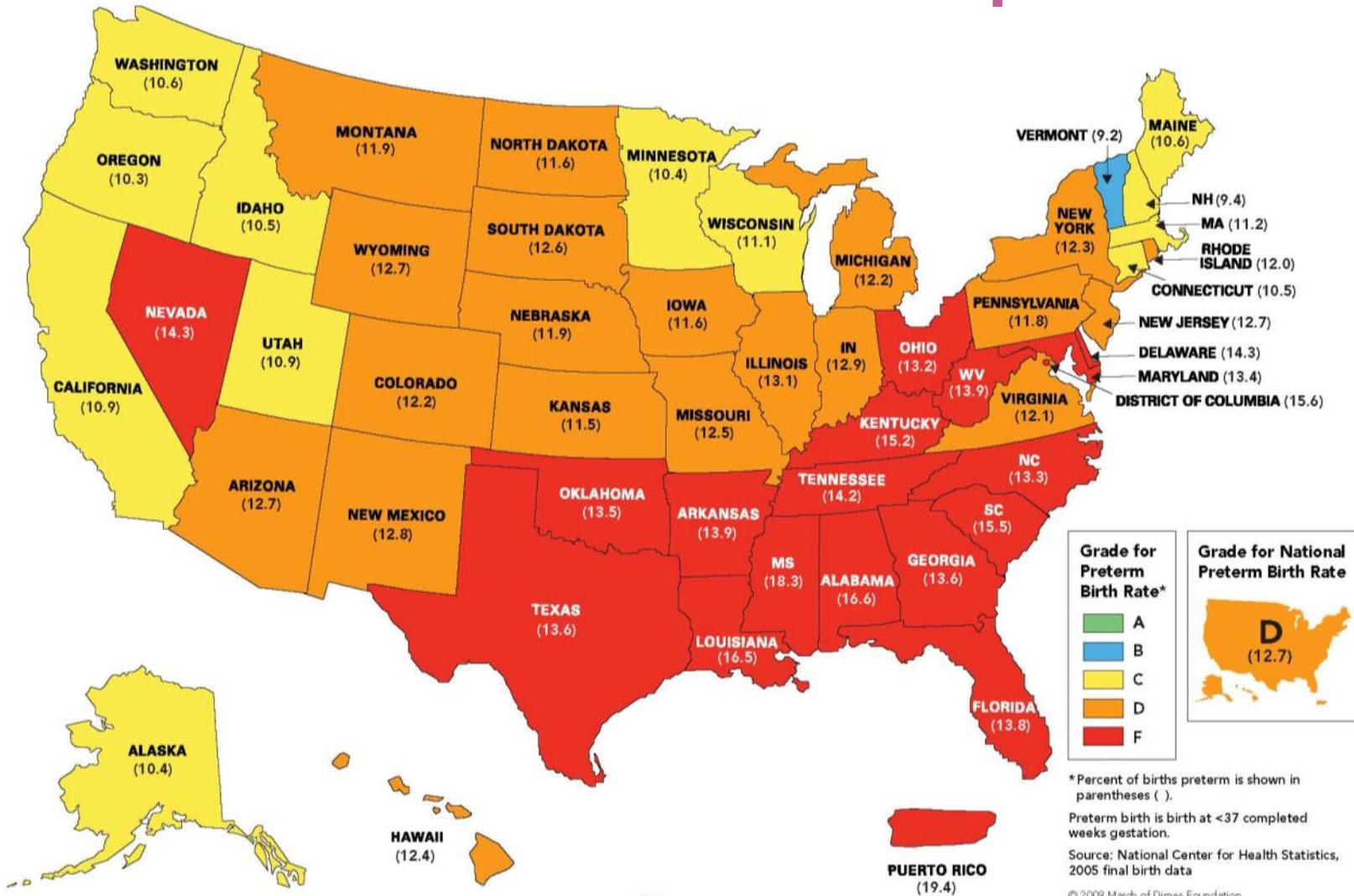
- previous preterm delivery
- uterine abnormalities
- incompetent cervix
- unintended pregnancy
- maternal age (<17 and >35 yrs)
- black race
- low SES
- unmarried
- previous fetal or neonatal death
- cervical procedures
- genetic predisposition
- multiple gestation
- low pre-pregnant weight
- obesity
- infections
- anemia
- major stress
- lack of social supports
- tobacco use
- illicit drug use
- alcohol abuse
- folic acid deficiency

Preterm Birth: Challenges By Gestational Age, 1996-2006



Source: National Center for Health Statistics
Prepared by March of Dimes, Perinatal Data Center, 2009

2009 Preterm Birth Report Card



Grade for Preterm Birth Rate*

- A
- B
- C
- D
- F

Grade for National Preterm Birth Rate

D
(12.7)

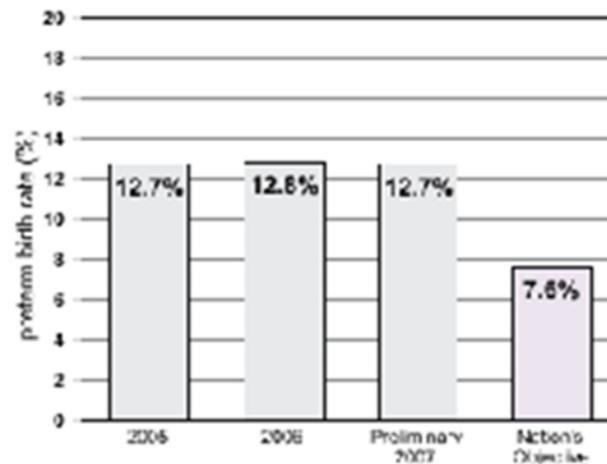
* Percent of births preterm is shown in parentheses ().
 Preterm birth is birth at <37 completed weeks gestation.
 Source: National Center for Health Statistics, 2005 final birth data
 © 2009 March of Dimes Foundation

March of Dimes 2009 Premature Birth Report Card

The March of Dimes graded states by comparing each state's rate of premature birth to the nation's objective of 7.6 percent or less by 2010. This year we are also awarding a star when the rate for one of the selected contributing factors (below) is moving in the right direction. We don't yet understand all the factors that contribute to premature birth. The nation must continue to make progress on research to identify causes and prevention strategies, improve the outcomes of preterm infants, and better define and track the problem.

Grade for United States
Preterm Birth Rate: **12.7%**

D

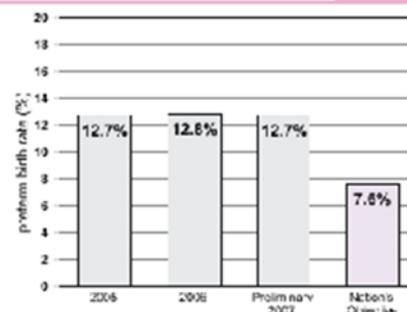


March of Dimes 2009 Premature Birth Report Card

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Grade for United States
Preterm Birth Rate: **12.7%**

D



Status of Selected Contributing Factors

Factor	Previous Rate	Latest Rate	Status	Recommendation
Uninsured Women	20.1%	20.1%	n/c	Health care before and during pregnancy can help identify and manage conditions that contribute to premature birth. We urge federal and state policymakers to expand access to health coverage for women of childbearing age, and we urge employers to create workplaces that support maternal and infant health.
Women Smoking	21.2%	20%	★	Smoking cessation programs can reduce the risk of premature birth. We urge federal and state support of smoking cessation as part of maternity care.
Late Preterm Birth	9.1%	9%	★	The rise in late preterm births (34-36 weeks) has been linked to rising rates of early induction of labor and c-sections. We call on hospitals and health care professionals to voluntarily assess c-sections and inductions that occur prior to 39 weeks gestation to ensure consistency with professional guidelines.

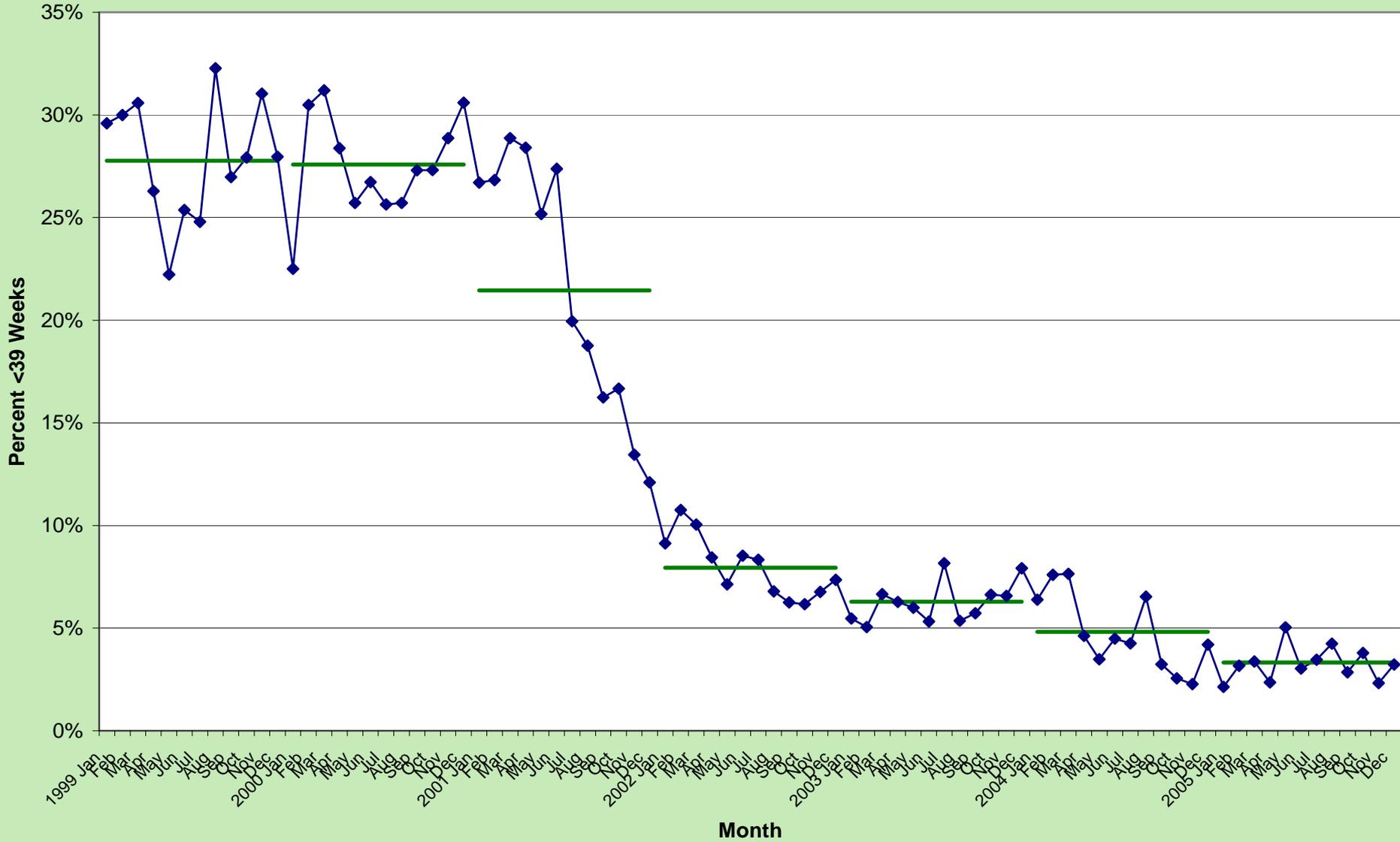
★ moving in the right direction n/c: no change ✗ moving in the wrong direction

State Actions:

For information on how we are working to reduce premature birth, contact the March of Dimes United States Chapter at (914) 997-4286.



Elective Deliveries <39 Weeks Intermountain Healthcare



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— A Prematurity Prevention Partnership —



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Learn About
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Make a Difference
in Your Community

About Our Initiative

For Health Care
Professionals

For the Press

HEALTH TIP OF THE MONTH

If you are pregnant or trying to get pregnant, avoid smoking, drinking alcohol, and taking street drugs. All of these can harm your baby. Ask your healthcare provider to help you quit.

New @

www.prematurityprevention.org

Our goal is to reduce the high rates of premature birth in Kentucky.

Prematurity is the number one cause of newborn infant death. In the U.S., about 1 in 8 babies are born prematurely (before 37 weeks), and in Kentucky 1 out of 7 babies are delivered early. Premature babies are more likely to have serious life-long problems than babies born full term. Even babies born just a few weeks early or **late preterm** (between 34 and 36 weeks) can develop serious problems, as their brains are not fully developed.

Although new research tells us that premature birth is a disorder much like heart disease, which can't always be prevented, there are many things that individuals, healthcare providers and communities can do to help reduce the risk of premature birth.

www.prematurityprevention.org

Pregnancy Diary



Networks of Best MCH Practice

- * Data Sets
- * Demonstration Programs
- * Disseminations

