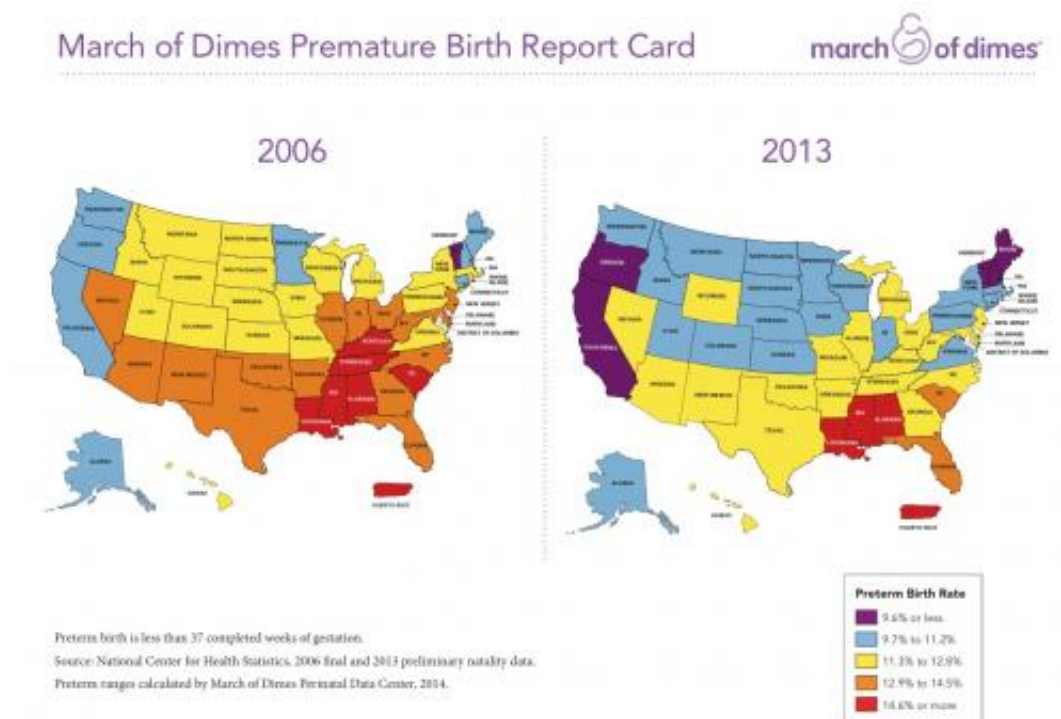


US preterm birth rate hits healthy people 2020 goal seven years early

November 6 2014



About 450,000 babies were born premature in 2013, compared to 542,893 in 2006 when the rate was at its highest. The March of Dimes estimates that since 2006, 231,000 fewer babies have been born preterm because of sustained interventions put in place by states, saving \$11.9 billion in healthcare and other costs. Credit: March of Dimes

The national preterm birth rate fell to 11.4 percent in 2013 – the lowest

in 17 years—meeting the federal Healthy People 2020 goal seven years early. Despite this progress, the U.S. still received a "C" on the 7th annual March of Dimes Premature Birth Report Card because it fell short of the more-challenging 9.6 percent target set by the March of Dimes, the group said today.

"Achieving the Healthy People 2020 goal is reason for celebration, but the U.S. still has one of the highest rates of preterm birth of any high resource country and we must change that," said March of Dimes President Dr. Jennifer L. Howse. "We are investing in a network of five prematurity research centers to find solutions to this still too-common, costly, and serious problem."

More than 450,000 babies were born premature in 2013, compared to 542,893 in 2006 when the rate was at its highest. The March of Dimes estimates that since 2006, 231,000 fewer babies have been born preterm because of sustained interventions put in place by [states](#), saving \$11.9 billion in healthcare and other costs. Medical expenses for an average premature infant are about \$54,000 compared to just \$4,000 for a healthy newborn.

The sustained improvement in reducing premature births shows that when infant [health](#) becomes a priority, babies benefit. Bold leadership and policies implemented by state and local health departments, hospitals and health care providers will encourage continued health improvements for newborns, Dr. Howse added.

Preterm birth is the leading cause of newborn death, and babies who survive an early birth often face serious and sometimes lifelong health challenges, such as breathing problems, jaundice, developmental delays, vision loss, and cerebral palsy. Even babies born just a few weeks too soon have higher rates of death and disability than full-term babies.

March of Dimes 2014 Premature Birth Report Card

The March of Dimes is leading the Prematurity Campaign to reduce the nation's preterm birth rate to 9.6 percent or less by 2020. This annual Premature Birth Report Card measures progress by comparing each state's rate to the goal of 9.6 percent. The March of Dimes and the Association of State and Territorial Health Officials (ASTHO) have also established an interim goal to reduce premature birth by a minimum of 6 percent by 2014. In addition to improvements in public health, more research is needed to understand all the factors that contribute to premature birth.



Prevention strategies			
Factor	Previous rate	Latest rate	Status
Uninsured women	20.1%	19.8%	★
Late preterm birth	8.1%	8.0%	★
Women who smoke	20.8%	20.3%	★

★ = moving in the right direction ○ = no change ✗ = moving in the wrong direction

Preterm birth rates by race and ethnicity Hispanic 11.6% White 10.2% Black 16.5% Native American 13.4% Asian 10.0%	The March of Dimes is concerned about disparities in health and health care that contribute to higher rates of preterm birth among different racial and ethnic groups. We urge state and federal governments to support funding and innovative practices that address the complex medical and social factors underlying racial and ethnic disparities in premature birth.
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Race categories (white, black, Native American and Asian) include only women of non-Hispanic ethnicity.
For information on how we are working to reduce premature birth, contact the March of Dimes National Office at (314) 997-4266.

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research | dimes.org/reportcard

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With its "Healthy Babies are Worth the Wait Campaign," the March of Dimes has encouraged women and their [health care providers](#) to avoid scheduling an early elective delivery before at least 39 weeks of pregnancy. Based on quality improvement programs at hospitals, there has been dramatic reduction in early elective deliveries. Other factors driving improvement of preterm birth rates are fewer women smoking,

and improved access to maternity care.

The March of Dimes Premature Birth Report Card compares each state's preterm birth rate to the March of Dimes goal of 9.6 percent of all live births by 2020.

On the 2014 Report Card, 27 states and Puerto Rico saw their preterm birth rates improve between 2012 and 2013, earning better grades for five of them: Iowa, Virginia, Arkansas, Nevada and Oklahoma. Five states earned an "A," including California, Maine, New Hampshire, Oregon and Vermont. Twenty states earned a "B," 20 states received a "C," two states and the District of Columbia got a "D," and only three states and Puerto Rico, received an "F" on the Report Card. The Report Card information for the U.S. and states are available online at: marchofdimes.org/reportcard.

The Report Card also tracks states' progress toward lowering their preterm birth rates by following three principle risk reduction strategies:

- 30 states and the District of Columbia reduced the percentage of uninsured women of childbearing age;
- 34 states, the District of Columbia, and Puerto Rico reduced the percentage of women of childbearing age who smoke;
- 30 states and Puerto Rico lowered the late [preterm birth](#) rate, babies born between 34 and 36 weeks gestation.

The March of Dimes Prematurity Campaign is guided by a Steering Committee of six leadership organizations: the American Academy of Pediatrics (AAP); the American College of Obstetricians and Gynecologists (ACOG); the Association of Maternal and Child Health Programs (AMCHP); the Association of State and Territorial Health Officials (ASTHO); the Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN); and the National Association of County

and City Health Officials (NACCHO).

Provided by March of Dimes Foundation

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