

Born Too Soon and Too Small in California

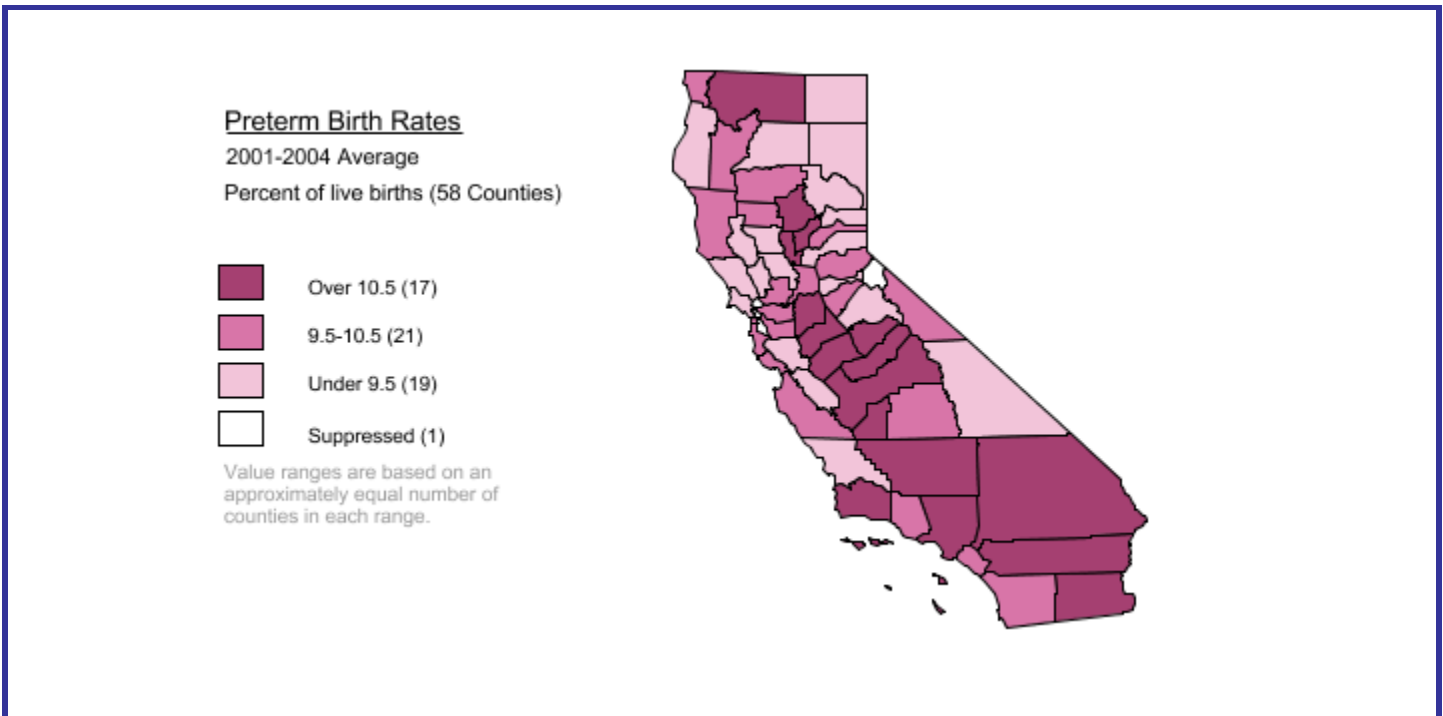
In An Average Week in California⁽¹⁾

1,042
babies are
born preterm

149
babies are born
very preterm

701
babies are born
low birthweight

123
babies are born very
low birthweight



Preterm and Low Birthweight Births in California

	1994	2004	2010 US Objective
Preterm⁽¹⁾	10.0%	10.7%	7.6%
Low Birthweight⁽¹⁾	6.2%	6.7%	5.0%

- In 2004, there were 54,158 preterm births in California, representing 10.7% of live births.⁽¹⁾
- Between 1994 and 2004, the rate of infants born preterm in California increased 7%.⁽¹⁾
- During 2002-2004 (average) in California, preterm birth rates were highest for women ages 40 and older (14.9%), followed by women under age 20 (11.9%), ages 30-39 (10.7%) and ages 20-29 (9.7%).⁽¹⁾
- During 2002-2004 (average) in California, preterm birth rates were highest for black infants (15.1%), followed by Native Americans (11.8%), Hispanics (10.6%), Asians (9.8%) and whites (9.6%).⁽¹⁾
- In 2005, the annual societal economic cost (medical, educational, and lost productivity) associated with preterm birth in the United States was at least \$26.2 billion.⁽²⁾

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March of Dimes National Prematurity Campaign: The Mission of the March of Dimes is to improve the health of babies by preventing birth defects and infant mortality. Prematurity/low birthweight is the leading cause of death in the first month of life. In addition to mortality, prematurity is a major determinant of illness and disability among infants, including developmental delays, chronic respiratory problems, and vision and hearing impairment. To address this growing problem, the March of Dimes has committed to a multi-year national prematurity research, awareness, and education campaign. For more information contact the pregnancy & newborn health education center at askus@marchofdimes.com or visit www.marchofdimes.com/prematurity.

Associated Risk Factors for Preterm Labor and Birth

While the specific causes of spontaneous preterm labor and delivery are largely unknown, research indicates that they are likely due to a complex interplay of multiple risk factors, as opposed to any single isolated risk factor. Approximately one quarter of all preterm births are the result of medical intervention to deliver the baby early due to maternal or fetal conditions, and the remainder occur spontaneously. ⁽³⁾

- Generally, factors that increase the risk of having a spontaneous preterm birth fall into the following categories: demographic and genetic characteristics, behavioral and environmental factors, and medical and obstetric history. ⁽⁴⁾
- The most consistently identified risk factors include a history of preterm birth, current multifetal pregnancy, and some uterine and/or cervical abnormalities. ⁽⁴⁾
- Other possible risk factors include: infection (especially genito-urinary), diabetes mellitus, hypertension, late or no prenatal care, smoking, alcohol and illicit drug use. ⁽⁴⁾
- In California in 2004, 9.2% of singleton births were preterm, compared to 56.6% of multiple births. Multiple births represent 3.0% of live births in California. ⁽¹⁾
- Smoking is an important determinant of health and a significant factor contributing to preterm and low birthweight births. In 2005, 12.1% of women of childbearing age reported smoking in California. ⁽⁵⁾
- While being obese does not directly cause preterm birth, it does increase rates of medical complications (e.g., hypertension, diabetes) that do contribute to preterm birth. In California, 20.9% of women of childbearing age were obese in 2005. ⁽⁵⁾

Footnotes

- Preterm is less than 37 completed weeks of pregnancy. Very preterm is less than 32 completed weeks.
- Low birthweight is less than 2500 grams (5 1/2 pounds). Very low birthweight is less than 1500 grams (3 1/3 pounds).
- 2010 rates based on U.S. Healthy People Objectives.
- All race categories exclude Hispanic births.
- Women of childbearing age are defined as 18-44 years.
- Obesity is defined as a Body Mass Index of 30 or more.

Source

- 1 National Center for Health Statistics, final natality data.
- 2 Analysis by March of Dimes Perinatal Data Center using National Inpatient Sample, Agency for Healthcare Research and Quality.
- 3 Iams JD. The epidemiology of preterm birth. *Clin Perinatol.* 2003;30:651-54.
- 4 Prematurity risk factors compiled by March of Dimes available at <http://www.marchofdimes.com/prematurity/riskfactors>.
- 5 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

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