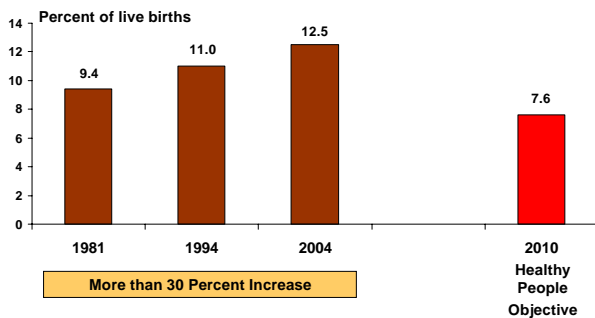




THE GROWING PROBLEM OF PREMATURITY

According to the latest final data from the National Center for Health Statistics (NCHS), the percentage

Figure 1
Preterm Births
United States, 1981-2004



of babies born prematurely¹ has risen to more than 12.5 percent, the highest level in two decades, and a more than 30 percent increase since 1981 (Fig 1).² In 2004, more than half a million babies were born prematurely in the U.S.²

Prematurity is the leading cause of newborn death – accounting for 25 percent of deaths in the first month of life.³

Babies born prematurely have less developed organs than full-term babies, and are more likely to face serious multiple health problems following delivery. Premature babies often require care in a neonatal intensive care unit (NICU), which has specialized medical staff and equipment.

In 2005, the annual societal economic cost (medical, educational, and lost productivity) from birth through early childhood associated with preterm birth in the United States was at least \$26.2 billion.⁴ During that same year the average first year medical costs, including both inpatient and outpatient care were about 10 times greater for preterm (\$32,325) than for term infants (\$3,325).⁴ The average length of stay was 9 times as long for a preterm infant (13

days) compared with an infant born at term (1.5 days).⁴

Premature babies who survive may suffer lifelong consequences, including cerebral palsy, mental retardation, chronic lung disease, and vision and hearing loss.

While many of the underlying cause(s) of preterm birth are not well known, the 3 known risk factors for preterm labor most consistently identified by experts are:

1. multifetal pregnancy (e.g., twins, triplets);
2. a woman's past history of preterm delivery;
3. some uterine and/or cervical abnormalities.

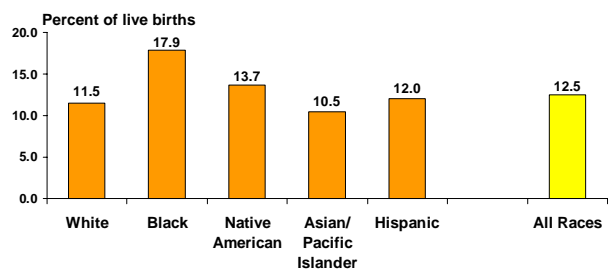
Other possible risk factors may include:

- high blood pressure, diabetes, clotting disorders, obesity, or other chronic health problems in the mother;
- certain infections during pregnancy;
- cigarette smoking, alcohol use, or illicit drug use during pregnancy.

Rates of premature birth vary by race/ethnicity.

In 2004, rates of premature birth for non-Hispanic black women were the highest among all racial/ethnic groups (Fig. 2).²

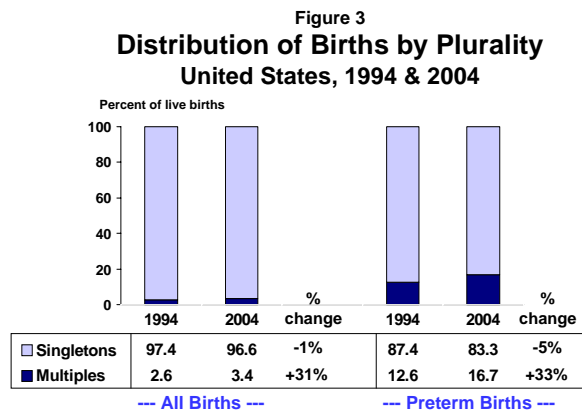
Figure 2
Preterm Births by Maternal Race/Ethnicity
United States, 2004



All race categories exclude Hispanic births.

Multiple births increasing

The percentage of all live births that were multiples in the United States increased 31 percent between 1994 and 2004; among preterm births, the percentage of multiples increased 33 percent (Fig. 3).² However, the rise in multiple births does not explain all of the increase in preterm birth rates.



Advances in maternal, fetal and neonatal management, including advances in medical technologies, helped reduce the overall infant mortality rate in the U.S. more than 23 percent between 1990 and 2003.^{3,5} Targeting additional opportunities for reducing premature births is a priority for the March of Dimes.

THE PREMATURITY CAMPAIGN

In January 2003, the March of Dimes launched a multiyear multimillion-dollar Prematurity Campaign.

The goals of this campaign are:

- Raise awareness of the problems of prematurity to 60 percent for women of childbearing age, and 50 percent for the general public by 2010.
- Reduce the rate of premature birth from 12.1 percent in 2002 to 7.6 percent in 2010, in accordance with the U.S. Public Health service *Healthy People 2010* objective.

The six aims of the campaign are:

1. Generate concern and action around the problem of prematurity.
2. Educate women of childbearing age about risk reduction and warning signs of preterm birth.
3. Provide affected families with information, emotional support, and opportunities to help other families.

4. Assist health care practitioners to improve prematurity risk detection and address risk-associated factors.
5. Encourage investment of more public and private research dollars to identify causes of preterm labor and prematurity, and to identify and test promising interventions.
6. Advocate to expand access to health coverage in order to improve maternity and infant health outcomes.

What Are the Warning Signs of Preterm Labor?

The answers to this and other questions on preconception, pregnancy, nutrition, and newborn screening are available from the March of Dimes Pregnancy & Newborn Health Education CenterSM at marchofdimes.com. For answers in Spanish, visit the March of Dimes Spanish Web site at nacersano.org.

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education, and advocacy to save babies.

References

- ¹ Premature birth is defined as birth at less than 37 completed weeks of gestation.
- ² Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S. Births: Final Data for 2004. National Vital Statistics Reports; vol. 55, no 1. Hyattsville, Maryland: National Center for Health Statistics, 2006.
- ³ Mathew TJ and MacDorman MF. Infant Mortality Statistics from the 2003 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports; vol. 54, no 16. Hyattsville, Maryland: National Center for Health Statistics, 2006.
- ⁴ Institute of Medicine. 2006. Preterm Birth: Causes, Consequences, and Prevention. National Academy Press, Washington, D.C. Published and unpublished analyses.
- ⁵ National Center for Health Statistics. Health, United States 2005 with Chartbook on Trends in the Health of Americans. Hyattsville, Maryland: 2005.