

Nation Gets a “D”; Connecticut Receives a “C”

March of Dimes Releases Premature Birth Report Card

(Hartford, CT, NOV. 12, 2008) - The United States is failing hundreds of thousands of its youngest citizens on the day they are born, according to the March of Dimes. Connecticut does better than most in preventing prematurity but still has a long way to go.

In the first of what will be an annual Premature Birth Report Card, the nation received a “D” and not a single state earned an “A,” when the March of Dimes compared actual preterm birth rates to the national Healthy People 2010 objective. The grade of “C” indicates how far Connecticut, with a preterm birth rate of 10.4 percent, is from the Healthy People 2010 objective of 7.6 percent of all live births. Latest available data (2005) show that the national preterm birth rate is 12.7 percent.

The only state to earn a “B” was Vermont. Eight states earned a “C,” 23 states earned a “D,” and 18 states plus Puerto Rico and the District of Columbia got failing grades of “F.”

“It is unacceptable that our nation is failing so many preterm babies,” said Jennifer L. Howse, PhD, president of the March of Dimes. “We are determined to find and implement solutions to prevent preterm birth, based on research, best clinical practices, and improved education for moms.”

In addition to providing state rankings, the March of Dimes Premature Birth Report Card analyzes contributing factors and prevention opportunities, including rates of late preterm birth, smoking, and uninsured women of child-bearing age. In Connecticut, the rate of late preterm births is 7.1 percent; the rate of women smoking is 16.7 percent, and the rate of uninsured women is 13.5 percent.

“The Report Card illustrates the importance of ensuring every pregnant woman in Connecticut has access to health coverage, and it further stresses the value of smoking prevention and cessation,” said Dr. Charles Lockwood, March of Dimes research grantee and chair of the Department of OB/GYN at Yale University School of Medicine. “These issues will continue to be March of Dimes advocacy priorities.”

The Report Card also calls for:

- *Expanded federal support for prematurity-related research to uncover the causes of premature birth and lead not only to strategies for prevention, but also improved care and outcomes for preterm infants.
- *Hospital leaders to voluntarily review all Cesarean-section births and inductions of labor that occur before 39 weeks gestation, in an effort to reverse America’s rising preterm birth rate. The review should ensure that all c-sections and inductions meet established professional guidelines.
- *Policymakers to improve access to health coverage for women of childbearing age and to support smoking cessation programs as part of maternity care.
- *Businesses to create workplaces that support maternal and infant health, such as providing private areas to pump breast milk, access to flextime, and information about how to have a healthy pregnancy and childbirth.

November 12th marks the nation’s 6th Annual Prematurity Awareness Day, a time when the March of Dimes mobilizes volunteers and parents to draw attention to premature birth (birth before 37 weeks gestation), which affects more than 530,000 babies each year in the United States. Premature birth is the leading cause of newborn death and a major cause of lifelong disability.

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In this election year, the March of Dimes invites all Americans to help send a message to our new President and to federal and state lawmakers by signing the 2008 Petition for Premies at marchofdimes.com/petition.

The purpose of the Petition and the Report Card is to raise public awareness of the growing crisis of preterm birth so elected and appointed officials will commit more resources to address this problem and policymakers will support development of strategies that benefit mothers and babies.

The Report Card also is supported by the American Academy of Pediatrics, the Association of Women's Health Obstetric and Neonatal Nurses, the National Business Group on Health, the American Benefits Council and dozens of other businesses and maternal and infant health organizations.

"The workplace standards recommended by the March of Dimes are a clear, tangible and practical way for businesses to support mothers and help them deliver healthy, full-term babies," said Dr. Dick Salmon, National Medical Director, CIGNA.

The March of Dimes says that in 2009, Report Card grades will reflect state actions taken that have the potential to reduce preterm birth rates in future years.

Preterm birth is the leading cause of death in the first month of life in the United States. The preterm birth rate has increased more than 20 percent since 1990 and costs the nation more than \$26 billion a year, according to the Institute of Medicine report issued in July 2006.

Babies who survive a premature birth face the risk of serious life-long health problems including learning disabilities, [cerebral palsy](#), blindness, [hearing loss](#), and other chronic conditions including asthma. Even infants born just a few weeks too soon have a greater risk of breathing problems, feeding difficulties, temperature instability (hypothermia), jaundice and delayed brain development.

The March of Dimes is the leading nonprofit organization for pregnancy and baby health. Its mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. For the latest resources and information, visit marchofdimes.com or nacersano.org.

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2008 Premature Birth Report Card

Connecticut
Preterm Birth Rate: **10.4%**
U.S. Rank: **3rd**
Grade: **C***

Connecticut's preterm birth rate is more than 30% higher than the Healthy People 2010 objective of 7.6% and increased by more than 7% between 1995 and 2005. Disparities exist among population subgroups. While research continues on the causes of preterm birth, the nation can address some contributing factors and prevention opportunities. Three of these are below.

Selected Contributing Factors	Rate (%)	Comments
Uninsured Women	13.5%	About 1 in 7 women of childbearing age in Connecticut has no health insurance coverage. Health care access before and during pregnancy can help identify and manage conditions that contribute to premature birth.
Women Smoking	16.7%	About 1 in 6 women of childbearing age in Connecticut is a smoker. Smoking cessation programs can reduce the risk of premature birth.
Late Preterm Births	7.1%	About 1 in 14 live births in Connecticut is late preterm (34-36 weeks gestation). The rise in late preterm births has been linked to rising rates of early induction of labor and c-sections.

March of Dimes Call for Action

1. We urge the federal government to increase support for prematurity-related research and data collection as recommended by the Institute of Medicine and the Surgeon General's Conference on the Prevention of Preterm Birth, to: (a) identify the causes of premature birth; (b) test strategies for prevention; (c) improve the care, treatment and outcomes of preterm infants; and (d) better define and track the problem of premature birth.
2. We urge federal and state policymakers to expand access to health coverage for women of childbearing age and to support smoking cessation programs as part of maternity care.
3. We call on hospitals and health care professionals to voluntarily assess c-sections and inductions which occur prior to 39 weeks gestation to ensure consistency with professional guidelines.
4. We call on the business community to create workplaces that support maternal and infant health.
5. We invite all concerned citizens to sign the 2008 "Petition for Premies" at marchofdimes.com/petition and learn how you can help.

* Grade based solely on preterm birth rate, not on rates of contributing factors.



2008 Premature Birth Report Card • Technical Notes

Data Sources and Notes

All calculations were conducted by the March of Dimes Perinatal Data Center.

Indicator	Definition	Data Sources	
		50 states and D.C.	Puerto Rico
Preterm birth (%)	Percentage of all live births less than 37 completed weeks gestation	National Center for Health Statistics (NCHS), 2005 final birth data	Puerto Rico Health Department, 2005 final birth data
Late preterm birth (%)	Percentage of all live births between 34 and 36 weeks gestation	NCHS, 2005 final birth data	Puerto Rico Health Department, 2005 final birth data
Uninsured women (%)	Percentage of women ages 15-44 with no source of health insurance coverage	U.S. Census Bureau, Current Population Survey, 2004-2006 average	Percentage of women ages 18-44 with no health care coverage, Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2007 data
Women smoking (%)	Percentage of women ages 18-44 who currently smoke either every day or some days and have smoked at least 100 cigarettes in their lifetime	CDC, BRFSS, 2007 data	CDC, BRFSS, 2007 data

Where possible, national data sources were used so that data would be consistent for each state and jurisdiction-specific premature birth report card. Therefore, data provided on the report card may differ from data obtained directly from state or local health departments and vital statistics agencies. This could be due to multiple causes. For example, as part of the Vital Statistics Cooperative Program, states are required to send NCHS natality and mortality data for a given year by a specific date. Sometimes states receive data after this date, which may result in slight differences in the rates calculated using NCHS-processed data and state-processed data. Another reason preterm birth rates, in particular, may vary could be due to differences in the way NCHS and the states calculate variables and impute missing data. Collaboration among March of Dimes chapters, state and local health departments and other local partners, will provide a deeper understanding of specific contributors to preterm birth.

Grading Methodology

Preterm birth report card grades were based solely on preterm birth rates and not rates of uninsured women, women smoking or late preterm birth. Grades for the 50 states, District of Columbia, Puerto Rico and United States total were calculated with respect to progress needed toward the U.S. Department of Health and Human Service's Healthy People (HP) 2010 objective for preterm birth of "no more than 7.6%." To determine the progress needed to achieve the HP 2010 objective, a "HP 2010 score" was calculated using the following formula: (preterm birth rate - HP 2010 objective) / standard deviation of 2005 state and D.C. preterm birth rates. Scores were rounded to one decimal place. Each jurisdiction was then assigned a grade based on the following criteria:

For example: Vermont's HP 2010 score = $(9.0\% - 7.6\%) / 1.87 = 0.7$ Based on this score, VT received a "B" grade in 2008

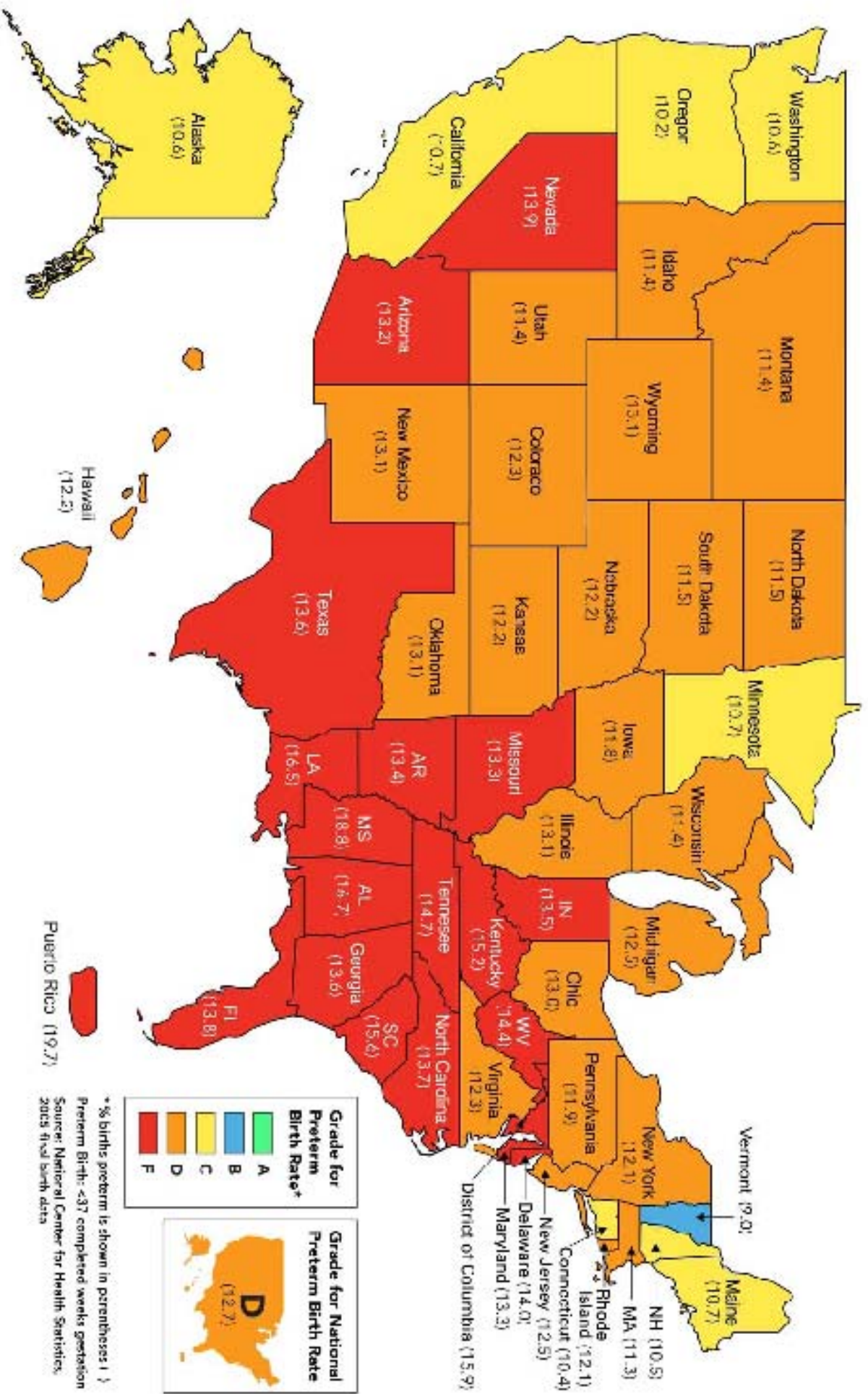
Grade	Criteria
A	Less than or equal to 7.6% (HP 2010 score of less than or equal to 0)
B	Between 7.6% and 1 standard deviation above 7.6% (HP 2010 score of greater than 0, but less than 1)
C	Greater than 1, but less than 2 standard deviations above 7.6% (HP 2010 score greater than or equal to 1, but less than 2)
D	Greater than 2, but less than 3 standard deviations above 7.6% (HP 2010 score greater than or equal to 2, but less than 3)
F	3 or more standard deviations above 7.6% (HP 2010 score greater than or equal to 3)

MARCH OF DIMES PRETERM BIRTH REPORT CARD NOVEMBER 2008

State Name	Preterm Birth Rate	US Rank for preterm birth rate	Grade for preterm birth rate	Rate Uninsured Women	Rate Women Smoking	Rate Late Preterm Birth
Alabama	16.7	50	F	19.7	23.2	11.5
Alaska	10.6	6	C	22.4	21.3	8.1
Arizona	13.2	33	F	25.7	17.6	9.9
Arkansas	13.4	36	F	25.6	22.3	9.6
California	10.7	9	C	22.7	11.0	7.8
Colorado	12.3	25	D	21.0	19.8	8.9
Connecticut	10.4	3	C	13.5	16.7	7.1
Delaware	14.0	43	F	15.0	22.8	9.8
District of Columbia	15.9	48	F	11.9	15.8	10.4
Florida	13.8	41	F	27.0	19.7	9.8
Georgia	13.6	39	F	22.6	19.3	10.0
Hawaii	12.2	22	D	10.4	17.3	8.6
Idaho	11.4	11	D	19.8	19.4	8.6
Illinois	13.1	31	D	17.0	21.2	9.2
Indiana	13.5	37	F	17.6	26.8	9.6
Iowa	11.8	17	D	13.1	23.6	8.4
Kansas	12.2	23	D	17.0	19.8	8.9
Kentucky	15.2	46	F	19.4	34.2	11.0
Louisiana	16.5	49	F	25.6	21.6	11.4
Maine	10.7	7	C	11.3	26.4	7.8
Maryland	13.3	35	F	18.0	18.3	9.3
Massachusetts	11.3	10	D	10.1	18.7	8.0
Michigan	12.5	26	D	15.5	24.1	8.8
Minnesota	10.7	8	C	11.2	16.7	7.8
Mississippi	18.8	51	F	25.2	22.9	13.2
Missouri	13.3	34	F	18.2	27.4	9.6
Montana	11.4	13	D	21.5	24.4	8.7
Nebraska	12.2	21	D	14.4	19.5	8.6
Nevada	13.9	42	F	22.3	18.8	10.2
New Hampshire	10.5	4	C	13.9	21.7	7.5
New Jersey	12.5	27	D	19.5	17.1	8.7
New Mexico	13.1	32	D	30.3	18.9	9.4
New York	12.1	20	D	17.4	17.8	8.5
North Carolina	13.7	40	F	22.0	24.1	9.5
North Dakota	11.5	16	D	13.3	24.4	8.3
Ohio	13.0	28	D	14.5	27.4	9.2
Oklahoma	13.1	30	D	26.9	26.4	9.5
Oregon	10.2	2	C	22.3	16.9	7.6
Pennsylvania	11.9	18	D	12.3	27.2	8.2
Rhode Island	12.1	19	D	13.6	18.9	8.6
South Carolina	15.6	47	F	20.8	21.7	10.8
South Dakota	11.5	15	D	15.4	24.0	8.8
Tennessee	14.7	45	F	16.1	26.6	10.4
Texas	13.6	38	F	31.4	18.1	9.8
Utah	11.4	14	D	18.9	9.3	8.6
Vermont	9.0	1	B	14.5	20.8	6.4
Virginia	12.3	24	D	17.8	18.9	8.8
Washington	10.6	5	C	14.7	19.0	7.8
West Virginia	14.4	44	F	23.1	32.6	10.7
Wisconsin	11.4	12	D	10.9	23.9	8.1
Wyoming	13.1	29	D	21.5	25.8	9.7
Puerto Rico	19.7	52	F	6.4	8.6	15.0
US	12.7		D	20.1	21.2	9.1



2008 Premature Birth Report Card





2008 Premature Birth Report Card

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

The United States' preterm birth rate is more than 60% higher than the Healthy People 2010 objective of 7.6% and increased by more than 15% between 1995 and 2005. Disparities exist among population subgroups. While research continues on the causes of preterm birth, some contributing factors and prevention opportunities can be addressed. Three of these are below.

Selected Contributing Factors	Rate (%)	Comments
Uninsured Women	20.1%	About 1 in 5 women of childbearing age has no health insurance coverage. Health care access before and during pregnancy can help identify and manage conditions that contribute to premature birth.
Women Smoking	21.2%	About 1 in 5 women of childbearing age is a smoker. Smoking cessation programs can reduce the risk of premature birth.
Late Preterm Births	9.1%	About 1 in 11 live births is late preterm (34-36 weeks gestation). The rise in late preterm births has been linked to rising rates of early induction of labor and c-sections.

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