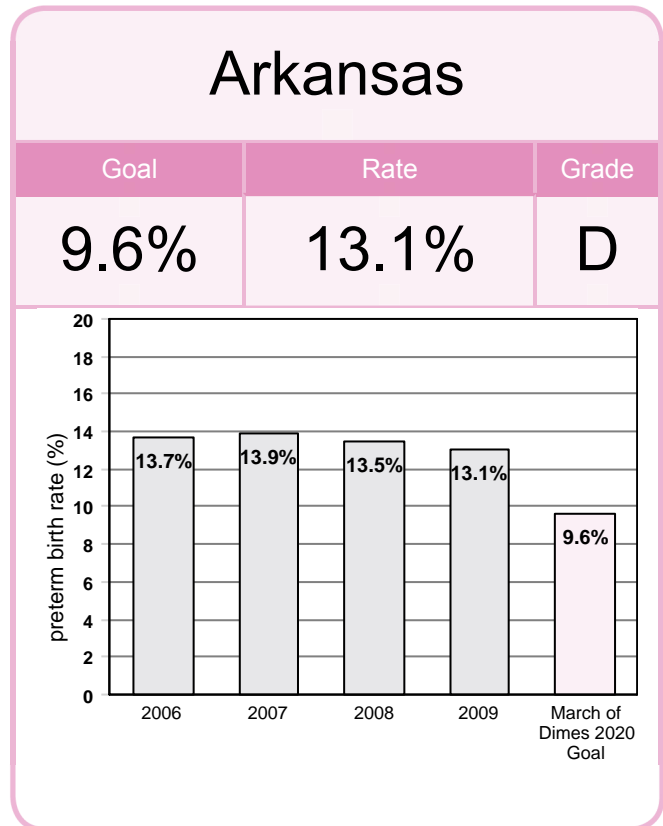


March of Dimes 2011 Premature Birth Report Card

The March of Dimes graded states by comparing each state's rate of premature birth to the March of Dimes 2020 goal of 9.6 percent. Preterm birth is the leading cause of newborn death in the United States. 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, and on interventions and quality improvement initiatives to improve outcomes.



Status of Selected Contributing Factors				
Factor	Previous Rate	Latest Rate	Status	Recommendation
Uninsured Women	27.5%	27.6%	✗	Health care before and during pregnancy can help identify and manage conditions that contribute to premature birth. We urge federal and state policy-makers to accelerate implementation of health reform by expanding coverage for women of childbearing age, and we urge employers to create workplaces that support maternal and infant health.
Women Smoking	27.4%	24.5%	★	Smoking cessation programs can reduce the risk of premature birth. We urge federal and state policy-makers to immediately implement comprehensive coverage of smoking cessation provisions of health reform.
Late Preterm Birth	9.7%	9.2%	★	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 establish quality improvement programs that ensure consistency with professional guidelines regarding c-sections and inductions prior to 39 weeks gestation.

★ = 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 Arkansas Chapter at (501) 663-3100.

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Technical Notes

Data Sources and Notes

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), 2009 preliminary, 2008, 2007 and 2006 final birth data	Puerto Rico Health Department, 2009 preliminary, 2008, 2007 and 2006 final birth data
Late preterm birth (%)	Percentage of all live births between 34 and 36 weeks gestation	NCHS, 2009 preliminary and 2008 final birth data	Puerto Rico Health Department, 2009 preliminary and 2008 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, 2009-2011 (reflecting insurance status for 2008-2010 average) and 2008-2010 (for 2007-2009 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), 2010 and 2009 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 her lifetime	CDC, BRFSS, 2010 and 2009 data	CDC, BRFSS, 2010 and 2009 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.

March of Dimes 2020 Goal

Preterm birth report card grades are based solely on the distance of a state's rate of preterm birth from the March of Dimes goal of 9.6%. The goal of 9.6% was determined by using published research to estimate the maximum achievable benefits of applying known strategies to prevent preterm birth – such as smoking cessation programs, progesterone treatments for medically eligible women, lowering the number of pregnancies from infertility treatments that result in multiples, and preventing medically unnecessary c-sections and inductions before 39 weeks of pregnancy. The new goal also expects that more women will have insurance coverage in the future, and that continued research will yield new medical advances in the next decade.

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Technical Notes, continued

Grading Methodology

A score was calculated to determine how many standard deviations each jurisdiction's rate was from the goal, and a grade was assigned based on the criteria below. To determine the grade ranges, a score was calculated in 2011 using the following formula: $(2009 \text{ preliminary preterm birth rate} - 9.6) / \text{standard deviation of preliminary 2009 state and D.C. preterm birth rates}$. Scores were rounded to one decimal place. All grade calculations conducted by the March of Dimes Perinatal Data Center.

Grade	Preterm birth rate range/Scoring criteria
A	Preterm birth rate less than or equal to 9.6% (Score less than or equal to 0)
B	Preterm birth rate greater than 9.6%, but less than 11.3% (Score greater than 0, but less than 1)
C	Preterm birth rate greater than or equal to 11.3%, but less than 12.9% (Score greater than or equal to 1, but less than 2)
D	Preterm birth rate greater than or equal to 12.9%, but less than 14.6% (Score greater than or equal to 2, but less than 3)
F	Preterm birth rate greater than or equal to 14.6% (Score greater than or equal to 3)

Selected Contributing Factors

The March of Dimes has identified and provided geographically-specific data for three "selected contributing factors": uninsured women, women smoking and late preterm births. While these important and potentially modifiable factors represent prevention opportunities for consumers, health professionals, policymakers and employers, they do not represent an exhaustive list of contributors to preterm birth. With the momentum provided by the premature birth report card, states and jurisdictions may likely identify and take action to address other potentially modifiable contributors that play important roles in the prevention of preterm birth.

Status of Contributing Factors

Rates for all contributing factors were rounded to one decimal. Under the status column, changes in rates of contributing factors between the baseline and current year were designated with either a star, an X, or n/c. A star signifying movement in the right direction was designated for a decline in the rates of contributing factors. An X signifying movement in the wrong direction was assigned for an increase in the rates of contributing factors. No change between the baseline and current year was designated with an n/c. Status of contributing factors calculations conducted by the March of Dimes Perinatal Data Center.