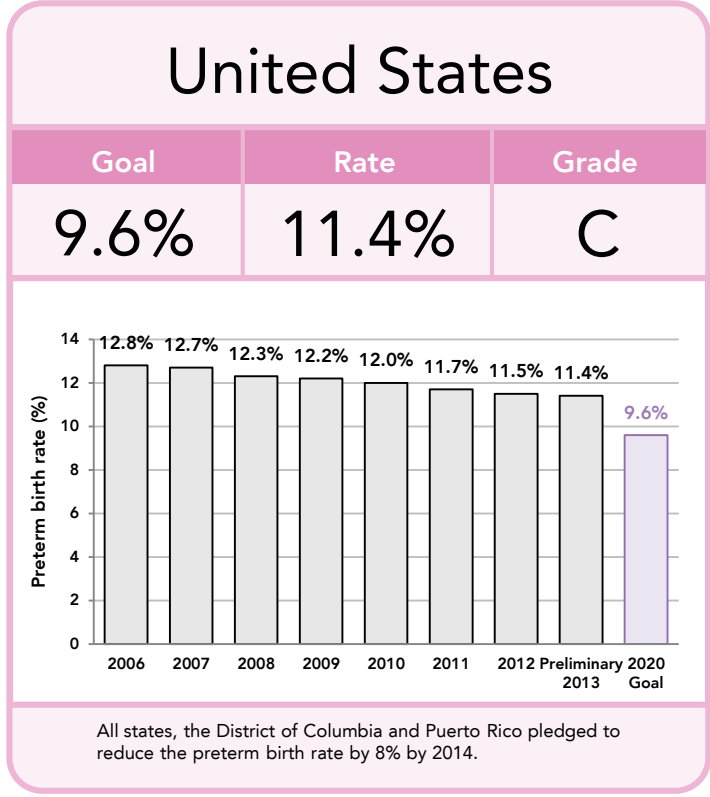


March of Dimes 2014 Premature Birth Report Card

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 8 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	Recommendation
Uninsured women	20.1%	19.8%	★	Health care before, during and after pregnancy can help identify and manage conditions that contribute to premature birth. We urge policymakers to expand insurance coverage, including Medicaid, for women of childbearing age, and we urge employers to create workplaces that support maternal and infant health.
Late preterm birth	8.1%	8.0%	★	Most premature babies are born just a few weeks early, but these babies are still at increased risk for death and disability. Some babies may be born early as the result of an induction or c-section that is not medically necessary. We call on hospitals and health professionals to eliminate early elective deliveries before 39 weeks of completed gestation that are not medically necessary.
Women who smoke	20.8%	20.5%	★	Quitting smoking can reduce women's risk of premature birth. We urge policymakers to pursue initiatives that prevent tobacco use and help women quit smoking.

★ = moving in the right direction n/c = no change ✗ = moving in the wrong direction

Preterm birth rates by race and ethnicity	<p>Hispanic 11.6% White 10.3% Black 16.5% Native American 13.4% Asian 10.0%</p>	<p>The March of Dimes is concerned about inequities 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.</p>
--	--	---

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 (914) 997-4286.

March of Dimes 2014 Premature Birth Report Card

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), 2013 preliminary, 2012, 2011, 2010, 2009, 2008, 2007 and 2006 final birth data	National Center for Health Statistics (NCHS), 2013 preliminary, 2012, 2011, 2010, 2009, 2008, 2007 and 2006 final birth data
Late preterm birth (%)	Percentage of all live births between 34 and 36 weeks gestation	NCHS, 2013 preliminary and 2012 final birth data	NCHS, 2013 preliminary and 2012 final birth data
Uninsured women (%)	Percentage of women ages 15-44 with no source of health insurance coverage	U.S. Census Bureau, American Community Survey, 2013 and 2012 data	Percentage of women ages 18-44 with no health care coverage, Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2013 and 2012 data
Women who smoke (%)	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, 2013 and 2012 data	CDC, BRFSS, 2013 and 2012 data
Preterm birth (%) by race/ethnicity	Percentage of all live births less than 37 completed weeks gestation by race/ethnicity of the mother	NCHS 2012 final birth data, 3-year average for Maine and Montana (2010 to 2012), 4-year average for Vermont (2009 to 2012)	Not shown

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

Premature 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 cesarean sections and inductions before 39 weeks of pregnancy. This 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.

March of Dimes and the Association of State and Territorial Health Officials (ASTHO) Pledge

The March of Dimes and ASTHO have established an interim goal to reduce the preterm birth rate in each state by a minimum of 8 percent by 2014. Progress towards the goal is measured from the 2009 baseline preterm birth rate according to data from NCHS and calculated by the March of Dimes Perinatal Data Center.

March of Dimes 2014 Premature Birth Report Card

Technical Notes

Grading Methodology

A grade was assigned based on how many standard deviations each jurisdiction's rate was from the goal. The grade ranges were established 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 were 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 Prevention Strategies

The March of Dimes has identified and provided state- and jurisdiction-specific data related to three "prevention strategies": 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 Prevention Strategies

Rates for prevention strategy data were rounded to one decimal. Under the status column, changes in rates of these contributing factors between the previous 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 these rates. An X signifying movement in the wrong direction was assigned for an increase in these rates. No change between the previous and current year was designated with an n/c. Status calculations were conducted by the March of Dimes Perinatal Data Center.

Preterm Birth by Race/Ethnicity of the Mother

Race and Hispanic ethnicity are reported separately on the birth certificate. Rates for Hispanic women shown here include all racial categories (white, black, Native American, Asian). Rates for non-Hispanic women are classified according to race. The Native American category includes American Indian or Alaska Native. The Asian category includes Asian or Pacific Islander. In order to provide reliable rates, a numerator of 20 was required for a category to appear on the report card. For more information on race/ethnicity see the "User guide for the 2012 natality public use file" available from: www.cdc.gov/nchs/data_access/Vitalstatsonline.htm.