

November is World Prematurity Month

Rates of premature births are continuing to climb in the United States, with 1 in 10 babies being born before 37 weeks gestation.ⁱ



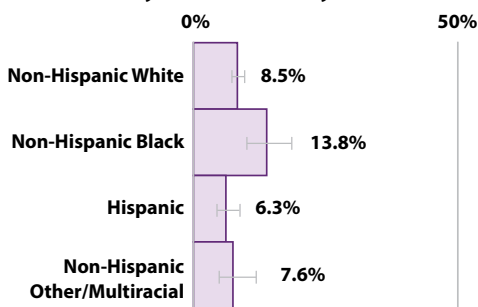
While births before 34 weeks gestation have remained relatively steady in recent years, preterm birth rates (under 37 weeks gestational age) remain highest among the Black, non Hispanic; American Indian or Alaska Native; Native Hawaiian or Other Pacific Islander; and Hispanic populations.ⁱⁱ

While Kansas falls slightly below the national average for prematurity at 10.1%, large disparities exist with Black mothers experiencing premature deliveries 51% more often than those of other races.ⁱⁱⁱ Factors such as inadequate health care coverage, poverty, chronic disease and smoking, as well as inadequate prenatal education are identified as being contributing factors for premature births. To learn more about contributing factors and reducing disparities in preterm birth, please see November's [Did You Know](#) and the [Preterm Births in Kansas](#) Infographic.

Prevalence of Preterm Birth, Among Kansas Women with a Recent Live Birth

Data were gathered from the Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2019. PRAMS is a survey in which women who have recently given birth are interviewed about their health and experiences before, during, and shortly after pregnancy.

By Race/Ethnicity^{iv}**

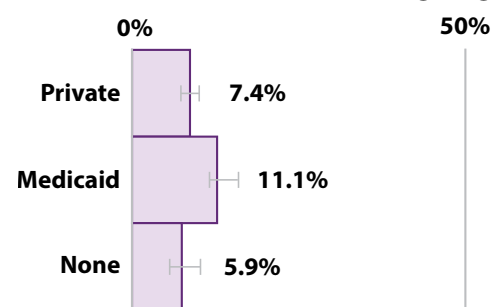


* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

A higher proportion of non-Hispanic Black mothers gave birth to a preterm infant, compared to non-Hispanic White mothers, non-Hispanic mothers of other race, and Hispanic mothers.

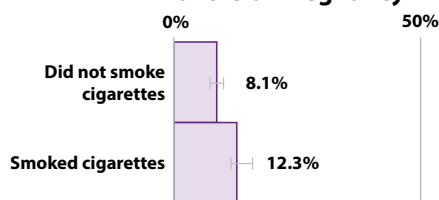
The estimated prevalence of preterm birth was significantly higher ($p < 0.05$) among non-Hispanic Black women, compared to non-Hispanic White women, Hispanic women, and non-Hispanic women of other/mixed race.

By Self-Reported Health Insurance Status During Pregnancy^{iv}**



The prevalence also varied by the type of health insurance that women reported having for their prenatal care. Women whose primary insurance for prenatal care was Medicaid had a significantly higher prevalence of preterm birth, compared to women who had private insurance or who were uninsured.

By Self-Reported Smoking Status in the Last 3 Months of Pregnancy^{iv}**

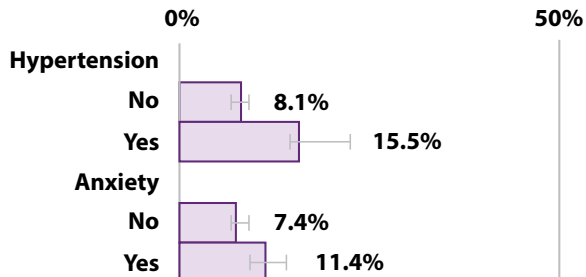


Preterm birth was also associated with smoking status and pre-existing health conditions. The prevalence of preterm birth was significantly higher among women who reported smoking cigarettes during the last 3 months of pregnancy, compared to those who had not smoked during this time.

**Error bars represent 95% confidence intervals.
Records with gestational age outside the range of 17-47 weeks were excluded.

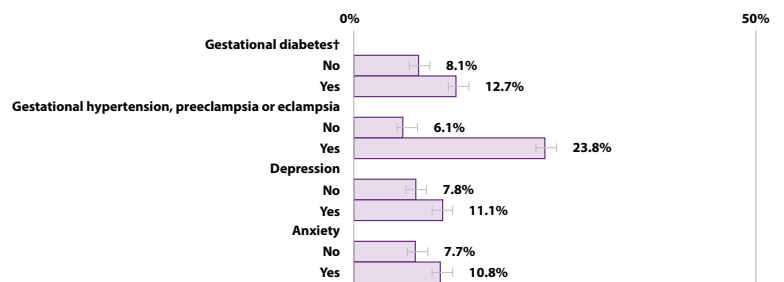
Prevalence of Preterm Birth, Among Kansas Women with a Recent Live Birth

By Self-Reported Health Conditions in the 3 Months Before Pregnancy^{iv**}



The prevalence was also significantly higher among women who reported having hypertension or anxiety during the 3 months before pregnancy, compared to those who did not have hypertension or anxiety during this time, respectively.

By Self-Reported Health Conditions During Pregnancy^{iv**}



Women who reported having gestational diabetes, pregnancy-related hypertension (including gestational hypertension, preeclampsia, or eclampsia), depression, or anxiety had a significantly higher prevalence of preterm birth, compared to women who did not report having these health conditions, respectively.

[†] Gestational diabetes was indicated if the respondent answered "yes" to having gestational diabetes. Those who also indicated having diabetes in the 3 months before pregnancy were not included. Records with gestational age outside the range of 17-47 weeks were excluded.

^{**}Error bars represent 95% confidence intervals.

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System, 2017-2019

Impact of Prematurity

Preterm birth does not only have negative effects on families, but also on our communities and our nation as a whole. Unfortunately, data on the cost of preterm birth to society is not routinely collected.

In one of the most comprehensive studies to date, a 2007 Institute of Medicine (IOM) review estimated that the societal economic burden associated with prematurity in the US was at least \$26.2 billion annually in 2005 dollars, or \$51,600 per infant born preterm. Premature babies are more likely to stay in the hospital longer, need more medical care, may develop learning and behavior problems, may have trouble in school, and have a higher risk of needing early intervention and special education services.^v

Our Role as Health Educators



As health care providers and health educators, we know the importance of quality education and accessible health care and resources for the families we serve. Providing Kansas families with affordable, comprehensive, and accessible opportunities for prenatal care and education is paramount to battling rising prematurity rates. Information provided by resources such as the [Healthy Babies Are Worth the Wait](#) campaign, aimed at educating about the importance of the last few weeks of pregnancy, can help families make healthier choices for their child.^{vi} Additionally, encouraging frequent appointments with their providers and to follow through with tobacco cessation programs and mental health treatment can make the difference between a preterm and full-term delivery.^{vii} Please utilize the below resources and join us as we observe World Prematurity Month throughout the month of November and World Prematurity Day on November 17!

i. Centers for Disease Control and Prevention (CDC), Reproductive Health, Maternal and Infant Health, Preterm Birth; last reviewed: October 30, 2020; retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>

ii. CDC, National Center for Health Statistics, Vital Statistics Rapid Release, Number 012 (May 2021); retrieved from <https://www.cdc.gov/nchs/data/vsrr/vsrr012-508.pdf>

iii. March of Dimes, Peristats, 2020 Report Card for Kansas; retrieved from <https://www.marchofdimes.org/peristats/tools/reportcard.aspx?reg=20>

iv. Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2019

v. Journal of Perinatology, Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008–2016, February 26, 2020; retrieved from <https://www.nature.com/articles/s41372-020-0635-z>

vi. March of Dimes, Infographic: Healthy Babies are Worth the Wait; retrieved from <https://www.marchofdimes.org/pregnancy/pregnancy-hbwww.aspx>

vii. CDC, Tips From Former Smokers, Smoking, Pregnancy, Babies; last reviewed March 23, 2020; retrieved from <https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html>

^{**}Error bars represent 95% confidence intervals.

Resources

World Prematurity Month/Day Specific:

- [Prematurity Month Awareness Toolkit](#) by March of Dimes
- [World Prematurity Day 2021 Campaign Materials](#) by Healthy Newborn Network
- [World Prematurity Day 2021 Resources Toolbox](#) by European Foundation for the Care of Newborn Infants
- [World Prematurity YouTube Video](#) by March of Dimes

Provider/Educator Resources:

- [Kansas March of Dimes 2020 Report Card](#)
- [Premature Birth](#) – Access to Research and Data, Strategies and Activities – Centers for Disease Control and Prevention (CDC)
- Public Health Strategies to Prevent Preterm Birth – CDC Public Health Grand Rounds
 - [Archived Presentation](#)
 - [Publication](#)
- [Kansas Perinatal Quality Collaborative](#)
- [Know Your Terms – Information for Health Care Providers](#) – US Department of Health and Human Services, National Institutes of Health
 - [Provider Materials](#)
- The American College of Obstetricians and Gynecologists - Committee Opinions, Practice Bulletins/Advisory and News Releases:
 - [Definition of Term Pregnancy](#) – Committee Opinion Number 579
 - [ACOG Improves Outcomes for Preterm Births Through New Recommendations](#) – News Release
- [Elimination of Non-Medically Indicated Deliveries Before 39 Weeks Gestational Age](#) – March of Dimes
- [Smoking Cessation in Pregnancy: An Update for Maternity Care Practitioners](#) – US National Library of Medicine

Cross-Sector Initiatives and Toolkits:

- [IMPLICIT Interconception Care Toolkit](#) – March of Dimes
- [Go the Full 40 Campaign Toolkit](#) – Association of Women’s Health, Obstetrical, and Neonatal Nurses (AWHONN)

Patient/Client Resources:

- [Is It Worth It?](#) – Information for Moms-to-be on reducing elective deliveries before 39 weeks
- [40 Reasons to Go the Full 40](#)
- [Importance of Prenatal Care](#) by March of Dimes
- [Progesterone Treatments to Help Prevent Premature Birth](#) by March of Dimes
- [Low-Dose Aspirin to Prevent Preeclampsia and Premature Birth](#) by March of Dimes
- [Waiting At Least 18 Months Between Pregnancies Can Reduce the Risk of Premature Birth](#) by March of Dimes
- [Preterm Labor](#) by March of Dimes
- [Smoking, Pregnancy, and Babies](#) by CDC
- [Amanda B’s Story](#)
- [Information and Frequently Asked Questions](#) by CDC

Infographics:

- [Healthy Babies Are Worth the Wait](#) by March of Dimes
- [Signs and Symptoms of Preterm Labor](#) by March of Dimes
- [Your Baby Grows Throughout Your Entire Pregnancy](#) by CDC
- Factors Associated with Preterm Birth
 - [Black Woman Infographic](#)
 - [Caucasian Woman Infographic](#)

Videos:

- [Is it Worth It?](#) – Why the Last Weeks of Pregnancy Count
- [Preterm Labor Signs and Symptoms](#) – Childbirth Education
- [Signs of Preterm Labor](#) by Kaiser Permanente
- [Signs of Preterm Labor](#) by March of Dimes

Social Media Posts



1. Disparities in Kansas

In Kansas, Black mothers are 1 ½ times more likely to have a preterm birth than women of other races. Accessibility to healthcare and prenatal education can help lower these rates to keep Black mothers and babies healthy!

To learn more about contributing factors and reducing disparities in preterm birth, please see [“Did You Know”](#) and [“Preterm Births In Kansas”](#).

(Source: KDHE (2020). Kansas Birth Data (Resident).)

2. Easy Steps for a Healthy Pregnancy

While there are many things during pregnancy that you can't control, there are things you can do to give your baby the best start at life. These not only promote healthy development for your baby and reduce your chances of having a premature delivery, but will keep you healthy as well!

1. Don't smoke – or quit smoking as early in the pregnancy as you can.
2. Abstain from alcohol and drugs – there are no safe amounts!
3. Make and keep regular appointments with your provider.
4. Tell your provider if you are experiencing violence in the home.
5. Minimize stress during your pregnancy if you can.
6. Take a prenatal vitamin containing folic acid for healthy development.

Learn more about the importance of getting early and regular [prenatal care!](#)

(Source: <https://www.marchofdimes.org/pregnancy/prenatal-care-checkups.aspx>)

3. Do I Need Prenatal Care?

Getting early, regular prenatal care is one of the most important things that you can do for you and your baby. Your provider can monitor the progress of your pregnancy and help you to have safe and healthy delivery outcomes. Regular health care visits can reduce your risk of having your baby prematurely, which can

have undesirable impacts on baby's health and wellness right after birth and in the future. Call your provider as soon as you believe you are pregnant and keep your appointments as your pregnancy progresses to help track your baby's development and have the healthiest pregnancy possible.

Learn more by visiting March of Dimes' [Prenatal Care Checkups!](#)

(Source: <https://www.marchofdimes.org/pregnancy/prenatal-care-checkups.aspx>)

4. Quit — It's Worth It!

Tobacco use in pregnancy has been linked to premature births for babies, which can lead to underdeveloped lungs and brain functioning. Babies who are born prematurely can have difficulties feeding, breathing problems, and even trouble with their eyesight and hearing. Even babies who are born full-term can suffer the effects of low birth weight, and can have stunted development or defects due to tobacco use. Quitting smoking is one of the best things you can do for your baby – and yourself!

For more information on tobacco cessation programs available, contact your local health department or the [Kansas Tobacco Quitline](#).

(Source: <https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html>)

5. The Last Weeks Matter!

While the last few weeks of pregnancy can feel as though they last forever, they are essential to the health of your baby! In a normal, healthy pregnancy, waiting to deliver until you're past the 39 week mark can help ensure that your baby's brain and lungs are fully developed and can help avoid complications caused from premature delivery.

Watch this video to learn more about why [Healthy Babies are Worth the Wait!](#)

