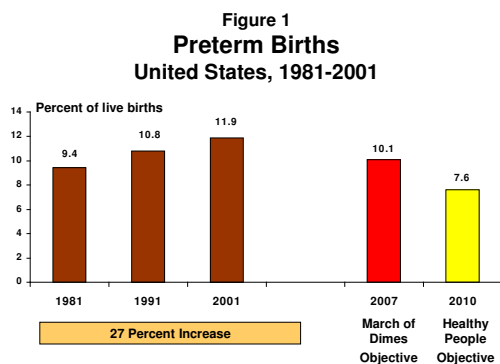


## THE GROWING PROBLEM OF PREMATURITY

According to final data released by the National Center for Health Statistics (NCHS), the percentage of babies born prematurely<sup>1</sup> has risen to nearly 12 percent, the highest level in two decades and a 27 percent increase since 1981 (Fig 1).<sup>2</sup> In 2001, more than 476,000 babies were born prematurely in the U.S.<sup>2</sup>




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**Prematurity is the leading cause of neonatal death – accounting for 23 percent of deaths in the first month of life.**

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Babies born prematurely usually 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 the year 2000, hospital charges for 23,000 prematurity-related infant stays totaled \$1.2 billion<sup>3</sup>; the average hospital charge was \$58,000 per baby, compared to \$4,300 for a typical newborn stay.<sup>3</sup>

The net cost of health care for treatment of premature infants covered by employer health plans is equivalent to about 2 percent of corporate after-tax profits.<sup>4</sup>

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

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**Nearly 50 percent of all premature births have no known cause.**

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Known major risk factors associated with preterm labor include:

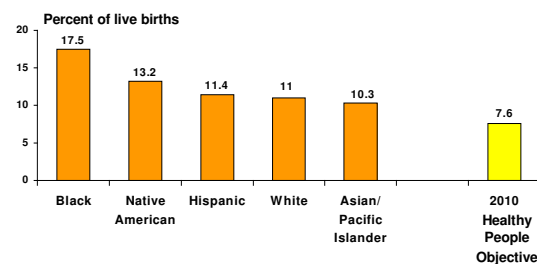
- a woman's past history of preterm delivery;
- diabetes, anemia, high blood pressure, or other chronic disease in the mother;
- cigarette smoking or illicit drug use;
- multiple fetuses (twins, triplets);
- certain infections during pregnancy;
- complications of pregnancy such as placental abruption;
- advanced maternal age.

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**Rates of premature birth vary by race/ethnicity.**

In 2001, rates for black women were the highest among racial/ethnic subgroups (Fig. 2).<sup>2</sup>

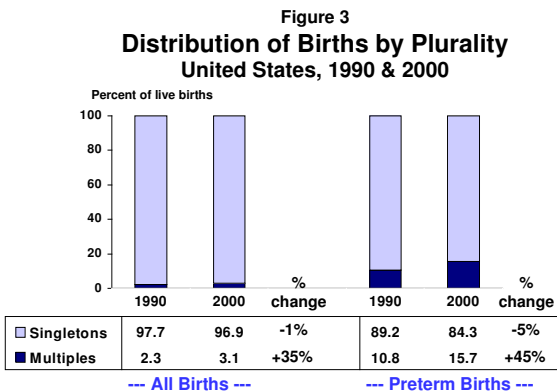
**Figure 2**  
**Preterm Births by Race/Ethnicity**  
**United States, 2001**



People of Hispanic ethnicity may be of any race,

## Multiple births increasing

The percentage of all live births that were multiples in the U.S. increased 35 percent between 1990 and 2000; among preterm births, the percentage of multiples increased 45 percent (Fig. 3).<sup>2</sup> 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 22 percent between 1990 and 2000.<sup>5</sup> 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 five-year, \$75 million Prematurity Campaign. The goals of this campaign are:

- **Increase public awareness of the problems of prematurity to at least 60 percent.**
- **Decrease the rate of preterm birth by at least 15 percent.**

The five aims of the campaign are:

1. Raise public awareness of the problems of prematurity.
2. Educate pregnant women and their families to recognize the signs of preterm labor. Support parents of babies in neonatal intensive care units (NICU).
3. Assist health care practitioners to improve prematurity risk detection and address risk-associated factors.

4. Invest more public and private research dollars to identify causes of preterm labor and prematurity, and to identify and test promising interventions.
5. Expand access to health insurance in order to improve prenatal care and infant health outcomes.

Researchers funded by the March of Dimes are working to examine the role played by many different factors known or believed to be involved in prematurity, including genetics, maternal stress, racism, occupational and environmental factors, and infections.

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## 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 Center<sup>SM</sup> at [www.marchofdimes.com](http://www.marchofdimes.com).

Call the Center between 9:00 a.m. and 8:00 p.m. Eastern time, Mon. through Fri. English toll-free number in the U.S. and Canada: **1-888-MODIMES (888-663-4637)**. Spanish language toll-free number in the U.S. and Canada: **1-800-925-1855**.

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

## References

- <sup>1</sup> Premature birth is defined as birth at less than 37 completed weeks of gestation.
- <sup>2</sup> Martin JA, Hamilton BE, Ventura SJ, Menacker F, Park MM, Sutton PD. Births: Final Data for 2001. National Vital Statistics Reports; vol. 51, no 2. Hyattsville, Maryland: National Center for Health Statistics, 2002.
- <sup>3</sup> Agency for Healthcare Research and Quality, 2000 Nationwide Inpatient Sample. Prepared by the March of Dimes Perinatal Data Center, 2002.
- <sup>4</sup> Chollet J, Newman JF, Sumner AT. The Corporate Cost of Poor Birth Outcomes. Center for Risk Management and Insurance Research, Georgia State University, 1992.
- <sup>5</sup> National Center for Health Statistics. Health, United States 2002 with Chartbook on Trends in the Health of Americans. Hyattsville, Maryland: 2002.