



2015 Premature  
Birth Report Card  
MAPOC Women's Health  
Subcommittee Briefing

Nov. 9, 2015

# New: Obstetric Estimate for Measuring Gestational Age

**National Center for Health Statistics switched in data year 2014 to measuring gestational age of babies from LMP (Last Menstrual Period) to OE (Obstetric Estimate).**

- This is a more accurate measure of preterm birth, and March of Dimes supports the change.
- Nation met the previous 2020 goal of 9.6 percent in 2014, well ahead of schedule.
- Many states have lower rates using OE.

# New: March of Dimes (MoD) Board Resolution Resets Goals

- ✓ **8.1%** 2020 preterm birth rate goal for the U.S.
- ✓ **5.5%** 2030 preterm birth rate goal for the US
- ✓ March of Dimes 2015 Premature Birth Report Cards reset to the 8.1% target
- ✓ New focus on high volume and high burden areas and populations in Report Cards.

# 2014 Report Card Grades

- The United States earned a "C" on the 8<sup>th</sup> annual report card with a preterm birth rate of 9.6 percent in 2014.
- Idaho, Oregon, Vermont and Washington earned "A".
- 19 "B," 19 "C," six "D" and four "F" grades.

Because of the change from LMP to OE, 2014 preterm birth rates and state grades cannot be compared to past years.

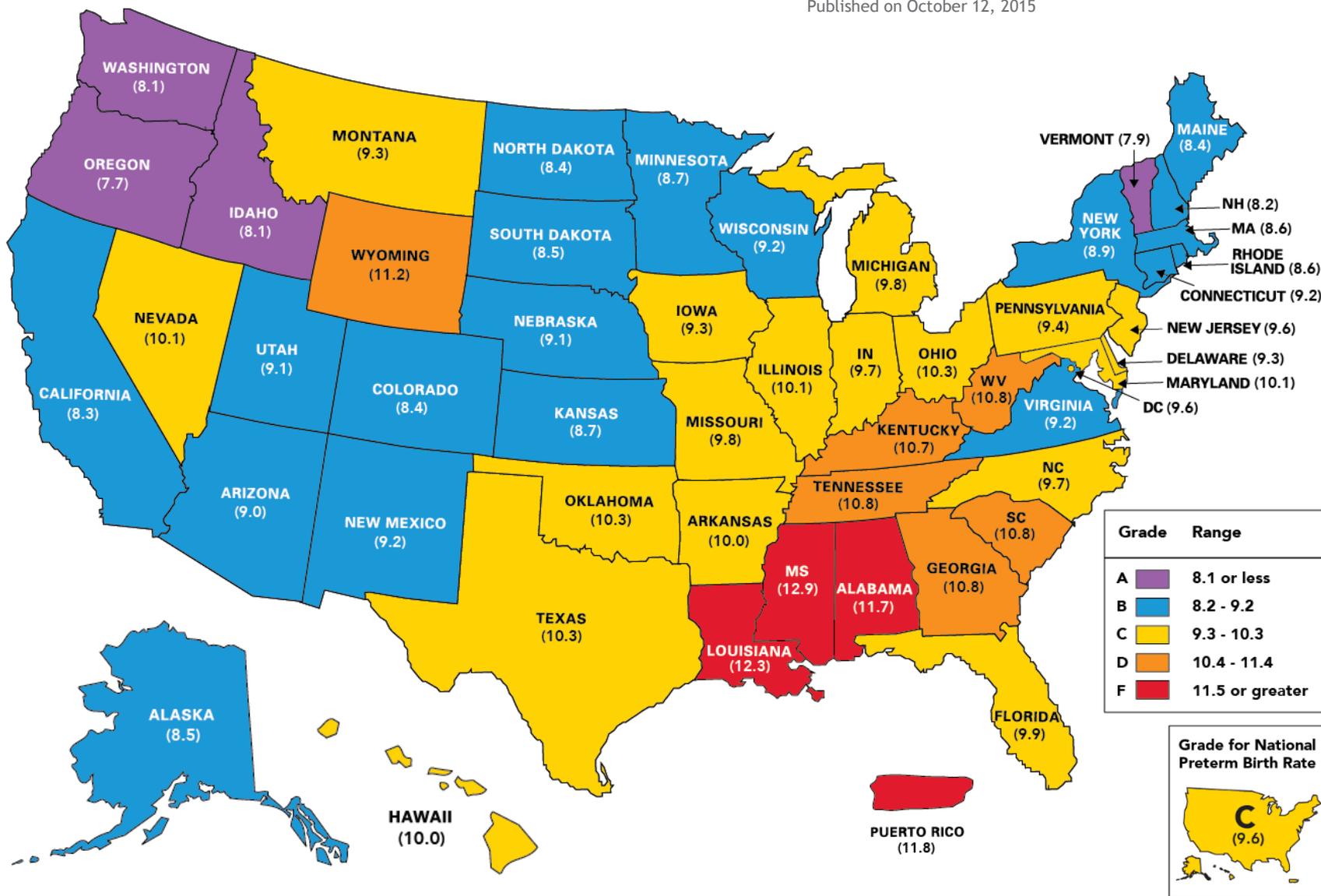
## 2015 PREMATURE BIRTH REPORT CARD

Connecticut	Preterm Birth Rate 9.2%	Grade <b>B</b>
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The March of Dimes Prematurity Campaign aims to reduce preterm birth rates across the United States. Premature Birth Report Card grades are assigned by comparing the 2014 preterm birth rate in a state or locality to the March of Dimes goal of 8.1 percent by 2020. The Report Card also provides city or county and race/ethnicity data to highlight areas of increased burden and elevated risks of prematurity.

# 2014 PRETERM BIRTH RATES & GRADES BY STATE

Published on October 12, 2015



Preterm is less than 37 weeks gestation based on obstetric estimate; preterm birth rates are expressed per 100 live births.

Source: National Center for Health Statistics, final natality data 2014.

For more information on how we are working to reduce premature birth, contact the March of Dimes National Office at (914) 997-4286.

[marchofdimes.org/reportcard](http://marchofdimes.org/reportcard)

# Preterm birth rates by city or county

- Report cards for jurisdictions with at least three cities of population of 100,000 or more, as defined in the 2013 NCHS natality file, display preterm birth rates for up to six cities.
- Cities shown represent those with the largest number of live births in that state, and are ordered accordingly.
- For states that do not have at least three cities with a population of 100,000 or more, up to six counties with the largest number of live births are displayed.
- Cities/Counties will be assigned:
  - **A grade for their 2013 preterm birth rate**
  - **A status indicator comparing to the overall state rate** (lower than state rate, same as the state rate, higher than the state rate)

# Preterm Birth Rates by Cities or Counties

## CITIES

Cities with the greatest number of births are graded based on their 2013 preterm birth rates. The status indicator shows whether the 2013 city rate is higher (●), lower (●), or the same (●) as the 2013 state rate (9.3%).

City	Preterm birth rate	Grade	Status
Bridgeport	10.6%	D	●
Hartford	11.3%	D	●
New Haven	9.1%	B	●
Stamford	10.8%	D	●
Waterbury	12.6%	F	●

# 2015 Premature Birth Report Card: new Disparities Index

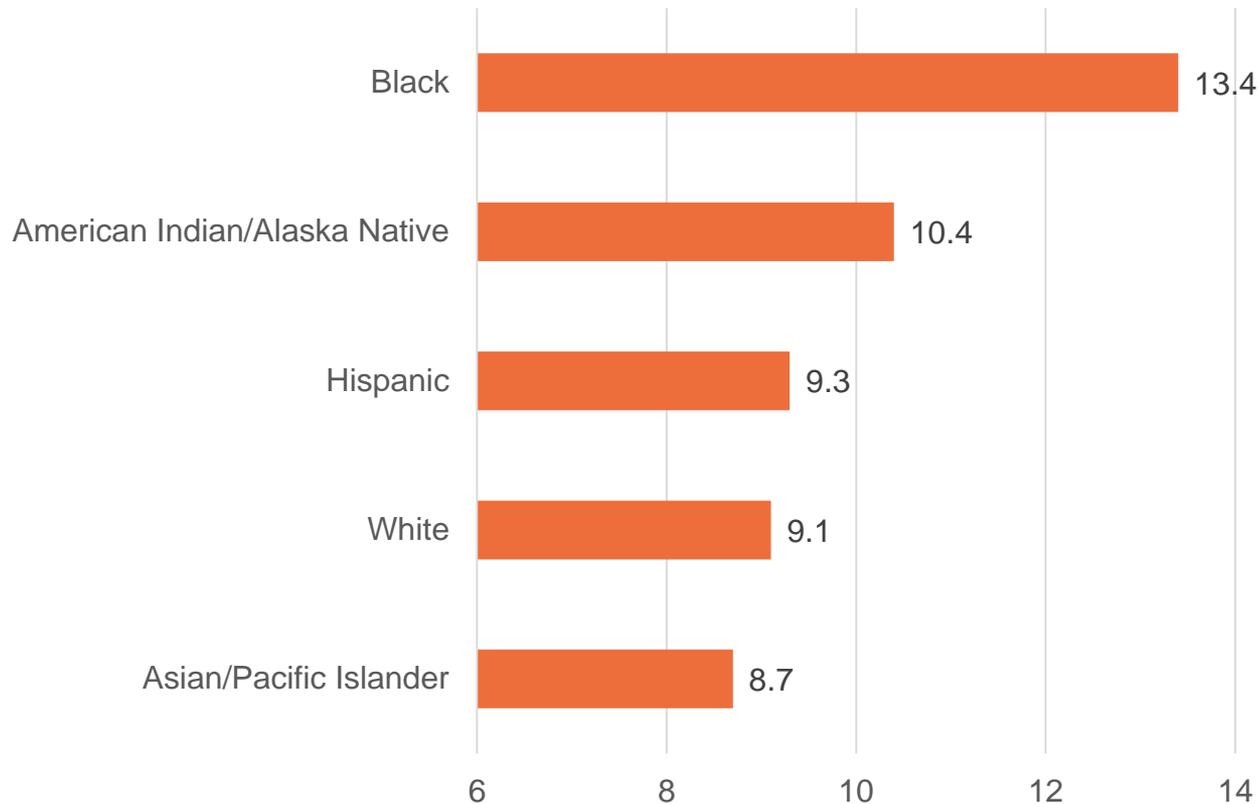
## Disparities Index

- Quantifies racial/ethnic disparities in a state
- Allows for ranking of states
- Provides a reliable measure to track progress in eliminating disparities in preterm birth.

**Reference Point:** the racial/ethnic group with the best, or lowest, preterm birth rate in a state.

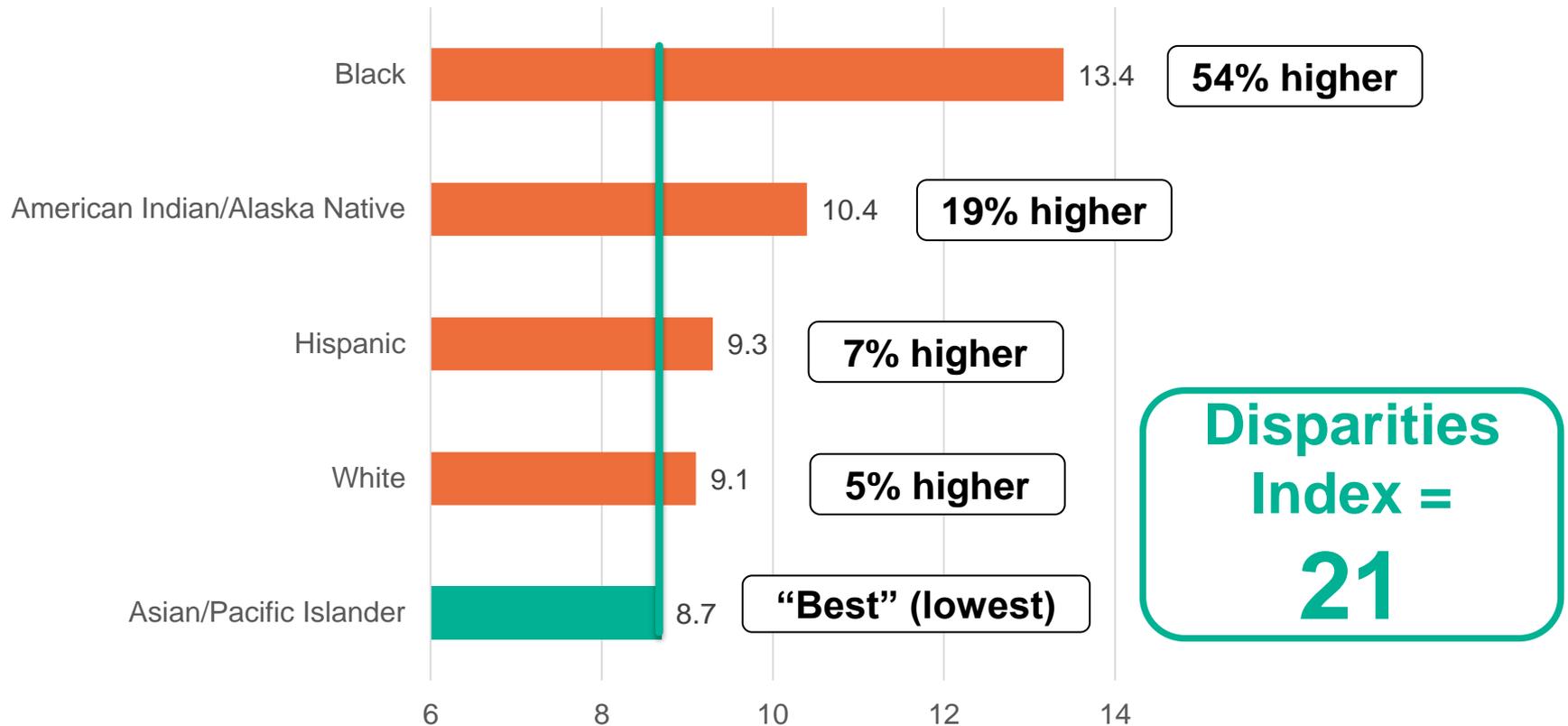
- The distance from the “best” rate is determined for all other racial/ethnic groups (as a percent).
- These differences are combined in an average summary measure, or Disparities Index Score.
- This Index Score is then used to provide a Ranking.

# Preterm Birth Rates by Maternal Race/Ethnicity United States, 2011-2013 (Average)



Preterm is less than 37 weeks gestation. Gestational age is determined using obstetric estimate.  
Source: National Center for Health Statistics, 2011-2013 final data.  
Prepared by March of Dimes Perinatal Data Center, 2015.

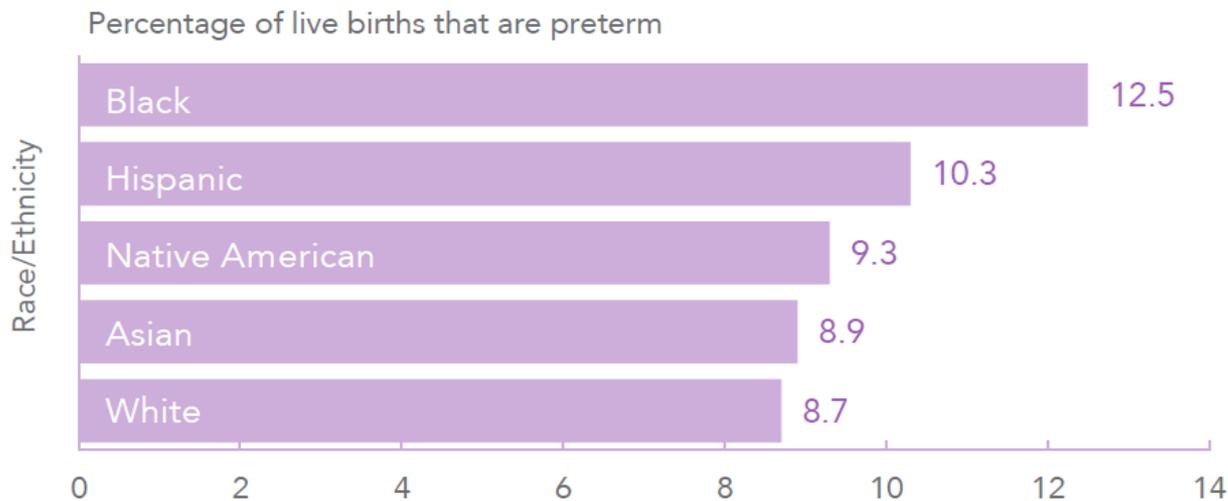
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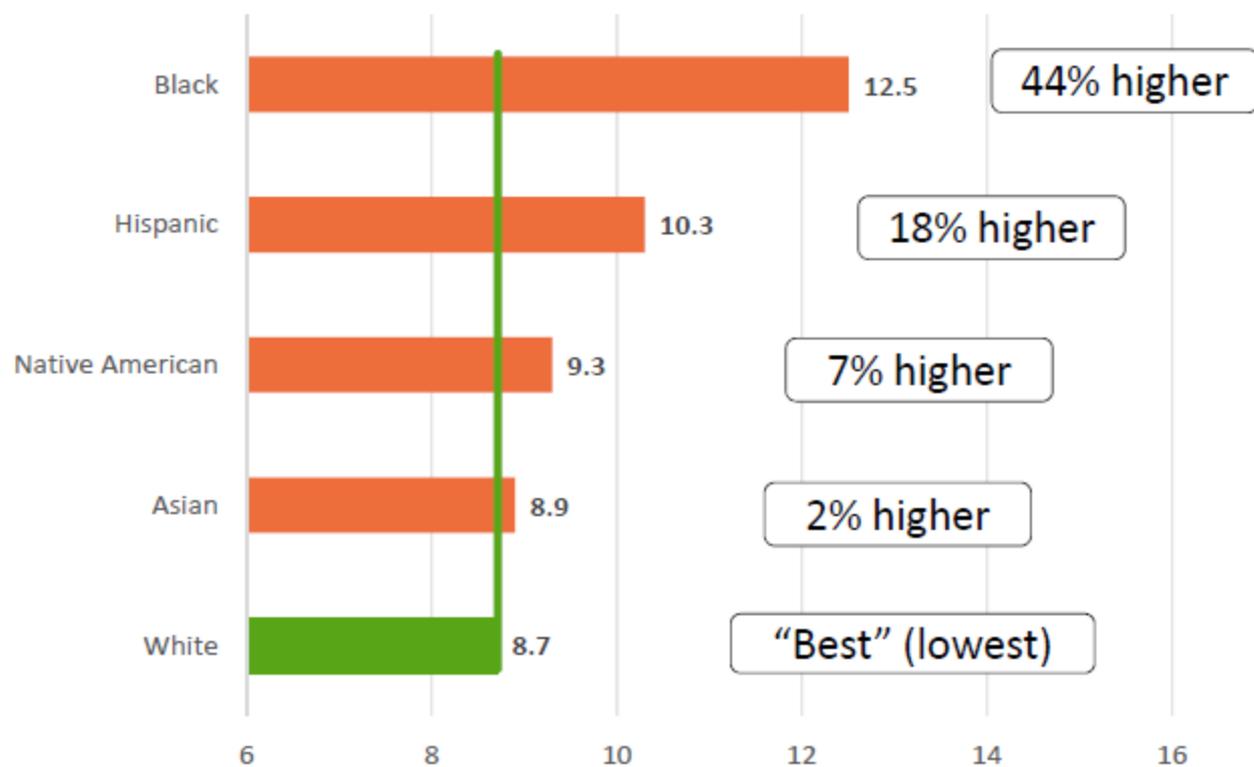
# Preterm Birth Disparity Index

The March of Dimes ranks states and localities based on a disparity index, which provides a measure of differences in preterm birth rates across racial/ethnic groups within a geographic area. The index compares the rate within each racial/ethnic group to the lowest rate in the area (2011 to 2013 average). The state or locality with the lowest index number is ranked #1, and the highest is ranked #50.



<b>Disparity index</b>
<b>18</b>
<b>State rank</b>
<b>#11</b>

# Preterm Birth Rates by Maternal Race/Ethnicity Connecticut, 2011-2013 (Average)



Disparities  
Index =  
**18**  
State Rank =  
**#11**

Data are subject to change and embargoed until the report card release on November 5, 2015.

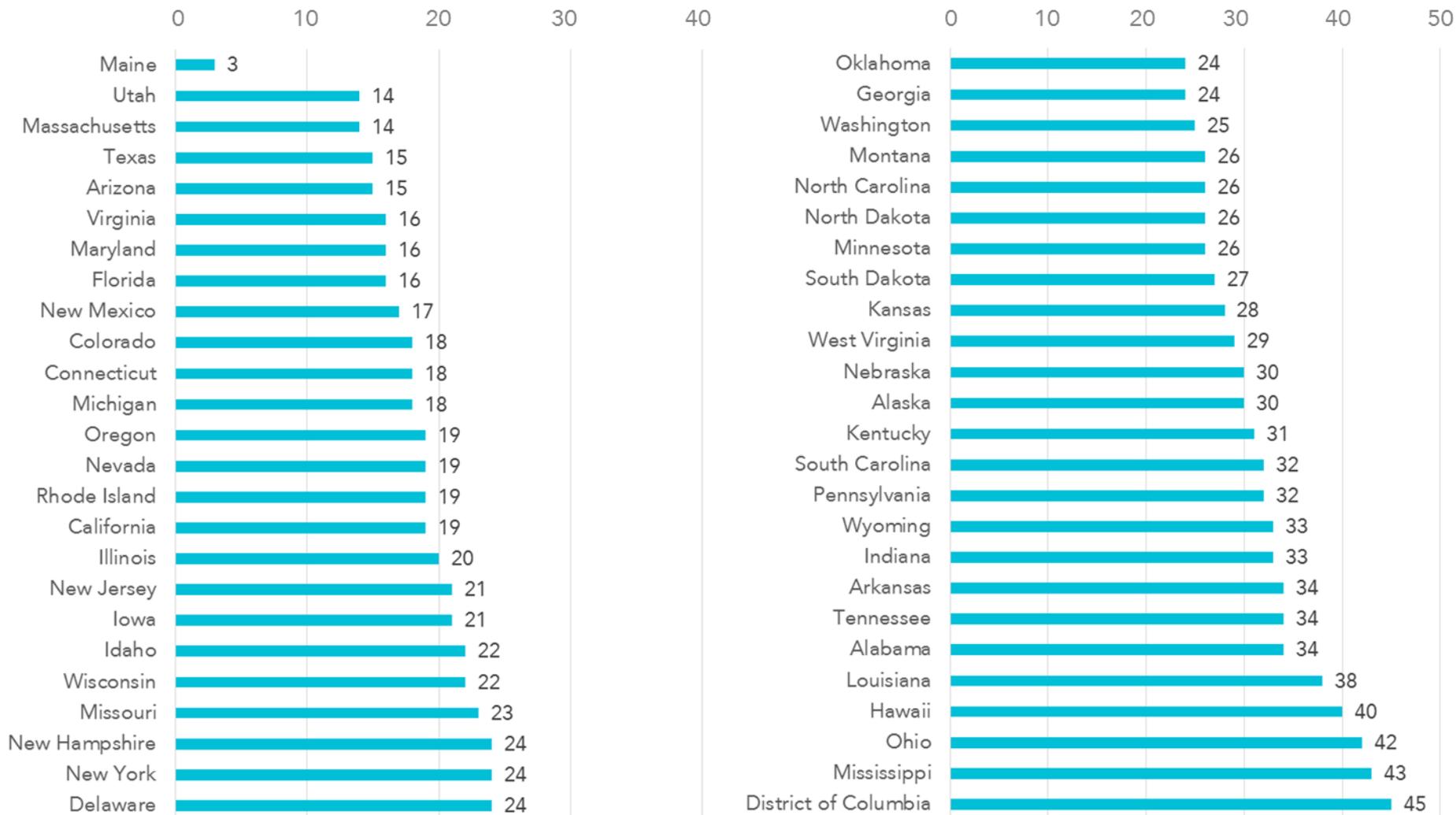
Preterm is less than 37 weeks gestation. Gestational age is determined using obstetric estimate.

Source: National Center for Health Statistics, 2011-2013 final data.

Prepared by March of Dimes Perinatal Data Center, 2015.

# State Preterm Birth Disparity Index

## Scores and Rankings, 2011-2013 (Average)



Preterm is less than 37 weeks gestation. Gestational age is determined using obstetric estimate.

Source: National Center for Health Statistics, 2011-2013 final data.

Prepared by March of Dimes Perinatal Data Center, 2015.

# Conclusions

We're proud that our state does an above average job of preventing premature births and it has been steadily improving, but progress is not being shared by all families. We have serious preterm birth inequities between cities/counties, and serious racial/ethnic disparities.

# Conclusions (Cont'd)

- The City of New Haven is leading the state, among large cities, in preventing preterm birth and giving more babies a health start in life.
- DPH Commissioner Dr. Mullen recently approved the Plan to Improve Birth Outcomes (PIBO) which was developed over the course of two years by the State Maternal and Child Health Coalition.
- This summer, the Coalition was asked to become the Lead Action Team for the MICH section of the State Health Improvement Plan (SHIP) and is now moving from recommendations development to implementation planning for 2016. Efforts will also be aligned with the MCH Block Grant and the Infant Mortality CoIN initiative.
- Key focus areas will include:
  - Preconception/interconception health and birth spacing
  - Advocacy to increase equity in social determinants of health
  - Clinical and community linkages and partnerships
  - Systems integration to address family health throughout the lifecycle
- Learn more at:
  - [marchofdimes.org/reportcard](http://marchofdimes.org/reportcard)
  - [marchofdimes.org/connecticut](http://marchofdimes.org/connecticut)

A young child with dark hair, wearing a purple t-shirt and blue jeans, is sitting on a grassy field. The child is holding a white rectangular sign with both hands. The sign has text and a logo. The background is a blurred green landscape with trees.

**Nov. 17 - World  
Prematurity  
Awareness Day**

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