



Reducing Preterm Births in New York State

Babies born before 37 weeks are born too early

Preterm birth, defined as any birth before 37 weeks gestation, occurs in approximately 1 of every 10 infants born in New York State (NYS). A baby undergoes important growth during the final weeks of pregnancy. Therefore, a baby born preterm, or prematurely, is at higher risk for serious health problems compared to children born full term. Even babies born at 37-38 weeks, known as early-term birth, are at increased risk for problems compared to babies born at 39 weeks.

Preterm birth is a leading cause of infant death and disability

Preterm birth is the leading cause of infant death, with the majority of preterm-related deaths occurring among babies who were born very preterm (before 32 weeks). Preterm birth is also a leading cause of long-term neurological disabilities in children. Preterm babies are more likely to experience serious health problems as infants and as they grow, such as:

- Digestive, immune system, breathing, hearing and vision problems
- Poor growth
- Cerebral palsy
- Learning difficulties
- Special care in a Neonatal Intensive Care Unit
- Economic and emotional burden on families and the health care system

Ensuring more babies are born full term: a priority for New York State

NYS has shown steady progress in reducing preterm births and even exceeds federal benchmarks. However, significant racial and ethnic disparities persist. Reducing preterm birth is a priority of the NYS Prevention Agenda 2013-2018, with a target of 10.2 percent by 2018. This would be 6.6 percent below the 2013 figure and 12.8 percent below 2008 (Figure 1).

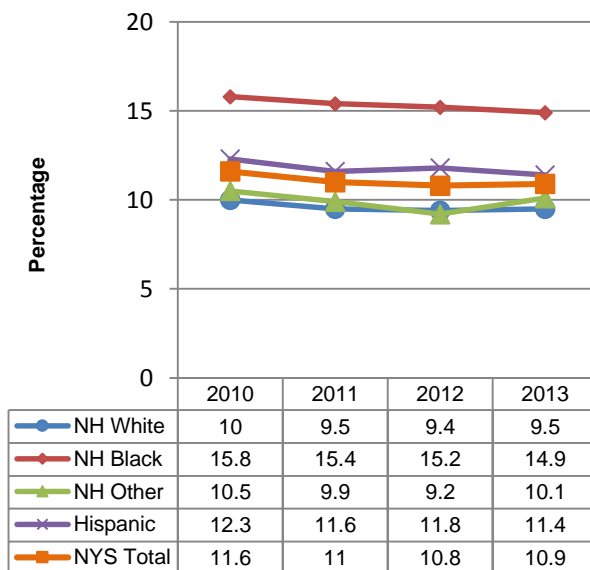
Who is at risk?

Any woman can give birth early, and health professionals don't always know what causes preterm birth. However, women in these groups may be more likely to have a preterm birth (Table 1):

- Non-Hispanic Black
- Younger than 20 or older than 35 years
- Less than a high school level education
- Low socioeconomic status
- Pre-pregnancy and gestational diabetes
- Previous preterm birth
- Previous C-section
- Pregnancy-related hypertension (high blood pressure)

Additional risk factors for preterm birth include smoking, alcohol or drug use during pregnancy, experiencing domestic violence, poor oral health, and being underweight before pregnancy (Table 2). These factors should be identified and addressed by women and their health care providers before or early in pregnancy to help lower the risk of preterm births.

Figure 1. Percentage of Births that are Preterm by Race/Ethnicity, New York State Birth Certificate Data



PA 2018 Objective 10.2

Table 1. Percent of 2013 Births that are Preterm by Maternal Demographics in NYS

Maternal Characteristic	# Preterm Births	% of births that are Preterm
Total Preterm	25,372	10.9%
Race/Ethnicity		
Non-Hispanic White	10,762	9.4%
Non-Hispanic Black	5,364	14.9%
Non-Hispanic Other	2,942	10.1%
Hispanic	6,292	11.4%
Age		
Less than 20 years old	1,384	12.3%
20-24 years old	4,505	10.4%
25-34 years old	11,869	10.0%
35 years or older	7,610	12.4%
Education		
Less than High School	5,217	12.5%
High School Graduate	5,720	11.2%
More than High School	14,430	10.2%
Medicaid Status		
Yes	13,046	11.3%
No	12,230	10.4%

NYS Birth Certificate Data 2013

% Preterm Birth is the percentage of live births that are preterm in each subcategory.

Table 2. Risk Factors for Preterm Birth in NYS in 2013

Risk Factor	# Preterm Births	% of births that are Preterm	Relative Risk* (CI)
Total Preterm	25,372	-	-
Previous Preterm Birth			
Yes	313	40.2%	3.8 (3.43,4.08)
No	25,059	10.7%	
Pre-Pregnancy Hypertension			
Yes	2,025	14.7%	1.4 (1.33,1.44)
No	23,347	10.6%	
Pregnancy Related Hypertension			
Yes	865	25.6%	2.4 (2.27,2.55)
No	24,507	10.6%	
Pre-Pregnancy Diabetes			
Yes	505	56.7%	5.3 (5.01,5.64)
No	24,867	10.7%	
Gestational Diabetes			
Yes	427	26.6%	2.5 (2.28,2.69)
No	24,945	10.7%	
Birth within 24 Months of Previous Pregnancy			
Yes	6,247	14.2%	1.4 (1.39,1.47)
No	19,125	10.1%	
Previous C-section			
Yes	2,625	25.2%	2.5 (2.39,2.57)
No	22,747	10.1%	

NYS Birth Certificate Data, 2013
CI=95% Confidence Interval

Reducing the risk for preterm birth through preconception care

Risk factors for preterm birth such as tobacco and alcohol use during pregnancy, hypertension, diabetes, and poor oral health can be managed with preconception care. Women and men of reproductive age should receive routine health care that focuses on planning future pregnancies and promoting good health to increase the chance of having a healthy baby later on. Preconception care is important for everyone, whether or not they plan to have a baby one day.

Data show preconception care is under-utilized in NYS

Data from the New York State Pregnancy Risk Assessment Monitoring System (PRAMS) in 2012 show that among women who gave birth, in the 12 months before becoming pregnant:

- Only 21.8% of women with a pre-pregnancy diagnosis of diabetes reported visiting a health care worker to be checked or treated for their diabetes
- Only 30.4% reported visiting a health care provider to be checked or treated for hypertension
- Only 58% reported having their teeth cleaned during the 12 months before becoming pregnant (PRAMS www.health.ny.gov/statistics/prams/reports/index.htm).

Taking Action to Prevent Preterm Births In New York State

NYS Department of Health

- Monitors outcomes, including preterm birth, using electronic birth records and PRAMS to improve quality of care and to inform state policies and initiatives
- Established comprehensive standards for health care providers providing prenatal care for women enrolled in Medicaid
- Funds public health programs to provide evidence-based home visiting services (Nurse-Family Partnership and Healthy Families New York) and to deploy Community Health Workers to provide social support to high-risk women and to engage, educate and assist women with navigating the services they need
- Supports tools and best-practices in communities for coordinated perinatal risk assessment, referral and follow-up

Women, men and families

- See a doctor annually for a preventive health well-visit
- Work with their doctor to identify, manage and control any chronic conditions before and during pregnancy
- Talk to their doctor about their pregnancy plans, and use contraception if they don't want to become pregnant right now
- Visit their doctor as soon as she finds out she is pregnant
- Adopt healthy behaviors, such as eating fruits and vegetables, exercising, taking a multivitamin, and quitting smoking

Local health departments and community organizations

- Promote messages to improve knowledge, attitudes and behaviors about a healthy lifestyle before, during and between pregnancies

- Engage community members to raise awareness about health disparities. Implement effective service systems and interventions for outreach, engagement, referral, and follow-up of women at high risk of preterm birth

Health insurers

- Promote timely, continuous and comprehensive prenatal care services to pregnant women in accordance with NYS Medicaid prenatal care standards
- Identify women who experienced a preterm birth or adverse pregnancy outcome and connect them to inter-conception health care and services
- Support innovative models of prenatal care, such as Centering Pregnancy, demonstrated to reduce preterm birth rates and other adverse pregnancy outcomes

Health care providers

- Ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke
- Provide preconception/ inter-conception care as part of routine health visits for all women of reproductive age, to include: screening and follow-up of medical, behavioral and psychosocial risk factors, assessment of pregnancy plans and use of effective contraception to plan pregnancies
- Work with other community providers and organizations to build effective local systems and networks for outreach, engagement, referral and coordinated follow-up for high-risk women and families
- Provide clinical management of preterm labor according to current clinical guidelines, including use of 17-alpha hydroxyprogesterone caporate (17P) and tocolytics when indicated.

Maternal and Child Health: Information for Action

NYS Maternal and Child Health Block Grant 2015-2020 State Action Plan

http://www.health.ny.gov/community/infants_children/maternal_and_child_health_services/docs/2016_application.pdf

The Maternal and Child Health Services Title V Block Grant provides funding to States to improve the health and wellness of women, children and families. New York's Title V State Action Plan focuses on reducing health disparities and improving the health of all New Yorkers across the life span in the areas of maternal and women's health, perinatal and infant health, child health including children with special health care needs, and adolescent health.

And Prevention Agenda 2013-2018: New York State's Health Improvement Plan

www.health.ny.gov/prevention/prevention_agenda/2013-2017

The blueprint for state and local action to improve the health of New Yorkers in five to eight priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them. Reducing preterm birth is one of the Department's goals.

Additional Resources:

For Communities:

U.S. Preventive Services Task Force Recommendations
www.uspreventiveservicestaskforce.org/Page/Name/recommendations

Healthy People 2020
www.healthypeople.gov/2020/default.aspx

Guide to Clinical Preventive Services 2014:
Recommendations of the U.S. Preventive Services Task
Force www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html

New York State Medicaid Prenatal Care Standards
www.health.ny.gov/health_care/medicaid/standards/prenatal_care/

Action Plan for the National Initiative on Preconception
Health and Health Care 2012–2014
<http://www.cdc.gov/preconception/documents/actionplan-national-initiative-pchhc-2012-2014.pdf>

Centers for Disease Control and Prevention
<http://www.cdc.gov/reproductivehealth/maternalinfanthealth/>

Centering Health Care
<https://www.centeringhealthcare.org/what-we-do/centering-pregnancy>

For Individuals:

March of Dimes
www.marchofdimes.com/pregnancy.aspx

Centers for Disease Control and Prevention, National
Prematurity Awareness Month
www.cdc.gov/features/prematurebirth/

Text4baby Mobile Service Information for Pregnant Women
and New Mothers <https://www.text4baby.org/>

Centers for Disease Control and Prevention Gateway to
Health Communication and Social Marketing
www.cdc.gov/healthcommunication/

Centers for Disease Control and Prevention, Addressing
Chronic Disease through Community Health Workers: A
Policy and Systems- Level Approach
www.cdc.gov/dhdsp/docs/chw_brief.pdf

American Public Health Association Community Health
Workers Section forum <http://www.apha.org/apha-communities/member-sections/community-health-workers>

Health Resources and Services Administration, Office
of Rural Health Policy, Community Health Workers
Evidence- Based Models Toolbox
www.hrsa.gov/ruralhealth/pdf/chwtoolkit.pdf

Touching Hearts and Minds
www.touchingheartstouchingminds.com/
Recommendations to Improve Preconception Health and
Health Care – United States: A Report of the CDC/ATSDR
Preconception Care Work Group and the Select Panel on
Preconception Care
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

Smoking Cessation Counseling and Interventions
<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>

Contact: For more information, please send
an email to DFH@health.ny.gov.