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](image)
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).

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

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

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

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

**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

**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

**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 caprate (17P) and tocolytics when indicated.

**Local health departments and community organizations**

- Promote messages to improve knowledge, attitudes and behaviors about a healthy lifestyle before, during and between pregnancies
NYS Maternal and Child Health Block Grant
2015-2020 State Action Plan

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.

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

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.uspreventivewww.cdc.gov/features/prematurebirth/ervicestaskforce.org/Page/Name/rec
ommendations
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
Centers for Disease Control and Prevention
http://www.cdc.gov/reproductivehealth/maternalinfant
health/
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.uspreventivewww.cdc.gov/features/prematurebirth/ervicestaskforce.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.