

FACT SHEET #1 THE FACTS ABOUT PRETERM BIRTH

What is “Term”?

A term is a defined period of time for which limits have been set. A US President’s *term* is 4 years. The *term* on a mortgage is often 30 years. Mid-*term* exams happen halfway through a semester or *term* of school. Human pregnancy lasts for a *term* of about 40 weeks, or 280 days from the date of the woman’s last menstrual period. This is the amount of time it takes for the human baby to grow and mature and be ready to survive outside of the mother’s womb (the period of “gestation”). We often think of it as 9 months, but it is actually a little longer than 9 calendar months. A full-term pregnancy is about 40 weeks.

- *TERM* or *FULL-TERM* means the baby is born at about 40 weeks gestation.

What is “Preterm” or “Premature”? Are They the Same Thing?

Preterm means the baby is delivered before (pre-) the time for term. Premature means the baby is born before (pre-) it has had time to fully develop or “mature”—which takes about 40 weeks. Both “preterm” and “premature” refer to babies born before 37 completed weeks of gestation, whether you are talking about time (term) or maturity. So most people use the words interchangeably.

- *PRETERM* means the baby is born before 37 weeks gestation.
 - *Extremely preterm infants are born between 23 and 28 weeks of gestation*
 - *Moderately preterm infants are born between 29 and 33 weeks of gestation*
 - *Late preterm infants are born between 34 and 37 weeks of gestation*

Why is Preterm Birth, or Prematurity, a Problem?

Prematurity is the number one cause of newborn deaths, both in this country and around the world. All babies who are born preterm have an increased risk of dying. However, with the advances in technology and neonatal intensive care units, most premature babies survive today. Still, they are at increased risk for both immediate and ongoing problems, some of which are quite significant. The babies who are most premature are likely to have the most serious problems. All preterm/premature infants have a higher risk of problems, and a higher risk of death than infants born at full-term. That does *not* mean that all premature infants do have problems, but they are more likely to have problems than babies born at full-term.

WHO IS LIKELY TO HAVE A PRETERM INFANT?

Preterm birth can happen to any pregnant mother and may have no warning signs.

The best predictor for who will have a preterm birth is a woman who has previously delivered a preterm baby. Family history of preterm births is also important. Other factors that help us predict who is at higher risk for preterm birth includes multiple births (twins or more) and women with a uterine or cervical abnormality (DES exposure, fibroids, uterine septum).

WHAT OTHER THINGS MAKE PRETERM BIRTH MORE LIKELY?

- Medical factors:
 - Infections—urinary tract infections, vaginal infections, sexually transmitted diseases, and possibly other infections
 - Diabetes
 - High blood pressure
 - Clotting disorders
 - Bleeding from the vagina
 - Certain birth defects in the baby
 - Mother who is very overweight or very underweight
 - Short time between pregnancies
- Lifestyle factors:
 - Late or no prenatal care
 - Smoking in pregnancy
 - Drinking alcohol or using illegal drugs
 - Domestic violence
 - Lack of social support
 - Stress

IS PRETERM BIRTH REALLY A PROBLEM IN KENTUCKY?

Yes. In Kentucky 1 in every 7 babies is born preterm, a higher rate than the national average. These babies have an increased risk of dying and are more likely to have health problems, developmental delay, and behavior problems. The initial hospital charges for preterm babies in Kentucky were \$204 million in 2005. That doesn't count the costs to the health care system or education system later in life, not to mention the stress on the families.

WHAT CAN BE DONE ABOUT PRETERM BIRTH IN KENTUCKY?

Many things can help lower the rates of preterm birth in Kentucky:

- Helping pregnant women to stop smoking
- Encouraging women to get healthy before pregnancy
- Helping everyone in the community understand the problems of preterm birth.
- Learning about the important brain development that is occurring in the last few weeks of pregnancy
- Avoiding delivering before the due date for nonmedical reasons or convenience
- Avoiding Cesarean delivery unless it is medically necessary
- Getting early treatment for any type of infection during pregnancy
- Encouraging families to plan and space their pregnancies at least 18-24 months apart.
- Assisting pregnant mothers to avoid alcohol and drugs
- Supporting pregnant mothers socially and emotionally

The information in this toolkit will help you get the word out about preterm birth to those you know and the community in general. Our goal is that everyone will know that ***Healthy Babies are Worth the Wait!***