

## OUR MESSAGE

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### *Preventing preterm birth saves babies' lives and improves the future for families and communities.*

#### SAVES BABIES' LIVES

- Preterm birth is the leading cause of infant death in the United States.
- Even preterm infants who are only a few weeks from their due date have twice the risk of death than infants born at full-term.

#### IMPROVES THE FUTURE FOR FAMILIES

- Preterm birth results in permanent disability in as many as 1 in 4 babies.
- Preterm babies are more likely to have behavior problems, health problems, learning problems, and difficulties in school.

#### IMPROVES THE FUTURE FOR THE COMMUNITY

- The cost of a preterm birth is much higher for insurers and other payers than the cost of a healthy, full-term birth.
- Preterm birth contributes a significant share of the rising costs of health care to employers and to taxpayers.
- Children who are born preterm are more likely to need a higher level of resources from schools and the community.

#### THE PROBLEM

- Preterm birth is the leading cause of infant death in the United States and puts babies at great risk for lifelong disabilities. Rates have increased more than 30% since 1981—this translates to 1 in 8 births, or more than 520,000 premature births nationwide. In 2005 in Kentucky, nearly 15% of births were delivered preterm, one of the highest rates in the nation.
- Babies born even a few weeks early are at greater risk of death than full-term infants, are more likely to be re-hospitalized or to need long-term care of health problems, and physical or neurological difficulties.
- Preterm birth has consequences for many facets of our communities including school systems, employers, and insurers.

- Many preterm births—especially late preterm—could be prevented by addressing known risk factors, including:
  - Getting regular prenatal care
  - Careful attention to nutrition and weight
  - Appropriate treatment for existing medical conditions
  - Avoiding alcohol and tobacco use and secondhand smoke
  - Refusing inductions or Cesarean deliveries offered with no medical reason

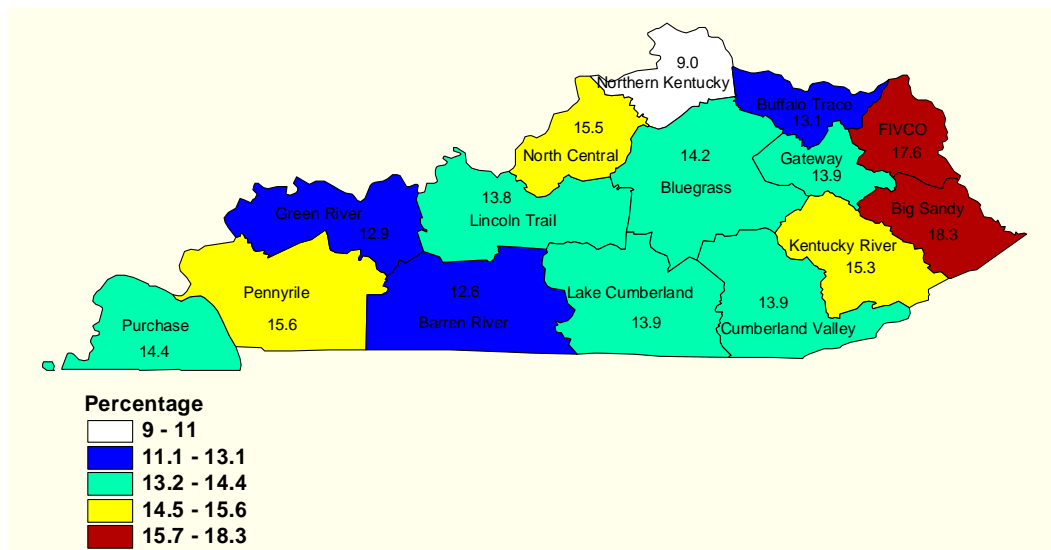
## THE PLAN

- The March of Dimes, Johnson & Johnson Pediatric Institute, L.L.C., and the Kentucky Department for Public Health have formed *Healthy Babies are Worth the Wait*<sup>SM</sup>: A Prematurity Prevention Partnership. The goals of this 3-year collaboration are:
  - A 15% reduction in the singleton preterm birth rate through direct intervention by medical professionals with expectant mothers.
  - Raising awareness of the issue of preterm birth among all members of the community by working with community leaders.
  - Enhancing an ongoing local and national dialogue about risk factors for preterm birth and prevention options.
- You can help by becoming a Prematurity Prevention Community Partner and spreading the information about preterm birth in your community.

## FACTS ABOUT PREMATUREITY IN KENTUCKY

On an average week in Kentucky, there are about 1072 babies are born. Of those, about 154 of them are born preterm—before 37 weeks gestation. That’s 1 preterm birth in Kentucky every 65 minutes.

- On average, 1 in every 7 babies born in Kentucky is born before 37 weeks gestation; in some parts of the state 1 in every 5 babies is born preterm. Preterm birth is a problem all across the state:



- In Kentucky, the rate of preterm birth is 14.9% (2005), compared to 12.7% nationally.
- The Healthy People 2010 goal for preterm birth is 7.6% (lower is better = fewer preterm births); Kentucky’s rate is almost twice that.
- The rate of preterm birth in Kentucky has increased more than 24% in the last decade, twice as fast as the national rate has increased. Kentucky now has the highest preterm birth rate of all our surrounding states (equal with Tennessee, higher than West Virginia, Virginia, Ohio, Indiana, and Illinois).
- Rates of delivery by Cesarean section are also rising—now about 1/3 of deliveries in Kentucky are by c-section. This increases risks for problems for the mothers and the babies.
- Kentucky has one of the highest rates in the nation for women who smoke during pregnancy. In the United States on average only 1 in 10 pregnant women smoke. However, in Kentucky 1 in 4 pregnant women smoke during pregnancy. In some Kentucky counties, 1 in every 2 pregnant women smoke. There are also long-term detrimental effects of smoking to both the mother and the baby. Smoking may cause problems with the pregnancy, like fetal loss, placental problems, preterm

births, and low birth weight babies. In Kentucky, babies of mothers who smoke are 5 times more likely to die of Sudden Infant Death Syndrome (SIDS) than babies of mothers who do not smoke. Women are more likely to quit smoking during pregnancy than any other time in their lives, if they are given help, support and encouragement.

- Good prenatal care is one of the best protections against preterm birth. In Kentucky, only 75% of pregnant mothers see their doctor in the first trimester for care, or go to enough prenatal visits.
- Immediate costs of prematurity are high. In Kentucky in 2005, there were over \$200 million of hospital charges for premature births. Taxpayers and private and public insurers pay into these high costs, as do employers. Communities also pay for prematurity later, as these children often need more developmental intervention, special education, and recurring health care.
- Prematurity is a problem that is common, costly, and serious in Kentucky. Help us educate our communities about prematurity and what can be done to prevent it. The information in this toolkit should help people understand that ***Healthy Babies are Worth the Wait<sup>SM</sup>!***