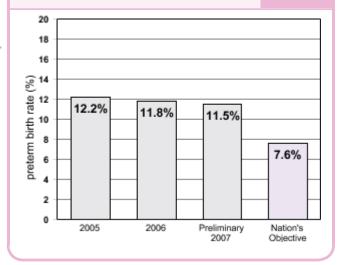# March of Dimes
2009 Premature Birth Report Card

The March of Dimes graded states by comparing each state's rate of premature birth to the nation's objective of 7.6 percent or less by 2010. This year we are also awarding a star when the rate for one of the selected contributing factors (below) is moving in the right direction. We don't yet understand all the factors that contribute to premature birth. The nation must continue to make progress on research to identify causes and prevention strategies, improve the outcomes of preterm infants, and better define and track the problem.

Grade for Kansas
Preterm Birth Rate: 11.5%   D

preterm birth rate (%)

2005	12.2%
2006	11.8%
Preliminary 2007	11.5%
Nation's Objective	7.6%

Status of Selected Contributing Factors

Factor	Previous Rate	Latest Rate	Status	Recommendation
Uninsured Women	17%	18%	✗	Health care before and during pregnancy can help identify and manage conditions that contribute to premature birth. We urge federal and state policymakers to expand access to health coverage for women of childbearing age, and we urge employers to create workplaces that support maternal and infant health.
Women Smoking	19.8%	19.3%	★	Smoking cessation programs can reduce the risk of premature birth. We urge federal and state support of smoking cessation as part of maternity care.
Late Preterm Birth	8.9%	8.3%	★	The rise in late preterm births (34-36 weeks) has been linked to rising rates of early induction of labor and c-sections. We call on hospitals and health care professionals to voluntarily assess c-sections and inductions that occur prior to 39 weeks gestation to ensure consistency with professional guidelines.

★ = moving in the right direction   n/c = no change   ✗ = moving in the wrong direction

State Actions:

For information on how we are working to reduce premature birth, contact the March of Dimes Kansas Chapter at (913) 469-3611.

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March of Dimes 2009 Premature Birth Report Card
Technical Notes

Data Sources and Notes

All calculations were conducted by the March of Dimes Perinatal Data Center.

Indicator	Definition	Data Sources	
		50 states and D.C.	Puerto Rico
Preterm birth (percent)	Percentage of all live births less than 37 completed weeks gestation	National Center for Health Statistics (NCHS), 2007 preliminary, 2006 and 2005 final birth data	Puerto Rico Health Department, 2007 preliminary, 2006 and 2005 final birth data
Late preterm birth (percent)	Percentage of all live births between 34 and 36 weeks gestation	NCHS, 2007 preliminary and 2005 final birth data	Puerto Rico Health Department, 2007 preliminary and 2005 final birth data
Uninsured women (percent)	Percentage of women ages 15 to 44 with no source of health insurance coverage	U.S. Census Bureau, Current Population Survey, 2007 to 2009 and 2006 to 2008	Percentage of women ages 18-44 with no health care coverage, Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2008 and 2007 data
Women smoking (percent)	Percentage of women ages 18 to 44 who currently smoke either every day or some days and who have smoked at least 100 cigarettes in their lifetime	CDC, BRFSS, 2008 and 2007 data	CDC, BRFSS, 2008 and 2007 data

Where possible, national data sources were used so that data is consistent for each state and jurisdiction-specific premature birth report card. Therefore, data provided on the report card may differ from data obtained directly from state or local health departments and vital statistics agencies. This could be due to multiple causes. For example, as part of the Vital Statistics Cooperative Program, states are required to send NCHS natality and mortality data for a given year by a specific date. Sometimes states receive data after this date, which may result in slight differences in the rates calculated using NCHS-processed data and state-processed data. Another reason preterm birth rates, in particular, may vary is due to differences in the way NCHS and the states calculate variables and impute missing data. Collaboration among March of Dimes chapters, state and local health departments and other local partners, will provide a deeper understanding of specific contributors to preterm birth. 2007 preliminary data are reported for the percentage of preterm birth and late preterm birth by state. Preliminary data are based on more than 99 percent of the births in 47 states, D.C. and Puerto Rico but are less complete for three states, Louisiana (91.4 percent), Georgia (86.4 percent) and Michigan (80.2 percent). 2007 final preterm and late preterm birth rates are expected to be very similar to the 2007 preliminary rates but may differ for these three states.

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Grading Methodology

Premature birth report card grades are based solely on the distance of a state's rate of preterm birth from the nation's *Healthy People 2010* (HP) objective of 7.6 percent. The grading criteria established for 2008 report cards is used as a baseline and provides for annual preterm birth report card grade comparison. Each jurisdiction was assigned a grade based on the following criteria.

Grade	Preterm birth rate range/Scoring criteria
A	Preterm birth rate less than or equal to 7.6 percent (HP score less than or equal to 0)
B	Preterm birth rate greater than 7.6 percent, but less than 9.4 percent (HP 2010 score greater than 0, but less than 1)
C	Preterm birth rate greater than or equal to 9.4 percent, but less than 11.3 percent (HP 2010 score greater than or equal to 1, but less than 2)
D	Preterm birth rate greater than or equal to 11.3 percent, but less than 13.2 percent (HP 2010 score greater than or equal to 2, but less than 3)
F	Preterm birth rate greater than or equal to 13.2 percent (HP 2010 score greater than or equal to 3)

To determine the above ranges, an "HP 2010 score" was calculated in 2008 using the following formula: (2005 preterm birth rate – HP 2010 objective) / standard deviation of 2005 state and D.C. preterm birth rates. Scores were rounded to one decimal place.

Selected Contributing Factors

The March of Dimes has identified and provided geographically-specific data for three selected contributing factors: uninsured women, women smoking and late preterm births. While these important and potentially modifiable factors represent prevention opportunities for consumers, health professionals, policymakers and employers, they do not represent an exhaustive list of contributors to preterm birth. With the momentum provided by the premature birth report card, states and jurisdictions may likely identify and take action to address other potentially modifiable contributors that play an important role in the prevention of preterm birth.

Status of Contributing Factors

Rates for all contributing factors are rounded to one decimal. Under the status column, changes in rates of contributing factors between the baseline and current year are designated with a star, an X or n/c. A star signifying movement in the right direction indicates a decline in the rates of contributing factors. An X signifying movement in the wrong direction indicates an increase in the rates of contributing factors. No change between the baseline and current year is designated with n/c.