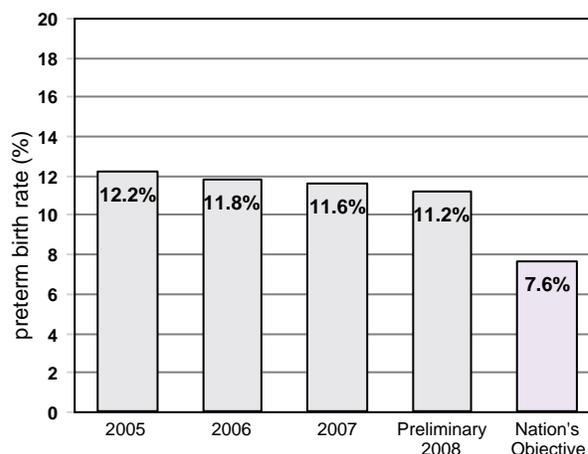


March of Dimes 2010 Premature Birth Report Card

The March of Dimes graded states by comparing each state's rate of premature birth to the nation's 2010 objective of 7.6 percent. Preterm birth is the leading cause of newborn death in the United States. 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, and on interventions and quality improvement initiatives to improve outcomes.

Grade for Kansas
Preterm Birth Rate: **11.2%**

C



Status of Selected Contributing Factors

| Factor | Previous Rate | Latest Rate | Status | Recommendation |
|--------------------|---------------|-------------|--------|--|
| Uninsured Women | 18.0% | 17.9% | ★ | Health care before and during pregnancy can help identify and manage conditions that contribute to premature birth. We urge federal and state policy makers to accelerate implementation of health reform by expanding coverage for women of childbearing age, and we urge employers to create workplaces that support maternal and infant health. |
| Women Smoking | 19.3% | 20.1% | ✗ | Smoking cessation programs can reduce the risk of premature birth. We urge federal and state policy makers to immediately implement comprehensive Medicaid coverage of smoking cessation coverage of provisions of health reform. |
| Late Preterm Birth | 8.4% | 8.0% | ★ | 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 establish quality improvement programs that ensure consistency with professional guidelines regarding c-sections and inductions prior to 39 weeks gestation. |

★ = 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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Technical Notes

Data Sources and Notes

| 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), 2008 preliminary, 2007, 2006 and 2005 final birth data | Puerto Rico Health Department, 2008 preliminary, 2007, 2006 and 2005 final birth data |
| Late preterm birth (percent) | Percentage of all live births between 34 and 36 weeks gestation | NCHS, 2008 preliminary and 2007 final birth data | Puerto Rico Health Department, 2008 preliminary and 2007 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, 2008-2010 (reflecting insurance status for 2007-2009 average) and 2007-2009 (for 2006-2008 average) | Percentage of women ages 18 to 44 with no health care coverage, Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2009 and 2008 data |
| Women smoking (percent) | Percentage of women ages 18 to 44 who currently smoke either every day or some days and have smoked at least 100 cigarettes in their lifetime | CDC, BRFSS, 2009 and 2008 data | CDC, BRFSS, 2009 and 2008 data |

Where possible, national data sources were used so that data would be 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 could be 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.

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Technical Notes, continued

Grading Methodology

Preterm birth report card grades are based solely on the distance of a state's rate of preterm birth from the nation's Healthy People (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 comparisons. 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 2010 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, a "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. All grade calculations conducted by the March of Dimes Perinatal Data Center.

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, policy-makers 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 were rounded to one decimal. Under the status column, changes in rates of contributing factors between the baseline and current year were designated with either a star, an X, or n/c. A star signifying movement in the right direction was designated for a decline in the rates of contributing factors. An X signifying movement in the wrong direction was assigned for an increase in the rates of contributing factors. No change between the baseline and current year was designated with an n/c. Status of contributing factors calculations conducted by the March of Dimes Perinatal Data Center.