Babies born prematurely have less-developed organs than full-term babies and are more likely to face serious health problems after birth. Premature babies often require care in a newborn intensive care unit, which has specialized medical staff and equipment. Premature babies who survive may suffer lifelong consequences, including cerebral palsy, mental retardation, chronic lung disease, and vision and hearing loss.

In 2005, the annual societal economic cost (medical, educational and lost productivity) associated with preterm birth in the United States was at least $26.2 billion. During that same year, the average first-year medical costs, including both inpatient and outpatient care, were about 10 times greater for preterm ($32,325) than for term infants ($3,325). The average length of stay was 9 times as long for a preterm infant (13 days) compared with an infant born at term (1.5 days).

While many of the underlying causes of preterm birth are not well known, three risk factors for preterm labor are most consistently identified by experts:

1. Multifetal pregnancy (twins, triplets, or more)
2. A woman's history of preterm delivery
3. Some uterine and/or cervical abnormalities

Other possible risk factors include:

• High blood pressure, diabetes, clotting disorders, obesity or other chronic health problems in the mother
• Certain infections during pregnancy
• Cigarette smoking, alcohol use or illicit drug use during pregnancy
Rates of premature birth by race/ethnicity

In 2008, rates of preterm birth for non-Hispanic black women were the highest among all racial/ethnic groups (Figure 2). Researchers contribute these high rates for African-American women to a life course model which may explain these outcomes. 

![Figure 2](image)

### Multiple births

The percentage of all live births that were multiples in the United States increased 13 percent between 1998 and 2008; among preterm births, the percentage of multiples increased 11 percent. However, the increase in multiple births does not explain all of the increase in preterm birth rates. Among singleton births (one baby), preterm birth rates increased 5 percent between 1998 and 2008, to 10.6 percent of all singleton births.

### Late preterm births

Late preterm births (those occurring between 34 and 36 weeks gestation) comprised 71 percent of all preterm births in the United States in 2008. Late preterm births account for the majority of the increase in the preterm birth rate in the United States over the past two decades. Babies born even a few weeks early are at greater risk than full-term babies of serious problems, including respiratory distress, delayed brain development, sudden infant death syndrome, jaundice, rehospitalization and feeding problems.

Prevention of unnecessary early inductions and c-sections

The rise in preterm births has been linked to rising rates of early induction of labor and c-sections. A recent study by the March of Dimes found nearly all (92 percent) of the increase in singleton preterm births between 1996 and 2004 occurred among women who delivered by c-section. Among these births, the largest percentage increase in c-section rates were late preterm births. Therefore, the March of Dimes is asking hospitals and health professionals to implement quality improvement programs that can help prevent unnecessary early (before 39 weeks gestation) inductions and c-sections and follow American College of Obstetricians and Gynecologists guidelines. These guidelines clearly state that c-sections and inductions should not be done before 39 weeks gestation unless medically necessary.

References


