

Born Too Soon and Too Small in Indiana

In An Average Week in Indiana⁽¹⁾

176
babies are
born preterm

29
babies are born
very preterm

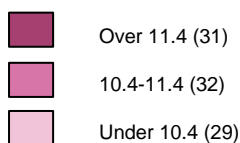
126
babies are born
low birthweight

22
babies are born very
low birthweight

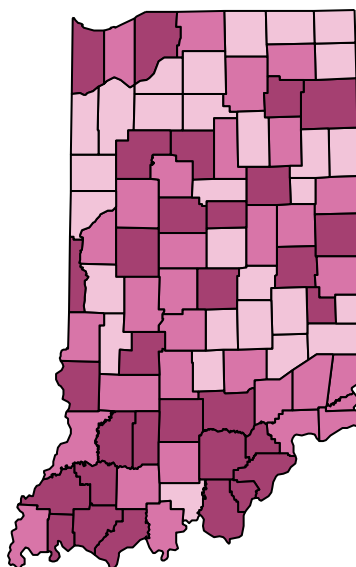
Preterm Birth Rates

2010-2013 Average

Percent of live births (92 Counties)



Value ranges are based on an approximately equal number of counties in each range.



Preterm and Low Birthweight Births in Indiana

	2003	2013	2020 US Objective
Preterm⁽¹⁾	12.9%	11.0%	11.4%
Low Birthweight⁽¹⁾	7.9%	7.9%	7.8%

- In 2013, there were 9,132 preterm births in Indiana, representing 11.0% of live births.⁽¹⁾
- Between 2003 and 2013, the rate of infants born preterm in Indiana declined nearly 15%.⁽¹⁾
- During 2011-2013 (average) in Indiana, preterm birth rates were highest for women ages 40 and older (16.4%), followed by women under age 20 (12.4%), ages 30-39 (11.5%) and ages 20-29 (10.6%).⁽¹⁾
- During 2011-2013 (average) in Indiana, preterm birth rates were highest for black infants (15.4%), followed by Native Americans (12.3%), Hispanics (10.8%), whites (10.6%) and Asians (9.9%).⁽¹⁾
- 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.⁽²⁾

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March of Dimes National Prematurity Campaign: The Mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. Prematurity is the leading cause of newborn death and a major determinant of illness and disability among infants, including developmental delays, chronic respiratory problems, and vision and hearing impairment. To address this growing problem, the March of Dimes has committed to a multi-year national prematurity research, awareness, and education campaign. For more information contact the pregnancy & newborn health education center at askus@marchofdimes.org or visit marchofdimes.org/mission/prematurity-campaign.aspx.

Risk Factors for Preterm Birth

While the specific causes of spontaneous preterm labor and delivery are largely unknown, research indicates that they are likely due to a complex interplay of multiple risk factors, as opposed to any single isolated risk factor. Approximately one quarter of all preterm births are the result of medical intervention, and the remainder occur spontaneously. ⁽³⁾

- The most consistently identified risk factors include a history of preterm birth, current multifetal pregnancy, and some uterine and/or cervical abnormalities. ⁽⁴⁾
- Other possible risk factors include: infection (especially genito-urinary), diabetes mellitus, hypertension, late or no prenatal care, smoking, alcohol and illicit drug use. ⁽⁴⁾
- In 2013, about 1 in 13 babies (7.8% of live births) was late preterm in Indiana. The rise in late preterm births has been linked to rising rates of early induction of labor and c-sections. ⁽⁵⁾
- In Indiana in 2013, 9.3% of singleton births were preterm, compared to 59.0% of multiple births. Multiple births represent 3.4% of live births in Indiana. ⁽¹⁾
- Smoking is an important determinant of health and a significant factor contributing to preterm and low birthweight births. In 2013, 25.4% of women of childbearing age reported smoking in Indiana. ⁽⁶⁾
- While being obese does not directly cause preterm birth, it does increase rates of medical complications (e.g., hypertension, diabetes) that do contribute to preterm birth. In Indiana, 30.1% of women of childbearing age were obese in 2013. ⁽⁶⁾

Footnotes

- Preterm is less than 37 completed weeks of pregnancy. Late preterm is between 34 and 36 weeks gestation. Very preterm is less than 32 completed weeks.
- Low birthweight is less than 2500 grams (5 1/2 pounds). Very low birthweight is less than 1500 grams (3 1/3 pounds).
- 2020 rates based on U.S. Healthy People Objectives.
- All race categories exclude Hispanics.
- Women of childbearing age are defined as 18-44 years.
- Obesity is defined as a Body Mass Index of 30 or more.

Source

- 1 National Center for Health Statistics, final natality data.
- 2 Institute of Medicine. 2007. Preterm Birth: Causes, Consequences, and Prevention. National Academy Press, Washington, D.C.
- 3 Iams JD. The epidemiology of preterm birth. Clin Perinatol. 2003;30:651-54.
- 4 Prematurity risk factors compiled by March of Dimes available at www.marchofdimes.org/pregnancy/preterm-labor-and-birth.aspx.
- 5 Bettgowda VR, Dias T, Davidoff MJ, et al. The relationship between cesarean delivery and gestational age among US singleton births. Clin Perinatol. 2008;35:309-323.
- 6 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

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