



# Prematurity Campaign Collaborative



## Announcements

### Preterm birth rate increased again in 2016, among all racial and ethnic groups

The National Center for Health Statistics released provisional birth data on June 30, showing that the preterm birth rate rose to 9.84 percent in 2016, up 2 percent from 9.63 in 2015, marking the second consecutive increase after steady declines over the previous seven years. Preterm birth rates increased for all racial and ethnic groups (see figures below), with American Indian/Alaska Native women experiencing the largest percentage increase since 2014, followed by Hispanic and Asian/Pacific Islander women. These increases reinforce the importance of our shared work through the Collaborative to address equity and preterm birth, and we plan further discussion in Workgroups and webinars over the coming months.

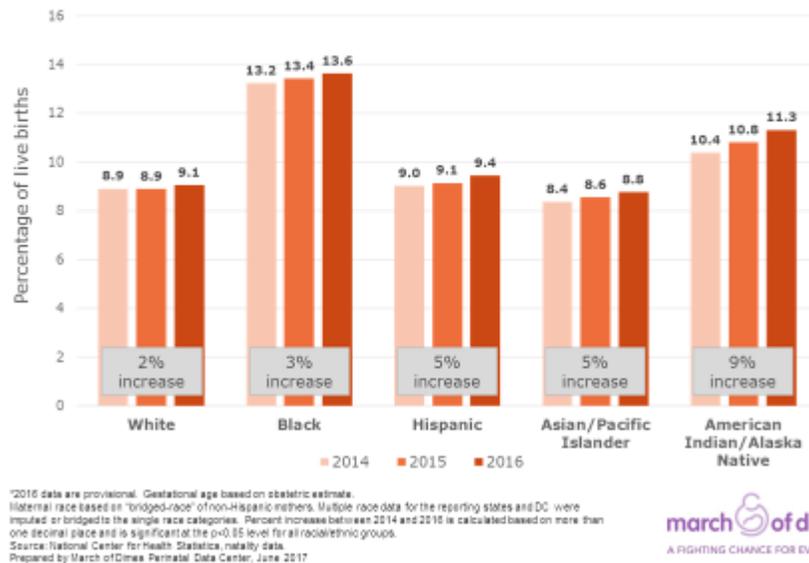
**Preterm birth rates by maternal race/ethnicity**  
*United States, 2007-2016\**



\*2016 data are provisional.  
 Preterm is less than 37 weeks of gestational. Gestational age based on obstetric estimate.  
 Maternal race based on "bridged-race" of non-Hispanic mothers. Multiple race data for the reporting states and DC were imputed or bridged to the single race categories.  
 Source: National Center for Health Statistics, natality data.  
 Prepared by March of Dimes Perinatal Data Center, June 2017.



## Preterm birth rates by maternal race/ethnicity United States, 2014, 2015, and 2016\*



"Births: Provisional Data for 2016," by Brady E. Hamilton et al.

### W. K. Kellogg Foundation Commits to Supporting Collaborative

We are pleased to announce that the Prematurity Campaign Collaborative received funding support from the W. K. Kellogg Foundation to further develop relationships among collaborative participants; support the development and dissemination of promising practices, publicizing the most innovative and promising tools and resources for clinical and public health practice, communication and public policy; and develop consensus statements that display thought leadership and the commitment of individuals and organizations to advancing equity. The grant has allowed the March of Dimes to hire a new Director for Health Equity. Kweli Rashied-Henry, who has an ideal mix of experience and skills for this position, started serving in this role in August. Ms. Rashied-Henry has dedicated much of her 20-year career to health equity, health disparities solutions and social justice, including experience working with underserved communities in nonprofit, academic, and government settings. The grant will also provide funding for in-person meetings of the Collaborative.

### Clinical and Public Health Practice Workgroup to Promote Pre- and Interconception Health and Underutilized Interventions

In the past few months, the Clinical and Public Health Practice (CPHP) Workgroup conducted an audit of current activities and gaps in the field and worked with members of the group determine its priorities. Based on its priorities, the workgroup formed two subgroups:

1. The first subgroup will focus on the pre/inter pregnancy period. The subgroup will work to expand opportunities in public health, primary care and women's health care settings to increase intentionality, achieve healthy birth spacing and improve pre/interconception health.
2. The second subgroup will focus on the pregnancy period. The subgroup will work to extend the effective use of specific evidence-based practices to high-burden populations for whom the practice is unavailable or underutilized. The group agreed to focus initially on increasing the use of progesterone (17P) for women with a prior preterm birth and increasing the use of low-dose aspirin to prevent preeclampsia.

If you or your organization are doing work related to either of these subgroups, we invite you to send that information to [collaborative@marchofdimes.org](mailto:collaborative@marchofdimes.org).

### Health Equity Workgroup to Establish Foundational Materials to Help Guide the Collaborative's Work.

The Health Equity Workgroup met on July 19 to continue its work. The group co-chairs provided a brief recap of the work to date and the group broke into three subgroups.

1. The first subgroup is developing a Consensus Statement recognizing the contributions of many scientific disciplines to equity. This statement will contain two components. The introductory section will outline basic tenets of equity and the importance of taking an equity approach to addressing preterm birth. The second section will include a synthesis of how the methodologies and approaches from disciplines such as epidemiology, anthropology, and economics all have a role in achieving equity and improvements in preterm birth. For example, similar health benefits were demonstrated in an economic analysis of the earned income tax credit and public health study of home visiting programs.
2. The second subgroup is developing a set of Guiding Principles and a Glossary on how the entire Collaborative and other organizations can incorporate equity into their work, and have a shared understanding of equity and related terminology. The group discussed proposed content for the guiding principles document and provided input, such as ensuring the principles address the role that race plays in health disparities.
3. The third subgroup is identifying additional sectors to engage in the work of the Collaborative. They outlined a number of opportunities to engage other sectors such as faith-based communities and other community-based organizations

The entire workgroup will convene again in September. To become involved in one of the subgroups, please email [collaborative@marchofdimes.org](mailto:collaborative@marchofdimes.org).

## Summary of Upcoming Virtual Meetings

Full Prematurity Campaign Collaborative  
*December 14, 2-3:30pm ET*

Clinical and Public Health Practice  
*October 27, 1-2:30 pm ET*

Health Equity  
*September 20, 3:30-5pm ET*

Research  
*TBD*

Policy and Communications

•*Policy Orientation: September 25, 11:30 am-12:30 pm ET*

•*Policy Working meeting: October 4, 10 am-12 pm ET*

All meetings are open to the public. You may [email for more information.](#)

## March of Dimes Professional Education Webinars

The March of Dimes is pleased to present a series of CME/CNE accredited continuing education webinars.

The first webinar will be:

Date: Oct 3, 2017

Time: 3-5pm ET

**REGISTER NOW**

## Title: "Equity and Preterm Birth: A Context for Action"

Preterm birth, the leading cause of infant mortality, has been called a dramatic and shocking example of race and place inequality in the U.S. This webinar will summarize the state of knowledge about equity and preterm birth, with an emphasis on populations at highest risk.

Speakers:

**Paula Braveman, MD, MPH**

Professor of Family and Community Medicine and Director of the Center on Social Disparities in Health, UCSF, School of Medicine

**Arthur R. James, MD, FACOG**

Interim Executive Director, Kirwan Institute for the Study of Race and Ethnicity, Associate Clinical Professor, Dept. OB/GYN, Wexner Medical Center, The Ohio State University

**Donald K. Warne, MD, MPH**

Chair of the Department of Public Health, North Dakota State University, Department of Public Health

**Paul Jarris, MD, MBA (moderator)**

Chief Medical Officer, Sr. Vice President Mission Impact, March of Dimes Foundation

## Tools and resources

At the June 29 Full Collaborative meeting, four panelists spoke about the work of their organizations and how it directly relates to the goals of the Collaborative to address equity and reduce preterm birth.

- [Healthy Start](#) coordinates community-based efforts to address the social determinants of health that impact infant mortality.
- The [CityMatCH Institute for Equity and Birth Outcomes](#) examines data from various counties represented within the Institute and collaborates to develop strategies to address racism, inequities and other public health issues.
- The partnership between the March of Dimes and [Jack and Jill of America, Inc.](#) provides consumers the opportunity to be part of the solution to address the rates and disparities of preterm birth in the US.
- To tackle the social determinants of health, the Infant Mortality [Collaborative Improvement and Innovation Network \(CoIIN\)](#) Social Determinants of Health Learning Network recommended [strategies focused on changes in policy, programs, and ways of doing business](#) that were based on the World Health Organization framework.

## Spotlight

Thank you to the panelists for the June 29 Full Collaborative meeting.



Deborah L. Frazier  
Chief Executive Officer  
National Healthy Start Association

Denise Pecha, LCSW



Director of Programs  
CityMatCH



Nikki Fleming, MSW  
March of Dimes National Point of Contact  
Jack and Jill of America, Incorporated



Kay Johnson, MPH, MEd  
Co-chair of the Infant Mortality CoIIN, Social Determinants of Health  
Learning Network

[marchofdimes.org/collaborative](http://marchofdimes.org/collaborative)



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