



**Embargoed for Release**

Until 12:00 a.m., June 21, 2007

**Contact:**

Raymonde Charles

Day: (401) 351-9400, Ext. 22

Evening: (401) 954-3892

**Rhode Island KIDS COUNT Releases Latest *Issue Brief*:  
*Preterm Births in Rhode Island***

**Rhode Island KIDS COUNT**

One Union Station  
Providence, RI 02903  
401/351-9400  
401/351/1758

*From 2001-2005, one in eight (11.8%) infants born in Rhode Island was born preterm. Infants born preterm are at higher risk than full term infants for serious physical, cognitive and behavioral problems at birth and during childhood.*

PROVIDENCE, RI, June 21, 2007 – Rhode Island KIDS COUNT released its latest *Issue Brief* entitled *Preterm Births in Rhode Island* at a policy forum to an audience of service providers, state agencies, advocates, and community leaders who are working to prevent preterm births and to support the families of infants and children who were born preterm. The forum was held at **Rhode Island KIDS COUNT, One Union Station, Providence, RI from 1:00 p.m. to 2:30 p.m. on Thursday, June 21, 2007**. This Rhode Island KIDS COUNT *Issue Brief* was made possible through the support of Blue Cross & Blue Shield of Rhode Island.

Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT, opened the meeting stating, “Preterm births have increased nationally, and Rhode Island is mirroring that trend. Health care providers, schools and communities must come together to stem the tide and to improve outcomes for infants born in Rhode Island. As we step up to meet the challenge of reducing the number of preterm births, we have a solid foundation to build on – Rhode Island is ranked number one best in the nation for prenatal care and we have the ambitious public/private efforts already underway, including the Rhode Island Taskforce on Premature Births and the March of Dimes partnership with Women & Infants Hospital.”

Linda H. Newton, Vice President of Community Relations and Employee Services, Blue Cross & Blue Shield of Rhode Island, said, “Blue Cross & Blue Shield of Rhode Island is pleased to work with Rhode Island KIDS COUNT to support initiatives to prevent preterm births in Rhode Island. We are acutely aware that preterm births are on the rise in Rhode Island. We believe this Issue Brief will be a catalyst and will create the changes needed to provide tangible solutions to this serious problem that affects infants and their families.”

Karen Davis, Vice President, Community Relations for Hasbro, Inc., said, “Hasbro is very pleased to be a partner to Rhode Island KIDS COUNT for the Rhode Island Kids Count Issue Brief Series. Every Issue Brief is a critical tool for policy makers and a great way to bring the community together to develop strategies that will result in improvements for children and families. This Issue Brief, Preterm Births in Rhode Island, covers a topic that is directly related to the mission and community work of Hasbro – ensuring the healthy development of children”.

The rate of preterm births (live births before 37 weeks completed gestation) has increased more than 30% over the past two decades, from 9.4% of live births in 1981 to 12.7% in 2005. Rhode Island has seen a similar increase, from 9.5% of live births being preterm in 1996 to 12.8% in 2005.

Infants born preterm are at higher risk than full term infants for neurodevelopmental, respiratory, gastrointestinal, immune system, central nervous system, hearing and vision problems. Very preterm births (before 32 weeks gestation) are at highest risk for death and life-long disability. Children born preterm are more likely to experience learning difficulties, lower cognitive test scores and more behavioral problems later in life.

In response to this growing trend highlighted at the 2005 March of Dimes Prematurity Summit, David Gifford, MD, MPH, Director of the Rhode Island Department of Health, convened the Rhode Island Taskforce on Premature Births in 2006 (in collaboration with the March of Dimes and Women & Infants Hospital). A broad group of stakeholders was charged with developing actionable recommendations that have the potential to improve the health of babies in Rhode Island by decreasing the rate of preterm births in Rhode Island and associated morbidity and mortality associated with preterm births. “In Rhode Island, 1 in 8 babies is born preterm. The Department of Health and our community partners are committed to identifying and

implementing strategies that will ensure that fewer infants are born preterm and those that are born preterm have better health outcomes,” stated Dr. Gifford.

“This *Issue Brief* supports the goals of the March of Dimes Prematurity Campaign and our mission to improve the health of babies by preventing birth defects, premature birth and infant mortality. Rhode Island has already taken important steps in being a national leader on these issues,” said Betsy Akin, Rhode Island State Director, March of Dimes.

The policy roundtable presented the causes of preterm births, factors associated with preterm births, and recommendations for preventing preterm births in the future. While the specific causes of spontaneous preterm births are largely unknown, research indicates that a number of inter-related risk factors are involved. The three leading risk factors for preterm births are (1) a history of preterm birth, (2) current multifetal pregnancy, and (3) uterine and/or cervical abnormalities. There are several other medical, behavioral and environmental risk factors also impacting birth rates.

#### *Multiple Births*

Other factors related to the rise in the preterm birth rate include an increase in the rate of multiple births (for example, the rate of multiple births in Rhode Island was 39.4 per 1,000 live births in 2004, compared with 29.0 per 1,000 births in 1994). In Rhode Island between 2001 and 2005, 56.5% of multiple births were preterm, compared to 11.8% of all births and 9.9% of singleton births. Of a total of 7,581 infants born preterm between 2001-2005, 19% were multiple births. The increase in multiple births is partially attributable to the use of ART (assisted reproductive technologies including fertility drugs, in vitro fertilization (IVF) and other procedures in which the egg and sperm are handled in the laboratory).

#### *Disparities*

Although any woman may experience a preterm birth, there are disparities in preterm birth rates in the U.S. and in Rhode Island.

#### *Race and Ethnicity*

- In the U.S, the rate of preterm births is highest for non-Hispanic blacks (17.8%), followed by Native Americans (13.4%), Hispanics (11.8%), Whites (11.3%) and Asians (10.4%). In

Rhode Island between 2001-2005, 15.4% of Black infants, 14.7% of Asian infants, 14.3% of Native American infants, 13.2% of Hispanic infants and 11.2% White infants were preterm.

### *Age*

- In the U.S. from 2002-2004, preterm birth rates were highest for women ages 40 and older (16.3%), followed by women under age 20 (14.3%), ages 30-39 (12.3%), and ages 20-29 (11.7%). The rate of preterm birth among women 35 years of age or older in Rhode Island from 2001-2005 was 13.7%, while the rate was 13.1% among women under age 20. Among adolescent mothers, the preterm birth rate was 14.6% for 15-17 year olds and 12.3% for 18-19 years olds in Rhode Island between 2001 and 2005.

### *Income*

- Women with lower incomes have been shown to have higher rates of preterm births than higher-income women. The rate of preterm births in the six cities with the highest child poverty rates (Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket) from 2001-2005 was 12.9%, higher than the rate in the remainder of the state (10.8%).

### *Access to Health Insurance Coverage*

- Health insurance is a major determinant in whether women have access to health care services, including prenatal care. Rhode Island led the nation in 2004 for the lowest percent of total births to mothers receiving late or prenatal care. In Rhode Island from 2001-2005, 10.9% of all births to women with health insurance were preterm, compared with 12.7% for those with public insurance and 20.9% for those with no health insurance.

### *Maternal Smoking*

- The rate of preterm birth for women in Rhode Island who smoke is higher than for those who do not. Between 2001 and 2005, 14.0% of all births to smokers were preterm, compared with 11.4% of all births to women who did not smoke.

There are high healthcare costs that result from premature births. Recent research shows that costs to private employer-sponsored health insurance plans for a premature baby during the first year of life averages \$41,610, compared to \$2,830 for a full-term baby. Between 2003-2005, full-term infants covered by Blue Cross & Blue Shield of Rhode Island averaged 2.4 days

of inpatient hospital services during the first year of life, compared with 19.5 days for babies born preterm.

The *Issue Brief* provides a set of key recommendations issued by the Rhode Island Taskforce on Premature Births in November 2006, including:

- Encourage providers to assess the risk for preterm birth with each pregnant woman during prenatal care, including a history of preterm birth.
- Develop a coordinated medical home for preterm infants.
- Implement changes to the birth certificate, including identifying the methodology used to calculate gestational age and determining whether fertility treatment was used to achieve pregnancy and what type.
- Develop a policy whereby every vendor that sells tobacco and alcohol in RI must display information about the effects of tobacco and alcohol on pregnancy outcomes.
- Ensure that adequate programs and referral networks exist for pregnant women who smoke and for substance abusing pregnant women including: (1) treatment programs where women are not separated from their children, (2) home visiting programs, and (3) establishing preferred prenatal provider networks.

Dr. Maureen Phipps, a physician at Women & Infants Hospital and chair of the Rhode Island Taskforce on Premature Births noted, "Reducing preterm births in Rhode Island will require collaborative research, practice and policy approaches. Although Rhode Island ranks highest among states in assuring access to prenatal care, more needs to be done. With a community of stakeholders mobilized to address the issue of preterm births in Rhode Island, we are making progress toward implementing the recommendations of the Taskforce."

##

Rhode Island KIDS COUNT is a statewide children's policy organization that works to improve the health, economic well-being, education, safety and development of Rhode Island's children. This *Issue Brief* was supported through grants from Blue Cross & Blue Shield of Rhode Island and Hasbro Children's Fund.