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A TROUBLING TREND



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Amy Walsh, of Charlestown, spends time with her 8-day-old son, Nicholas Justin Walsh, in a small room where he is constantly monitored in the preterm ward of Women & Infants Hospital in Providence. Nicholas was born six weeks earlier than expected.

Preterm births increasing

A new study says one in eight babies in Rhode Island is born before 37 weeks gestation — an increase of 30 percent in a decade.

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Most people know about premature births through anecdotes: perhaps a sister, or a neighbor, or the friend of a friend had a baby born too soon. You've heard about the agonizing weeks in the intensive-care nursery, the anxiety bringing a fragile infant home, the fears about the future.

But despite the everybody-knows-somebody prevalence of such anecdotes, not ev-

erybody knows the big picture. And the big picture is very worrisome.

Today, Rhode Island Kids Count is releasing an issue brief that adds up the individual cases into a portrait of a troubling problem: one in eight babies in Rhode Island is born before 37 weeks gestation, an increase of 30 percent in a decade. And those babies are at greater risk of death, disability and lifelong health problems.

Babies born early are much more likely to have problems with brain development, breathing, digestion, the immune system, the central nervous system, and hearing and vision.

In the United States, where the increase parallels the trend in Rhode Island, the cost

of preterm births was estimated at \$26.2 billion in 2005. That figure includes medical care, lost productivity, special education and maternal delivery costs.

Medical costs during the first year of life average \$41,610 for a premature baby, compared with \$2,830 for a full-term baby. The costs continue after the first year, because the children often need early-intervention services, and then special education in school.

Kids Count will present its findings at 1 p.m. today in its Providence office, One Union Station, to a forum of service providers, state agencies, advocates and commu-

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nity leaders, hoping to boost efforts under way to deal with the problem.

"We're finally putting in one place exactly what the latest available data is in Rhode Island," said Elizabeth Burke Bryant, executive director of Kids Count. "This will make a real difference in turning the numbers around. I think people benefit from good information."

In 2006, Health Director David Gifford established the Rhode Island Task Force on Preterm Births, in collaboration with Women & Infants Hospital and March of Dimes. The task force issued a series of recommendations in November. Dr. Maureen Phipps of Women & In-

fants Hospital, the task force's chairwoman, said that work is under way to implement them.

For example, she said, one recommendation calls for encouraging providers to assess the risk of preterm birth with each pregnant woman, and where appropriate, administer 17-hydroxyprogesterone, a drug that can prevent early labor. A graduate student, as her thesis, developed an educational program for maternal-health providers to promote this preventive step.

Another recommendation calls for a "coordinated medical home" for preterm babies after they leave the hospital, to reduce the need for readmission. Women & Infants is beefing up its discharge planning to address the problem, Phipps said.

Prematurity is a bedeviling problem in part because the biological causes of premature la-

bor are little understood. Several factors that put people at higher risk of preterm birth have been identified — but they are often tied to equally bedeviling social problems and trends.

One is multiple births, which have increased in part because of assisted reproductive technologies, such as fertility drugs and in vitro fertilization. Of the 7,581 babies born prematurely from 2001 to 2005, one-fifth were multiple births. More than half the multiples during that time were born prematurely.

Another factor is poverty. Women with lower incomes have higher rates of preterm births, and in Rhode Island the six cities with the highest child poverty rates also had the highest rates of prematurity. Premature births are more common among blacks, Hispanics and Native Americans.

Premature births are also more common among women over 40, and more older women are giving birth. Other factors are smoking and access to prenatal care.

"We are very excited about the momentum building in our community to be able to tackle this problem," said Burke Bryant.

Phipps noted that the task force pulls together people from many corners of the health-care system in a concentrated, collaborative effort.

"It's so impressive that we've been able to really work with all of these different constituents," Phipps said, noting that no other state has a similar task force. "Rhode Island is serving as a model for this. It's kind of exciting."

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