march of dimes®
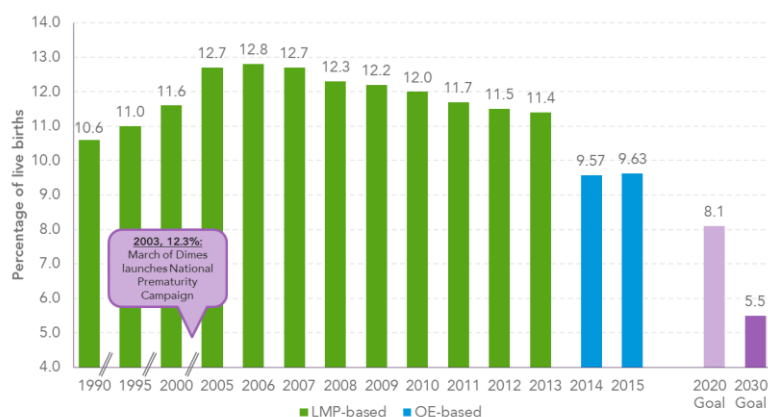
Prematurity Campaign Plan to achieve 2020 and 2030 goals

The Prematurity Campaign aims to achieve demonstrated improvements in health equity and preterm birth. The Campaign has established an ambitious set of goals to reduce U.S. preterm birth rates to 8.1% by 2020 and 5.5% by 2030. Achieving these goals will result in an estimated 1.3 million fewer babies born preterm between 2014 and 2030 and an associated savings of $67 billion in health and societal costs.

To work towards these goals, the March of Dimes will focus on states with high preterm birth rates and high numbers of births, and fund research into the causes and prevention of preterm birth.

Highlights

- The March of Dimes has set a goal of reducing preterm birth rates to 8.1% or less nationwide by 2020.

- The March of Dimes has set a goal of reducing preterm birth rates to 5.5% or less nationwide by 2030.

- To achieve these goals, we will focus on improving health equity and target populations and areas with high rates and high birth volume .

- By achieving the 8.1% goal, an estimated 210,000 fewer babies will be born preterm between 2014 and 2020.

- By achieving the 5.5% goal, an estimated 1.1 million fewer babies will be born preterm between 2021 and 2030.

Preterm birth rates
United States, 1990, 1995, 2000, 2005-2015

2003, 12.3%: March of Dimes launches National Prematurity Campaign

1990: 10.6, 1995: 11.0, 2000: 11.6, 2005: 12.7, 2006: 12.8, 2007: 12.7, 2008: 12.3, 2009: 12.2, 2010: 12.0, 2011: 11.7, 2012: 11.5, 2013: 11.4, 2014: 9.57, 2015: 9.63, 2020 Goal: 8.1, 2030 Goal: 5.5

LMP-based OE-based

Phase I and II Targeted States — Phase I / Phase II

Implementation

The first phase of implementation will focus on the four states/territories with the highest preterm birth rates -- Alabama, Louisiana, Mississippi, and Puerto Rico – as well as the two most populous high rate states, Texas and Florida.

The second phase will focus on an additional ten states with over 100,000 births each: California, Georgia, Illinois, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, and Virginia. In each state, the March of Dimes will analyze the major contributing factors to the preterm birth rate and tailor a set of interventions designed to reduce it. The March of Dimes will continue its ongoing efforts to prevent preterm birth in all 50 states, the District of Columbia, and Puerto Rico.
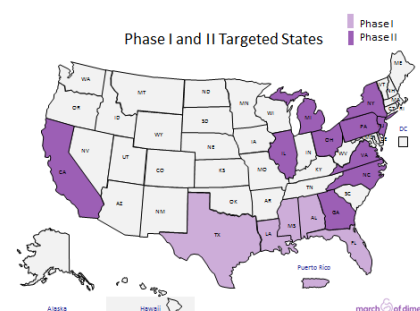
Interventions

Eight emerging and established interventions have been selected for the next phases of the Campaign, based on the available evidence about their potential contribution to reducing preterm birth. Others will be added as research is conducted and evidence of effectiveness emerges. Health equity will be addressed through targeting of interventions.

Reducing non-medically indicated (elective) deliveries: Inductions and caesarean sections scheduled before 39 weeks gestation without a medical reason increase the risk of early term and late preterm birth and their health consequences.

Increasing use of progesterone for women with a history of prior preterm birth: Weekly progesterone injections for at-risk women are proven to reduce preterm birth in women with a prior preterm birth, but this therapy is dramatically under-utilized.

Reducing tobacco use among pregnant women: Tobacco use is a well-documented risk factor for preterm birth and other adverse birth outcomes, but one in ten women smokes while pregnant.

Encouraging women to space pregnancies at least 18 months apart: Fully one-third of all pregnancies in the U.S. occur less than 18 months after the birth of a child, which is a known risk factor for preterm birth. Appropriate birth spacing would measurably reduce national preterm birth rates.

Expanding group prenatal care: Group prenatal care reduces rates of preterm birth by combining prenatal care with group education and support services.

Increasing use of low-dose aspirin to prevent preeclampsia: Preeclampsia involves high blood pressure and other factors during pregnancy, which can ultimately threaten the life or health of both mother and baby and can only be cured by delivering the infant, regardless of its gestational age. The U.S. Preventive Services Task Force recommends all at-risk women take a daily low-dose aspirin, but few use this therapy.

Advancing interventions for women diagnosed with a short cervix: Universal screening for short cervix can help identify women at risk for preterm birth and allow them to take advantage of interventions like progesterone therapy and cerclage.

Reducing multiple births conceived through Assisted Reproductive Technology: Women carrying twins or higher-order multiples are at high risk of preterm birth. The use of single embryo transfer can dramatically reduce the incidence of multiples conceived through ART.

Bundling these interventions through the March of Dimes Healthy Babies are Worth the Wait® Community Program has been shown to be beneficial in reducing preterm birth.

The March of Dimes recognizes that the 2030 goal of 5.5% cannot be achieved using only the currently known interventions. Research must identify new ways to prevent preterm birth in order to reach that ambitious goal. The March of Dimes is investing $75 million in five Prematurity Research Centers to investigate the causes of preterm birth. We are optimistic that this commitment will yield the knowledge necessary to develop new ways to identify women at risk and prevent preterm birth.

Achieving the March of Dimes goals will be challenging, but the benefit to America's babies will be enormous. To give every baby a fighting chance, the March of Dimes will continue to lead ambitious and sustained initiatives to avert the death and disability caused by premature birth.