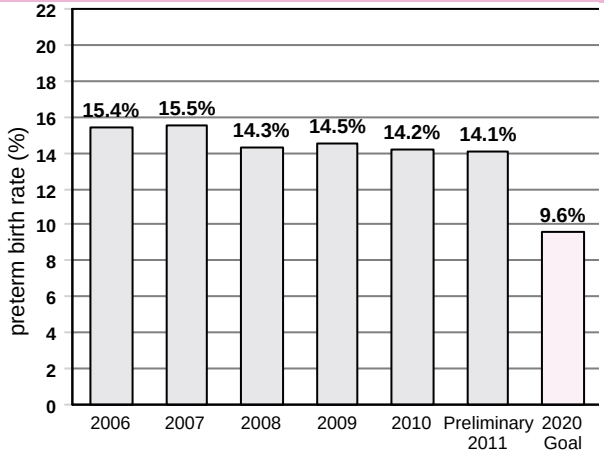
March of Dimes 2012 Premature Birth Report Card

The March of Dimes grades states by comparing each state's rate of preterm birth to the March of Dimes 2020 goal of 9.6 percent. Preterm birth is the leading cause of newborn death in the United States. We don't yet understand all the factors that contribute to preterm birth. The nation must continue to make progress in research to identify causes and prevention strategies, and on interventions and quality improvement initiatives to improve outcomes.

South Carolina

Goal	Rate	Grade
9.6%	14.1%	D



Status of Selected Contributing Factors

Factor	Previous Rate	Latest Rate	Status	Recommendation
Uninsured Women	**24.0%**	**26.2%**	✗	Health care before and during pregnancy can help identify and manage conditions that contribute to preterm birth. We urge policy-makers to expand insurance coverage for women of childbearing age, and we urge employers to create workplaces that support maternal and infant health.
Late Preterm Birth	**10.0%**	**9.5%**	★	Rising rates of early induction of labor and c-sections have been linked to increases in the rates of late-preterm births (34-36 weeks). We call on hospitals and health care professionals to establish quality improvement programs that ensure consistency with professional guidelines regarding c-sections and inductions prior to 39 weeks gestation.
Women Smoking	**n/a**	**26.2%**	**n/a**	Quitting smoking can reduce a woman's risk of preterm birth. We urge policy-makers to immediately implement comprehensive coverage of smoking cessation.

★ = moving in the right direction n/c = no change ✗ = moving in the wrong direction n/a = not available (see technical notes)

State Actions	South Carolina has pledged to reduce the preterm birth rate by 8% by 2014.	★	The March of Dimes and the Association of State and Territorial Health Officials have adopted an interim goal of an 8% reduction in the preterm birth rate by 2014. They have asked state and territorial health departments to pledge to adopt this goal.

For information on how we are working to reduce premature birth, contact the March of Dimes South Carolina Chapter at (803) 403-8522.

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March of Dimes 2012 Premature Birth Report Card Technical Notes

Data Sources and Notes

Indicator	Definition	Data Sources	
		50 states and D.C.	Puerto Rico
Preterm birth (percent)	Percentage of all live births less than 37 completed weeks gestation	National Center for Health Statistics (NCHS), 2011 preliminary, 2010, 2009, 2008, 2007 and 2006 final birth data	National Center for Health Statistics (NCHS), 2011 preliminary, 2010, 2009, 2008, 2007 and 2006 final birth data
Late preterm birth (percent)	Percentage of all live births between 34 and 36 weeks gestation	NCHS, 2011 preliminary and 2009 final birth data	NCHS, 2011 preliminary and 2009 final birth data
Uninsured women (percent)	Percentage of women ages 15 to 44 with no source of health insurance coverage	U.S. Census Bureau, Current Population Survey, 2010-2012 (reflecting insurance status for 2009-2011 average) and 2009-2011 (for 2008-2010 average)	Percentage of women ages 18 to 44 with no health care coverage, Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2011 data
Women smoking (percent)	Percentage of women ages 18 to 44 who currently smoke either every day or some days and have smoked at least 100 cigarettes in their lifetime	CDC, BRFSS, 2011 data	CDC, BRFSS, 2011 data

Where possible, national data sources were used so that data would be consistent for each state and jurisdiction-specific premature birth report card. Therefore, data provided on the report card may differ from data obtained directly from state or local health departments and vital statistics agencies. This could be due to multiple causes. For example, as part of the Vital Statistics Cooperative Program, states are required to send NCHS natality and mortality data for a given year by a specific date. Sometimes states receive data after this date, which may result in slight differences in the rates calculated using NCHS-processed data and state-processed data. Another reason preterm birth rates, in particular, may vary could be due to differences in the way NCHS and the states calculate variables and impute missing data. Collaboration among March of Dimes chapters, state and local health departments and other local partners will provide a deeper understanding of specific contributors to preterm birth.

March of Dimes 2020 Goal

Preterm birth report card grades are based solely on the distance of a state's rate of preterm birth from the March of Dimes goal of 9.6 percent. The goal of 9.6 percent was determined by using published research to estimate the maximum achievable benefits of applying known strategies to prevent preterm birth — such as smoking cessation programs, progesterone treatments for medically eligible women, lowering the number of pregnancies from infertility treatments that result in multiples, and preventing medically unnecessary c-sections and inductions before 39 weeks of pregnancy. The new goal also expects that more women will have insurance coverage in the future, and that continued research will yield new medical advances in the next decade.

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March of Dimes 2012 Premature Birth Report Card Technical Notes, continued

Grading Methodology

A grade was assigned based on how many standard deviations each jurisdiction's rate was from the goal. The grade ranges were established in 2011 using the following formula: (2009 preliminary preterm birth rate — 9.6) / standard deviation of preliminary 2009 state and D.C. preterm birth rates. Scores were rounded to one decimal place. All grade calculations conducted by the March of Dimes Perinatal Data Center.

Grade	Preterm birth rate range/Scoring criteria
A	Preterm birth rate less than or equal to 9.6 percent (Score less than or equal to 0)
B	Preterm birth rate greater than 9.6 percent, but less than 11.3 percent (Score greater than 0, but less than 1)
C	Preterm birth rate greater than or equal to 11.3 percent, but less than 12.9 percent (Score greater than or equal to 1, but less than 2)
D	Preterm birth rate greater than or equal to 12.9 percent, but less than 14.6 percent (Score greater than or equal to 2, but less than 3)
F	Preterm birth rate greater than or equal to 14.6 percent (Score greater than or equal to 3)

Selected Contributing Factors

The March of Dimes has identified and provided geographically-specific data for three "selected contributing factors": uninsured women, women smoking and late preterm births. While these important and potentially modifiable factors represent prevention opportunities for consumers, health professionals, policy-makers and employers, they do not represent an exhaustive list of contributors to preterm birth. With the momentum provided by the premature birth report card, states and jurisdictions may likely identify and take action to address other potentially modifiable contributors that play an important role in the prevention of preterm birth.

Status of Contributing Factors

Rates for all contributing factors were rounded to one decimal. Under the status column, changes in rates of contributing factors between the baseline and current year were designated with either a star, an X or n/c. A star signifying movement in the right direction was designated for a decline in the rates of contributing factors. An X signifying movement in the wrong direction was assigned for an increase in the rates of contributing factors. No change between the baseline and current year was designated with an n/c. Status of contributing factors calculations conducted by the March of Dimes Perinatal Data Center. Methodological changes to the BRFSS in 2011 have affected the trends in smoking estimates for all jurisdictions and uninsured women for Puerto Rico and they are not comparable to earlier years. The changes include the addition of cellular phones and improvements in the statistical weighting methods.