

National Committee on Vital and Health Statistics

Next Generation Vital Statistics: A Hearing on Current Status, Issues, and Future Possibilities

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March of Dimes Foundation

September 11, 2017



March of Dimes Foundation

Mission:

Improve the health of babies by preventing birth defects, premature birth, and infant mortality.



1. Epidemiologic Research



SEMINARS IN PERINATOLOGY

Changes in the Gestational Age Distribution among U.S. Singleton Births: Impact on Rates of Late Preterm Birth, 1992 to 2002

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> There is mounting evidence that infants born late preterm (34-36 weeks) are at greater risk for morbidity than term infants. This article examines the changing epidemiology of gestational length among singleton births in the United States, from 1992 to 2002. Analyzing gestational age by mode of delivery, the distribution of spontaneous births shifted to the left, with 39 weeks becoming the most common length of gestation in 2002, compared with 40 weeks in 1992 (P < 0.001). Deliveries at ≥40 weeks gestation markedly decreased, accompanied by an increase in those at 34 to 39 weeks (P < 0.001). Singleton births with PROM or medical interventions had similar trends. Changes in the distribution of all singleton births differed by race/ethnicity, with non-Hispanic white infants having the largest increase in late preterm births. These observations, in addition to emerging evidence of increased morbidity, suggest the need for investigation of optimal obstetric and neonatal management of these late preterm Infants. Semin Perinatol 30:8-15 @ 2006 Elsevier Inc. All rights reserved.

> KEYWORDS prematurity, late preterm, gestational age, duration of pregnancy, cesarean section, premature rupture of the membranes, labor induction

Short gestation/low birth weight is the leading cause of infant mortality among black infants, the second leading cause of all infant mortality, and since 1999, the leading cause of neonatal mortality in the United States. 1 The preterm birth (<37 completed weeks of gestation) rate in the U.S. continues to rise, from 9.4% of live births in 1981 to 12.3% in 2003, increasingly divergent from the Healthy People 2010 target of no higher than 7.6%.2 According to the National Center for Health Statistics, most of this 31% increase

stayed relatively constant during the past two decades, rang-

Much emphasis in the literature has been placed on the more vulnerable, very preterm births. For these infants, each additional week of gestational age at birth is associated with a significantly shorter hospitalization, and lower risk of longterm morbidities and associated costs.3 Accounting for about three-quarters of all singleton preterm births (Fig. 1), neonates delivered at 34 to 36 weeks gestation are often not considered to be at increased risk. However, a modest but growing body of research has focused on defining morbidity, mortality, complications, re-hospitalization, and costs associated with infants born at 34 to 36 completed weeks (referred to as "near term," "mild preterm," and in this report, "late preterm"). 3-11 Specifically, some studies have documented a greater incidence of morbidity when compared with term infants, including respiratory distress syndrome (RDS), hypoglycemia, hypothermia, and hyperbilirubinemia. These late preterm infants have also been found to incur greater costs and longer length of stays in neonatal intensive care units (NICU).3

To better understand the changes in preterm birth rates in

ing from 1.8% to 2.0%.2

is due to increases in the rates of moderately preterm births (32-36 weeks), as the very preterm rate (<32 weeks) has *National Office, March of Dimes, White Plains, NY, †Department of Obstetrics, Gynecology, and Women's Health, Albert Einstein College of Medicine, Bronx, NY Department of Pediatrics and Cell Biology, Albert Einstein College of Med-SDepartment of Obstetrics and Gynecology, Matmonides Medical Center, Address reprint requests to Michael J. Davidoff, MPH, March of Dimes. 1275

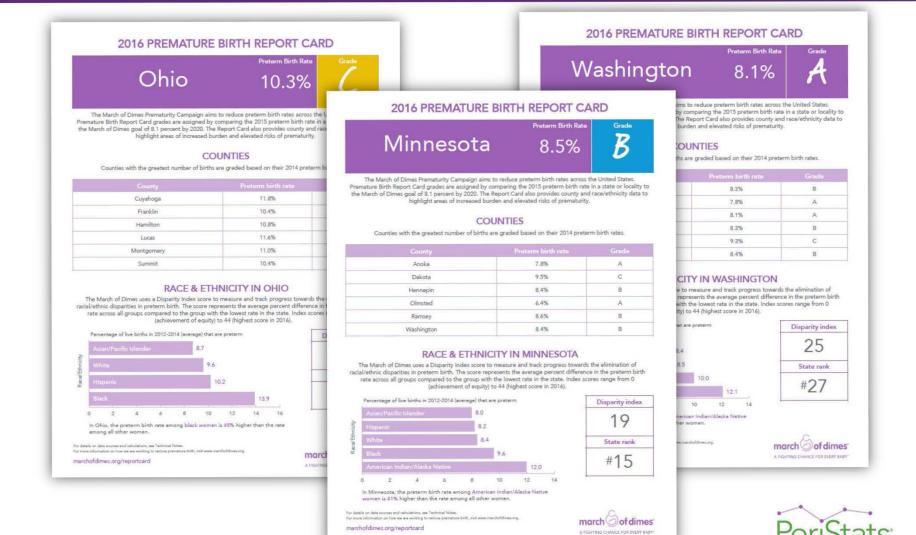
If your pregnancy is healthy, it's best to stay pregnant for at least 39 weeks. A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks. 39 to 40 weeks 35 weeks pregnancy & newborn health education center* marchofdimes.com



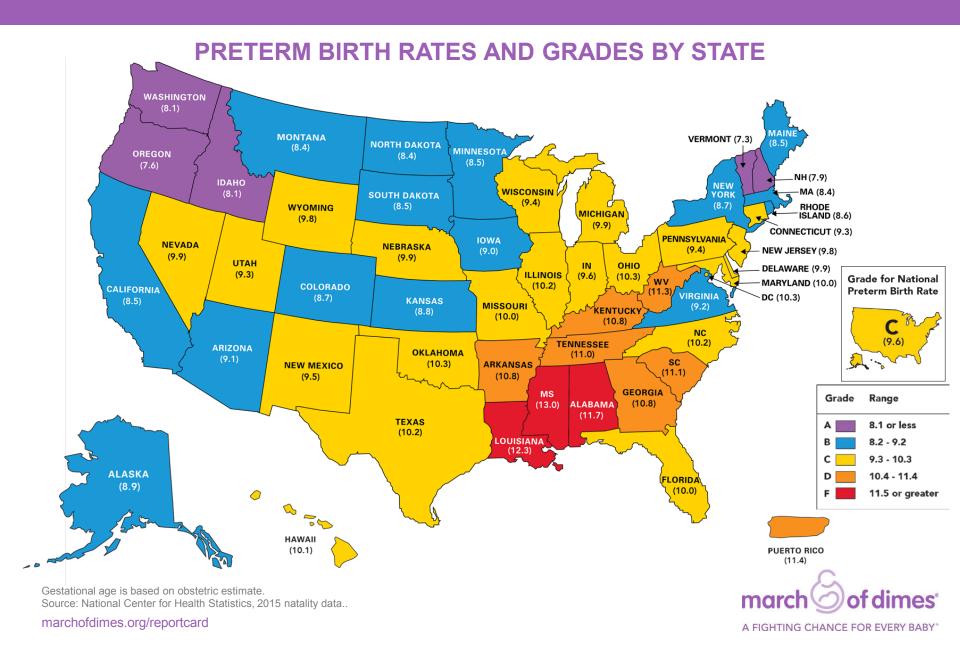
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2. Reports to engage stakeholders



2016 PREMATURE BIRTH REPORT CARD



3. Dissemination to health professionals



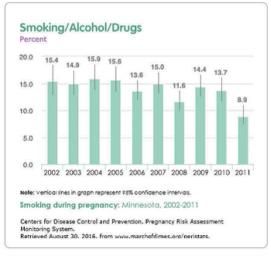


news: Updated Data and PeriStats

Select a state

What information are you looking for? Please start your selection with either location or topic. Not all items are required. After you submit, you can narrow your results by year or health indicator or compare with another region. To get the best results, use reset button before starting a new search.





About PeriStats

PeriStats is developed by the March of Dimes Perinatal Data Center and provides access to maternal and infant health data for the United States and by state or region, including more than 60,000 graphs, maps, and tables. Find out how data on PeriStats is computed and calculated.

Frequently asked questions

How do I source the data on PeriStats?

How are the health indicators on PeriStats calculated?

Is it possible to suggest additional maternal and infant health data sets that could augment the data available on PeriStats?

Why is data on PeriStats sometimes different from my health department's data?

What should I do if pop-up blocker blocked my web page?





We acknowledge the Centers for Disease Control and Prevention for its support of the March of Dimes PeriStats service under cooperative agreement SU38-H000523 awarded of Maternal and Child Health Programs. The mark "CDC" is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or attentive.



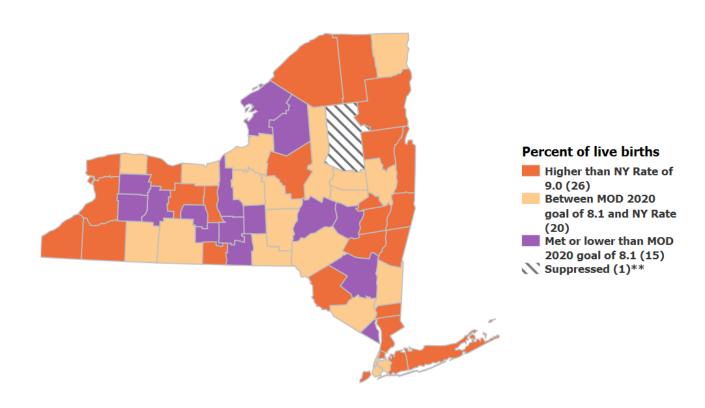






Preterm birth

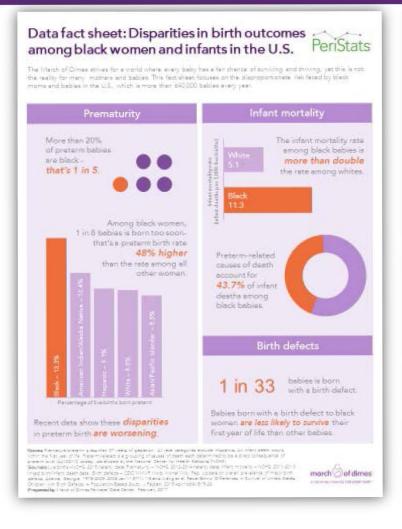
New York, 2011-2014 Average

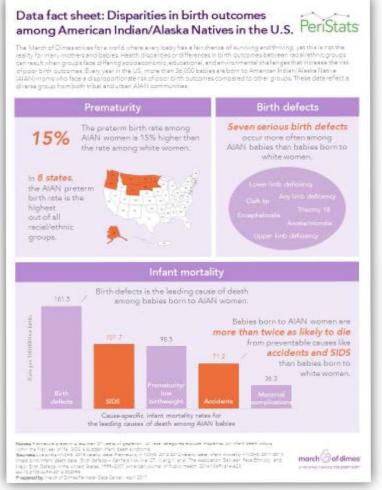


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4. Technical assistance to staff/volunteers







Recent achievements

- Improved timeliness
- Full implementation of the 2003 birth certificate revision
- Improved quality and validity of the data



Future investments

- Continued federal support for states
- Strong network of data users
- Increased ability to use vital statistics data to address social determinants of health





Vital Statistics Help Us Tell Their Stories

30 weeks

Obstetric Estimate of Gestation

1800 grams

Birthweight

Cesarean, primary

Delivery method



Admitted to Neonatal Intensive Care Unit



Assisted ventilation immediately following delivery

