

PREMATURE BIRTH CAN HAPPEN TO ANYONE.

A product of the United Way of Buffalo & Erie County and the United Way Healthy Start, Healthy Future for All Coalition



WHY IS IT IMPORTANT TO REDUCE PREMATURE BIRTH IN ERIE COUNTY?

▶ PREMATURE BABIES ARE MORE AT RISK OF SERIOUS DISABILITY OR DEATH.

A premature birth is a birth that occurs with less than 37 weeks gestation.

Even if a mother is healthy and follows all of the preventative measures, she may still experience a premature birth.

Babies born at 39 to 40 weeks gestation have the best chance of being healthy.

We can work to reduce premature birth by addressing modifiable risk factors that make premature birth more likely to occur.

ONE THIRD OF INFANT DEATHS

ARE DUE TO PREMATURE BIRTH-RELATED CAUSES.



Among premature babies born in Erie County from 2013-2015, the mortality rate was **22 of every 1,000 births**.



In Erie County, **67**% of babies born prematurely are admitted to the neonatal intensive care unit.



After 37 weeks gestation, the risk of infant death drops significantly, to only **3 of every 1,000 births**.



In contrast, after 37 weeks gestation the rate of admission to the neonatal intensive care unit is only **7%**.

PREMATURE BABIES THAT SURVIVE ARE MORE LIKELY TO EXPERIENCE:

- Breathing problems
- Feeding difficulties
- Cerebral palsy
- Developmental delay

- Intellectual disabilities
- Vision problems
- Hearing impairment
- Serious intestinal disease



PREMATURE BIRTH CAN HAPPEN TO ANYONE.

IT HAPPENED TO MISTY.

Misty experienced a premature birth in 2013 during the birth of her first daughter, Willa.

Fortunately, Misty had health insurance, a flexible employer, transportation, and supportive family. Yet, many women in our community face premature birth without these supports.

Willa was born at 35 weeks, and required 10 days of care in the neonatal intensive care unit at Mercy Hospital before she could go home.

Because Misty was insured, she was only required to pay \$6,000 of out-of-pocket medical bills during the year. Without health insurance, the cost of her premature birth could have resulted in financial crisis for Misty's family.

NOW A MOTHER OF TWO, MISTY WAS WILLING TO SHARE HER FAMILY'S STORY WITH US. TO HEAR MISTY IN HER OWN WORDS, VISIT: UWBEC.ORG

MISTY'S BILL

BEFORE BIRTH\$9,00	0
Routine prenatal care and an unexpected 48-hour hospital stay	
BIRTH \$57,50 Labor, delivery, 2-day hospital stay for Misty and 10 days of neonatal intensive care for Willa	0
AFTER BIRTH \$7,50 Home healthcare and related post-care specialists	0
TOTAL \$74,00	0

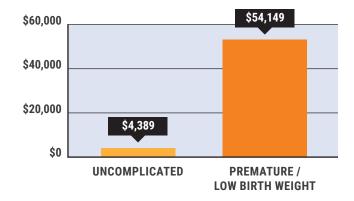
THE COST OF PREMATURE BIRTH IMPACTS OUR COMMUNITY.

MISTY'S STORY IS NOT UNUSUAL.

Research conducted for the March of Dimes* on employer healthcare costs suggests that employers and their employees in the United States pay 12 times as much for a premature birth, in comparison to uncomplicated births.

 Costs per infant include all employer payments for newborn medical care during the first year of life.

AVERAGE EMPLOYER EXPENDITURES FOR NEWBORN CARE

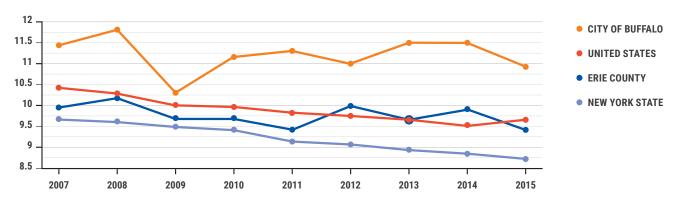


1 IN 10 CHILDREN ARE BORN PREMATURELY IN THE USA.

The Erie County rate of premature birth is similar to the national rate, but higher than that of New York State. Since 2007, Erie County has had higher premature birth rates, on average, than New York State.

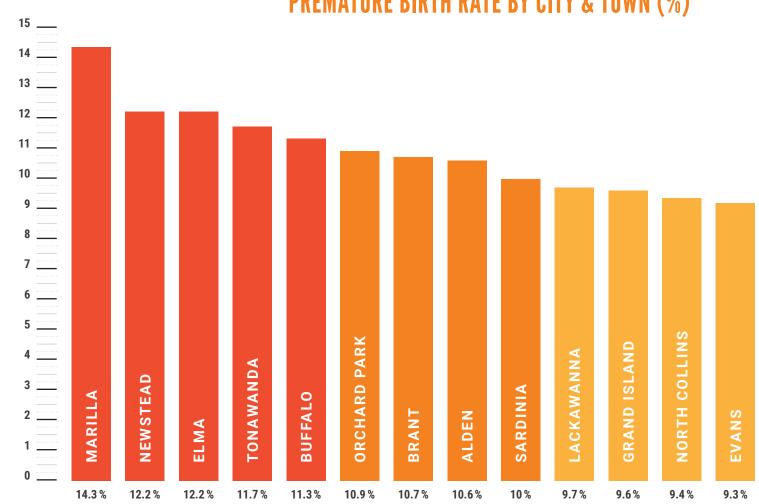
The City of Buffalo has rates of premature birth that are higher than the county, state and national average.

PREMATURE BIRTH RATE (%)



PREMATURE BIRTH IMPACTS FAMILIES THROUGHOUT ERIE COUNTY.

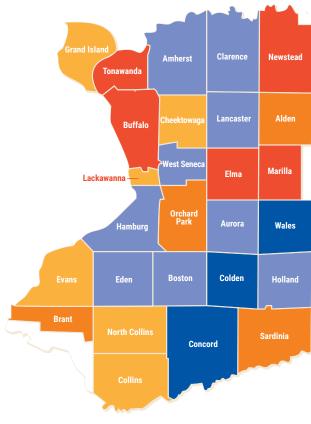
PREMATURE BIRTH RATE BY CITY & TOWN (%)

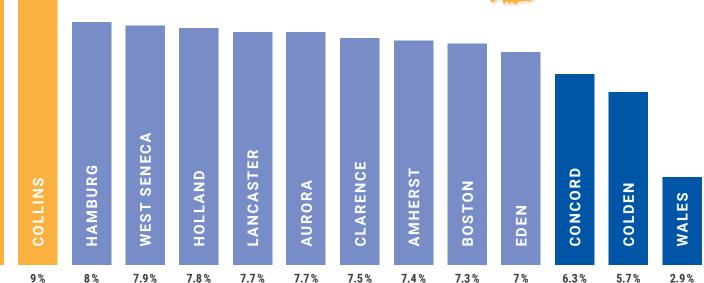


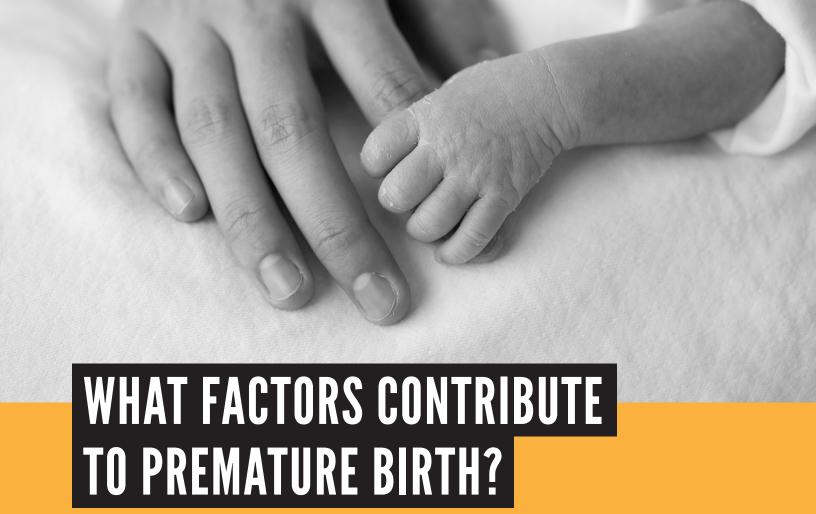
CHEEKTOWAGA

9.3%

Source: Local data on premature birth rates presented in this report was provided by Jim Shelton, Department of Obstetrics and Gynecology, University at Buffalo. The original data was provided courtesy of the Perinatal Outreach Program, The Women and Children's Hospital of Buffalo – Kaleida Health. Premature birth rates in the chart below represent births from a combined three year period, 2013–2015. Premature or preterm birth is defined as a birth less than 37 weeks gestation based on the obstetric estimate of gestational age. A premature birth rate of 10% means that for every 10 babies born, one was born prematurely.







A WOMAN THAT HAS HAD A PRIOR PREMATURE BIRTH OR THAT IS BEARING MULTIPLE BABIES AT ONCE IS MORE AT RISK.

Women at high risk of premature birth can receive treatments to reduce the risk of premature birth. However, these treatments can require weekly doctor's appointments and costly injections, such as progesterone (17p).

Expecting mothers that do not have healthcare coverage, transportation, or a flexible employment situation may face barriers to care.

SOME WOMEN ARE MORE LIKELY TO EXPERIENCE PREMATURE BIRTH THAN OTHERS:

AGE

Maternal age over 30 places a woman more at risk. A mother who is over the age of 40 is **1.8 times** more likely to experience premature birth.

RACE

African American women are **1.4 times** more likely to have a premature birth, and more likely than other races.

SMOKING

Women that smoke are 1.3 times more likely.

HEIGHT & WEIGHT

Women with low body mass index are **1.6 times** as likely and women that are petite (under 5'3") are **1.4 times** as likely.

DIABETES

Women that are diabetic are 2.4 times as likely.

HYPERTENSION

Women experiencing chronic hypertension are **1.8 times** as likely. Those who experience pregnancy-induced hypertension are **2 times** as likely.

INADEQUATE PRENATAL CARE

Women with inadequate prenatal care are 1.5 times as likely. Women with no prenatal care are 5.5 times as likely.

LESS OR NO HEALTH INSURANCE

Women reporting self-pay or other insurance are **1.6 to 1.7 times** as likely to have premature birth, in contrast to mothers reporting Medicaid or private insurance.

Although we lack good local measures, national research shows that the following are also risk factors:

- Stress
- Drug Use
- Alcohol Use

Source: Local data analysis on 2013-2015 birth data using an adjusted model to calculate odds ratios for risk factors relating to premature birth was provided by Jim Shelton, Department of Obstetrics and Gynecology, University at Buffalo. The original data was provided courtesy of the Perinatal Outreach Program, The Women and Children's Hospital of Buffalo – Kaleida Health.

WHAT CAN WE DO TO REDUCE PREMATURE BIRTH IN ERIE COUNTY?



WOMEN OF CHILDBEARING AGE

- Eat healthy and do something active every day
- Stop smoking, drinking alcohol and abusing drugs
- Plan when to have a baby
- Get a preconception checkup
- · Take a multivitamin that contains 400 milligrams of folic acid every day



POLICY MAKERS

- Increase funding to programs that improve access to services for pregnant women, including Title V Maternal and Child Health Block Grant programs and Maternal, Infant and Early Childhood Home Visitation
- Invest in evidence-based models of care such as group prenatal care and interconception care delivered at well baby visits
- Ensure coverage of maternity care including medical interventions that reduce the risk of premature births



HEALTHCARE PROVIDERS

- · Reduce non-medically indicated deliveries before 39 weeks gestation
- Consider the use of evidence-based interventions to prevent preterm labor such as progesterone (17p) use for women with a history of premature birth and universal screening to identify women at risk
- Encourage women to space pregnancies at least 18 months apart



COMMUNITY-BASED ORGANIZATIONS

- Encourage pregnant women to cease the use of tobacco and other substances harmful to the developing baby
- Ensure access to preconception, prenatal and postpartum healthcare and health-related services, especially for populations with higher risk of premature birth
- Deliver culturally competent programs and services

UNITED WAY INVESTS IN PROGRAMS THAT SUPPORT HEALTHY MOMS AND HEALTHY BABIES.



GO BUFFALO MOM

Go Buffalo Mom provides a bridge between medical and social needs to help Buffalo families build healthier futures for their children. By focusing on building skills and confidence, families learn to manage their finances and transportation needs.

The United Way designs programs using Human Centered Design, working alongside community members that will be served to ensure programs meet their needs. We conducted interviews to identify what factors limit access to prenatal care for local women attending appointments at Buffalo's high-risk clinics, and asked them to collaborate in program design.

Transportation was identified as a major obstacle, and together we crafted Go Buffalo Mom. The program will ensure low-income pregnant moms regularly attend prenatal appointments and save for economical transportation options.

Working with local partners and funders, we will be launching Go Buffalo Mom to serve 500 women over the next 18 months. GO Buffalo Mom can change the lives of an entire cohort of our city's newest generation.

PARTNERS











FUNDED BY GENEROUS DONORS FROM THE COMMUNITY AND THESE PARTNERS:













The United Way is partnering with the **Health Foundation of Western & Central New York** and the **March of Dimes** to bring the IMPLICIT model of interconception care to family practice providers and pediatricians in our community. IMPLICIT addresses modifiable risk factors of mothers, including birth spacing, smoking, folic acid intake, and depression, during their child's well child visits.

UNITED WAY OF BUFFALO & ERIE COUNTY INVESTS IN PROGRAMS AND INITIATIVES THAT SUPPORT MATERNAL AND INFANT HEALTH.



BUFFALO PRENATAL-PERINATAL NETWORK

The Buffalo Prenatal-Perinatal Network (BPPN) provides intense support in the home to expecting mothers living in the highest risk zip codes.

BPPN staff go door to door in high-risk neighborhoods, finding pregnant women that are living in vulnerable situations and offering support. Through its interventions, BPPN has improved birth outcomes by reducing the occurrence of low birth weight babies, many of which are low weight due to being born prematurely.

In the high-risk zip codes served, BPPN has reduced the percent of low birthweight births from 9.7% to 4.7%, cutting the cost of neonatal healthcare for the community.

For more information visit bppn.org.



THE PRISCILLA PROJECT OF BUFFALO

The Priscilla Project of Buffalo at Jericho Road Community Health Center serves pregnant refugee women that have not yet given birth in the US, as well as those considered high-risk.

The project currently serves approximately half of the refugee women delivering in Buffalo by providing services to overcome cultural and language barriers to healthy births.

An evaluation conducted in 2016 by the University at Buffalo Primary Care Research Institute reported that the Priscilla Project successfully improves pregnancy and birth experiences for refugee women, and that providers value the improved communication and the observed increase in health literacy.

For more information visit jrechc.org/programs/priscilla-project-buffalo.

PREGNANT OR A NEW MOM?

CALL 2-1-1
OR

1-888-696-9211



An information specialist will help you find services. Free and confidential. Call 24/7.

211wny.org

USEFUL RESOURCES

FOR MORE INFORMATION ON PREMATURE BIRTH, PLEASE EXPLORE THE FOLLOWING:

PERISTATS

Learn more about local and national trends in premature birth with PeriStats, a user-friendly online data resource by the March of Dimes.

marchofdimes.org/peristats

UWBEC HEALTH & WELLNESS

Learn more about programs supported by United Way that work to improve the health and wellness of families in Erie County.

uwbec.org/wellness

UWBEC COMMUNITY REPORT CARDS

Learn more about community trends in Erie County, including financial hardship and third grade proficiency rates.

uwbec.org/reports

UWBEC OPPORTUNITIES

The United Way Community Baby Shower is an annual, community-wide effort to help at-risk mothers provide their newborns with a healthy beginning.

uwbec.org/babyshower





United Way of Buffalo & Erie County www.uwbec.org