

Premature birth can bring lifelong problems

Babies born too soon and too small account for a growing proportion of infant deaths, according to new statistics from the National Center for Health Statistics (NCHS).

"Essentially, there has been no improvement in the infant death rate since 2000, and the increase in the proportion of infants who die from preterm-related causes is troubling," said Joann Petrini, Ph.D., director of the March of Dimes Perinatal Data



Center. "Preventing preterm birth is crucial to reducing the nation's infant mortality rate and giving every baby a healthy start in life."

While an early birth is traumatic for both the baby and the mother, the consequences to the baby can be life-long. More than a half million babies are born premature (less than 37 weeks) each year, and those who survive face the risk of life-long health consequences, such as breathing and feeding problems, cerebral palsy and learning problems. Mortality rates for infants born even a few weeks early or between 34 and 36 weeks are three times those for full-term infants.

The NCHS report found that the mortality rate for very low birth weight infants (those weighing less than 3 1/3 pounds) is more than 100 times the rate for normal birth weight infants.

Prematurity is the leading cause of newborn death and a major determinant of illness and

North Carolina statistics for premature births follow the national trends. Between 1995 and 2005, the rate of infants born preterm in North Carolina increased nearly 9 percent.

In an average week in North Carolina:

- ◆ 2,367 babies are born.
- ◆ 324 babies are born preterm.
- ◆ 217 babies are born with low birth weight.
- ◆ 20 babies die before reaching their first birthday.

In 2005, the latest year for statistics:

- ◆ There were 16,868 preterm births, representing 13.7 percent of live births.
- ◆ About 1 in 11 babies (9.5 percent of live births) was late preterm.
- ◆ 2 percent of single births were preterm, compared to 62.4 percent of multiple births. Multiple births represent 3.5 percent of live births in North Carolina.
- ◆ About 1 in 35 infants (2.9 percent of live births) was born to a woman receiving late or no prenatal care.
- ◆ Birth defects accounted for about 1 in 6 infant deaths. (Every 4 1/2 minutes a baby is born with a birth defect in the United States.)

disability, such as developmental delays, chronic respiratory problems, mental retardation, gastrointestinal problems, vision and hearing loss. All premature babies are at risk for health problems, but those born before about 32 weeks face the highest risk.

While the specific causes of spontaneous preterm labor and delivery are largely unknown, research indicates that they are likely due to

multiple risk factors, such as a history of preterm birth, current multiple fetuses and some uterine and/or cervical abnormalities.

These risks may seem uncontrollable, but a woman can control other possible risk factors, such as diabetes, high blood pressure, late or no prenatal care, smoking, alcohol, illicit drug use and obesity.

By visiting her health care provider before pregnancy and, once pregnant, seeking early and regular prenatal care, a woman can reduce the risk of early delivery. A preconception visit is especially crucial for women with chronic disorders, such as diabetes and high blood pressure, which sometimes can contribute to preterm birth. When a woman receives adequate preconception and prenatal care, problems often can be identified early and treated, helping to reduce the risk for preterm birth.

Studies suggest that consuming the recommended amount of folic acid throughout pregnancy may reduce the risk for preterm birth. A woman should avoid alcohol, smoking and illicit drugs beginning before pregnancy and throughout pregnancy.

She should try to reach a healthy weight before pregnancy because women who are overweight or underweight are at increased risk for premature delivery. She also should gain the recommended

amount of weight during pregnancy.

Recommended weight gain during pregnancy is generally 25 to 35 pounds for women who begin pregnancy at a normal weight and less for women who start out overweight or obese.

When a doctor suspects that a woman may deliver preterm, he may suggest treatment with corticosteroid drugs which speed maturation of the baby's lungs and significantly reduce other risks.

The doctor also may suggest treatment with medications that may postpone labor, but often for only a couple of days. Even this short delay can give the doctor time to treat the pregnant woman with corticosteroids and arrange for delivery in a hospital with a NICU that can give appropriate care to a premature infant, which could make a lifesaving difference for the baby.

Not only is premature birth a danger to the baby, it's a long-term expense. In 2005, the annual societal economic cost (medical, educational, and lost productivity) associated with preterm birth in the United States was at least \$26.2 billion.

(Information for this article was derived from National Center for Health Statistics, Centers for Disease Control and Prevention, National Newborn Screening and Genetics Resource Center, Institute of Medicine and the March of Dimes.)