

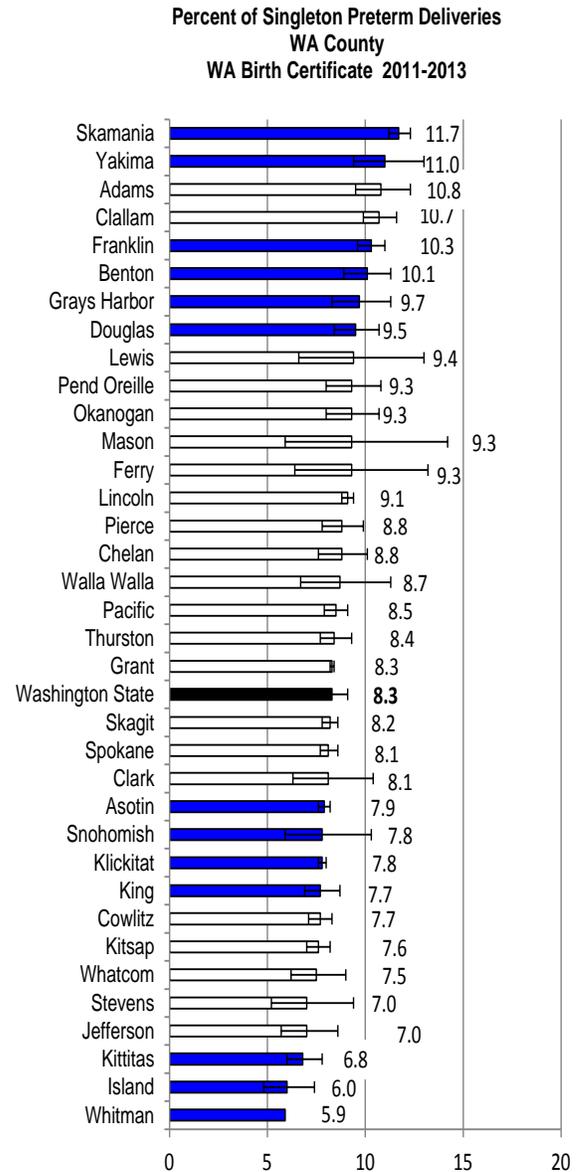
Preterm Delivery for Singleton Births

Key Findings:

- Preterm delivery increased in Washington from 1993 through 2006. Since 2006, both total preterm delivery (includes multiple births) and singleton preterm delivery have decreased. Rates in 2013 were 9.6% and 8.2%, respectively.¹
- Preterm delivery trends have been greatly influenced by the rise in multiple births.
- Similar patterns appear nationally. In 2013, 11.4 percent of all births in the U.S. were preterm, and 9.7 percent of singleton births in the U.S. were preterm.²
- 64.8 percent of singleton preterm infants born in Washington from 2011-2013 were normal birth weight (≥ 2500 grams)¹ (Data not shown).
- From 2011-2013, both older (ages 35-44) and younger women (ages 15-24) were significantly more likely to have a singleton pre-term delivery than women ages 25 to 34.¹
- American Indian/Alaska Native women in Washington and Pacific Islander women had higher rates of preterm delivery than women of other racial/ethnic groups. white women had the lowest preterm delivery rates.^{1,b}
- Women who received cash assistance (TANF) or who were Undocumented had a significantly higher rate of singleton preterm delivery than Pregnancy Medical or non-Medicaid women.^{3,a}
- Male infants were significantly more likely to be preterm than female infants.¹
- Washington has met the Healthy People 2020 objective to reduce total preterm birth to no more than 11.4 per 100 births.⁴

Definition: Preterm delivery is defined as a live birth before 37 completed weeks of gestation. This report is limited to data on singleton (one baby) births, unless otherwise noted.

County¹

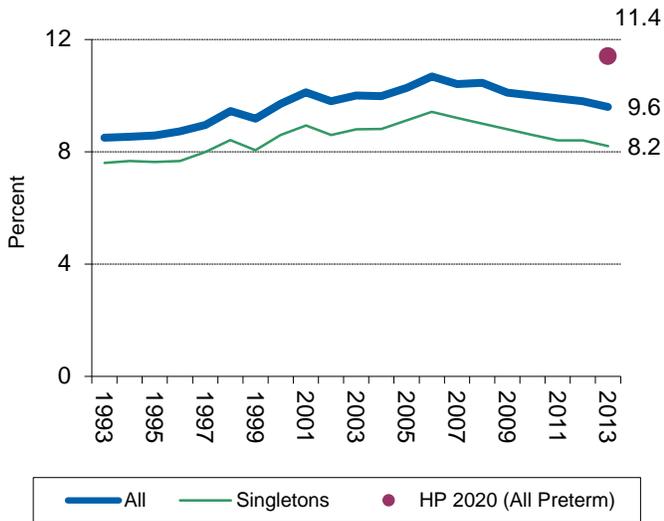


County rate not calculated for Columbia, Garfield, San Juan, or Wahkiakum counties. These counties had fewer than 5 preterm infants or the relative standard error of the rate was $\geq 30\%$

 Significantly different from state

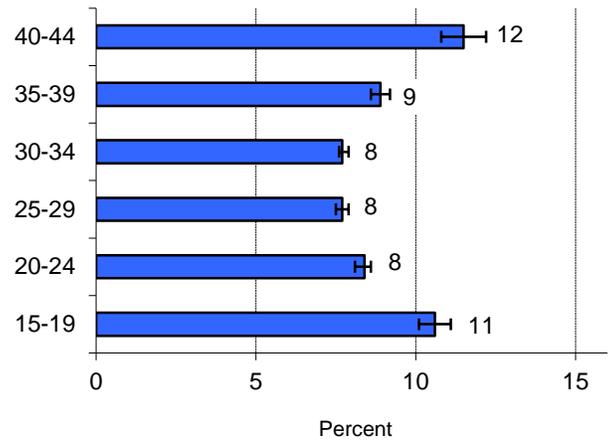
Time Trend^{1,4}

**Percent of Total Births That Were Preterm Deliveries
All Births and Singleton Births
WA Birth Certificate Data 1993-2013**



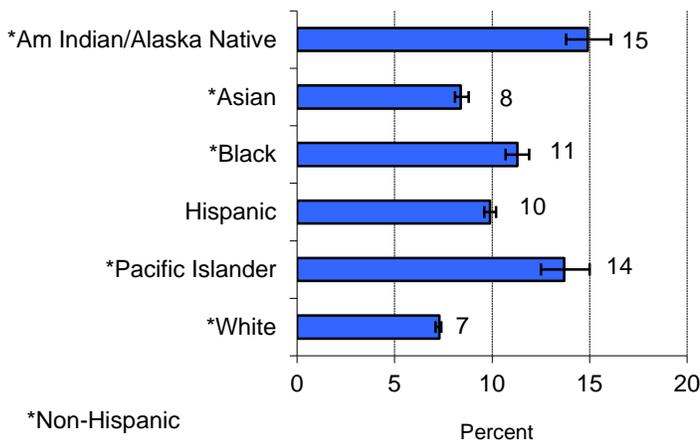
Age¹

**Percent of Singleton Preterm Deliveries
Maternal Age
WA Birth Certificate Data 2011-2013**



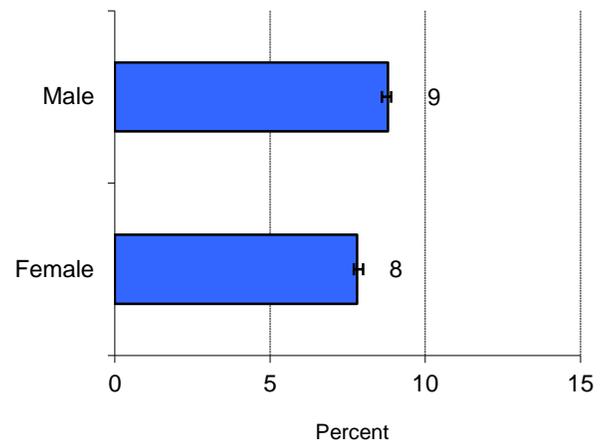
Maternal Race and Ethnicity¹

**Percent of Singleton Preterm Deliveries
Maternal Race/Ethnicity
WA Birth Certificate Data 2011-2013**



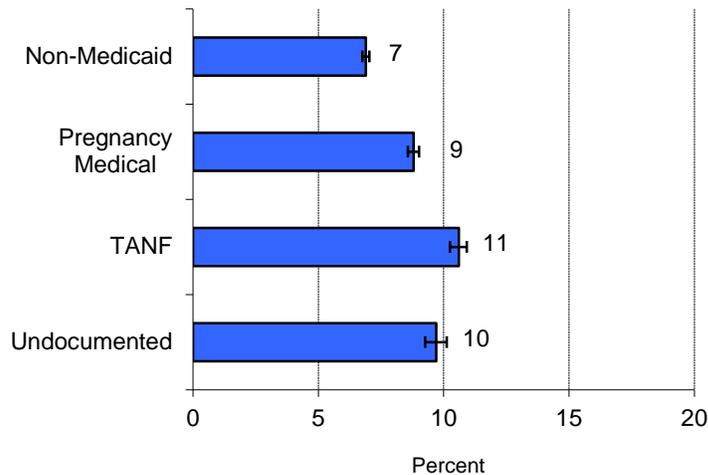
Infant Gender¹

**Percent of Singleton Preterm Births
Infant Gender
WA Birth Certificate Data 2011-2013**



Medicaid Status^{3, a}

**Percent of Singleton Preterm Deliveries
Medicaid Program
WA First Steps Database 2011-2013**



Data Sources

1. *Washington State Birth Certificate Data: Vital Registration System Annual Statistical Files, Births 1980-2013 [Data file]*. (2014). Olympia, WA: Washington State Department of Health.
2. Martin JA, Hamilton BE, Osterman JK, et al. Births: Final data for 2013. National vital statistics reports, vol 64 no 1. Hyattsville, MD: National Center for Health Statistics. 2015. Website: http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf
3. Cawthon L. Selected Measures by Medicaid Status for Live Births (First Steps Database). Olympia, WA: Washington State Department of Social and Health Services. January 2015.
4. U.S. Department of Health and Human Services. Healthy People 2020. <http://www.healthypeople.gov/2020/default.aspx>

Endnotes

- a. Medicaid women received maternity care paid for by Medicaid. Medicaid recipients were divided into three major subgroups (from highest to lowest socioeconomic status) based on program eligibility. **Pregnancy Medical** were women eligible for the pregnancy medical assistance “S” program. These women were U.S. citizens or legal US residents, and were eligible to receive Medicaid because they were pregnant and had incomes at or below 185% the federal poverty line; **TANF** were women enrolled in the Temporary Assistance for Needy Families (TANF) program. These women were very low income (generally < 50% the federal poverty level) and received cash assistance (TANF) in addition to Medicaid; and **Undocumented** were women who were not legally admitted for permanent residence, lack temporary residence status, or were not lawfully present in the U.S. They were eligible to receive Medicaid because they were pregnant and had incomes at or below 185% the federal poverty level. Undocumented women were not eligible for TANF although their incomes were often lower than women on TANF. All three Medicaid groups had incomes below most non-Medicaid women. Note that Medicaid eligibility status for pregnant legal residents who were not US Citizens changed in Spring 2009. Prior to Spring 2009, legal residents who were not US Citizens were grouped with Undocumented women (and called Non-Citizens).
- b. Hispanic is treated as a separate racial category. American Indian/Alaskan Native, Asian, Black, Native Hawaiian/Other Pacific Islander (NHOPI) and White are all non-Hispanic.

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