


March of Dimes Greater LA Market

November 17, 2016

Miriam Erdosi, MSW
MCH Director, Greater LA Market



A newborn baby is lying in a hospital bed, wrapped in a light-colored blanket. A nurse in a white uniform is visible in the background, with their hands resting on the baby. The scene is softly lit, creating a calm and professional atmosphere. A large purple circle is overlaid on the right side of the image, containing the title text.

Prematurity
Campaign:
Roadmap to
New 2020 and
2030 Goals

Prematurity Roadmap Goal in CA

The 2015 US preterm birth rate is 9.62%.

- ✓ **8.1%** 2020 preterm birth rate goal for the US
- ✓ **5.5%** 2030 preterm birth rate goal for the US

The 2015 California preterm birth rate is 8.47%*

This means in CA we need:

1,819 fewer preterm births each
year by 2020

14,597 fewer preterm births
each year by 2030

5 less a day

California Counties Contributing to at least 3% of Preterm Births in CA (2013)

State/County	Total Births	Preterm Births	Preterm Birth Rate	% of total CA Preterm Births
<i>California</i>	493,857	41,589	8.4	100
Los Angeles County	128,425	11,088	8.6	26.7
San Diego	43,622	3,578	8.2	8.6
Orange County	37,244	2,874	7.7	6.9
San Bernardino	30,182	2,680	8.9	6.4
Riverside	29,923	2,553	8.5	6.1
Santa Clara	23,285	1,924	8.3	4.6
Alameda	19,237	1,622	8.4	3.9
Sacramento	19,325	1,600	8.3	3.8
Fresno	15,670	1,538	9.8	3.7
Kern	14,119	1,339	9.5	3.2

Red Preterm Birth Rates= Preterm Birth Rates over 2013 CA State Preterm Birth Rate of 8.4

Source: CA Department of Public Health, 2013 birth data
Data based on OE, LMP used when OE missing

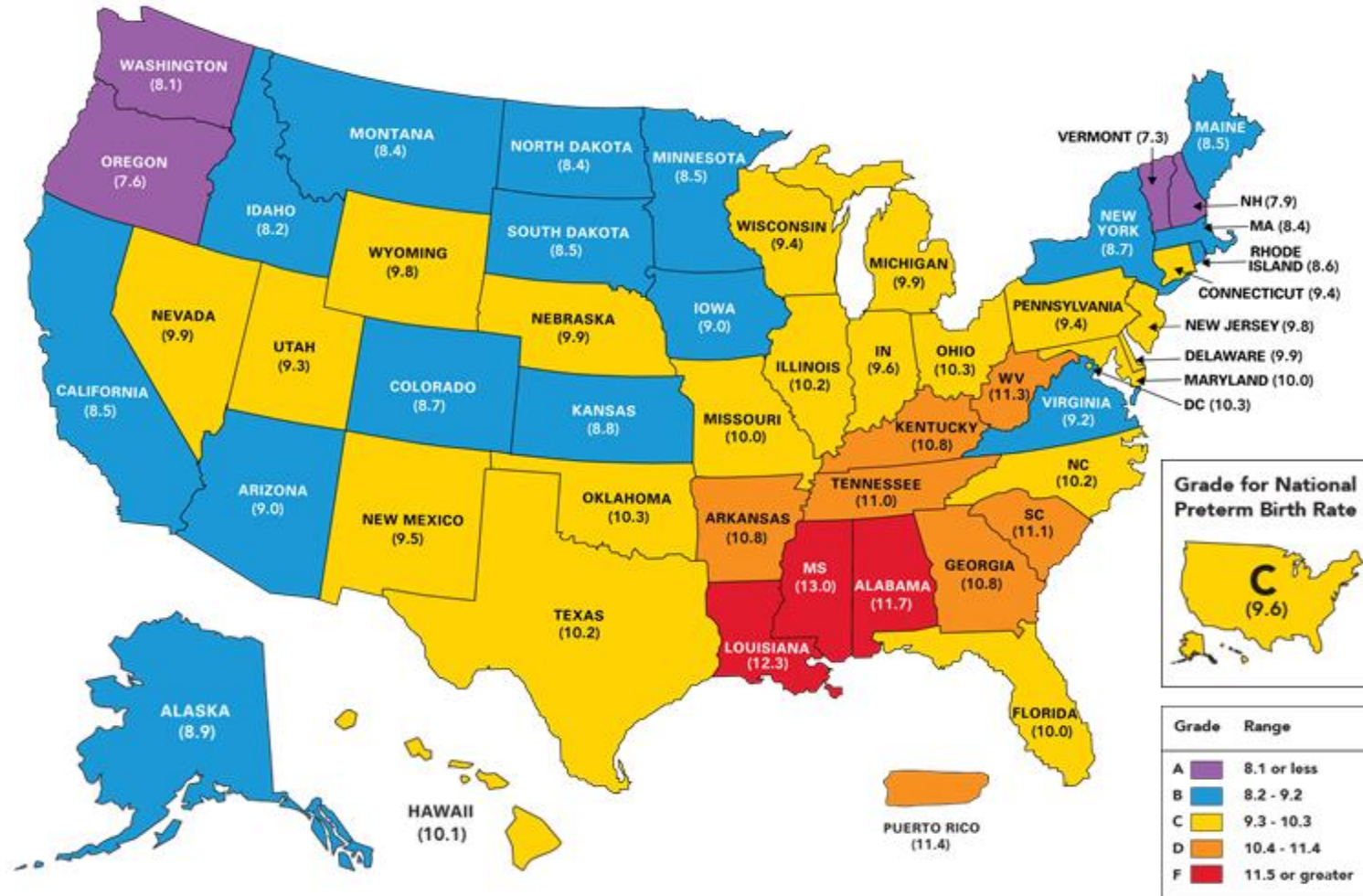
Roadmap Interventions

Address health equity by targeting geographies and/or racial and ethnic groups with high rates and/or high birth volumes.

1. Reducing non-medically indicated (elective) deliveries.
2. Increasing use of progesterone for women with a history or prior preterm birth.
3. Reducing tobacco use among pregnant women.
4. Encouraging women to space pregnancies at least 18 months apart.
5. Expanding group prenatal care.
6. Increasing use of low-dose aspirin to prevent preeclampsia.
7. Advancing interventions for women diagnosed with a short cervix.
8. Reducing multiple births conceived through Assisted Reproductive Technology.

2016 PREMATURE BIRTH REPORT CARD

PRETERM BIRTH RATES AND GRADES BY STATE



Gestational age is based on obstetric estimate.
 Source: National Center for Health Statistics, 2015 natality data..

marchofdimes.org/reportcard



A FIGHTING CHANCE FOR EVERY BABY™

2016 PREMATURE BIRTH REPORT CARD

2016 PREMATURE BIRTH REPORT CARD

California	Preterm Birth Rate 8.5%	Grade B
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The March of Dimes Prematurity Campaign aims to reduce preterm birth rates across the United States. Premature Birth Report Card grades are assigned by comparing the 2015 preterm birth rate in a state or locality to the March of Dimes goal of 8.1 percent by 2020. The Report Card also provides county and race/ethnicity data to highlight areas of increased burden and elevated risks of prematurity.

COUNTIES

Counties with the greatest number of births are graded based on their 2014 preterm birth rates.

County	Preterm birth rate	Grade
Alameda	8.0%	A
Contra Costa	8.6%	B
Fresno	9.5%	C
Kern	9.0%	B
Los Angeles	8.5%	B
Orange	7.4%	A
Riverside	8.2%	B
Sacramento	8.6%	B
San Bernardino	8.7%	B
San Diego	8.3%	B
San Francisco	7.7%	A
San Joaquin	9.3%	C
Santa Clara	7.9%	A
Ventura	8.0%	A

RACE & ETHNICITY IN CALIFORNIA

The March of Dimes uses a Disparity Index score to measure and track progress towards the elimination of racial/ethnic disparities in preterm birth. The score represents the average percent difference in the preterm birth rate across all groups compared to the group with the lowest rate in the state. Index scores range from 0 (achievement of equity) to 44 (highest score in 2016).



In California, the preterm birth rate among black women is 47% higher than the rate among all other women.

Disparity index
23
State rank
#22

2016 PREMATURE BIRTH REPORT CARD

California

Preterm Birth Rate

8.5%

Grade

B

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Grade	Range
A	8.1 or less
B	8.2 - 9.2
C	9.3 - 10.3
D	10.4 - 11.4
F	11.5 or greater

Gestational age is based on obstetric estimate.
Source: National Center for Health Statistics, 2015 natality data.

marchofdimes.org/reportcard

2016 PREMATURE BIRTH REPORT CARD

COUNTIES IN CALIFORNIA

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Santa Clara	7.9%	A
Ventura	8.0%	A

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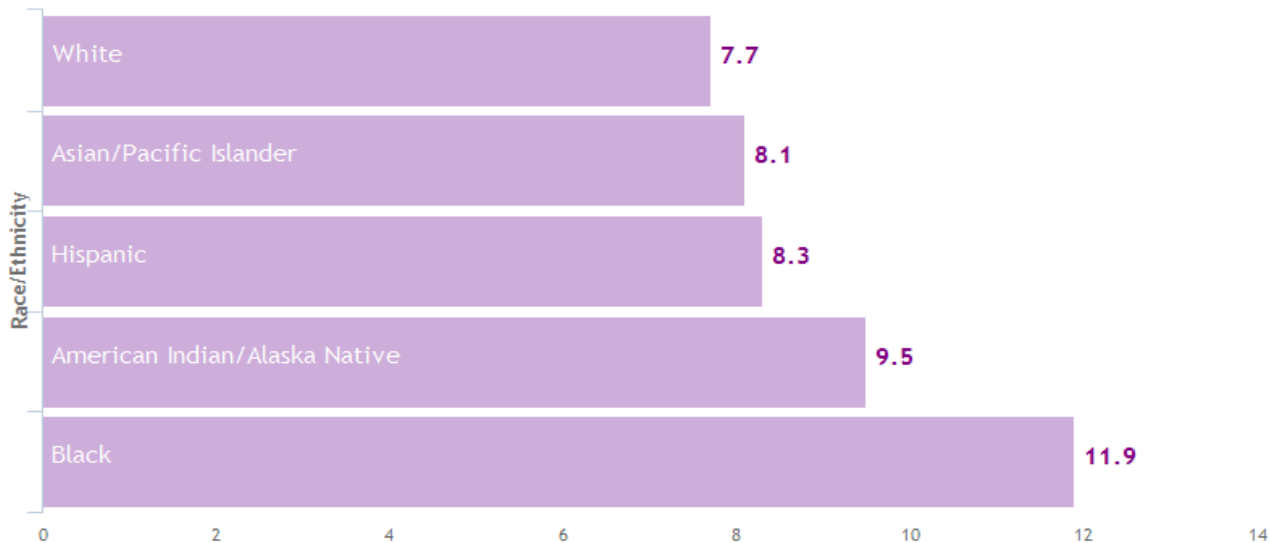
Gestational age is based on obstetric estimate.
Source: National Center for Health Statistics, 2014 natality data.

marchofdimes.org/reportcard

2016 PREMATURE BIRTH REPORT CARD

RACE & ETHNICITY IN CALIFORNIA

Percentage of live births in 2012-2014 (average) that are preterm



In California, the preterm birth rate among **black women** is **47%** higher than the rate among all other women.

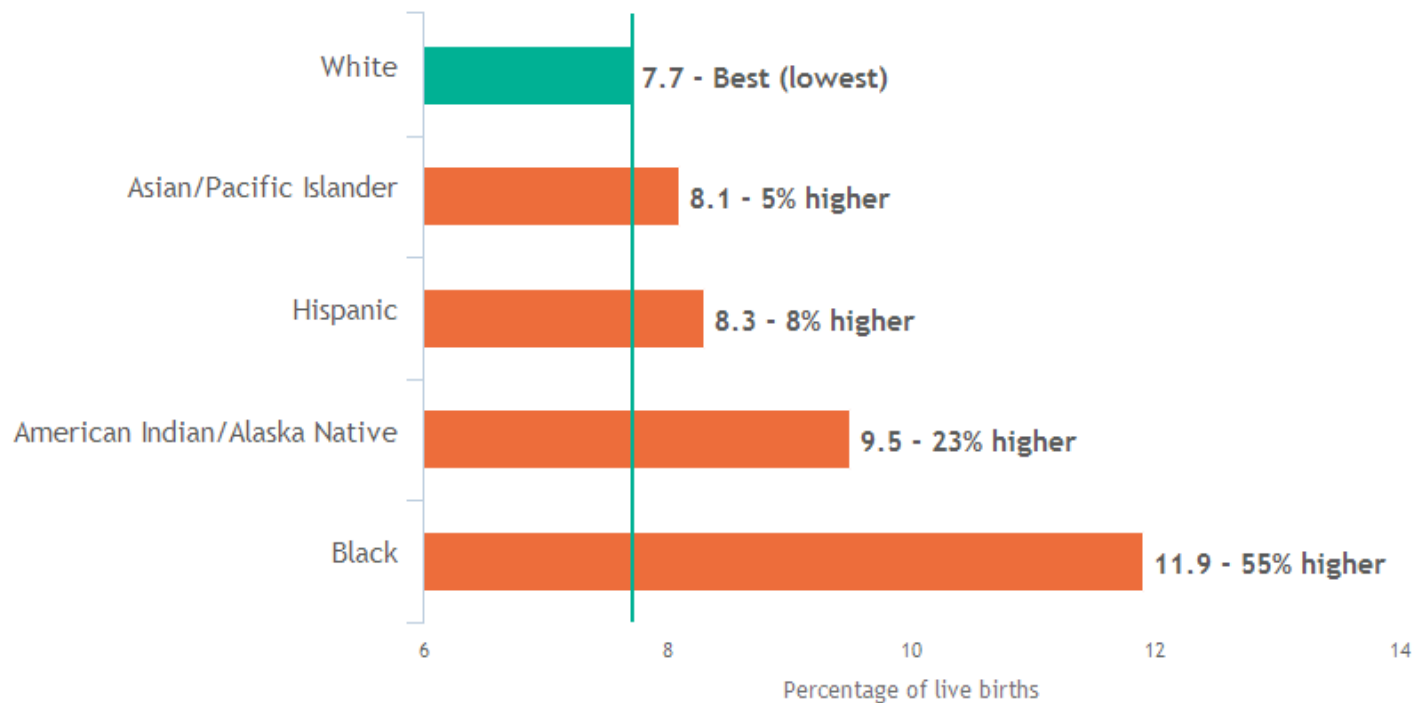
Gestational age is based on obstetric estimate. Race categories include only women of non-Hispanic ethnicity.
Source: National Center for Health Statistics, 2012-2014 natality data.

marchofdimes.org/reportcard

2016 PREMATURE BIRTH REPORT CARD

RACE & ETHNICITY IN CALIFORNIA

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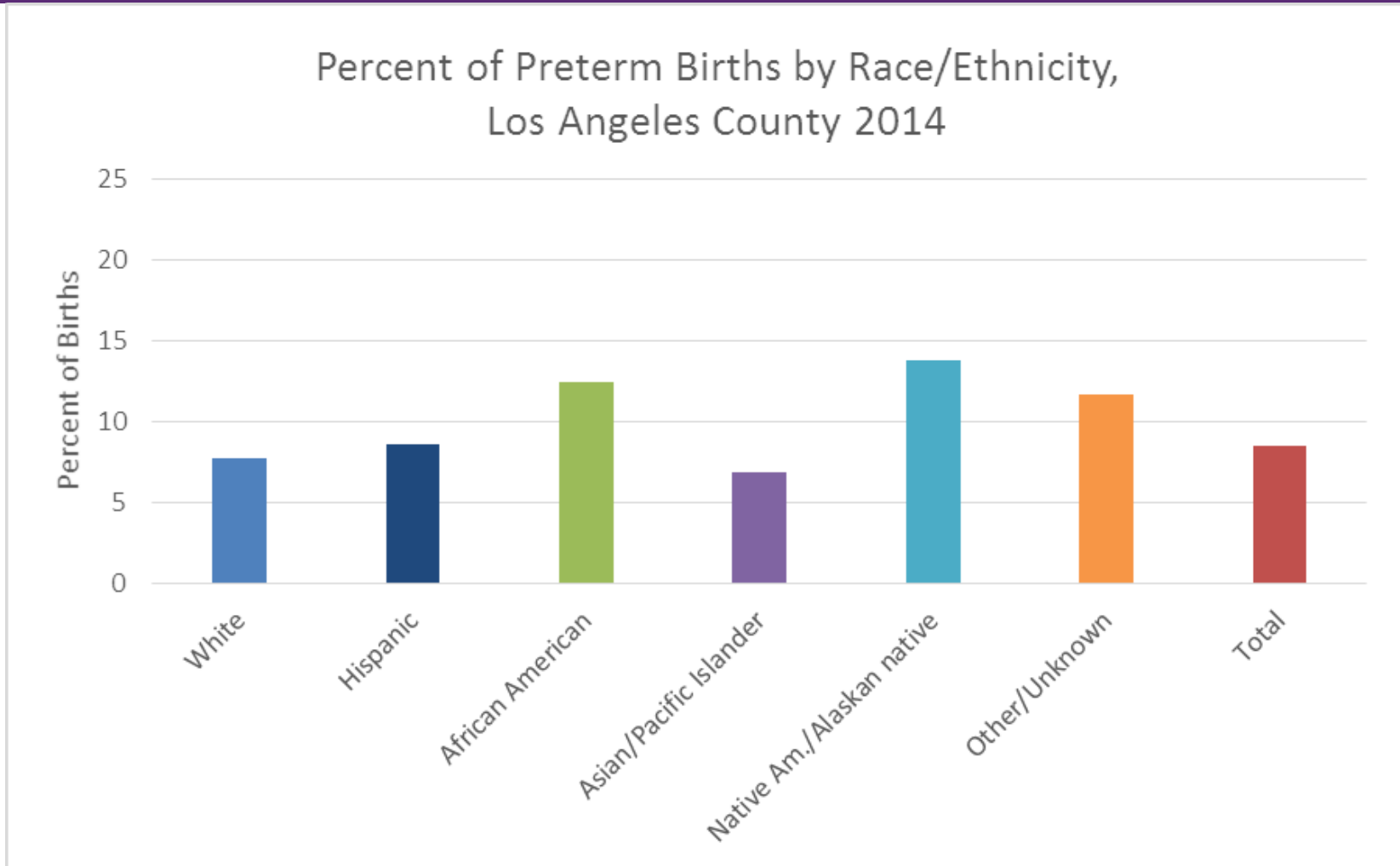
Disparity index
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marchofdimes.org/reportcard

Preterm by race/ethnicity

Los Angeles County, 2014 Average



Top LA County Hospitals by Preterm Birth Rates

Los Angeles County, total number of births, 128,425

Race/Ethnicity, Latino

Hospital	Total Births 2013	Total Latino Births 2013	Total Latino Preterm Births 2013	% Latino preterm births 2013
Pomona Valley Hospital Medical Center	6853	1608	357	22%
Los Angeles County USC Medical Center	1094	760	156	21%
Olive View UCLA Medical Center	836	427	59	14%
Harbor UCLA Medical Center	995	471	65	14%
Memorial Hospital of Gardena	1406	842	92	11%
Miller Children's Hospital	5290	2663	289	11%
Garfield Medical Center	3183	1186	124	10%
Kaiser-Panorama City	1976	1125	117	10%
Kaiser-Woodland Hills	1357	418	43	10%
Providence Holy Cross	2519	2259	232	10%
Saint Francis Medical Center	5904	4064	414	10%
Huntington Memorial Hospital	3511	1181	117	10%
West Hills Regional Medical Center	987	155	15	10%

Source: Produced by the California Maternal Quality Care Collaborative (CMQCC) based on 2013 Birth Certificate Data from the California Department of Public Health-Vital Records. (Latino Preterm Births only)

NOTE: Hospitals with < 10 cases removed from display

Top LA County Hospitals by Preterm Births

Los Angeles County, total number of births, 128,425

Race/Ethnicity, Black

Hospital	Total Births 2013	Total AA Births 2013	Total AA Preterm Births 2013	% AA Births 2013
California Hospital	4586	956	140	14.64
Antelope Valley Hospital	5393	1,022	121	11.84
Miller Children's Hospital	5290	728	92	12.64
Saint Francis Medical Center	5904	672	77	11.46
Cedars-Sinai Medical Center	6796	577	76	13.17
Pomona Valley Hospital Medical Center	6853	307	45	14.66
Centinela Hospital Medical Center	1459	322	40	12.42
Harbor UCLA Medical Center	995	151	37	24.50
Kaiser-South Bay		485	32	6.60

Source: Produced by the California Maternal Quality Care Collaborative (CMQCC) based on 2013 Birth Certificate Data from the California Department of Public Health-Vital Records. (Latino Preterm Births only)

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Roadmap Interventions

1. **Reducing non-medically indicated (elective) deliveries.**
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8. Reducing multiple births conceived through Assisted Reproductive Technology.

Source: McCabe, E et al. 2014. Fighting for the Next Generation: US Prematurity in 2030. PEDIATRICS: Print, 0031-4005; Online, 1098-4275.



Are planned pregnancies healthier pregnancies?

Birth spacing & Interconception care

YES!

Birth spacing is the amount of time between giving birth and getting pregnant again. (You may hear this referred to as Interpregnancy Interval or IPI).

Birth spacing of at least 18 months reduces risks of preterm birth.

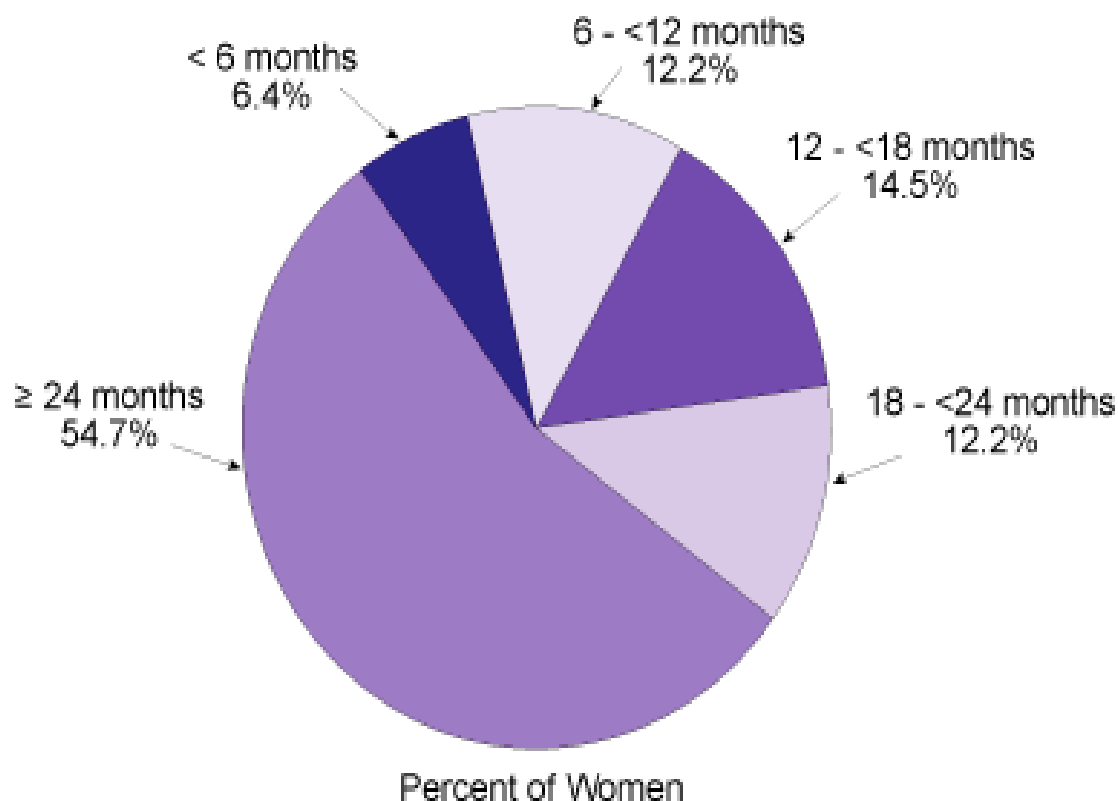
One third of US births are spaced less than 18 months.

Current IPI Status

- 33.1% of U.S. births have a short IPI (<18 months)
- 51% of all U.S. pregnancies are unintended (unwanted or mistimed)
- Eliminating excess preterm birth risk associated with IPI <18 months could prevent up to 37,000 preterm births a year

Birth Spacing Breakdown

Pregnancy Spacing Among Women Aged 15-44 Years with a Previous Live Birth,* 2006-2010



Birth Spacing and Risk of Adverse Perinatal Outcomes

A Meta-analysis

Agustin Conde-Agudelo, MD, MPH

Anyeli Rosas-Bermúdez, MPH

Ana Cecilia Kafury-Goeta, MD

Context Both short and long interpregnancy intervals have been associated with an increased risk of adverse perinatal outcomes. However, whether this possible association is confounded by maternal characteristics or socioeconomic status is uncertain.

For each month that birth spacing was less than 18 months,

- Preterm births increased 1.9%
- Low birthweight increased 3.3%
- Poor intrauterine growth increased 1.5%

Support for IPI>18 Months: HP 2020 Goal and ACOG Recommendation

Healthy People 2020 birth spacing goal: reduce the proportion of pregnancies conceived within 18 months of a previous birth by 10%, to 29.8%.

ACOG recommends that “women wait at least 18 months after having a baby before trying to get pregnant again in order to have the best health outcomes for both mom and baby.”



Current System is Not Working

- **51% of pregnancies are unintended**
- **Half of unintended pregnancies are to women on some form of birth control**
- **Women often do not seek care for themselves OR have no insurance coverage until they are already pregnant**

Strategies to Improve Birth Spacing

1. Provider education and engagement.
2. Increase the rate of postpartum visits among women.
3. Home visiting programs.
4. Utilize established initiatives to reach women
 - One Key Question®
 - Every Woman, Every Time
 - IMPLICIT Interconception Care Model
 - CDC “Show Your Love” Consumer Campaign
5. Increase access to highly effective birth control (Long Acting Reversible Contraception).

ACOG Committee Opinion on Reproductive Life Planning

ACOG “encourages obstetrician-gynecologists and **other health care providers** to use every patient encounter as an opportunity to talk with patients about their pregnancy intentions and to support initiatives that promote access to and availability of all effective contraceptive methods.”



One Key Question® Initiative: Recommended in ACOG Committee Opinion

This campaign promotes direct screening for women's pregnancy intentions by asking the following question

“Would you like to become pregnant in the next year?”

If the answer is “no,” discuss pregnancy prevention, including education and counseling on all available contraceptive options.

If the response is “yes,” provide preconception counseling and discuss evidence-based lifestyle modifications to optimize health status in preparation for future pregnancies.

Every Woman, Every Time Initiative

“It is not a question of whether you provide preconception care, rather it’s a question of what kind of preconception care you are providing.”

Joseph Stanford and Debra Hobbins

Family Practice Obstetrics, 2nd ed. 2001

- **Providers see women every day in multiple settings**
- **Need to take the opportunity when we can-- when she is in front of us, for whatever reason....**
 - Primary care providers should be leaders in this effort
 - Need to change our paradigm
 - **Preconception Care IS Primary Care**

Every Woman, Every Time

- Recognition that basic preventive care is preconception care for those women who eventually conceive—either by choice or by chance.
- **Momentum for “every woman, every time”** as a call for providing evidence-based preventive care to all women of childbearing potential as a gateway to higher levels of wellness whether pregnancy ever occurs or not
- May *start* with **assessing pregnancy desire, but does not end there!**

Interconception Care Toolkit utilizing IMPLICIT ICC Model

Incorporates maternal assessments into **well-child visits** with pediatric and family medicine providers, focusing on: birth spacing and contraception, depression screening, smoking cessation, and folic acid intake.

IMPLICIT (“Interventions to Minimize Preterm and Low birth weight Infants through Continuous Improvement Techniques”):

- ✓ a set of program models developed by the Family Medicine Education Consortium, funded in part by the March of Dimes.
- ✓ IMPLICIT has both a prenatal care model and an interconception care model.

IMPLICIT interconception care toolkit

Incorporating maternal risk assessment into well-child visits to improve birth outcomes



Planned
release in
4th Quarter
2016 from
March of
Dimes



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How long should I wait before getting pregnant again?



It's OK to start trying to get pregnant again when your baby's 18 months old.

It's best to wait at least 18 months between giving birth and getting pregnant again. This means your baby will be at least 1½ years old before you get pregnant.

Too little time between pregnancies increases your risk of premature birth. Premature birth is when your baby is born too soon. Premature babies are more likely to have health problems than babies born on time. The shorter the time between pregnancies, the higher your risk for premature birth.

Your body needs time to fully recover from your last pregnancy before it's ready for your next pregnancy.

What you can do:

- ✓ Wait 18 months or more after having a baby before getting pregnant again.
- ✓ Use effective birth control until you're ready to get pregnant.
- ✓ Talk to your health care provider about birth control options.

Talk to your provider about how long to wait between pregnancies if:

- You're older than 35.
- You've had a miscarriage or stillbirth.



Waiting at least 18 months doesn't mean for sure that your next baby will be born on time. But it can help. To learn more about other risks for premature birth, go to: marchofdimes.org/prematurebirth



Watch videos about having a healthy pregnancy at: marchofdimes.org/videos

To order our catalog or multiple copies of our materials, call 1-800-367-6630 or visit marchofdimes.org/catalog
#37-2748-15 How long should I wait before getting pregnant again? 2/16

March of Dimes materials are for information purposes only and are not to be used as medical advice. Always seek medical advice from your health care provider. Our materials reflect current scientific recommendations at time of publication. Check marchofdimes.org for updated information.

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Tested messages for women

Links to Resources

- **One Key Question®**

onekeyquestion.org

- **Every Woman, Every Time**

cdc.gov/preconception/careforwomen/

- **Every Woman California**

everywomancalifornia.org

- **IMPLICIT Interconception Care Model**

www.fmec.net/implicitnetwork.htm

- **CDC “Show Your Love” Consumer Campaign**

ShowYourLoveToday.com

- **March of Dimes**

marchofdimes.org/catalog



Improving Maternal and Neonatal Outcomes 17th Annual Birth Conference

March 13–14, 2017
Hilton Orange County/Costa Mesa
Costa Mesa, California

CONFERENCE KEYNOTES



Neil Silverman, MD

University of California, Los Angeles

The Buzz on Zika and Pregnancy: An Update for Clinicians



Mary E. Norton, MD

University of California, San Francisco

Cell Free DNA Screening: The Evidence and the SPIN

Continuing Education Credits will be available.

NEW Public Health Workshop Sessions!

CHES units will now be available.

For more information:

caprofed@marchofdimes.org

(949) 333-4977 or (415) 217-6380

2016 Advocacy Priorities

- Ensure quality care and access to providers for children in the California Children's Services Program – SB 586 sent to the Governor
- Restore funding for the Adolescent Family Life Program – Unsuccessful
- Require California to screen for certain new newborn screening conditions – SB 1095 sent to the Governor
- Enact strong tobacco control laws including:
 - Increasing the minimum purchase age of tobacco products – signed into law
 - Increasing the tobacco tax – Proposition 56 on November ballot--passed



Recent Advocacy Success

March of Dimes advocacy efforts in the past several years have resulted in expanded newborn screening and increased access to health care. Some highlights include:

- Eliminated the personal belief exemption from school immunization law to protect children from vaccine preventable diseases
- Restored \$4 million in funding for the Black Infant Health Program in the state budget
- Expanded eligibility for pregnant women to receive general adult Medi-Cal to ensure coverage for all their health care needs
- Sponsored legislation to require newborn screening for critical congenital heart disease (CCHD)



Capitol Day - May 23, 2017



- Volunteers from across the state gather for day of advocacy at the Capitol
- Morning training and afternoon visits with legislative offices
- Great way for staff and volunteers to contribute directly to our mission and support our advocacy priorities