

Do Pregnant Women in Kentucky Think *“Healthy Babies are Worth the Wait”?*



**Preliminary results from the
*Healthy Babies are Worth the
Waitsm* Baseline Consumer
Survey in Kentucky**

Mara Burney, MPH Candidate, Karla Damus, RN, MSPH, PhD, Penny Liberatos, PhD, Julie Solomon, PhD, Mary Giammarino, MPP, Nancy Green, MD, Bonnie Petrauskas, BA
March of Dimes, Johnson & Johnson Pediatric Institute, and New York Medical College

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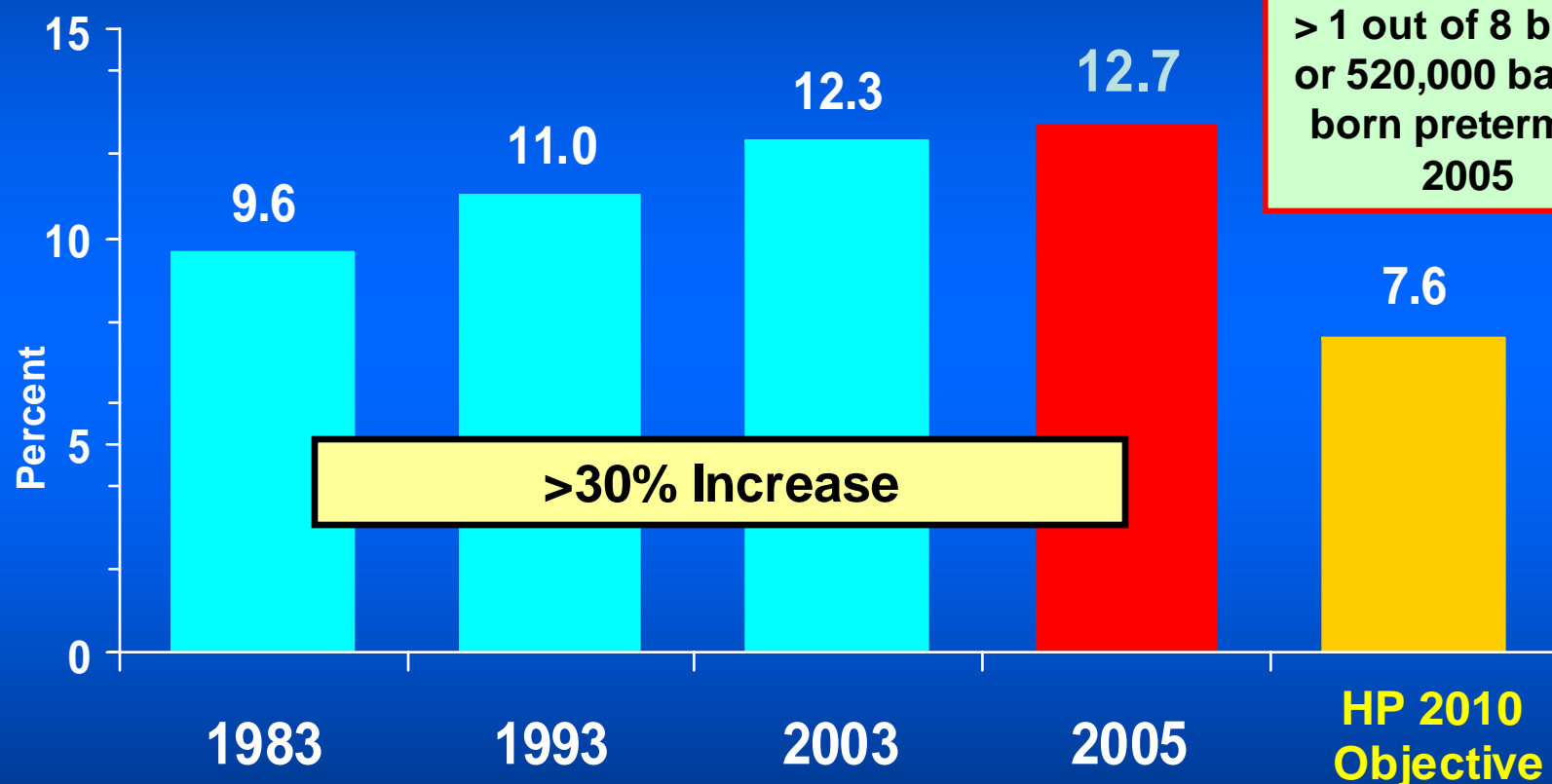
Why Preterm Birth (PTB)?

- Major cause of perinatal loss
 - Leading cause of neonatal mortality
 - Leading cause of black infant mortality
 - Over 1/3 of all infant deaths in 2004 were preterm-related
(NCHS 2004 Period-linked Birth/Infant Death Data)
- Leading problem in pediatrics
 - Leading cause of neonatal morbidity
 - Accounts for half of all neurodevelopmental conditions
- Associated with higher rates of chronic illness in adults
- Common, serious, costly
 - Societal economic burden of \$26.2 billion in 2005, or \$51,600 per infant born preterm (Institute of Medicine Report, 2006)



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Preterm Birth Rates United States, 1983, 1993, 2003, 2005



Preterm is less than 37 completed weeks gestation.

Source: National Center for Health Statistics, final natality data

Prepared by March of Dimes Perinatal Data Center, 2005

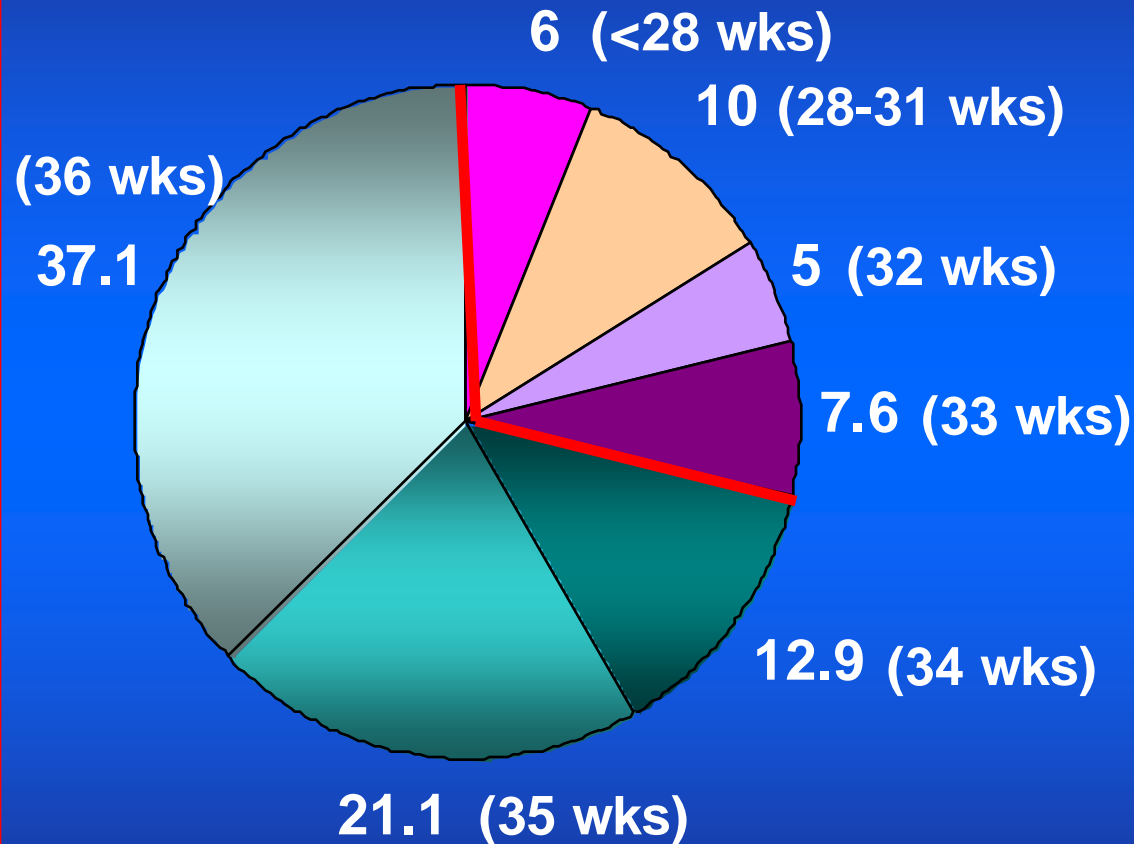
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Focus on Late PTB

Percentage Distribution of Preterm Births by Gestational Age, US, 2004

Late preterm infants are more likely than term infants to have:

- Depression at birth (low Apgar scores)
- Respiratory distress, including respiratory failure
- Hypoglycemia
- Feeding problems
- Temperature Instability
- Apnea
- Hyperbilirubinemia
- SIDS
- ADHD
- Behavior problems



Source: NCHS, 2004 natality file

Prepared by the March of Dimes Perinatal Data Center

Healthy Babies are Worth the Wait (HBWW)

An Initiative to Prevent Preterm Birth

- Goal: 15% reduction in the rates of singleton preterm birth in selected hospitals in Kentucky
- 3.5 year Initiative (2006-2009) of the March of Dimes, Johnson & Johnson Pediatric Institute, and the Kentucky Department for Public Health
- Employs an ecological design utilizing evidence-based clinical and public health interventions, and media campaign
- Practical “real world” design in different health care delivery systems (academic, private, clinic-based)
- Focus on late preterm births (34-36 weeks)
- Multi-faceted to prevent “preventable” PTB
- Targets perinatal providers, hospitals, pregnant women and the general public

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Healthy Babies are Worth the Wait SM: Hospital Sites

- Intervention Sites
- Comparison Sites

Central:

Intervention: University of Kentucky (UK), Lexington
Comparison: Norton Hospital (NH), Louisville



West:

Intervention: Trover Clinic (TC), Madisonville RMC
Comparison: Western Baptist Hospital (WB), Paducah

East:

Intervention: King's Daughters (KD), Ashland, KY
Comparison: Lake Cumberland RH (LC), Somerset, KY

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Consumer Survey: Methodology Snapshot

PURPOSE

- Evaluation tool for Initiative (baseline vs. 3 yr. follow-up)
- Information for communications and educational interventions

DEVELOPMENT OF KNOWLEDGE, ATTITUDES, BEHAVIORS (KAB) SURVEY

- KAB survey (closed and open ended questions)
 - 39-item core questionnaire (to be completed by every respondent)
 - 14-item supplement (to be completed by a 25% subset)
- Questions from PRAMS, BRFSS, and MOD surveys
- Original questions specific to needs of HBWW interventions
- Focus groups and pilot testing

ADMINISTRATION OF KAB SURVEY

- Anonymous, voluntary, convenience sampling

ANALYSIS

- SPSS® version 15.0

Consumer Survey: Methodology Snapshot

- WHO?** Pregnant women presenting for prenatal care; sample size represents about 63% of projected eligible pregnant women who would have received prenatal care during the survey period
- WHAT?** Questions assessing KAB regarding pregnancy and childbirth
- WHERE?** Intervention and comparison sites (clinics, centering classes, private offices)
- WHEN?** Randomly selected days January-May, 2007

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Baseline Consumer Surveys Collected

Site	# Core	Total Core Surveys	Estimated Response Rate
Int. Site 1	289	IS=765	68%
Int. Site 2	337		
Int. Site 3	139		
Comp. Site 1	93	CS=301	53%
Comp. Site 2	151		
Comp. Site 3	57		
Total	1066	1066	63%

Language of Response: English: 91.8%, Spanish: 8.2%

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Demographic Profile of Respondents

Maternal Age	
<20 years	14%
20-34 years	77%
35+ years	6%
mean +/- sd	25.3 +/- 5.4
range	14-45
Race	
White	80%
Black	9%
Hispanic Ethnicity	
Yes	9%

Marital Status	
Married	54%
Single/partner	20%
Single	22%
Maternal Education	
<HS	18%
HS	26%
Some College	38%
Bachelors+	14%
Payor	
Medicaid	50%
Private	35%
Self	3%

Obstetrical-Related Factors HBWW Consumer Survey Respondents

Signs of Preterm Labor (PTL):

Of women in their 3rd trimester, 66% reported that their health care provider had discussed the signs and symptoms of PTL with them.

Previous C/S	
None	63%
1	21%
2	7%
3+	2%
range	0-4
Inductions	
None	42%
1	38%
2+	10%
range	0-6
Trimester of pregnancy	
1st	9%
2nd	28%
3rd	59%

Key Findings

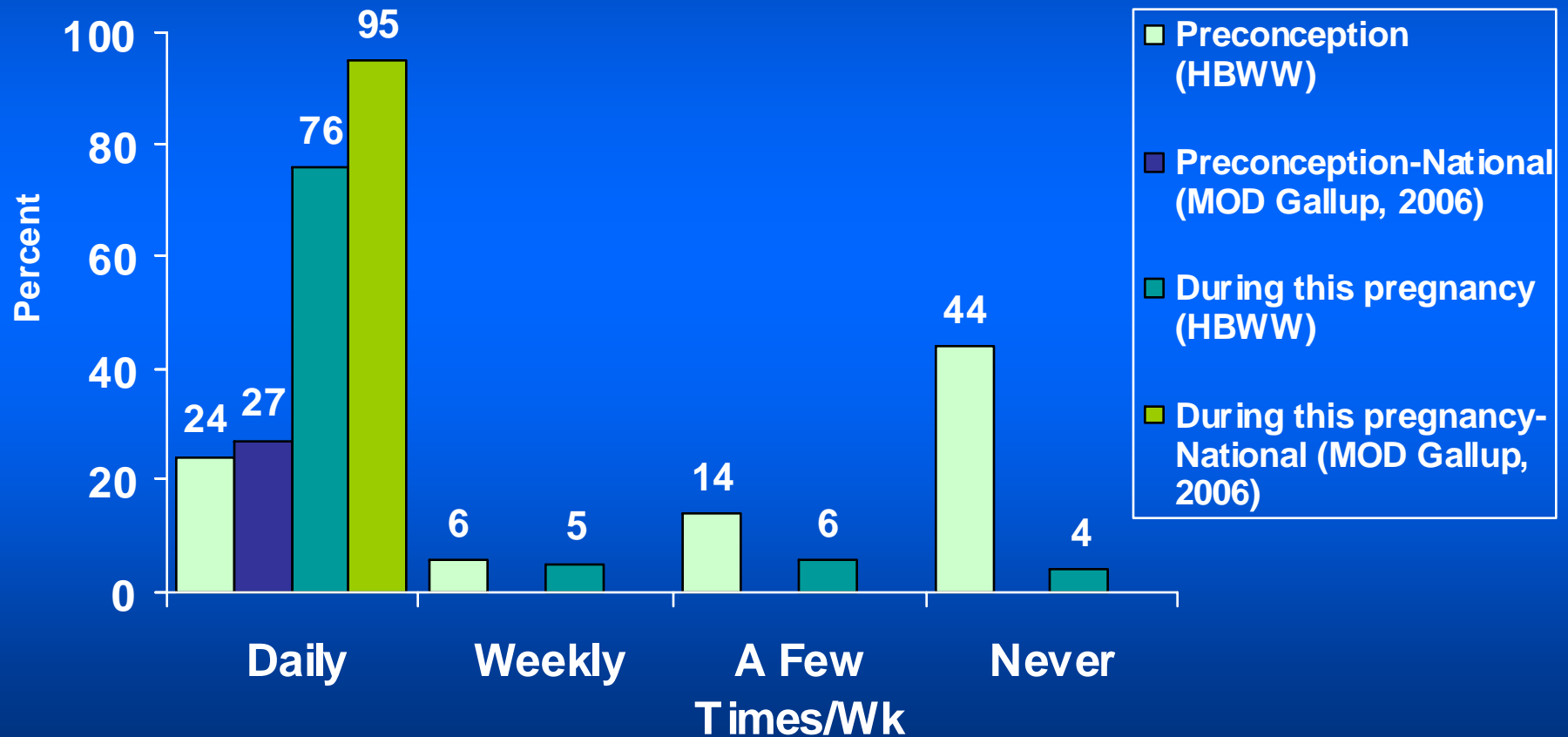
Prematurity KAB Among Survey Respondents

- 79% could give an “acceptable” answer on how to explain prematurity to a friend
- What causes PTB?
 - High risk conditions (38%)
 - High risk behaviors (25%)
 - Stress (9%)

HBWW Consumer Survey 2007

How serious of a problem is preterm birth?	
Very serious	14%
Somewhat serious	23%
Not at all	7%
Not sure	54%
How serious of a problem is preterm birth? (MOD Gallup Survey, 2006)	
Extremely or Very serious	45%
Somewhat serious	44%
Not at all	4%
Not sure	7%

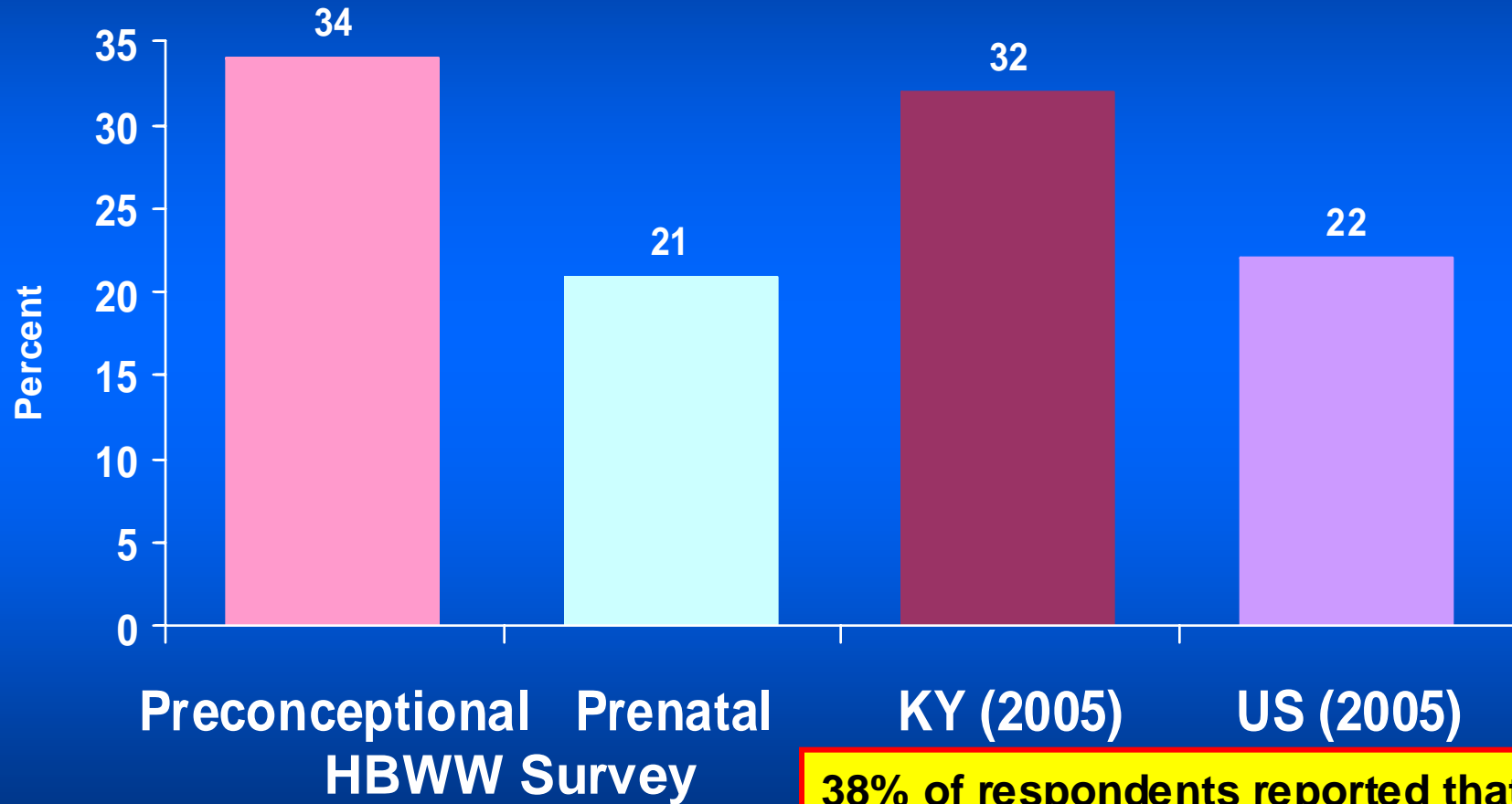
Periconceptional Vitamin Use by Women of Childbearing Age and Among Survey Respondents



HBWW Consumer Survey 2007

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Behavioral Risk Factors: Smoking by Survey Respondents and Women of Childbearing Age

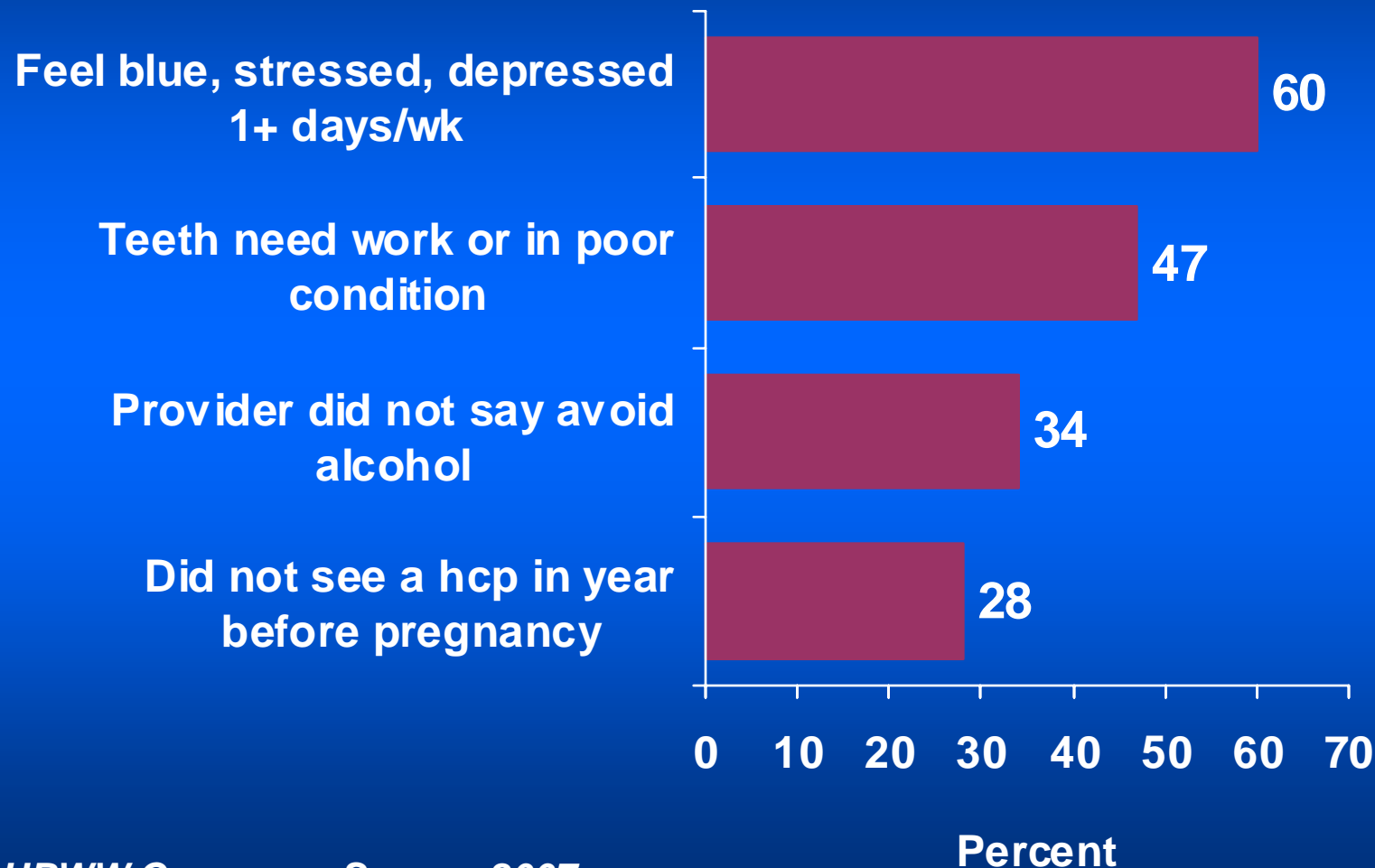


38% of respondents reported that at least 1 smoker lived in their home

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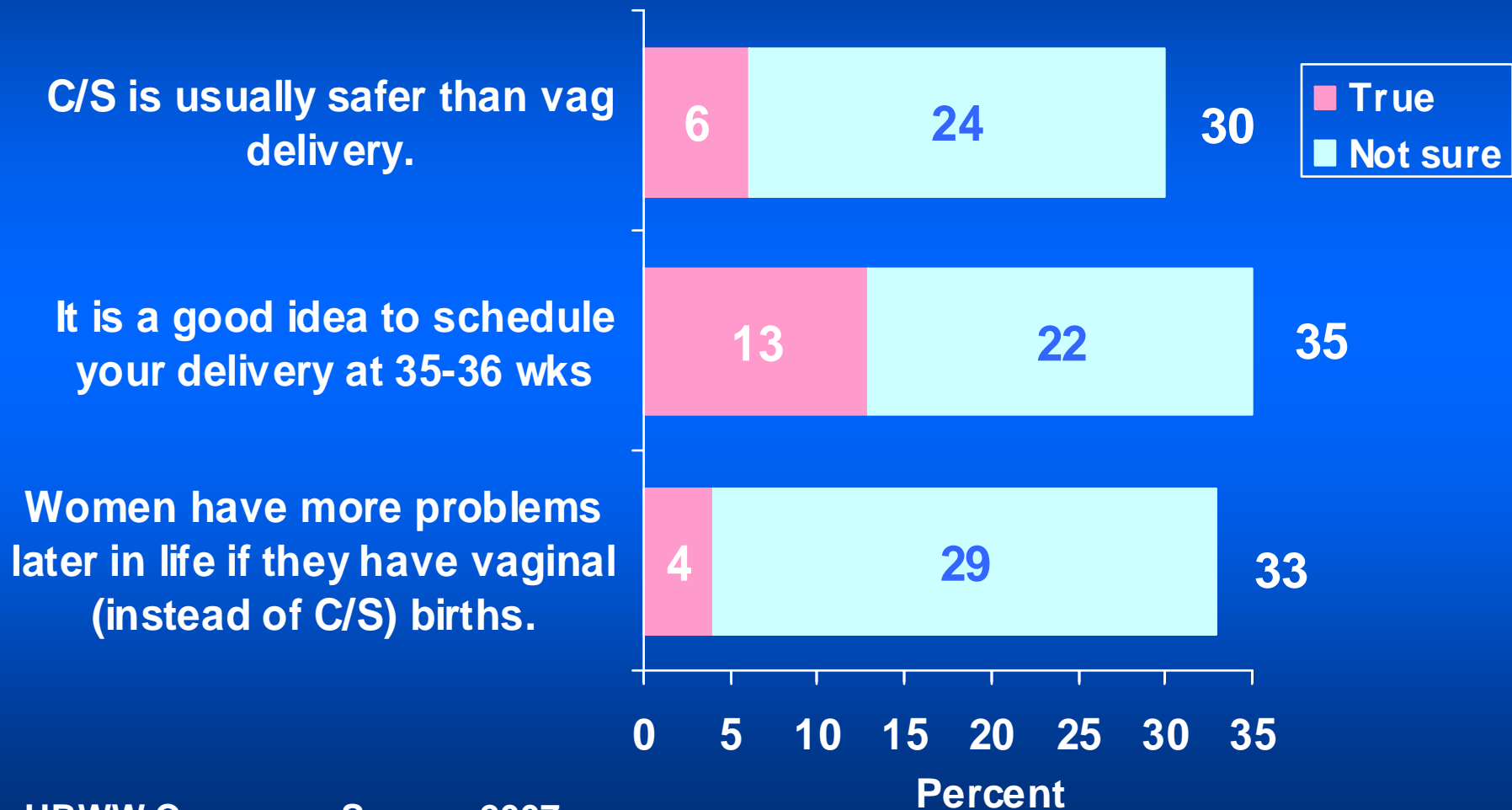
Other Risk Factors for Preterm Birth Among Survey Respondents



HBWW Consumer Survey, 2007

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Cesarean Delivery KAB Among Survey Respondents



HBWW Consumer Survey, 2007

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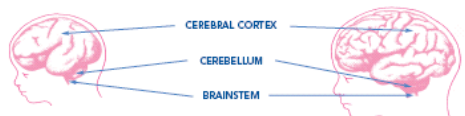
Discussion

HBWW Consumer Surveys

- Provided up-to-date, locally relevant KAB information from pregnant women, the target of the HBWW Initiative
- Based on findings, able to tailor educational materials and communication efforts of Initiative to community needs
- Results will be important for evaluation of the Initiative (baseline vs. 3 year follow-up)

Brain Growth Matters

The brain of a 35 week-old baby is smaller and much less developed than the brain of a baby at 40 weeks.




35 WEEK BRAIN	BRAIN FUNCTION	40 WEEK BRAIN
<ul style="list-style-type: none"> • Smooth, less developed; fewer circuits and connections • Small, only about 1/2 the size it will be at term • Underdeveloped shows up as babies who have apnea – forget to breathe at times 	<ul style="list-style-type: none"> • CEREBRAL CORTEX: site of thinking, reason, learning, motor control, language • CEREBELLUM: where the brain controls balance & coordination, social functioning, hand skills • BRAINSTEM: lowest part of the brain where automatic actions of the body are controlled, like breathing, temperature, swallowing 	<ul style="list-style-type: none"> • More developed, more circuits and connections • Grows and develops to almost double the size from 34 weeks • More developed – babies born at 40 weeks rarely forget to breathe.

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A TOOLKIT
FOR COMMUNITY PARTNERS TO
TAKE ACTION TO PREVENT PRETERM BIRTH

Developed in conjunction with



by
Kentucky
FOLKIC
ACID
Partnership
Preventing Preterm Birth

Cada semana cuenta

Nueva información sobre su embarazo, inclusive las últimas semanas



Healthy Babies are Worth the Wait™
(Por un bebé sano, vale la pena esperar)

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Public Health Implications

- Local survey analysis provides key information about KAB which may not be available from other sources
- Periodic data can facilitate tracking over time
- Results can provide subgroup-specific information not otherwise available (provider advice, information resource preferences)
- Richness of open-ended data often identifies issues not considered by clinicians and public health workers

THANK YOU!

Contact Us: mburney@marchofdimes.com

The Healthy Babies are Worth the Wait Program Board

Dr. Karla Damus, Program Director and Co-Principal Investigator

Dr. Diane Ashton, Deputy Medical Director, MOD and Co-Principal Investigator

Bonnie Petrauskas, Director, Johnson & Johnson Pediatric Institute

Dr. Ruth Ann Shepherd, Director, Adult & Child Health Improvement, Kentucky Department for Public Health

Katrina Adams Thompson, Director of Program Services, KY MOD
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Mara Burney, Program Administrator

Dr. Julie Solomon, Evaluator

Special thanks to Dr. Penny Liberatos, Program Director in
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