Washington State Department of Health

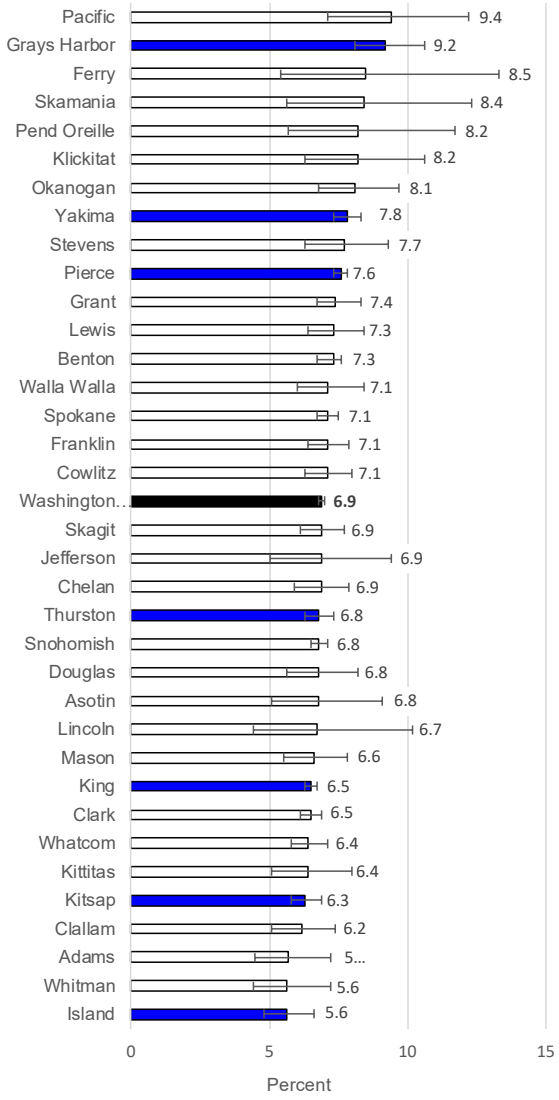
Preterm Delivery for Singleton Births

Key Findings:

- Preterm delivery in Washington has remained relatively stable from 2003 through 2019. Rates in 2019 were 8.4 percent and 7.0 percent, for all births and singleton births respectively. The Healthy People 2030 objective is to reduce total preterm to no more than 9.4 percent. WA is meeting this objective.[1,4]
- In 2019, 10.2 percent of all births and 8.5 percent of singleton births in the U.S. were preterm.[2]
- 50.9 percent of singleton preterm infants born in Washington from 2017-2019 were healthy birth weight (≥ 2,500 grams), representing 8,753 births. 98.1 percent of singleton full term infants were healthy birth weight, representing 228,617 births.[1] (Data not shown).
- From 2017-2019, both older (ages 35-44) and younger (ages 15-19) birthing persons were significantly more likely to have a singleton preterm delivery than those ages 20 to 34.[1]
- From 2017-2019, American Indian/Alaska Native birthing persons had higher rates of preterm delivery than those of other racial/ethnic groups. Non-Hispanic White women had the lowest preterm delivery rates of all groups at 6.2 percent.[1, b]
- From 2017-2019, birthing persons who received TANF Medicaid coverage had a significantly higher rate of singleton preterm delivery than Medicaid recipients on the Pregnancy Medical program or non-Medicaid women.[3, a]
- From 2017-2019, male infants were significantly more likely to be born preterm than female infants.[1]

Definition: Preterm delivery is defined as a live birth before 37 completed weeks of gestation based on clinical estimation criteria. This report is limited to data on singleton births and are from 2017-2019 unless otherwise stated.

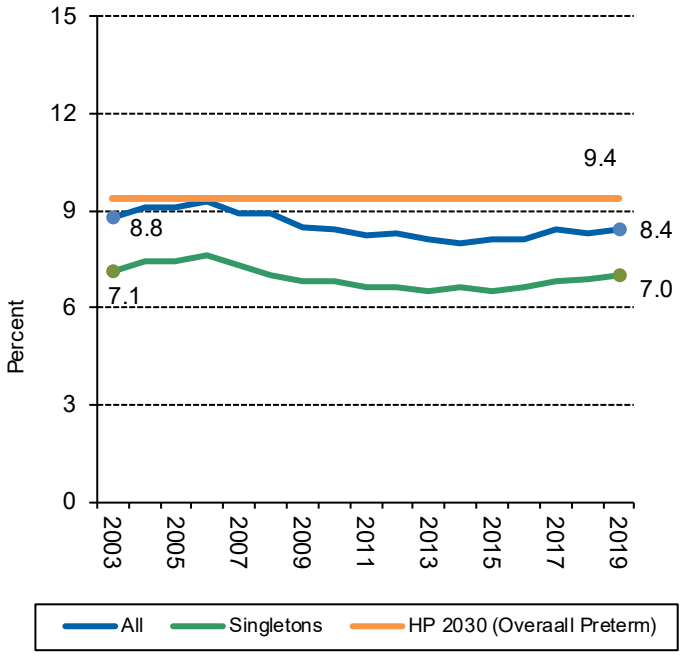
Singleton Preterm Birth by County, 2017-2019 [1]



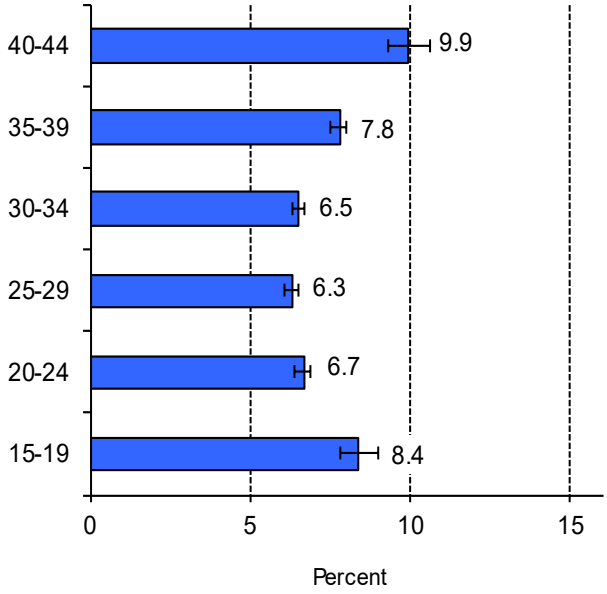
County rates not calculated for Columbia, Garfield, San Juan, or Wahkiakum counties. These counties had fewer than 5 preterm infants or the relative standard error of the rate was ≥ 30%

Significantly different from state, $p < .05$.

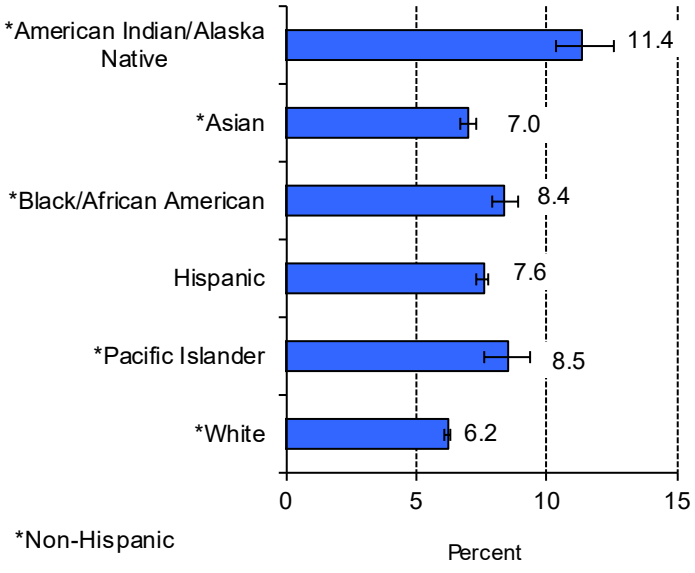
Overall and Singleton Preterm Births By Year, 2003-2019[1, 4]



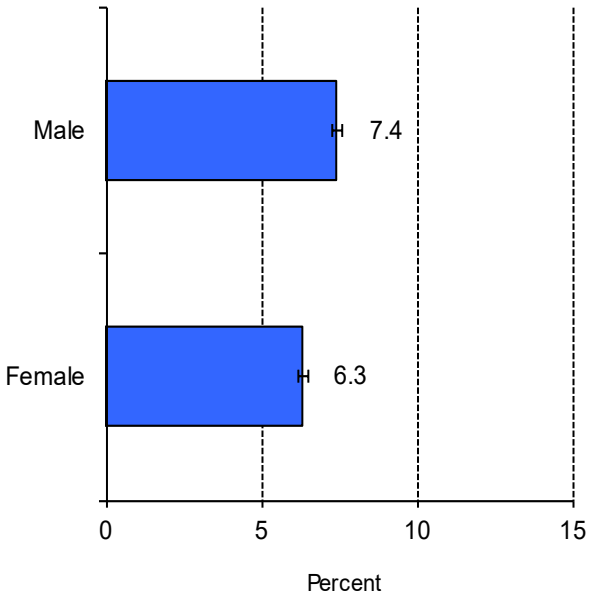
Singleton Preterm Births by Maternal Age, 2017-2019 [1]



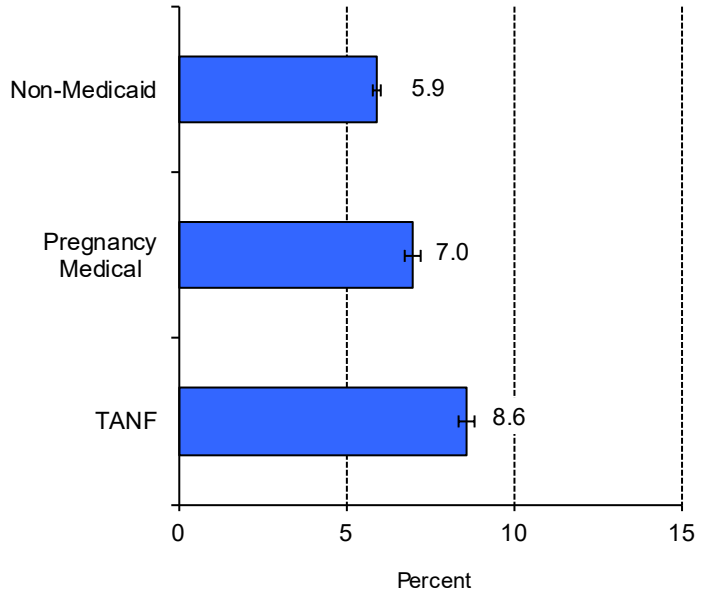
Singleton Preterm Births by Maternal Race and Ethnicity, 2017-2019 [1]



Singleton Preterm Births by Infant Sex, 2017-2019 [1]



Singleton Preterm Births by Medicaid Program, 2017-2019[3],[a]



Data Sources

1. Washington State Department of Health, Center for Health Statistics, Birth Certificate Data, 2017-2019.
2. Martin JA, Hamilton BE, Osterman MJK, Driscoll AK. Births: Final data for 2019. National Vital Statistics Reports; vol 70 no 2. Hyattsville, MD: National Center for Health Statistics. 2021.
3. Washington State Health Care Authority. *Selected Measures by Medicaid Status for Live Births And for all Mothers with Deliveries Washington State 2017-2019.* Washington State Department of Social and Health Services, Research and Data Analysis. 4/15/2021.
4. Department of Health and Human Services (US). Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07/data Link verified on 8.23.2021.

Endnotes

a. Medicaid recipients were divided into two major subgroups based on program eligibility. **Pregnancy Medical** were individuals eligible for the pregnancy medical assistance program. These individuals were eligible to receive Medicaid because they were pregnant and had incomes at or below 195% the federal poverty line; **TANF** were individuals enrolled in the Temporary Assistance for Needy Families (TANF) program. These individuals were very low income (generally < 50% the federal poverty level) and received cash assistance (TANF) in addition to Medicaid.