Comparing Globally Helps Locally
Using International Comparisons for Advocacy and Education

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March of Dimes Mission

The mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality.

We carry out this mission through:

- research;
- community services;
- education;
- advocacy.
Advocacy

March of Dimes public affairs focus on national and state public health policy and programs that affect women of childbearing age, infants and children.

Priorities:

1. Access to health care for women of childbearing age, infants and children
2. Research and policies to prevent prematurity, birth defects and infant mortality
3. Prevention and treatment programs to improve maternal, infant and child health
4. Institutional concerns for tax-exempt organizations.
Global Programs

Building on its extensive experience in care and prevention of birth defects and prematurity through education, community intervention and advocacy in the United States, the March of Dimes is working to improve the health of mothers and babies worldwide.

Strategies:
• Strengthening birth defects and prematurity surveillance.
• Enhancing professional education and research.
• Expanding capacity for community action.
• Increasing public awareness.

Collaborations and partnerships are critical to our global health strategy.
March of Dimes
Prematurity Campaign (Phase I: 2003-2008)

GOALS
1. Raise public awareness of prematurity
2. Decrease the rate of prematurity in the U.S.

AIMS:
• Generate concern and action
• Educate women about risk reduction
• Provide affected families with support
• Assist MDs and RNs
• Encourage research investment
• Expand access to health coverage
Campaign Goal 1:
Raise public awareness of the problem of prematurity

Percent saying premature birth is a very or extremely serious problem:

<table>
<thead>
<tr>
<th>Year</th>
<th>Women 18-44</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>41%</td>
<td>41%</td>
</tr>
<tr>
<td>2003</td>
<td>42%</td>
<td>55%</td>
</tr>
<tr>
<td>2004</td>
<td>41%</td>
<td>50%</td>
</tr>
<tr>
<td>2005</td>
<td>44%</td>
<td>51%</td>
</tr>
<tr>
<td>2006</td>
<td>44%</td>
<td>54%</td>
</tr>
<tr>
<td>2007</td>
<td>47%</td>
<td>64%</td>
</tr>
<tr>
<td>2008</td>
<td>46%</td>
<td>60%</td>
</tr>
<tr>
<td>2009</td>
<td>49%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Preterm Birth
by Maternal Race/Ethnicity, United States, 1990-2008

Percent of live births

*Preliminary data
Source: National Center for Health Statistics, final natality data, 2007-2008 preliminary data
Prepared by March of Dimes Perinatal Data Center, 2010
RESOLVED, To declare “Prematurity Prevention” a global Campaign and extend the Campaign to 2020; to retain the goals of 15% reduction in rate and increased awareness for the United States; to set global targets by 2010; and be it further
RESOLVED, To assume a more outspoken public stance on Issues directly related to prematurity prevention; and be it further
RESOLVED, To focus on three critical investment opportunities and intervention targets with a three year horizon:

• Accelerate research
• Expand Direct service to NICU affected families
• Develop Community Intervention Programs

- Adopted March 28, 2008
Benefits of Using International Statistics

• Advocacy
  • Importance of issue
  • Highlight need

• Create Awareness
  • Domestic
  • International
In 2006, the United States infant mortality rate (6.7 per 1,000 live births) ranked 28th among selected countries.

The United States infant mortality rate was more than 3 times as high as the infant mortality rate in Hong Kong (1.8 per 1,000 live births), the country with the lowest reported rate in 2006.

Footnote: Some of the variation in infant mortality rates (IMRs) is due to differences among countries in distinguishing between fetal and infant deaths.
MOD Response to NCHS Report

Promotion of report through:
- PeriStats website
- Media coverage
- Press release
- Interviews
- High volume of media placements mentioning NCHS report and MOD

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**Key Findings**

Data from the United States' Limited Data Set and the European Perinatal Health Report:
- Infant mortality rates for preterm (less than 37 weeks of gestation) infants are lower in the United States than in most European countries; however, infant mortality rates for infants born at 32-36 weeks of gestation or more are higher in the United States than in most European countries.
- One in 10 births in the United States were born preterm, compared with 1 in 18 births in Iceland and Finland.
- If the United States had Sweden's distribution of births by gestational age, nearly 3,000 infant deaths would be saved each year and the U.S. infant mortality rate would be one third lower.
- The main cause of the United States' high infant mortality rate when compared with Europe is the very high percentage of preterm births in the United States.

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**Behind International Rankings of Infant Mortality: How the United States Compares with Europe**

Marian F. MacDorman, Ph.D., and T.J. Mathews, M.D.

Infant mortality is an important indicator of the health of a nation, and the recent stagnation (since 2006) in the U.S. infant mortality rate has generated concern among researchers and policy makers. The percentage of preterm births in the United States has tripled since 1984 (1). In this report we compare infant mortality rates between the United States and Europe. We also compare two factors that determine the infant mortality rate—gestational-specific infant mortality rates and the percentage of preterm births. U.S. data are from the Linked Birth-Infant Death Data Set (3), and European data for 2004 are from the recently published European Perinatal Health Report (4). We also examine socioeconomic factors that underlie differences in infant mortality rates.

Keywords: infant mortality, international comparisons, preterm birth, gestational-age-specific infant mortality rates

In 2005, the United States ranked 30th in infant mortality.

Figure 1. Infant mortality rates, selected countries, 2005

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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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**March of Dimes**
March of Dimes Calls for Research to Prevent Preterm Birth

WHITE PLAINS, N.Y., NOV. 3, 2009 - The United States' extraordinarily high number of babies born too soon explains why the nation has an infant death rate significantly higher when compared to Europe, according to a new report from the National Center for Health Statistics.

Cutting the U.S. preterm birth rate nearly in half to match Sweden's would lower the US infant mortality rate one-third and mean nearly 8,000 more babies would live, the report found. Sweden has the second lowest infant mortality rate worldwide, 2.4 for every 1,000 live births, compared to the US.

“March of Dimes Calls for Research to Prevent Preterm Birth”
Interpretation of Rankings:
News Articles

Dr. Alan Fleishman, medical director at the March of Dimes, said the finding “is an indictment of the way we delivery health care in the United States, and it’s a reiteration of prematurity as the No. 1 public health problem in America.”

“The quality of neonatal intensive care is superb,” [Dr. Fleishman] said. “We know how to rescue babies who are born very tiny, but what we don’t do well is prevent prematurity. Reasons for this, he said, include a lack of universal access to health care for women of childbearing age or pregnant women of any age. “That’s a tremendous difference with our European friends,” Fleishman said.”

“The suggestion that we would decrease the number of deaths by 33 percent if our gestational age distribution was similar to Sweden is a dramatic way of pointing out this is really serious,” Fleishman said.
“What remains concerning is when you compare the rate of infant mortality in the United States to the 32 other industrialized countries, we still rank very low. It’s very disquieting for the rates of infant mortality in our country to still be as high as they are.”

--Jennifer L. Howse, President, March of Dimes
Global Report on Birth Defects

• Purpose: to document the global toll of birth defects and provide feasible, cost-effective recommendations to reduce this toll.

• Provided modeled estimates of country-level birth defects prevalence rates for almost 200 countries

• Involved an extensive media campaign that resulted in worldwide dissemination raising awareness of issue.

• Helped lead to an April 2010 WHO Resolution on Birth Defects
Global Report on Prematurity

• Purpose: to document the global and regional toll of preterm birth.

• Used data from the WHO systematic review on maternal mortality and morbidity: The global burden of preterm birth, 2009.

• Presented at the 4th International Conference on Birth Defects and Disabilities in the Developing World, New Delhi, 2009.

• Showed an estimated 13 million babies worldwide were born preterm in 2005.
Global Report on Prematurity--
Limitations

• Data on the number of preterm births and related deaths are limited
• Necessary to improve data on extent of the problem
• No internationally accepted classification of preterm births
• Need for more country and regional data on the prevalence of acute and long-term health problems caused by preterm birth.
Future Directions

• **Quantify the problem – Need for country-specific preterm birth data**
  – March of Dimes/WHO Preterm Birth Global Report

• **Increase international awareness of preterm birth through global partnerships**
  Campaign Alliances:
  – European Foundation for the Care of Newborn Infants (EFCNI) of Germany
  – Little Big Souls (LBS) of Africa
“You must be the change you want to see in the world.”
- Mahatma Gandhi