Every year 7,000–8,000 preterm, late-preterm, and low birth weight infants are born in Colorado.

The percent of preterm births (births before 37 weeks gestation) in Colorado is highest for Black infants (17.1%), followed by Native Americans (13.6%), Hispanics (11.8%), Asians/Pacific Islander (10.7%), and Whites (10.9%). NVS Preliminary Report November 2011.

The percent of low birth weight infants (<2500 grams) is highest for Black infants (13.5%), followed by Asian/Pacific Islander (8.5%), Native Americans (7.6%), Whites (7.1%), Hispanics (7.0%). NVS Preliminary Report November 2011.

The United States Healthy People 2020 goal is to reduce preterm births to less than 9.6% of live births.

Preterm infants may be born to any mother, but they are more likely to be born to mothers who experience unintended pregnancies and health disparities in accessing health care services.

Premature births related to health disparities include poverty, single motherhood, mothers less than 20 years old, unintended pregnancy and lack of prenatal care.

Interventions with mothers are needed after a baby’s birth that will reduce the chance of a second premature or low birth weight baby since the health risk factors associated with preterm births do not resolve with the birth of a baby. Health risks include history of a preterm birth or low birth weight baby, unintended pregnancy, infections, diabetes, obesity and hypertension as well as life style concerns such as smoking, alcohol, and drug abuse.

In addition, thirty percent of women who have an unintended pregnancy will have a second unintended pregnancy and seventy percent of women with a second unintended pregnancy will have a third unintended pregnancy. Those with an unintended pregnancy are more likely to have preterm infants.

Preterm infants have more regulatory problems due to their medical fragility and neuro-developmental immaturity. This immaturity and physiologic disorganization results in re-admissions for jaundice, respiratory illnesses, and poor growth and feeding disorders.

Neuro-developmental immaturity also results in increased irritability, crying, and disorganized sleep patterns causing greater challenges for parents. Long term, these regulatory problems frequently result in developmental delays and attachment relationship difficulties.

Without parent support and anticipatory guidance regulatory disorders can affect preschool and school readiness.

Mothers of premature infants experience more stress resulting in mental health issues such as depression and anxiety.

Premature infants are often at greater risk for child abuse and neglect due to parent stress dealing with feeding and crying.

Preterm and late preterm infants (32 – 37 weeks gestation) are more likely to be re-admitted to the hospital after discharge and require additional community support and services.

Premature infants have an increased need for health services due to complex medical conditions that include respiratory, neurologic, cardiac, gastrointestinal, and vision and hearing problems.

The cost of preterm and low birth weight births averages $58,000.00 compared with the average term infant cost of $4,300.

Late premature infants, who account for about 75% of all preterm births, have a greater rate of re-hospitalization and health care utilization resulting in an increase in total health care costs compared to term infants. Late preterm infant's re-hospitalization costs can range as high as $43,628.00 for respiratory failure even for late preterm infants hospitalized longer after birth. Strategies for reducing morbidity and associated costs are needed especially because these differences in health care costs persist throughout the first year of life. Unfortunately these costs are generally not appreciated.

Premature infants also have an increased need for early intervention services due to developmental issues. Early intervention cost an estimated $611 million for this population with additional costs for special education services.

The Institute of Medicine estimates that the total cost to the United States for infants born prematurely is 26 billion dollars a year.
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