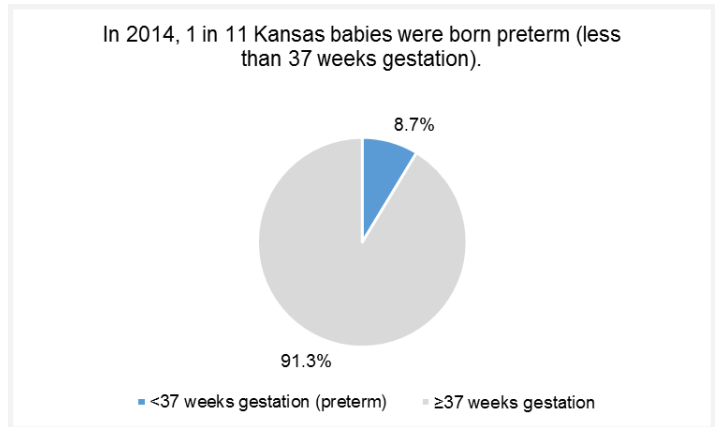
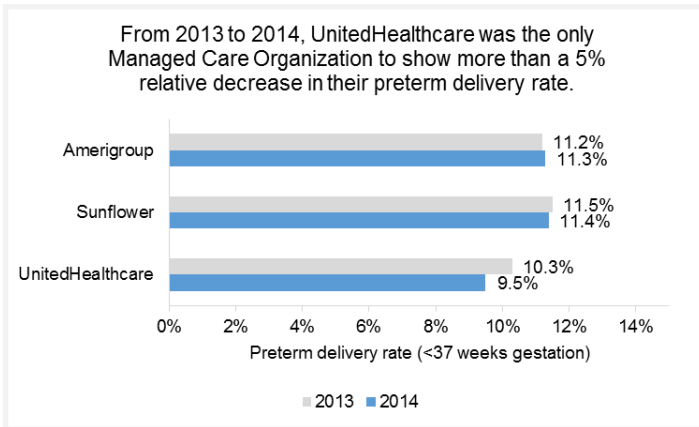


# Preterm Birth: Kansas

Babies born preterm, before 37 completed weeks of gestation, are at increased risk of immediate life-threatening health problems, as well as long-term complications and developmental delays. Among preterm infants, complications that can occur during the newborn period include respiratory distress, jaundice, anemia, and infection. Long-term complications can include learning and behavioral problems, cerebral palsy, lung problems, and vision and hearing loss.



Medicaid Measure	Title V MCH Measure
Percent of deliveries with gestational age <37 weeks	Percent of preterm births (<37 weeks gestation)



Source: KanCare Annual Report to CMS, 2015

The measure is a pay-for-performance measure. Every year the Managed Care Organizations (MCOs) must demonstrate a 5% relative decrease in preterm birth. Data represent administrative claims provided by the MCOs and were recalculated by the external review board.

Source: KDHE Bureau of Epidemiology and Public Health Informatics  
Data represent the percent of live births where the gestational age on the birth certificate was less than 37 weeks.

## Making a Difference

Prior spontaneous preterm birth and decreased cervical length are two non-modifiable risk factors for preterm births. Progesterone therapy helps reduce the risk of preterm birth among high risk pregnant women. The Kansas Title V program is working to increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40% by 2018, and increase annually thereafter. The Kansas Title V program is increasing patient, family and community understanding of progesterone use and full-term births. Another focus is promoting universal practice protocols and tools to timely, reliably, and effectively screening women for history of preterm birth and short cervix.



This fact sheet, created by the Kansas Department of Health and Environment Bureau of Epidemiology and Public Health Informatics and Bureau of Family Health demonstrates the alignment of the Title V Maternal & Child Health (MCH) and Medicaid measures. The Title V Block Grant was authorized in 1935 as part of the Social Security Act. Title V's mission is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs and their families.

