

About the Data – Preterm Birth

Indicator Description

Preterm birth is defined as births delivered at less than 37 completed weeks of gestation, based on the obstetric estimate of gestation.

Data Sources

California Department of Public Health, Birth Statistical Master File, 2007–2017: Compiled from information on birth certificates, including demographic information related to the infant and parents, as well as medical data related to the birth.

California Department of Public Health, California Comprehensive Master Birth File, 2018–2023: Compiled from information on birth certificates, including demographic information related to the infant and parents, as well as medical data related to the birth. Beginning in 2018, the California Comprehensive Master Birth File replaced the Birth Statistical Master File.

National Comparisons

Hamilton BE, Martin JA, Osterman MJK. [Births: Provisional data for 2019](#). Vital Statistics Rapid Release; no 8. Hyattsville, MD: National Center for Health Statistics. May 2020.

Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. [Births: Final data for 2020](#). National Vital Statistics Reports; vol 70 no 17. Hyattsville, MD: National Center for Health Statistics. 2022.

Martin JA, Hamilton BE, Osterman MJK. [Births in the United States, 2021](#). NCHS Data Brief, no 442. Hyattsville, MD: National Center for Health Statistics. 2022.

Martin JA, Hamilton BE, Osterman MJK. [Births in the United States, 2022](#). NCHS Data Brief, no 477. Hyattsville, MD: National Center for Health Statistics. 2023.

Martin JA, Hamilton BE, Osterman MJK. [Births in the United States, 2023](#). NCHS Data Brief, no 507. Hyattsville, MD: National Center for Health Statistics. 2024.

Healthy People 2030: National 10-year plan addressing public health priorities, developed by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Available from: [Healthy People 2030: Reduce preterm births](#).

Downloadable Data Table

The downloadable data table includes additional years of archival data not shown on the dashboard. For optimal readability of the data visualizations, only the most recent data are shown.

Data Analysis

The preterm birth rate shown in these dashboards is the number of preterm births per 100 live births, stratified by selected birth and maternal characteristics. Rates are presented to the second decimal point to better identify smaller changes and differences.

Denominators include all live births to California resident mothers/parents giving birth. Records with missing gestational age or with gestational age less than 17 or greater than 47 weeks were excluded.

The 95% confidence interval presented in the tooltips indicates there is a 95% chance that the range contains the true prevalence or rate in the population. Rates or percentages with wide confidence intervals should be interpreted with caution.

The state dashboard uses single year data; the county dashboard uses three-year aggregated data.

Overlapping time periods show the general direction or slope of the trendline across the entire timeframe. Rates should not be compared for overlapping time periods; for example, rates for 2020–2022 and 2021–2023 should not be compared. Only non-overlapping periods can be compared; for example, rates for 2018–2020 and 2021–2023 can be compared.

See Category and Subcategory Definitions below for additional inclusion/exclusion criteria.

Data Suppression

The numerator, rate, and confidence interval are not shown when the numerator is less than 10.

Category and Subcategory Definitions

Age: Age of mother/parent giving birth at time of delivery. Excludes records with unknown age.

Asian alone subgroup: Non-Hispanic Asian race disaggregated into more detailed Asian subgroups. Other Asian includes Indonesian, Malaysian, Taiwanese, Bangladeshi, Pakistani, and Sri Lankan. Two or more subgroups includes those mothers/parents giving birth who reported more than one Asian subgroup. Subgroups are shown for 2019 and forward.

Birthweight: Weight of the infant at time of delivery, reported in grams. Excludes birthweights less than 227 grams, greater than 8165 grams and records with unknown birthweight.

Delivery method: Final route of delivery. Cesarean delivery includes primary and repeat cesarean births. Vaginal delivery includes vaginal birth after previous cesarean birth. Excludes records with unknown delivery method.

Delivery payment source: Expected principal source of payment for delivery. Other includes Indian Health Service, CHAMPUS/TRICARE, other non-Medi-Cal government programs (federal, state or local), self-insured/self-funded plans or payments from local organized charities. Excludes records with unknown payment source and medically unattended births.

Education: Highest level of education attained by the mother/parent giving birth at time of delivery. High school graduate includes GED; some college includes college credit either without a degree or with an associate's degree; and college graduate includes bachelor's degree or higher. Excludes records with unknown education level.

Geography: State or county of maternal residence at time of delivery.

Gestational age: Obstetric estimate of gestation at time of delivery, in completed weeks. Excludes records with unknown gestational age or values less than 17 weeks or greater than 47 weeks.

Nativity: Birthplace of mother/parent giving birth. Born outside U.S. includes U.S. territories, Canadian provinces and foreign countries. Excludes records with unknown birthplace.

Neighborhood poverty: Percentage of residents of a census tract who are living below the federal poverty threshold. Census tracts with a poverty rate of 30% or higher are considered high poverty neighborhoods. Data are based on geocoded maternal addresses beginning with 2010 and exclude records that did not geocode. Available from: [US Census Bureau American Community Survey 5-year estimates: Poverty status in the past 12 months](#)

Plurality: Single-gestation births, twins, or triplets and higher-order births.

Population density: Based on Medical Service Study Areas (MSSAs) where maternal residence is located. Data are based on geocoded maternal addresses beginning with 2010 and exclude records that did not geocode. MSSAs are sub-county geographical

units with population, demographic and physician data. Available from: [California Department of Health Care Access and Information: Healthcare Workforce](#)

- An Urban MSSA has a population range of 75,000 to 125,000 and is homogeneous with respect to demographic and socio-economic characteristics.
- A Rural MSSA has a population density of less than 250 persons per square mile and no population center exceeds 50,000 persons.
- A Frontier MSSA has a population density of less than 11 persons per square mile.

Prenatal care (trimester of initiation): Trimester of pregnancy in which the mother/parent giving birth first received prenatal care. Excludes records with unknown prenatal care initiation.

Prenatal care (adequacy of initiation): Often referred to as the Kotelchuck Index, adequacy of prenatal care utilization is based on the month prenatal care began and the number of visits adjusted for gestational age. The number of visits is assessed by comparing the number of reported visits with the number of expected visits for a particular gestational age, based on recommendations from ACOG. Inadequate care is defined as all prenatal care that began after the fourth month of pregnancy, as well as prenatal care that included less than 50% of the recommended number of visits. Intermediate care includes 50%–79% of the recommended visits, adequate care includes 80%–109%, and adequate plus care is 110% or more of the recommended visits. The Kotelchuck Index uses recommendations from ACOG for low-risk pregnancies and may not measure the adequacy of care for high-risk women. The Kotelchuck Index does not measure the quality of the care provided.

Prepregnancy weight: Body Mass Index (BMI) was calculated from self-reported weight and height, classified as underweight (<18.5), normal weight (18.5–24.99), overweight (25–29.99) or obese (30+). BMI was calculated only for women reporting height within 48–83 inches and weight within 75–399 pounds. BMI values outside 13–69.99 were excluded. BMI should not be used as the sole criterion for making health recommendations. It is a screening tool as part of an assessment for determining weight classifications. BMI may overestimate or underestimate body fatness in some individuals since it does not take into consideration an individual's muscle or bone mass.

Race alone and ethnicity (previously labelled Race/Ethnicity as shown below): Mutually exclusive racial and ethnic groups reported by the mother/parent giving birth; percentages across the groups sum to 100 percent. Hispanic includes all persons of Hispanic origin of any race, including Other and Unknown race. Multiracial includes those of non-Hispanic origin who reported more than one race. The remaining groups are of non-Hispanic origin who reported a single race: American Indian or Alaska Native (AIAN), Asian, Black, Native Hawaiian or Pacific Islander (NHPI), White, Other, or Unknown. Other and Unknown race are not shown on the dashboards but are available

in the downloadable data table. Race and Hispanic-origin ethnicity are reported independently on the birth certificate, with reporting of more than one race allowed.

Race/Ethnicity (previous label)	Race Alone and Ethnicity (current label)
AIAN	AIAN alone
Asian	Asian alone
Black	Black alone
Hispanic	Hispanic of any race
Multi-Race	Multiracial alone
Pacific Islander	NHPI alone
White	White alone

Race alone or in combination and ethnicity: Alone or in combination groups combine all individuals belonging to a particular racial or ethnic group (whether alone or in combination with another racial or ethnic group). For example, a mother/parent giving birth who reported being both White and Black would fall into both the “White alone or in combination” group and the “Black alone or in combination” group. These groups are not mutually exclusive; individuals identifying with more than one race and/or ethnicity are included multiple times; therefore, percentages across the groups sum to greater than 100 percent. Race and Hispanic-origin ethnicity are reported independently on the birth certificate, with reporting of more than one race allowed. This category is shown for 2014 and forward.

Sex: Sex of infant at birth is defined as either male or female. Excludes records with unknown and nonbinary sex.

Total live births: Total number of live births the mother/parent giving birth delivered. Twins, triplets and higher-order births are considered one birth. Excludes records with unknown number of live births.

Suggested Citation

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