MARCH OF DIMES®

2023 March of Dimes Report Card:

The state of maternal and infant health for American families

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ON THE COVER

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy.

Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. From there, things moved fast. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible,'" Ashley says.

For six months, Julia fought every day in the NICU to get stronger. "And now she's an amazing little girl with so much personality, so much passion. She's 11 pounds, 21 inches long. She's a bundle of joy."

Far too many families are affected by prematurity. That's why March of Dimes is in hospitals across the country, supporting families with a baby in the NICU and as they transition home. We also advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

MARCH OF DIMES REPORT CARD 2023 EXECUTIVE SUMMARY

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PRESIDENT & CHIEF EXECUTIVE OFFICER
MARCH OF DIMES

Since 2008, March of Dimes has released our Report Card to educate and advocate for better outcomes across the U.S., Washington D.C., and Puerto Rico. While it originally focused on only the preterm birth rate, it has evolved to include more indicators to better reflect the state of maternal and infant health. One thing's remained constant: an alarmingly high preterm birth rate. In 2022, over 380,000 babies were born preterm—10.4% of all births—earning the U.S. a D+ for the second year in a row. Despite a 1% overall improvement nationally compared to 2021, 14 states saw an increase in preterm birth. Concurrently, maternal mortality rates have nearly doubled since 2018, increasing from 17.4 deaths per 100,000 births to 32.9 in 2021. While the infant mortality rate held steady at 5.4 infant deaths per 10,000 births, nearly 20,000 babies born in 2021 did not survive to see their first birthday.

Racial and ethnic disparities persist across measures of maternal and infant health. The data shows that the preterm birth and infant mortality rates among babies born to Black and American Indian/Alaska Native moms are 1.4x higher than the rates among all others. What this truly demonstrates is the failure of our policies, systems, and environments to protect the well-being of pregnant people and their babies. The need to dismantle structural racism, especially in our medical institutions and provider practices, could not be clearer given the data presented in our 2023 Report Card.

Having a baby in the U.S. looks different than it did generations ago. Increased access to contraception has resulted in lower birth rates among teens and a reduction in unplanned pregnancies. Increases in educational attainment and employment opportunities for women coupled with economic uncertainty and lack of affordable childcare options have all contributed to women having babies later in life. With these shifts, we see more chronic conditions during pregnancy, putting moms and babies at greater risk for complications. Simultaneously, we're experiencing a shortage of maternity care providers and declining access to care, creating pockets of communities vulnerable to poor outcomes.

This year, we've expanded the report with new data points; specifically, we explore factors related to preterm birth and causes of infant death. We also introduce data on maternal mortality and new data from Surgo Health's Maternal Vulnerability Index, providing insight into not only where but also why women are vulnerable to poor health outcomes. The good news is that many of these are preventable, and change is attainable if we work together to address these issues. The report also highlights progress towards best practice policies to improve health including Medicaid extension and expansion, doula reimbursement, and paid family leave. It also provides a summary of states working to improve health through Maternal and Fetal and Infant Mortality Review Committees and Perinatal Quality Collaboratives. We hope that this sparks further thinking about how to use data to advocate for improving maternal and infant health.

March of Dimes is driving greater public awareness of this crisis and fostering solutions to improve outcomes for moms and babies by:

- Advocating for reauthorization of the Premature Research Expansion and Education Act for Mothers (PREEMIE) and other key policy initiatives including Medicaid extension.
- Funding research conducted at our Health Equity Centers and Prematurity Research Centers (PRCs) and making strategic investments in companies positioned to make measurable change through our Innovation Fund.
- Providing access to educational resources and supporting programs that provide services before, during, and after pregnancy.

Data is an essential piece for understanding where and why these issues persist. Preterm birth and infant and maternal mortality aren't simple issues to fix as the causes are incredibly complex. We all have a role in this fight, and March of Dimes is calling on researchers, healthcare providers, legislators, and advocates to come together to make impactful change for moms, babies, and families.

TABLE OF CONTENTS

POLICY ACTIONS

MARCH OF DIMES REPORT CARD RECOMMENDED POLICY ACTIONS

March of Dimes 2023 Report Card monitors policy actions that improve the health of moms and babies in the United States. Policymakers must take swift action to better serve the birthing people and babies in our country. No single solution will improve maternal and child health. However, key policy opportunities are highlighted below.

MEDICAID EXTENSION EXTENDS MEDICAID HEALTHCARE BENEFITS TO ONE YEAR AFTER THE BIRTH OF A CHILD

The latest data shows that 53% of all pregnancy-related deaths happen one week to one year after delivery.[1] In too many states, Medicaid maternity coverage ends 60 days after giving birth, ending access to care at a time when risks of maternal complications and death persist. Comprehensive health care coverage in Medicaid should be extended to at least 12 months postpartum through the option made available under the American Rescue Plan Act.[2] It should not be optional for states to ensure every mom gets the coverage they need to stay healthy — and alive — after their babies are born. Legislators and policymakers must take the next step and make one year of Medicaid coverage after birth a permanent policy across the nation.

MEDICAID EXPANSION INCREASES ACCESS TO AFFORDABLE, QUALITY PUBLIC HEALTH INSURANCE PROGRAMS TO WOMEN BEFORE PREGNANCY

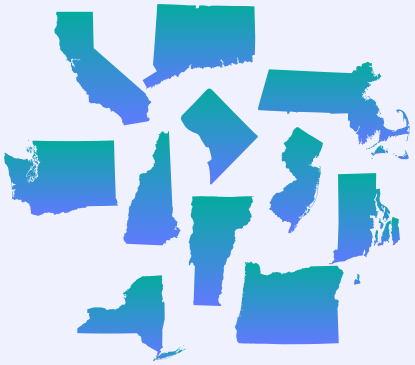
Research shows that one of the best opportunities to achieve healthy pregnancies is to improve the health of birthing people before they become pregnant.[3] Medicaid expansion to cover individuals up to 138% of the federal poverty level can play an essential role in improving maternal and infant health. A growing number of studies indicate that Medicaid expansion has reduced the rate of women of childbearing age who are uninsured, and improved health outcomes.

Other benefits of Medicaid extension have been seen throughout the U.S. A nationwide study found that among low-income women with a recent live birth, there were significant improvements in three preconception health indicators that were associated with Medicaid expansion: increased number of women who reported receiving preconception health counseling from a health care provider, an increased number of women reporting folic acid intake before pregnancy, and increased use of effective contraception after pregnancy.[4]

North Carolina recently became the 41st State (including the District of Columbia) to expand Medicaid to adults with incomes up to 138% of Federal Poverty Level (FPL).[5]

PAID FAMILY LEAVE SYSTEMS SUPPORT FAMILIES DURING PARENTAL LEAVE, WHICH IS ASSOCIATED WITH MULTIPLE POSITIVE OUTCOMES FOR MOMS AND BABIES

Paid family leave systems should strive to make benefits available to all workers while also distributing the responsibility for funding this system among employers. March of Dimes supports policies to create an affordable and self-sustaining national system to provide workers with up to 12 weeks of partial income through a family and medical leave insurance fund. The U.S. is the only industrialized nation that does not offer working parents paid time off to care for a new child or sick loved one. Access to paid family leave and sick day benefits supports parent-infant attachment; establishing an essential foundation for safe, stable, nurturing relationships; and parenting practices that promote optimal infant health and development. These benefits include improved establishment and maintenance of breastfeeding and on-time routine childhood vaccinations. Paid leave also generates important maternal health outcomes, including association with reduced depressive symptoms. Nine U.S states and the District of Columbia have passed state legislation and implemented paid family and medical leave.[6]



Nine states + D.C.

California, Connecticut, Massachusetts, New Hampshire, New Jersey, New York, Oregon, Rhode Island, Vermont, Washington and District of Columbia have in effect paid family and medical leave laws.

These laws provide benefits to workers when they are unable to work due to a serious off-the-job illness or injury, to bond with a new child (including foster care and adoption) or to care for a family member with a serious medical condition.

Colorado, Delaware, Illinois, Maine, Maryland, and Minnesota have enacted paid family and medical leave laws and are set to be effective between 2024 and 2026.[7]

PERINATAL QUALITY COLLABORATIVES AIM TO IDENTIFY WAYS TO IMPROVE QUALITY OF CARE FOR BIRTHING PEOPLE; SUFFICIENT FUNDING IS ESSENTIAL TO CREATE CONSISTENCY

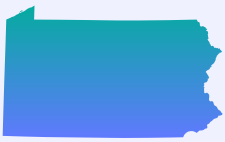
Perinatal Quality Collaboratives (PQCs) are comprised of clinical personnel, public health leaders, stakeholders, patients, and families. These members work together to improve maternal and infant health outcomes by identifying and addressing health care process issues in their state. PQCs provide best practices and implementation guidelines for safety initiatives to participating hospitals in their state, while nearly every state has a PQC, only 47 receive federal funding from the Centers for Disease Control and Prevention.[8] Federal funding provides opportunities for state or multistate networks to improve the quality of care for mothers and babies through shared learning, mentoring, standardizing and data collection. March of Dimes supports increased federal funding for an increase in direct support to state agencies and organizations that coordinate and manage PQCs. In addition to federal funding, many PQC's utilize additional funding from local, private and state resources to create sustainability.[9]

Oregon

In 2023, Oregon Perinatal Collaborative successfully garnered $1,000,000 in state support through state budget appropriations allowing the collaborative to sustain and enhance their quality improvement initiatives.[10]

MATERNAL MORTALITY REVIEW COMMITTEES ADVANCE OUR UNDERSTANDING OF MATERNAL MORTALITY THROUGH DATA AND SURVEILLANCE

To implement strategies to prevent maternal death, we need to understand why moms are dying. Improving maternal mortality, and maternal morbidity data collection and surveillance will help us to establish baseline data, understand trends, and monitor changes. Maternal Mortality Review Committees (MMRC) investigate every instance of maternal death in a state or community and make recommendations to stop future tragedies.[11] We must continue to support the work of state MMRCs to collect robust and standardized data to inform local and national policies that address the nation's maternal health crises. Although many states have an MMRC, they do not have the same resources to operate. March of Dimes supports federal and state funding for each MMRC to establish standardized protocols and policies for review, identify and develop tools for training and support, adoption of systems for consistent data gathering and development of actionable recommendations.



Pennsylvania

Pennsylvania Maternal Mortality Review Committee (MMRC) collaborates with the Pennsylvania Perinatal Quality Collaborative (PQC). In its partnership with the PA MMRC, the PA PQC serves as a disseminator of the recommendations and strategies developed by the PA MMRC.[12]

FETAL AND INFANT MORTALITY REVIEW IS IMPORTANT TO IDENTIFY CAUSES, GATHER DATA AND ADDRESS PREVENTION

Emerging as a public health strategy in the mid- 1980's, Fetal Infant Mortality Review (FIMR) was created as a response to the alarming increase in infant mortality rate in the United States associated with adverse infant health outcomes.[13] Throughout the country, FIMR is being utilized as an action-orientated community process that continually assesses, monitors, and works to improve service systems and community resources for birthing people, infants and families. Research shows that FIMR is an effective system intervention as it examines infant mortality in the context of social, economic and systemic factors.[14] March of Dimes supports funding for FIMR and Community Action Teams (CAT) at state, county, and local levels. Funding for FIMR initiatives can be sought through local, state, and federal opportunities. Many state and local FIMR teams align their work with other programs working on similar issues, such as Title V Maternal and Child Health Block Grant programs, allowing them to leverage funding and resources.

Ohio

Using the Life Course Framework and building on the successful model of Child Fatality Review, the Ohio Department of Health initiated an additional review program in 2014 to fully understand the issues of fetal and infant mortality (FIMR). Ohio currently has ten FIMR teams.[15]

REIMBURSING DOULA SERVICES AT A LIVEABLE WAGE CREATES A STRONGER WORKFORCE AND INCREASES ACCESS SERVICES WHEN IT IS REIMBURSED THROUGH MEDICAID

Doulas are non-clinical professionals who provide physical, emotional, and informational support to moms before, during and after childbirth, including continuous labor support. They offer guidance and support around topics related to childbirth, breastfeeding, pregnancy health and newborn care. Supportive care during labor may include comfort measures, information and advocacy. Increasing access to doula care, especially in under-resourced communities, may improve birth outcomes, improve the experience of care, and lower costs by reducing non-beneficial and unwanted medical interventions.[16] Doula reimbursement needs to be both an equitable and sustainable payment model to provide doulas with a livable wage and participation in state reimbursement programs should remain optional. Current doula reimbursement under state Medicaid programs are structured as a per-birth and per-visit compensation model with a cap on the maximum level of services reimbursed. Current rates among states implementing Medicaid coverage for doula care vary and are not adequate to reimburse doula care services.[17] March of Dimes advocates for state reimbursement rates to take into consideration all doula care models (private and community-based) and provide fair, equitable and sustainable compensation.

Rhode Island + Louisiana

On July 7, 2021, Rhode Island passed legislation requiring coverage of doula services in Medicaid and most private health insurance plans. Doula Reimbursement is provided for up to a maximum of $1,500.[18]

On June 9, 2023, Louisiana passed legislation requiring private health plans which provide coverage for maternity services to include doula support provided before, during, and after childbirth and requires that private health plans must reimburse doula services for up to $1,500.[18]

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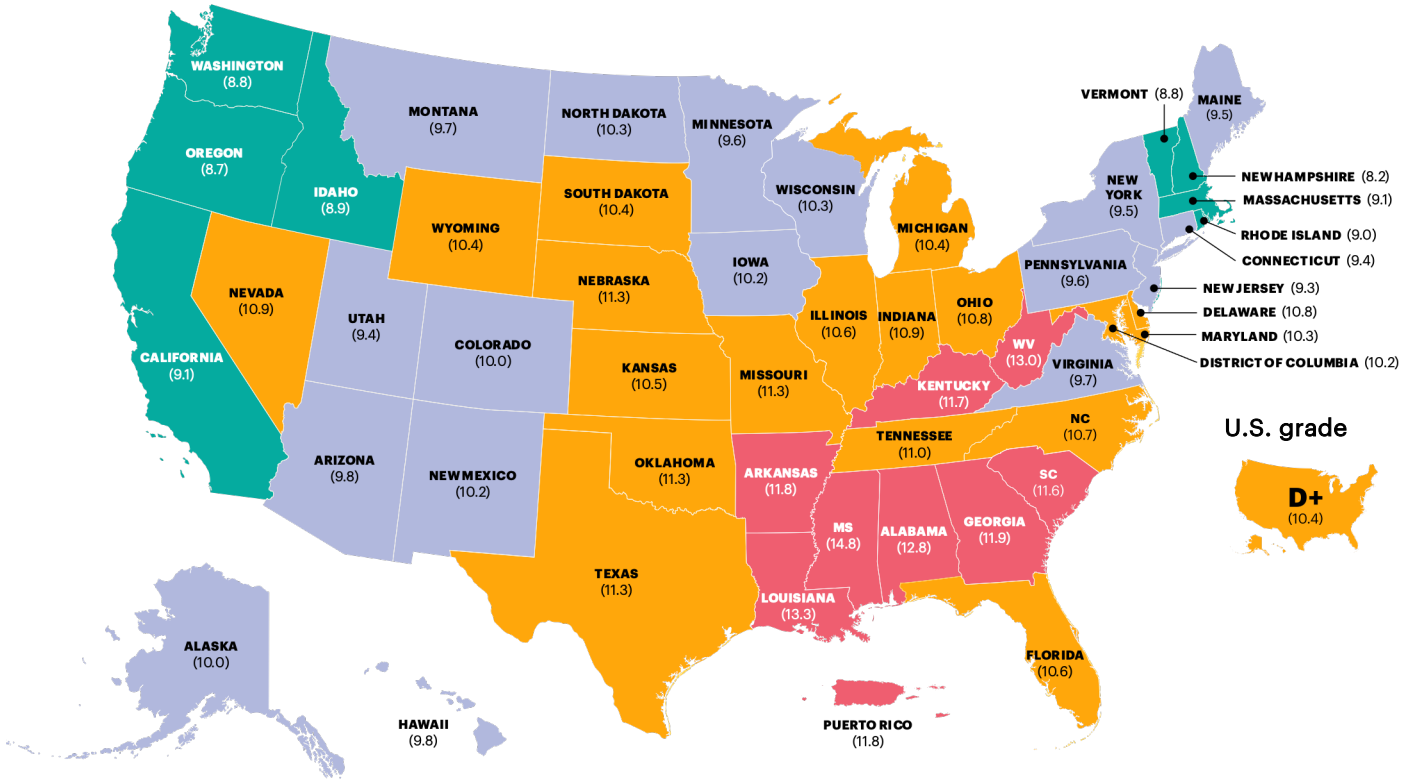
2023 REPORT CARDS

2023 MARCH OF DIMES REPORT CARD
UNITED STATES

The preterm birth grade was D+ in 2022; the worst grades occurred in the southern region of the U.S.

Preterm birth rate (born before 37 weeks gestation) and grade by state, 2022

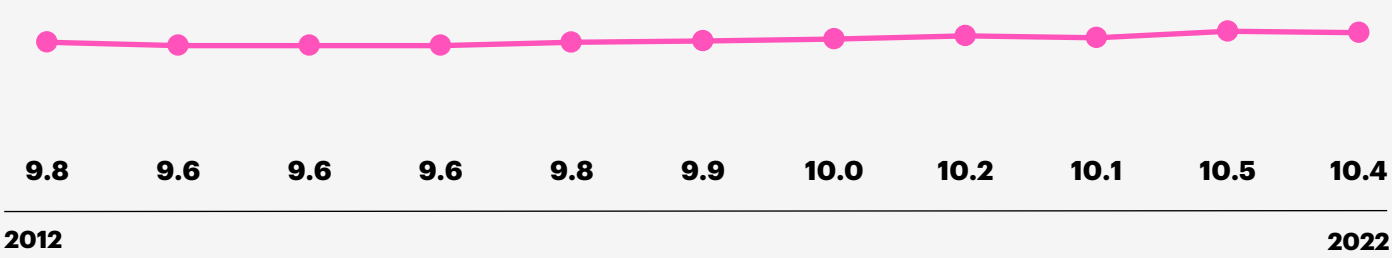


GRADE AND PRETERM BIRTH RATE

A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F
7.7% or less	7.8 to 8.1%	8.2 to 8.5%	8.6 to 8.9%	9.0 to 9.2%	9.3 to 9.6%	9.7 to 10.0%	10.1 to 10.3%	10.4 to 10.7%	10.8 to 11.1%	11.2 to 11.4%	11.5% or greater

The preterm birth rate was 10.4% in 2022, a 1% decline from 2021, the highest rate in 10 years

Preterm birth by year, 2012 to 2022



Source: National Center for Health Statistics, Natality data, 2012-2022; National Center for Health Statistics, U.S. Territories Natality data, 2022.

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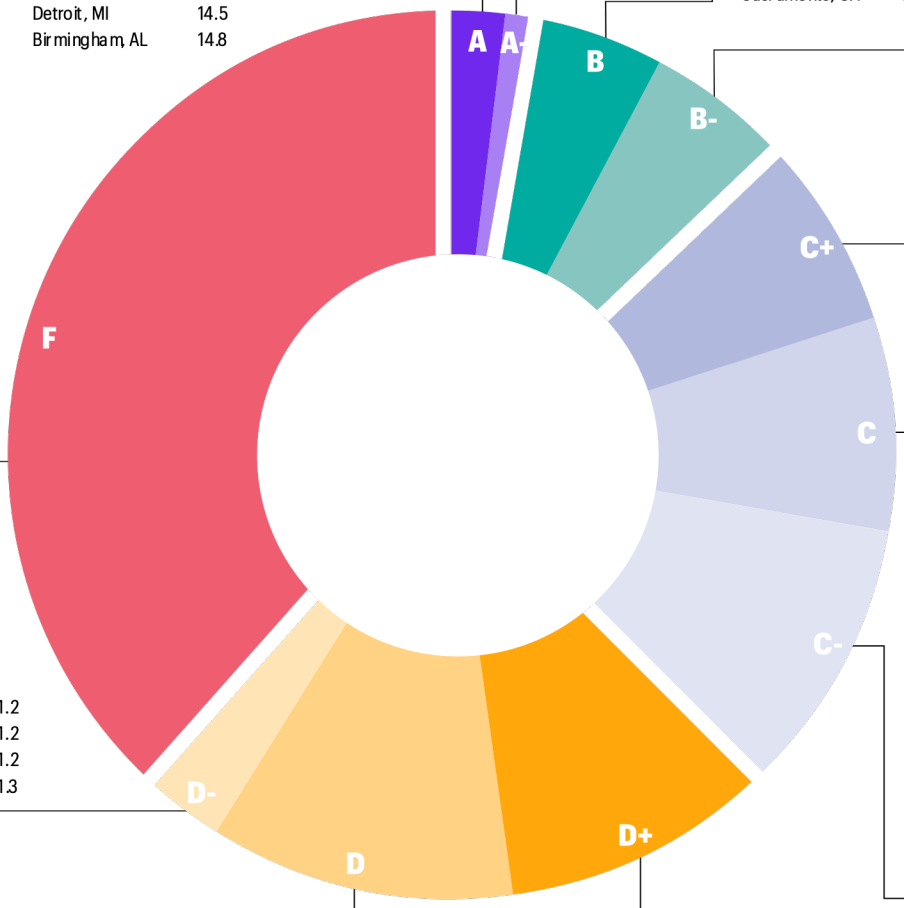
2023 MARCH OF DIMES REPORT CARD
PRETERM BIRTH RATE AND GRADE BY CITY

One third of the 100 U.S. cities with the greatest number of live births had a preterm birth grade of F in 2022



F			
Arlington, TX	11.7	St. Louis, MO	12.5
Columbus, OH	11.7	Oklahoma City, OK	12.7
Fayetteville, NC	11.7	Baltimore, MD	12.9
Fort Wayne, IN	11.7	Omaha, NE	12.9
Fort Worth, TX	11.7	Memphis, TN	13.3
Norfolk, VA	11.7	New Orleans, LA	13.5
Richmond, VA	11.7	Cleveland, OH	14.1
Wichita, KS	11.7	Detroit, MI	14.5
Winston-Salem, NC	11.7	Birmingham, AL	14.8
Buffalo, NY	11.8		
Atlanta, GA	11.9		
Jacksonville, FL	11.9		
Tulsa, OK	11.9		
Toledo, OH	12.0		
Cincinnati, OH	12.1		
Houston, TX	12.1		
San Antonio, TX	12.1		
Rochester, NY	12.2		
El Paso, TX	12.3		
Indianapolis, IN	12.3		
Laredo, TX	12.3		
Baton Rouge, LA	12.5		
Brownsville, TX	12.5		
Milwaukee, WI	12.5		

A		A-	
Ramapo, NY	5.3	Seattle, WA	8.1
Irvine, CA	7.1		

B		B-	
San Diego, CA	8.6	Oakland, CA	9.0
Long Beach, CA	8.8	Portland, OR	9.0
Plano, TX	8.8	Riverside, CA	9.0
San Francisco, CA	8.8	Irving, TX	9.1
Fontana, CA	8.9	San Jose, CA	9.1
Sacramento, CA	8.9	Austin, TX	9.2

C+		C		C-	
Brookhaven, NY	9.4	Boston, MA	9.7	Lincoln, NE	10.1
Mesa, AZ	9.4	Miami, FL	9.7	Virginia Beach, VA	10.1
New York, NY	9.4	Clarksville, TN	9.9	Colorado Springs, CO	10.2
Chula Vista, CA	9.5	Garland, TX	9.9	Islip, NY	10.2
Raleigh, NC	9.5	Minneapolis, MN	9.9	Jersey City, NJ	10.2
Stockton, CA	9.5	Fresno, CA	10.0	Phoenix, AZ	10.2
Tampa, FL	9.5	Glendale, AZ	10.0	Washington, DC	10.2
Bakersfield, CA	9.6	Honolulu, HI	10.0		
Dallas, TX	9.6	Santa Ana, CA	10.0		
Durham, NC	9.6	Tucson, AZ	10.0		
Hempstead, NY	9.6				
Los Angeles, CA	9.6				
Modesto, CA	9.6				

D-			
Dayton, OH	11.2	Louisville, KY	11.3
Newark, NJ	11.2		
Philadelphia, PA	11.2		

D			
Aurora, CO	10.8	Lexington-Fayette, KY	11.0
Kansas City, MO	10.9	Lubbock, TX	11.0
Las Vegas, NV	11.0		

D+					
Albuquerque, NM	10.4	Charlotte, NC	10.5	St. Paul, MN	10.6
Anchorage, AK	10.4	Chicago, IL	10.5	Grand Rapids, MI	10.7
Greensboro, NC	10.4	Corpus Christi, TX	10.5	Orlando, FL	10.7
San Bernardino, CA	10.4	Nashville-Davidson, TN	10.5		
Anaheim, CA	10.5	Denver, CO	10.6		

GRADE AND PRETERM BIRTH RATE

A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F
7.7% or less	7.8 to 8.1%	8.2 to 8.5%	8.6 to 8.9%	9.0 to 9.2%	9.3 to 9.6%	9.7 to 10.0%	10.1 to 10.3%	10.4 to 10.7%	10.8 to 11.1%	11.2 to 11.4%	11.5% or greater

Notes: Cities represent those with the greatest number of live births out of all cities with a population of >100,000, as defined by the National Center for Health Statistics; *Data for Honolulu represent the combined city and county of Honolulu.

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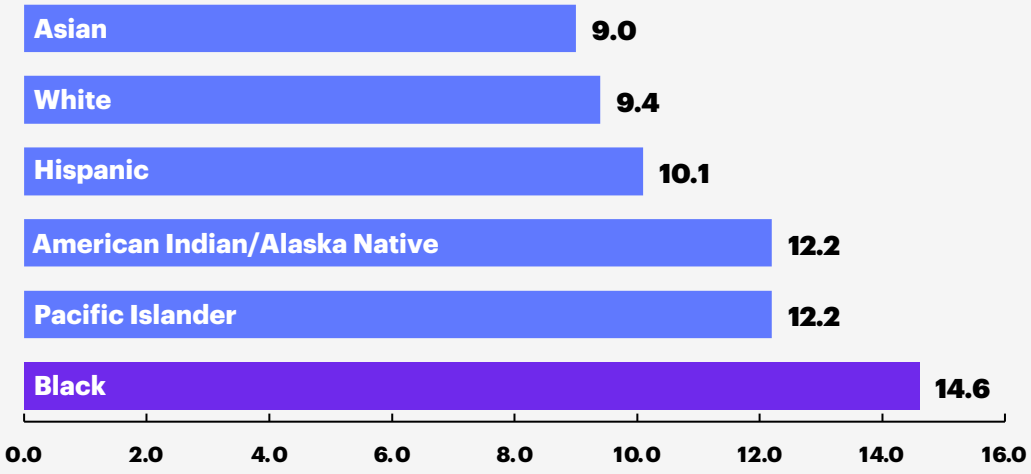
2023 MARCH OF DIMES REPORT CARD
FACTORS ASSOCIATED WITH PRETERM BIRTH

In the U.S., the preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequities.

Many factors make birthing people more likely to have a preterm birth

Preterm birth rate by maternal factors (blue) and overall prevalence (in parentheses), 2022

15.2%
Smoking
(4.6% of all births)

23.4%
Hypertension
(2.9% of all births)

12.3%
Unhealthy weight
(34.3% of all births)

28.8%
Diabetes
(1.2% of all births)

30.0%
Previous preterm
(3.9% of all births)

62.2%
Carrying multiples
(3.2% of all births)

Notes: More than one factor can occur at the same time. Hypertension, diabetes, smoking and unhealthy weight occur prior to pregnancy.

Source: National Center for Health Statistics, Natality data, 2020-2022.

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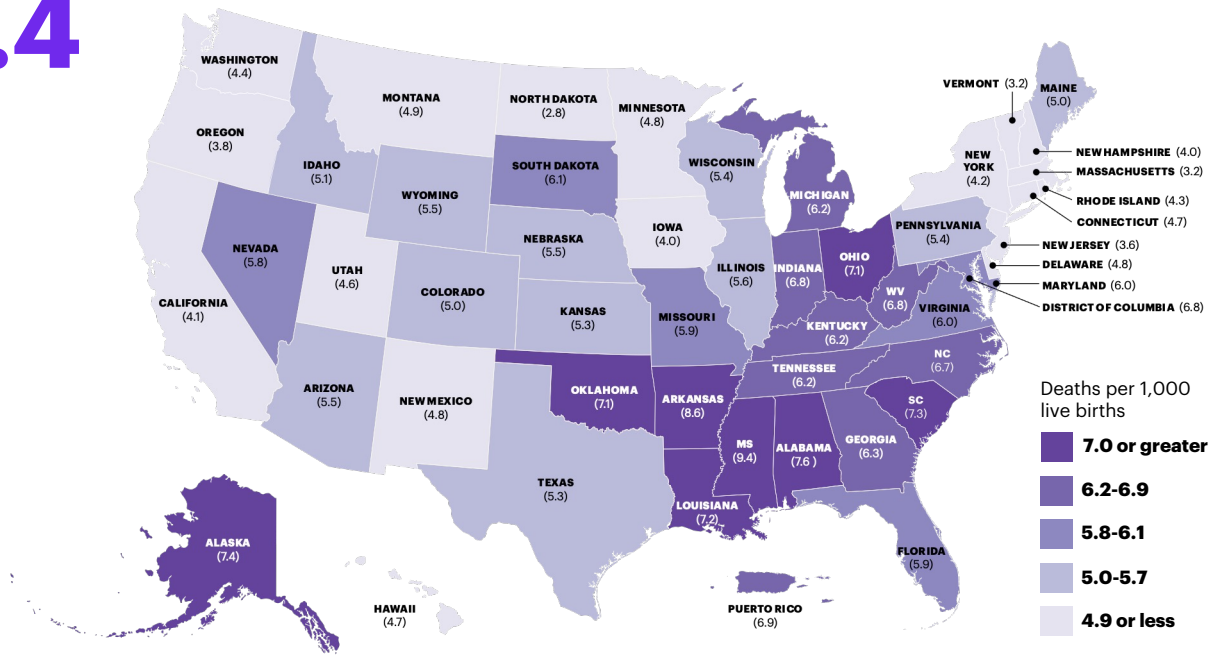
2023 MARCH OF DIMES REPORT CARD
INFANT MORTALITY IN THE U.S.

INFANT MORTALITY RATE
5.4

19,868 babies died before their first birthday; the greatest rates occurred in the South and Midwest regions

Infant mortality rate (deaths per 1,000 live births) by state, 2021

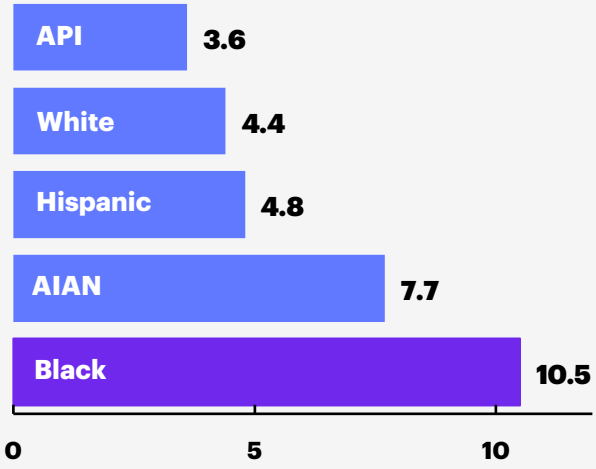


Source: National Center for Health Statistics Period Linked Birth/Infant Death File, 2021.

The infant mortality rate declined 10% in the last decade but the rate among babies born to Black birthing people is still 1.9x the national rate

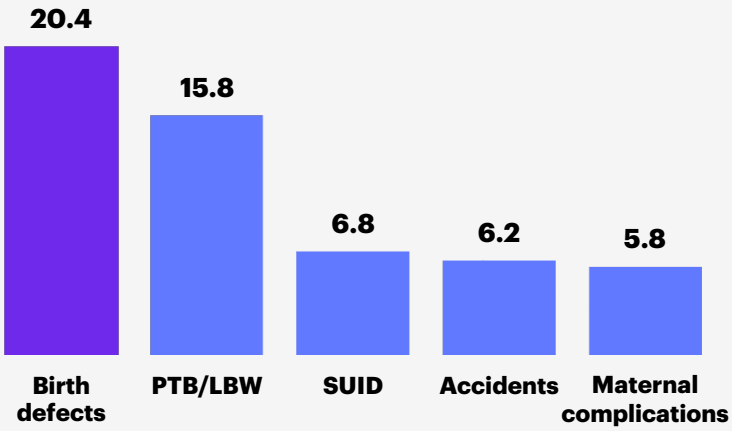
Infant mortality by race/ethnicity

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API= Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

THE 2023 MARCH OF DIMES REPORT CARD:
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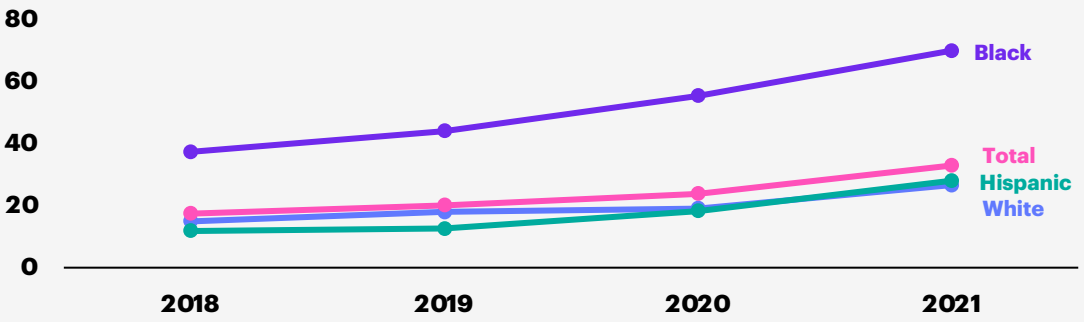
2023 MARCH OF DIMES REPORT CARD
MATERNAL HEALTH IN THE U.S.

MATERNAL MORTALITY RATE
32.9

Maternal mortality refers to the death of a birthing person from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.

Maternal mortality has nearly doubled since 2018, increasing from 17.4 deaths per 100,000 to 32.9 in 2021

Maternal mortality rate (deaths per 100,000 live births) by race/ethnicity, 2018-2021

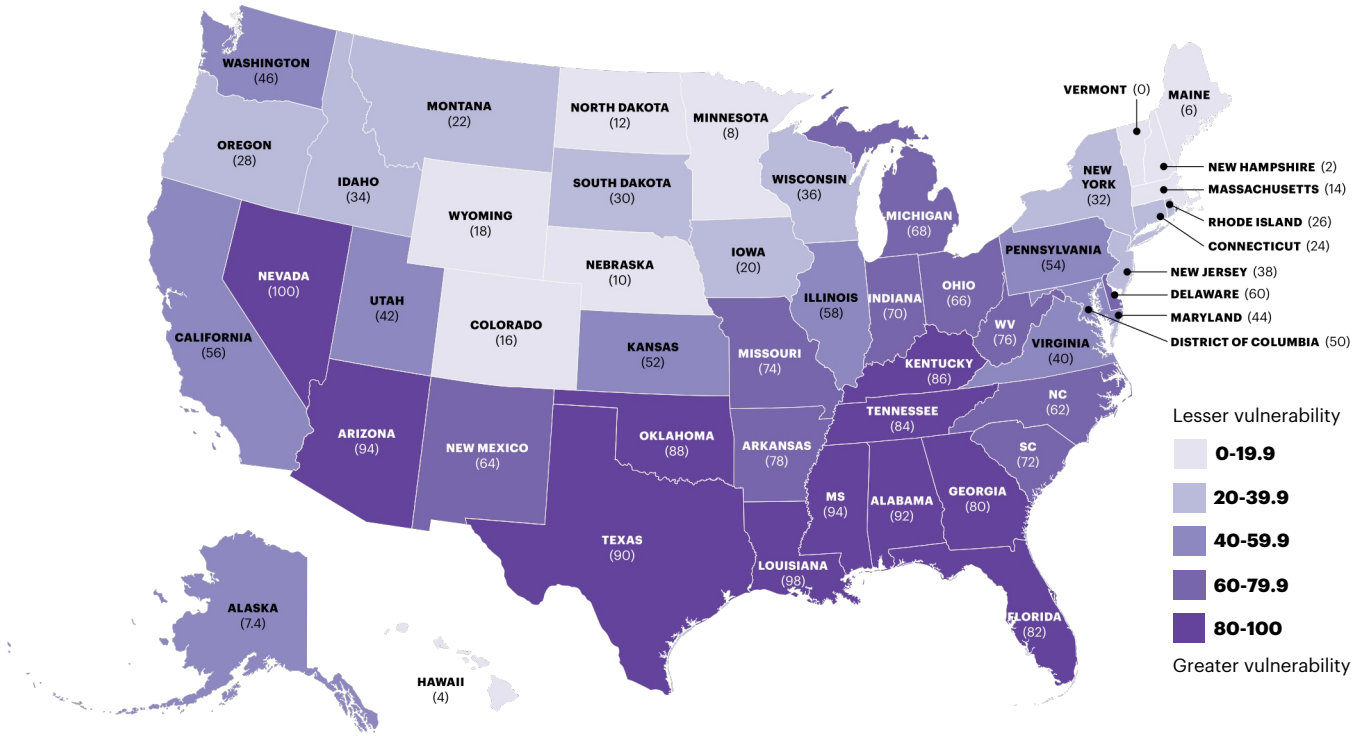


Notes: Rates for single years are only available for race groups with statistically reliable estimates and where confidentiality can be maintained. Aggregate rates for 2018-2021 for suppressed groups are as follows: American Indian/Alaska Native: 60.6; Asian: 14; Native Hawaiian or other Pacific Islander: 49.5. Rates are deaths per 100,000 live births.

Source: National Center for Health Statistics, Mortality data, 2018-2021.

Birthing people living in the darkest shaded states are most vulnerable to poor maternal health outcomes

Maternal vulnerability index (MVI) by state, 2023



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

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2023 MARCH OF DIMES REPORT CARD
PROGRESS IN POLICIES

Adoption of the following policies and sufficient funding for all states is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

37 STATES & D.C.
HAVE FULLY EXTENDED

Adoption of this policy extends Medicaid healthcare benefits to one year after the birth of a child.

MEDICAID EXPANSION

ADOPTED in 39 STATES & D.C.

Adoption of this policy allows for greater access to preventative care for birthing people during pregnancy.

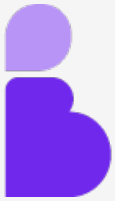
PAID FAMILY LEAVE

10 STATES & D.C.
PROVIDE 12 WEEKS OF PAID LEAVE

Adoption of this policy requires employers to provide a paid option for families out on parental leave.

DOULA REIMBURSEMENT

11 STATES & D.C.
REIMBURSE FOR DOULA CARE



Adoption of this policy requires that Medicaid reimburse for care and supports the sustainability of the doula workforce.

MATERNAL MORTALITY REVIEW COMMITTEE

44 STATES
ARE FEDERALLY FUNDED

These committees work to identify causes and factors of maternal deaths, which is key to addressing and preventing future deaths.

FETAL AND INFANT MORTALITY REVIEW

28 STATES & D.C.
REVIEW FETAL AND INFANT DEATHS

These committees are used to review causes and circumstances of fetal and infant deaths in order to address prevention efforts.

PERINATAL QUALITY COLLABORATIVE

47 STATES
ARE FEDERALLY FUNDED

These committees work to identify and improve quality care issues in maternal and infant healthcare.

To see more information about each policy, see our Policy Booklet document here.

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2023 MARCH OF DIMES REPORT CARD
ALABAMA

The preterm birth rate in Alabama was 12.8% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE

F

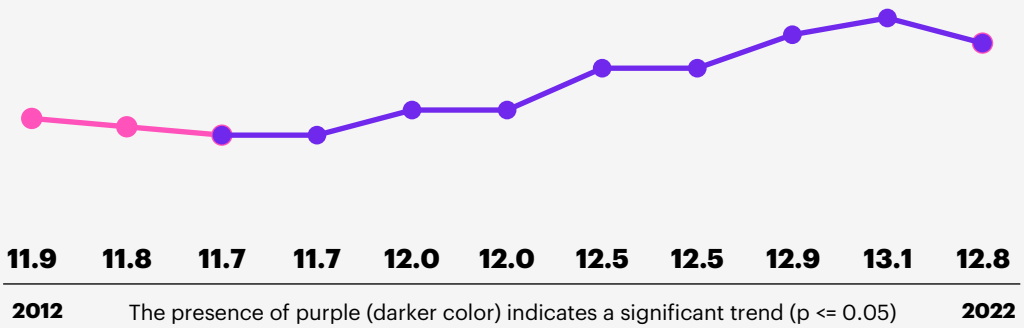
U.S. RATE

10.4

AL RATE

12.8%

Percentage of live births born preterm

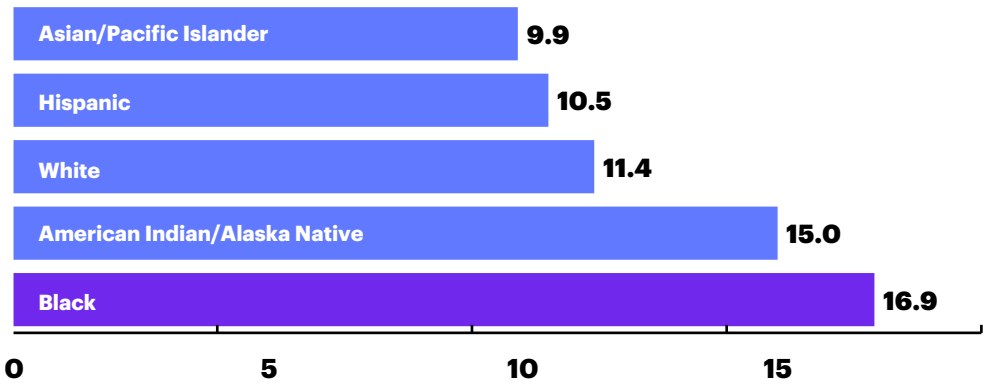


2012										2022
11.9	11.8	11.7	11.7	12.0	12.0	12.5	12.5	12.9	13.1	12.8

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

16.1% **Smoking** (5.4% of all births)

29.2% **Hypertension** (5.0% of all births)

14.4% **Unhealthy weight** (40.1% of all births)

37.3% **Diabetes** (1.6% of all births)

29.6% **Previous preterm** (5.4% of all births)

68.9% **Carrying multiples** (3.6% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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ALABAMA

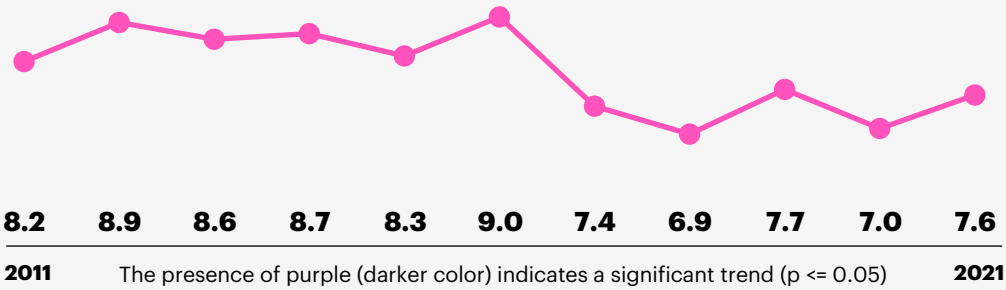
The infant mortality rate decreased in the last decade; In 2021, 439 babies died before their first birthday

INFANT MORTALITY RATE

7.6

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
8.2	8.9	8.6	8.7	8.3	9.0	7.4	6.9	7.7	7.0	7.6

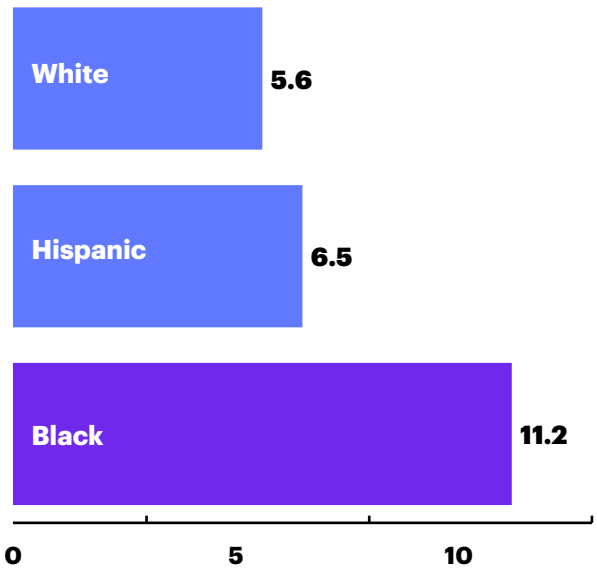
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.5x the state rate

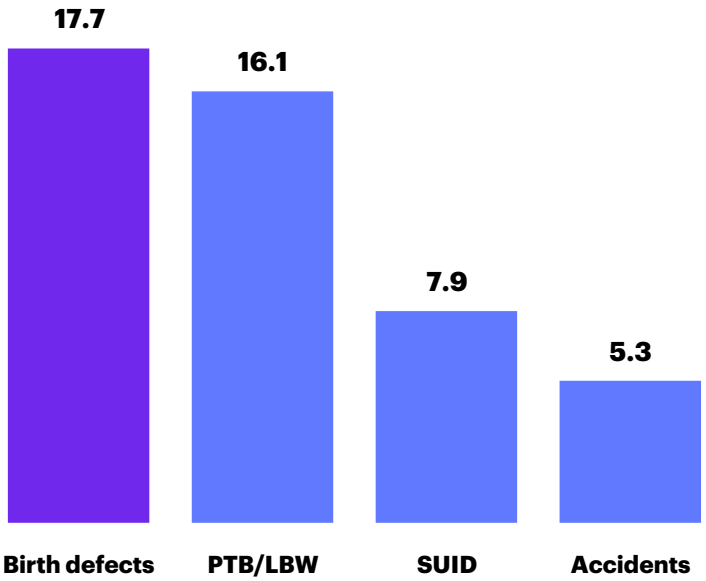
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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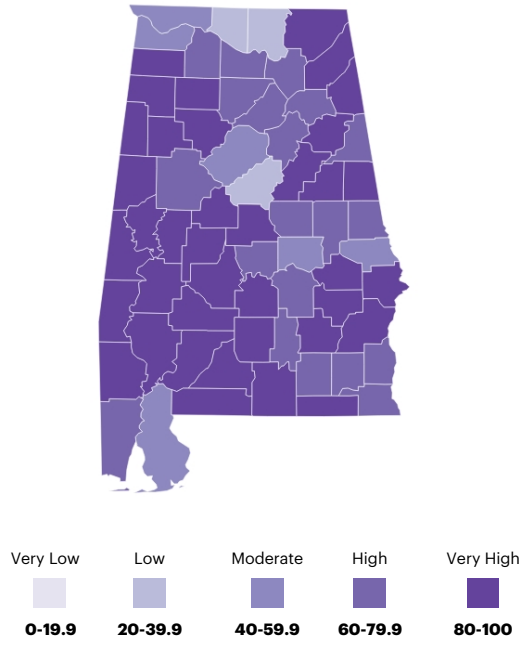
ALABAMA

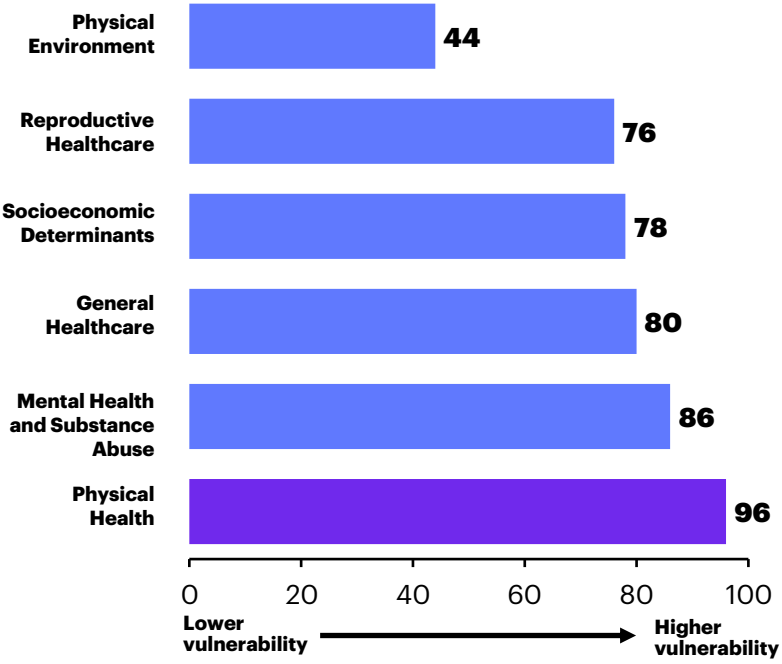
Birthing people in Alabama have a very high vulnerability to poor outcomes and are most vulnerable due to overall physical health

MVI by county in Alabama



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Alabama is supporting the health of birthing people

41.4 PER 100,000 BIRTHS (23.5)

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

28.3 PERCENT (26.3)

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

17.6 PERCENT (15.5)

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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ALABAMA

Adoption of the following policies and sufficient funding in Alabama is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

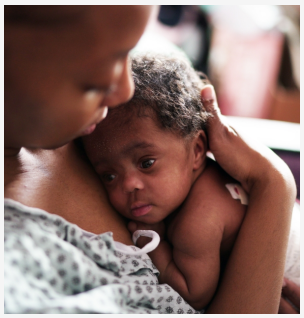
State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
- State reimburses up to $1,500
- State is progressing legislation but not yet active
- State does not have the indicated funding/policy



OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
ALASKA

The preterm birth rate in Alaska was 10.0% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE

C

U.S. RATE

10.4

AK RATE

10.0%

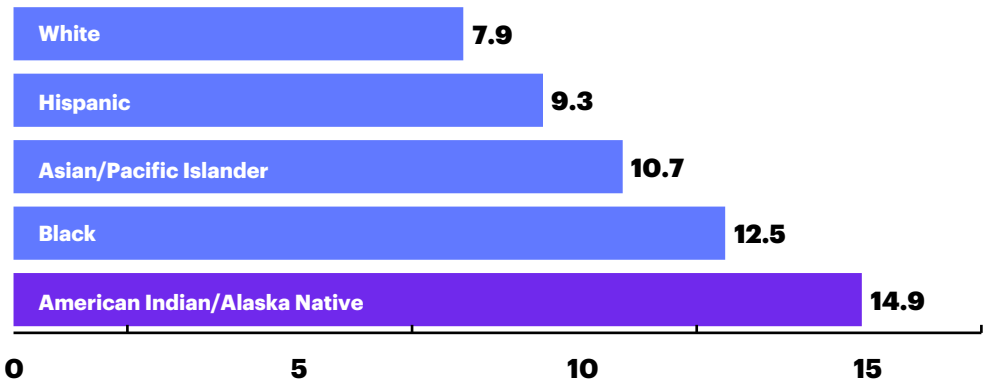
Percentage of live births born preterm

2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
7.6	8.5	8.5	8.9	8.9	9.0	9.3	9.7	9.8	10.1	10.0

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Alaska Native birthing people is 1.7x higher than the rate among all other babies

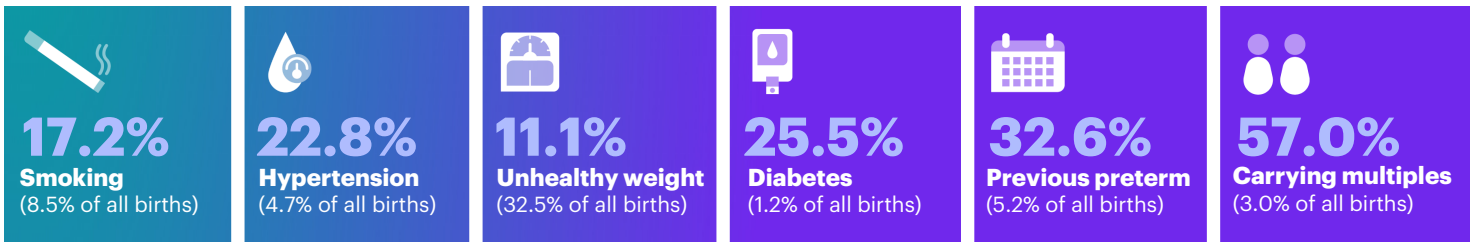
Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022



Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

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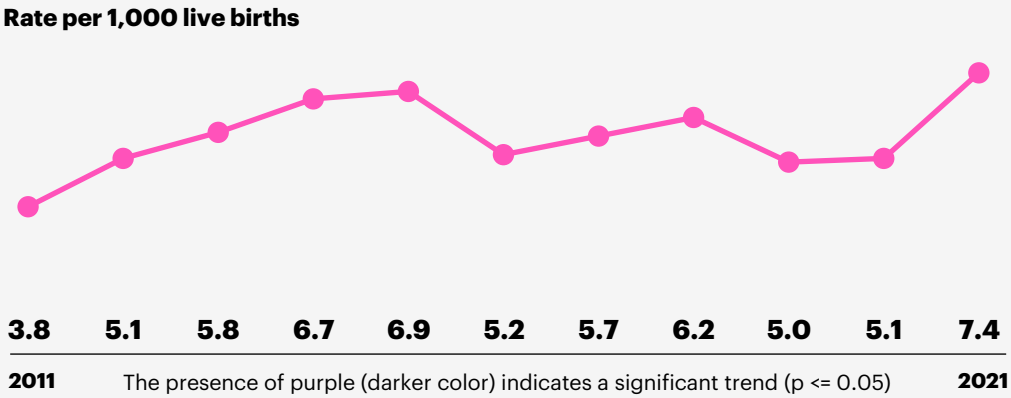
ALASKA

The infant mortality rate increased in the last decade; In 2021, 69 babies died before their first birthday

INFANT MORTALITY RATE

7.4

U.S. RATE

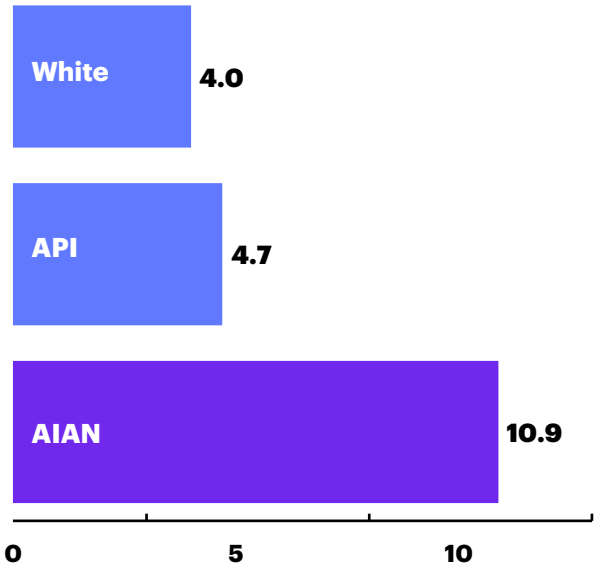


Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Alaska Native birthing people is 1.5x the state rate

Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



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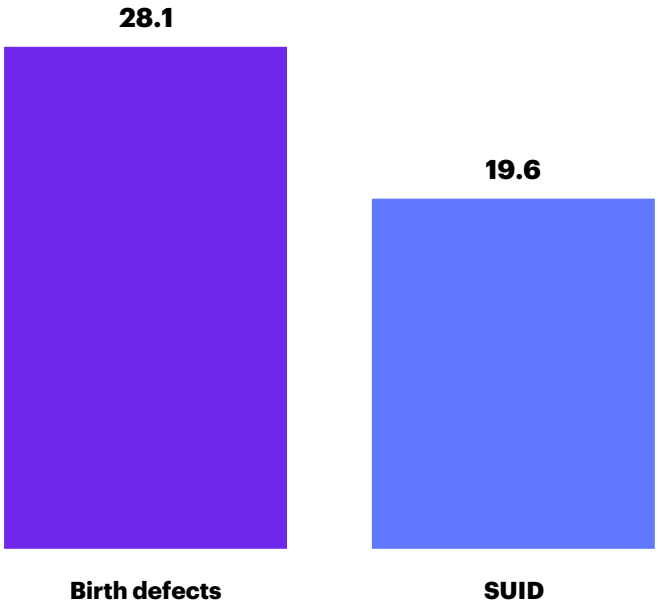

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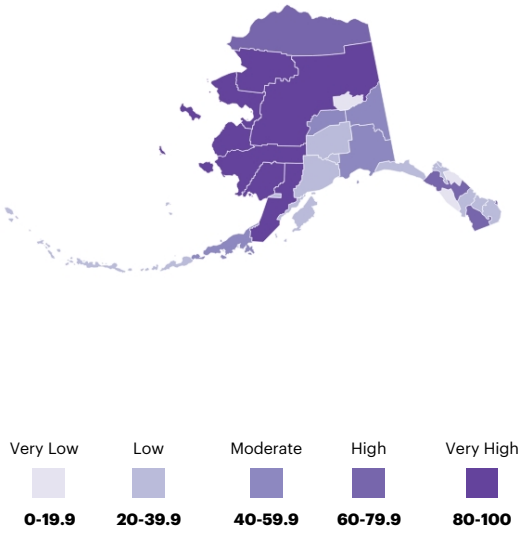
ALASKA

Birthing people in Alaska have a moderate vulnerability to poor outcomes and are most vulnerable due to general healthcare accessibility

MVI by borough in Alaska



Factors related to maternal vulnerability

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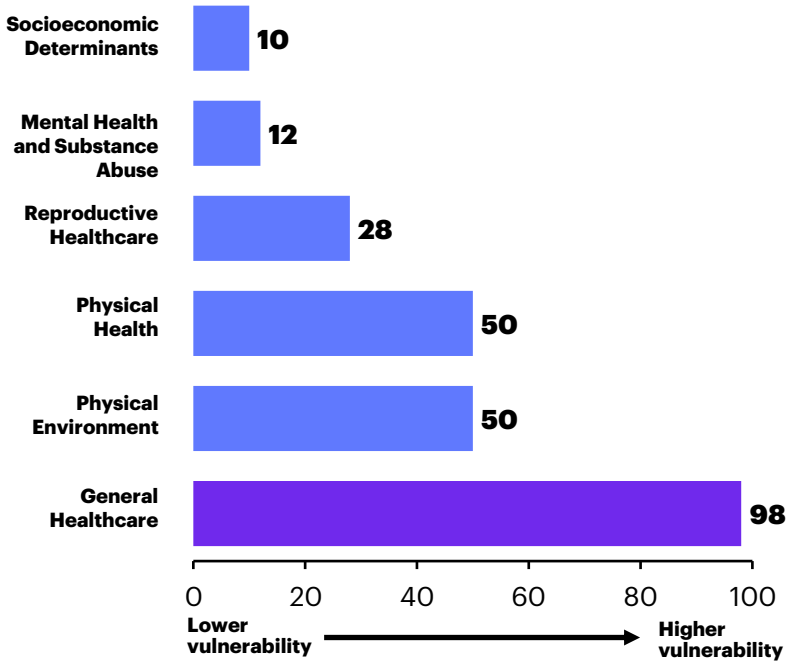

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Alaska is supporting the health of birthing people

25.8 PER 100,000 BIRTHS — 23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

16.7 PERCENT — 26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

19.2 PERCENT — 15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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ALASKA

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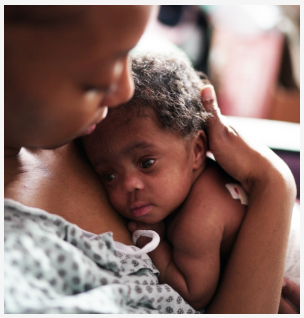

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2023 MARCH OF DIMES REPORT CARD
ARIZONA

The preterm birth rate in Arizona was 9.8% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE

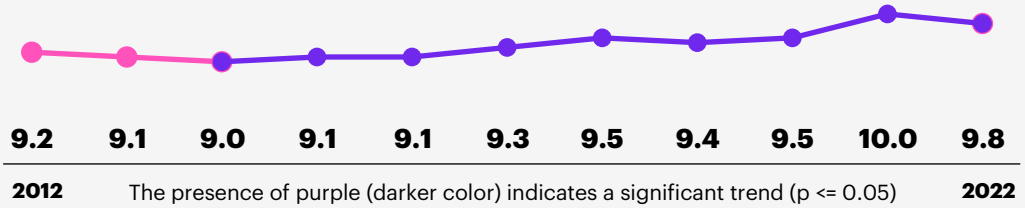
C

U.S. RATE

10.4

AZ RATE

9.8%



2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
9.2	9.1	9.0	9.1	9.1	9.3	9.5	9.4	9.5	10.0	9.8

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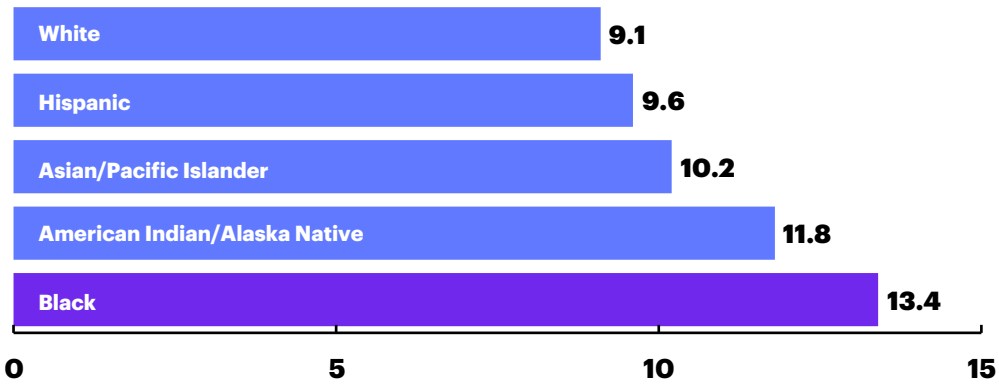
Preterm birth rate by race/ethnicity, 2020-2022



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Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

16.5% **Smoking** (3.9% of all births)

22.8% **Hypertension** (1.9% of all births)

10.9% **Unhealthy weight** (35.8% of all births)

28.6% **Diabetes** (1.2% of all births)

32.3% **Previous preterm** (4.2% of all births)

58.9% **Carrying multiples** (3.0% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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ARIZONA

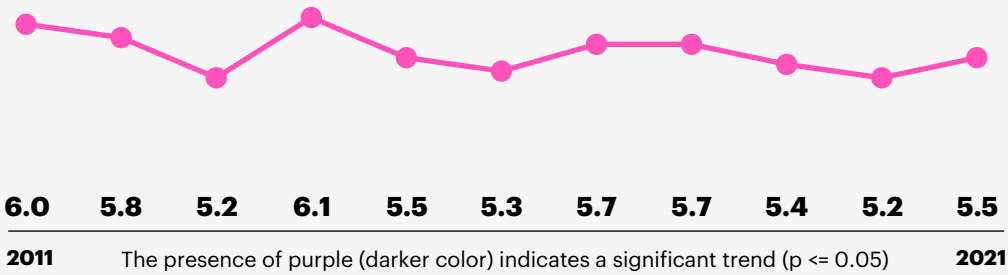
The infant mortality rate decreased in the last decade; In 2021, 426 babies died before their first birthday

INFANT MORTALITY RATE

5.5

U.S. RATE

Rate per 1,000 live births



2011										2021
6.0	5.8	5.2	6.1	5.5	5.3	5.7	5.7	5.4	5.2	5.5

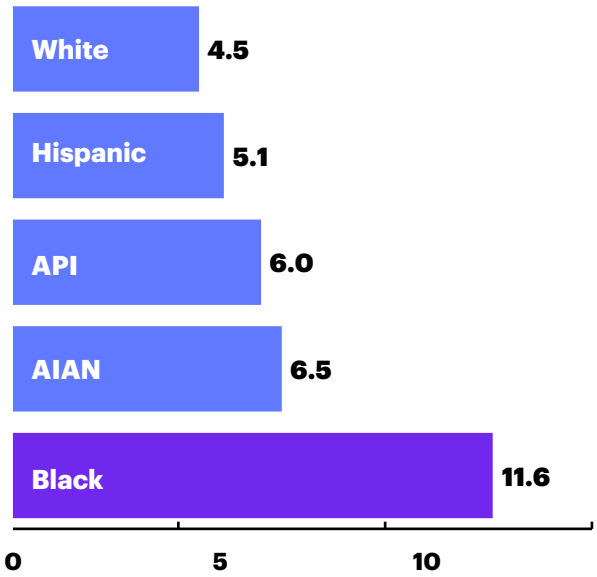
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.1x the state rate

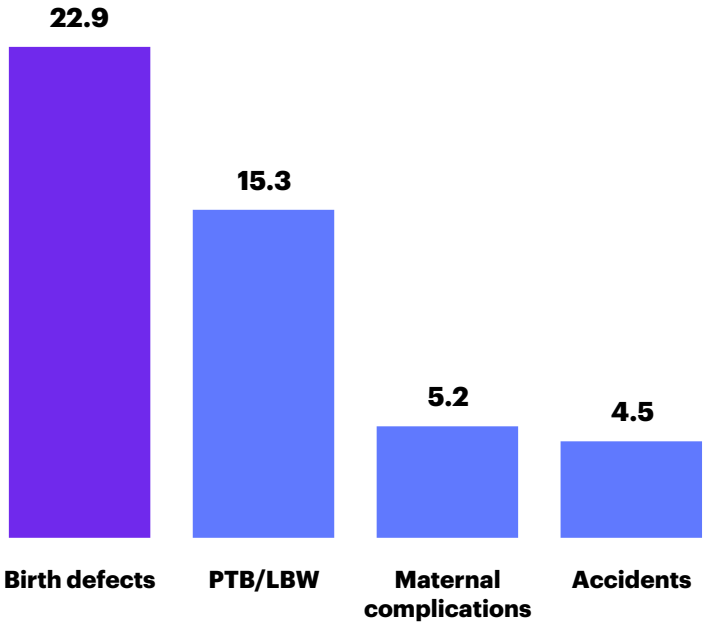
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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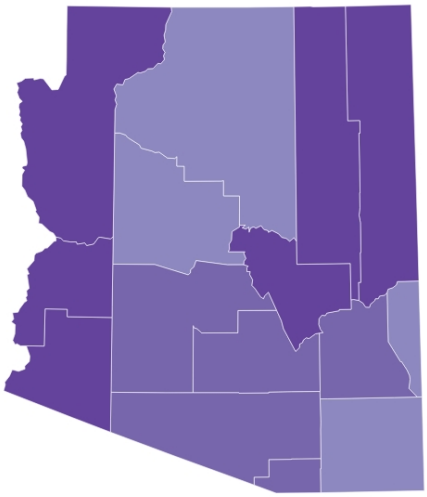
ARIZONA

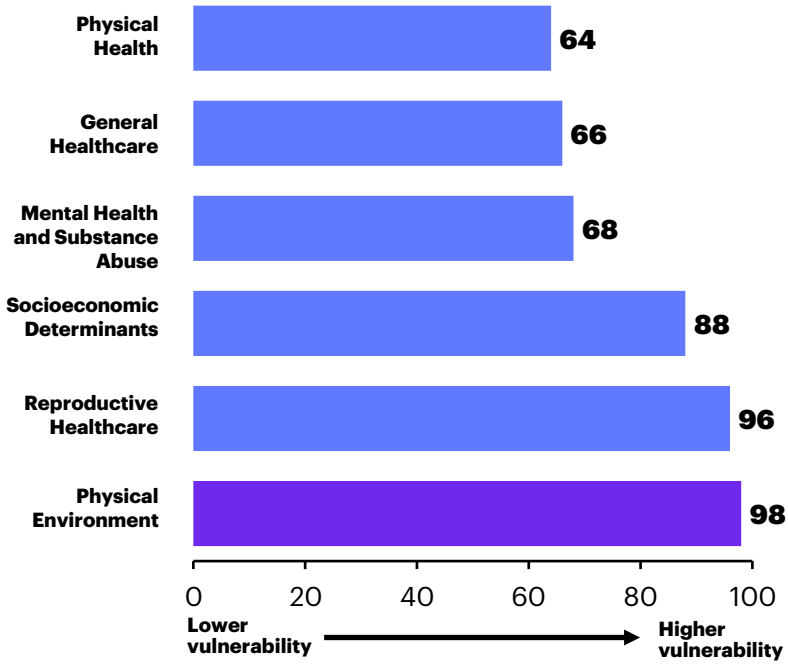
Birthing people in Arizona have a very high vulnerability to poor outcomes and are most vulnerable due to the physical environment

MVI by county in Arizona



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Arizona is supporting the health of birthing people

31.4 PER 100,000 BIRTHS — 23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

23.4 PERCENT — 26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

18.3 PERCENT — 15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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ARIZONA

Adoption of the following policies and sufficient funding in Arizona is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

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State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

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DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
- State reimburses up to $1,500
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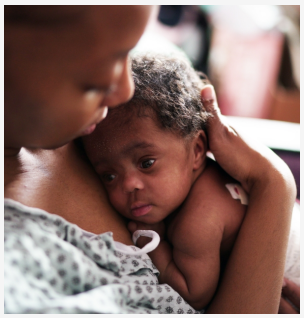
- State does not have the indicated funding/policy



OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

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2023 MARCH OF DIMES REPORT CARD
ARKANSAS

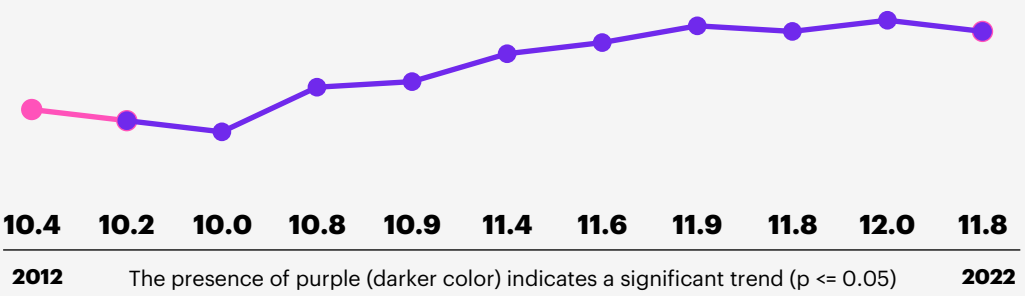
The preterm birth rate in Arkansas was 11.8% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **F**

U.S. RATE 10.4

AR RATE 11.8%

Percentage of live births born preterm

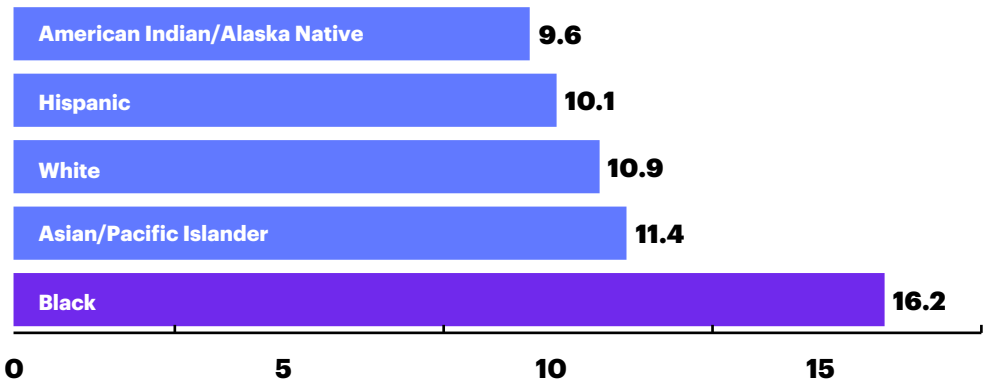


2012										2022
10.4	10.2	10.0	10.8	10.9	11.4	11.6	11.9	11.8	12.0	11.8

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

15.1% Smoking (9.3% of all births)

21.5% Hypertension (3.1% of all births)

12.6% Unhealthy weight (40.6% of all births)

33.2% Diabetes (1.1% of all births)

30.1% Previous preterm (4.5% of all births)

64.1% Carrying multiples (3.0% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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ARKANSAS

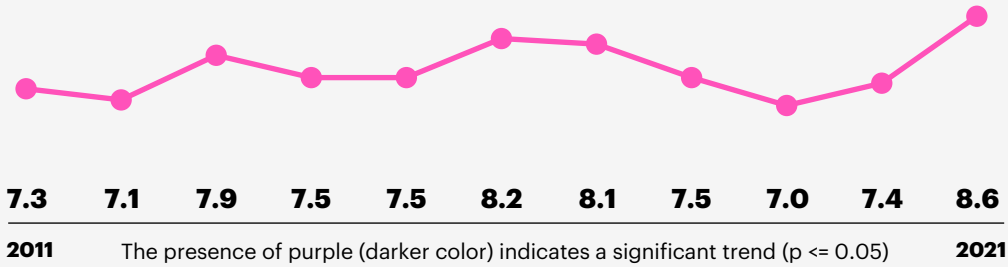
The infant mortality rate increased in the last decade; In 2021, 309 babies died before their first birthday

INFANT MORTALITY RATE

8.6

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
7.3	7.1	7.9	7.5	7.5	8.2	8.1	7.5	7.0	7.4	8.6

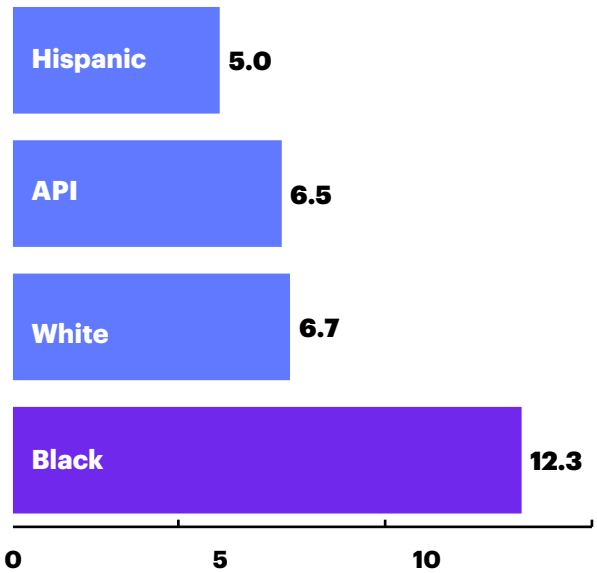
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.4x the state rate

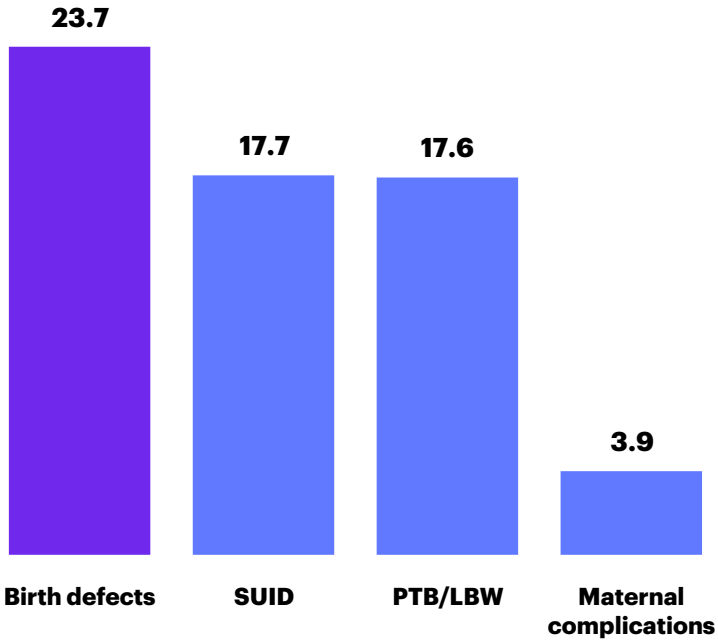
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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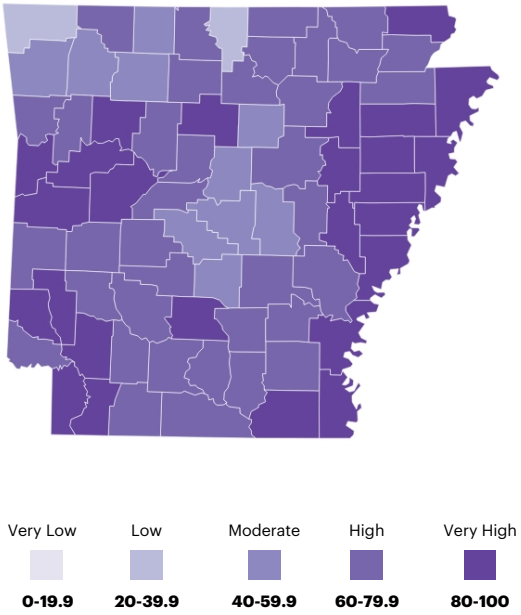
ARKANSAS

Birthing people in Arkansas have a high vulnerability to poor outcomes and are most vulnerable due to overall physical health

MVI by county in Arkansas



Factors related to maternal vulnerability

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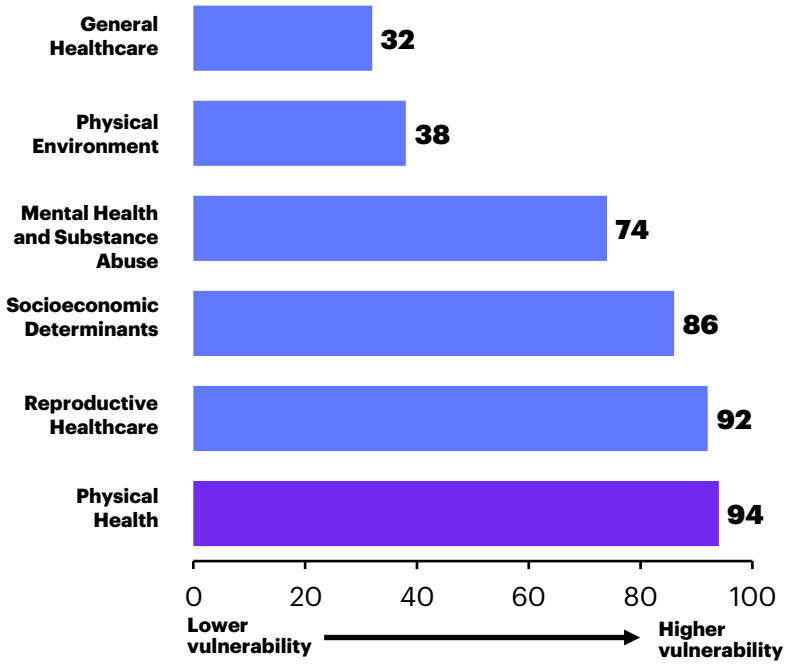

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Arkansas is supporting the health of birthing people

43.5
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

27.9
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

20.1
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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ARKANSAS

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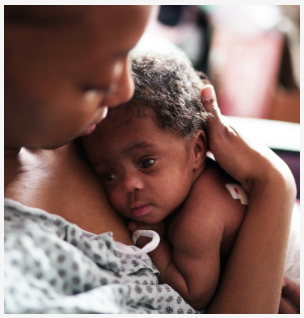

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Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
CALIFORNIA

The preterm birth rate in California was 9.1% in 2022, the same as the rate in 2021

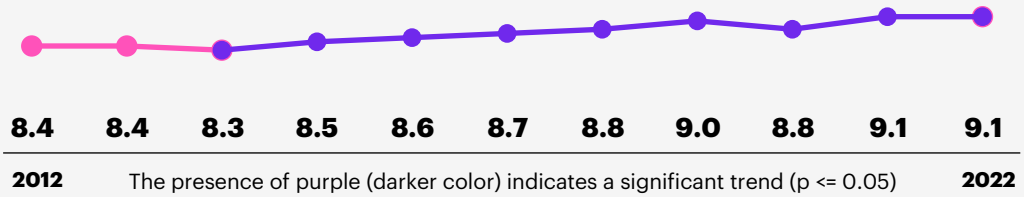
PRETERM BIRTH GRADE

B-

U.S. RATE

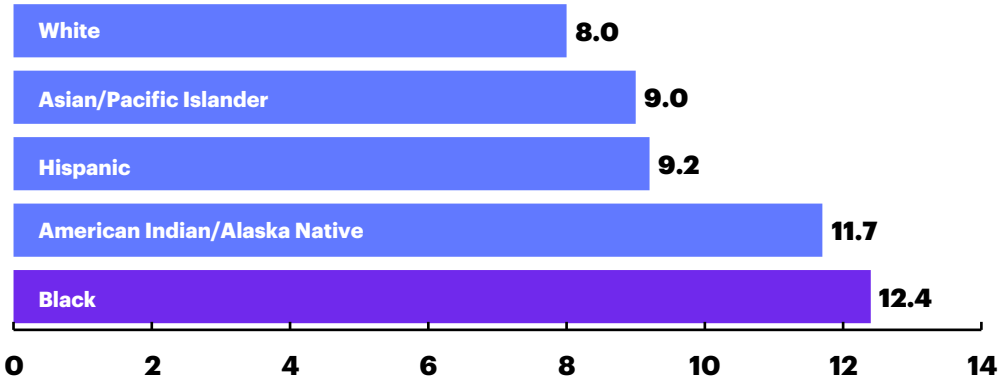
CA RATE

Percentage of live births born preterm



The preterm birth rate among babies born to Black birthing people is 1.4x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

15.4% **Smoking** (0.9% of all births)

20.9% **Hypertension** (1.8% of all births)

10.5% **Unhealthy weight** (32.6% of all births)

24.6% **Diabetes** (1.0% of all births)

29.0% **Previous preterm** (1.8% of all births)

58.3% **Carrying multiples** (2.9% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

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CALIFORNIA

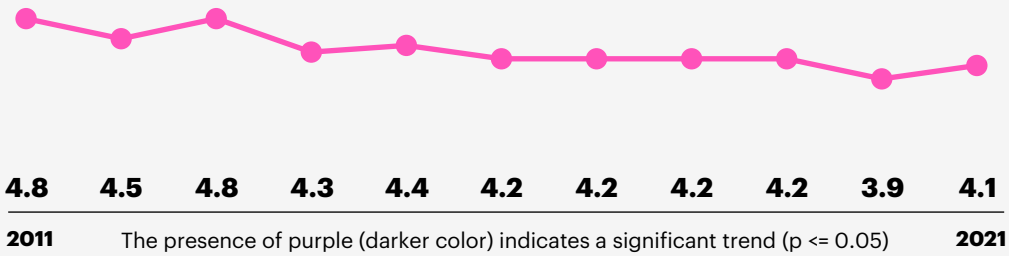
The infant mortality rate decreased in the last decade; In 2021, 1,713 babies died before their first birthday

INFANT MORTALITY RATE

4.1

U.S. RATE

Rate per 1,000 live births



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The infant mortality rate among babies born to Black birthing people is 2.0x the state rate

Infant mortality rate per 1,000 live births

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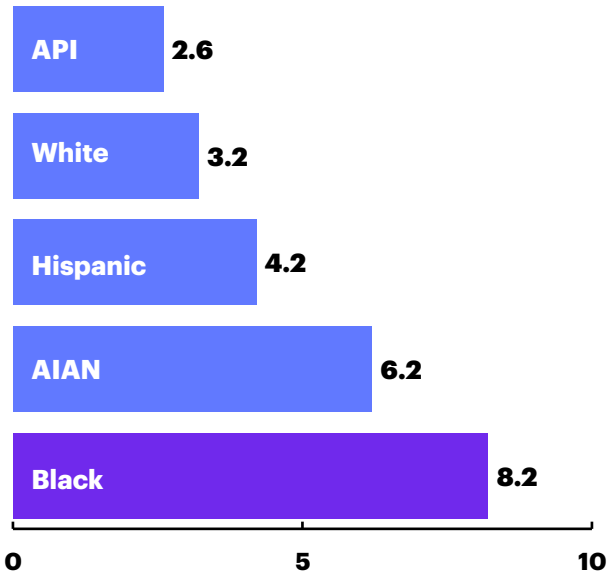

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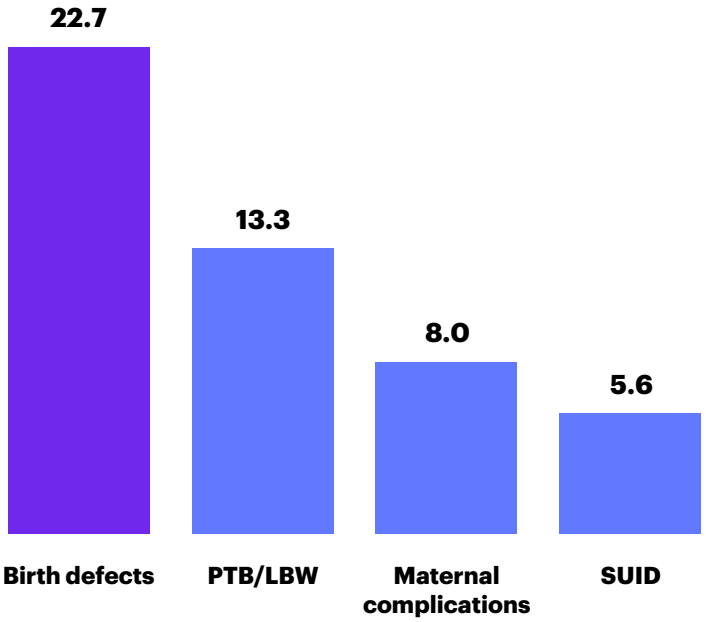

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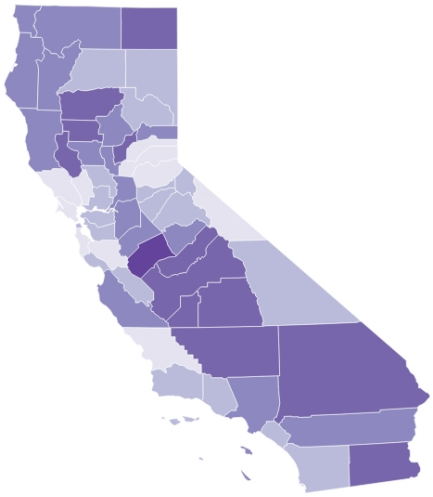

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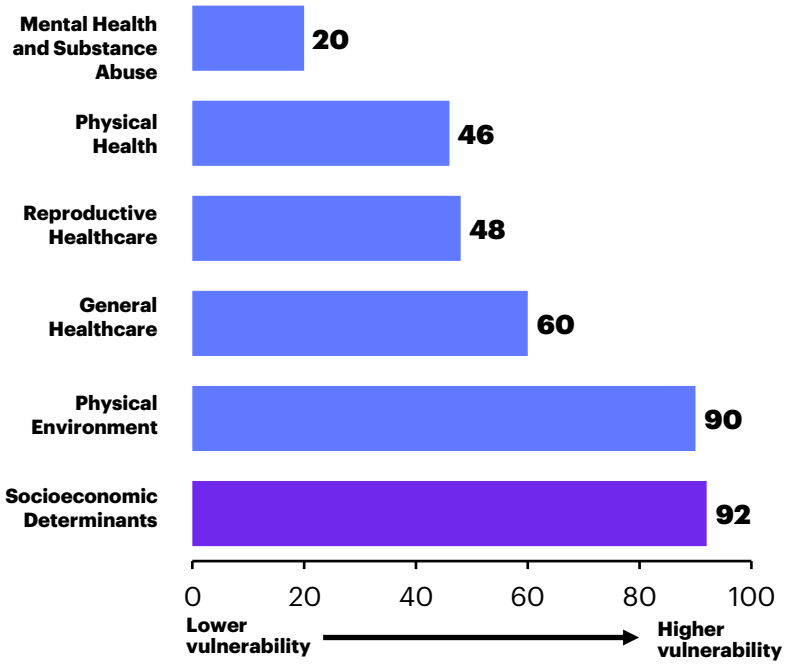

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how California is supporting the health of birthing people

10.1
PER 100,000 BIRTHS
23.5

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25.2
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

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9.5
PERCENT
15.5

INADEQUATE PRENATAL CARE

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CALIFORNIA

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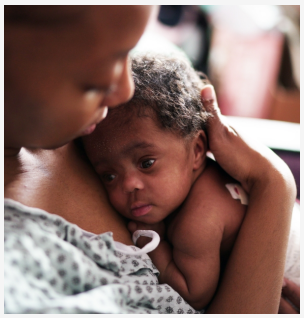

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2023 MARCH OF DIMES REPORT CARD
COLORADO

The preterm birth rate in Colorado was 10.0% in 2022, higher than the rate in 2021

PRETERM BIRTH GRADE

C

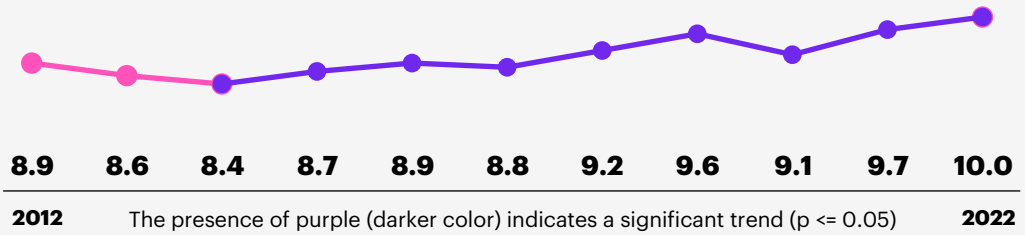
U.S. RATE

10.4

CO RATE

10.0%

Percentage of live births born preterm



2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
8.9	8.6	8.4	8.7	8.9	8.8	9.2	9.6	9.1	9.7	10.0

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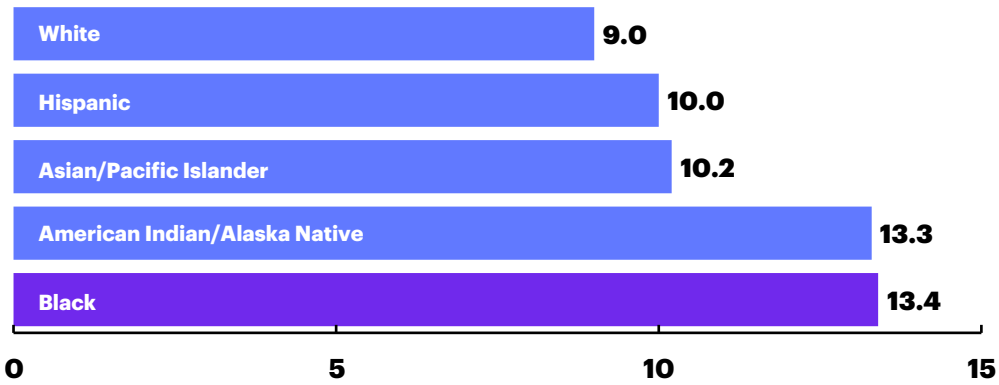
Preterm birth rate by race/ethnicity, 2020-2022



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Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

16.9% Smoking (3.6% of all births)

24.6% Hypertension (1.8% of all births)

12.0% Unhealthy weight (28.8% of all births)

29.6% Diabetes (0.9% of all births)

30.0% Previous preterm (2.9% of all births)

63.4% Carrying multiples (3.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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COLORADO

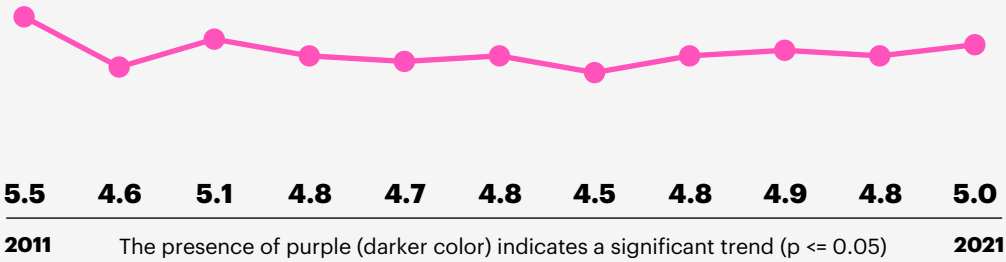
The infant mortality rate decreased in the last decade; In 2021, 314 babies died before their first birthday

INFANT MORTALITY RATE

5.0

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5.5	4.6	5.1	4.8	4.7	4.8	4.5	4.8	4.9	4.8	5.0

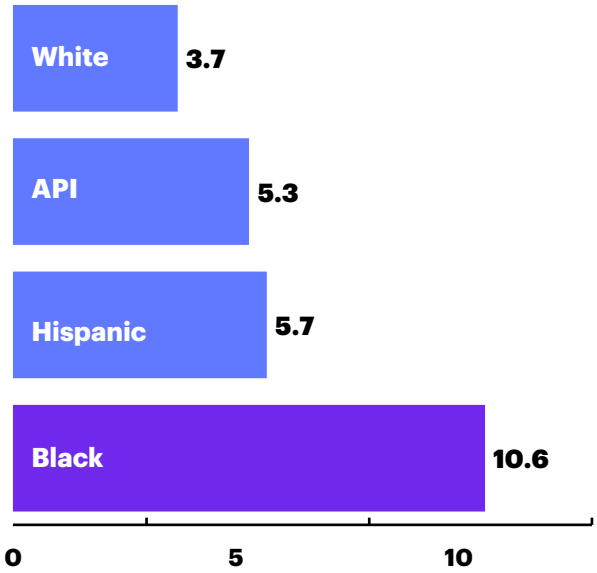
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.1x the state rate

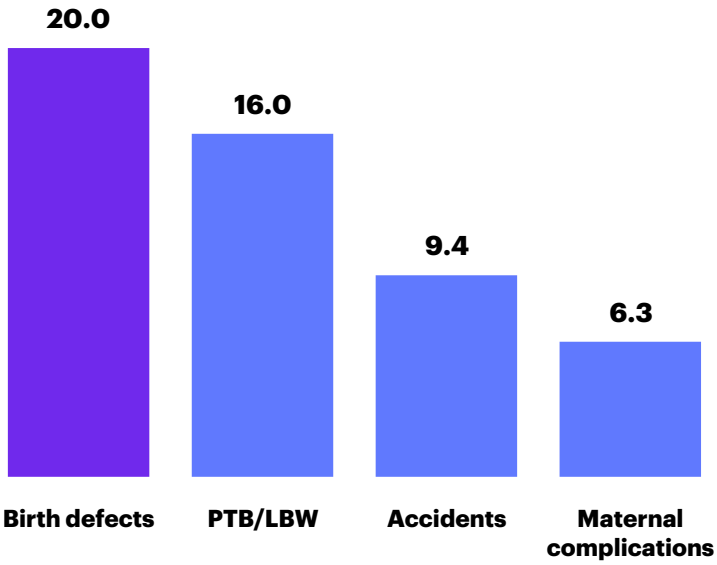
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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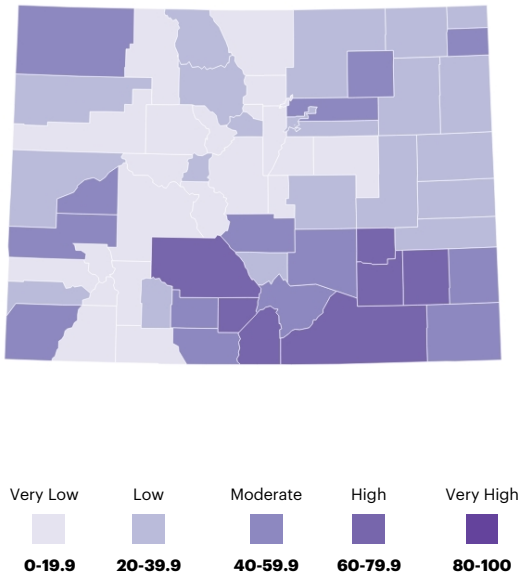
COLORADO

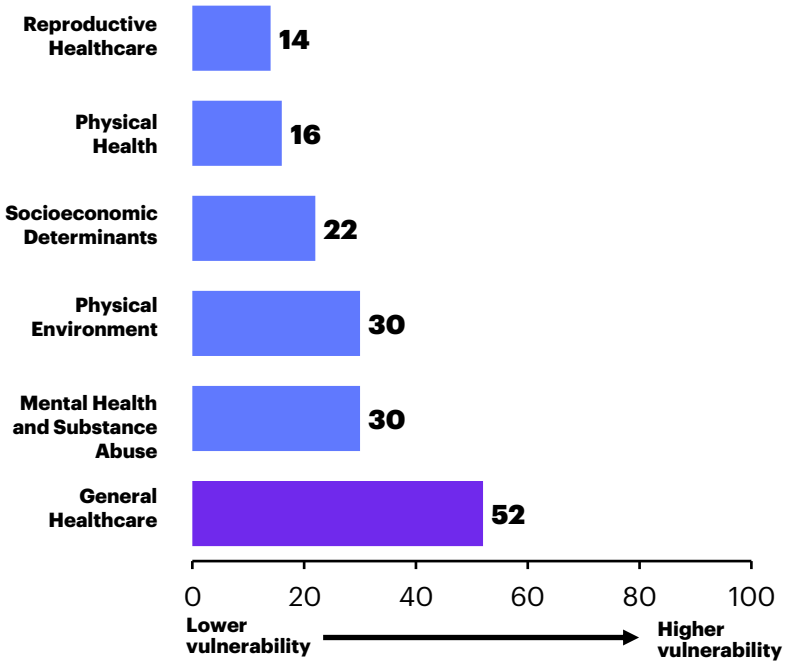
Birthing people in Colorado have a very low vulnerability to poor outcomes and are most vulnerable due to general healthcare accessibility

MVI by county in Colorado



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Colorado is supporting the health of birthing people

15.2
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

23.0
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

13.5
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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COLORADO

Adoption of the following policies and sufficient funding in Colorado is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

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PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
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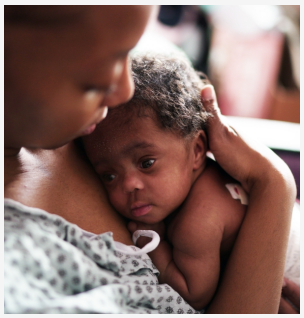
- State does not have the indicated funding/policy



OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
CONNECTICUT

The preterm birth rate in Connecticut was 9.4% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE

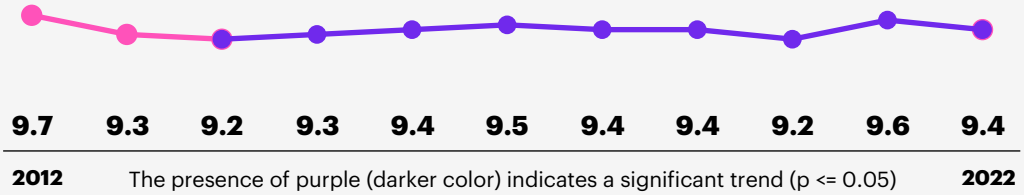
C+

U.S. RATE

10.4

CT RATE

9.4%

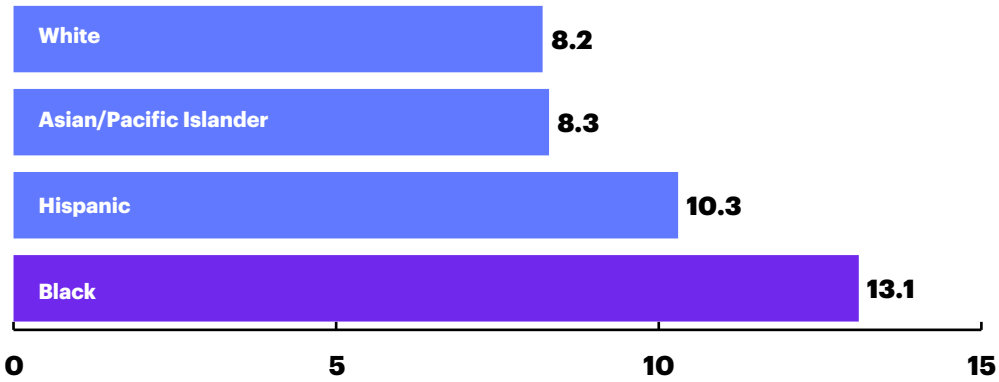


2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
9.7	9.3	9.2	9.3	9.4	9.5	9.4	9.4	9.2	9.6	9.4

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

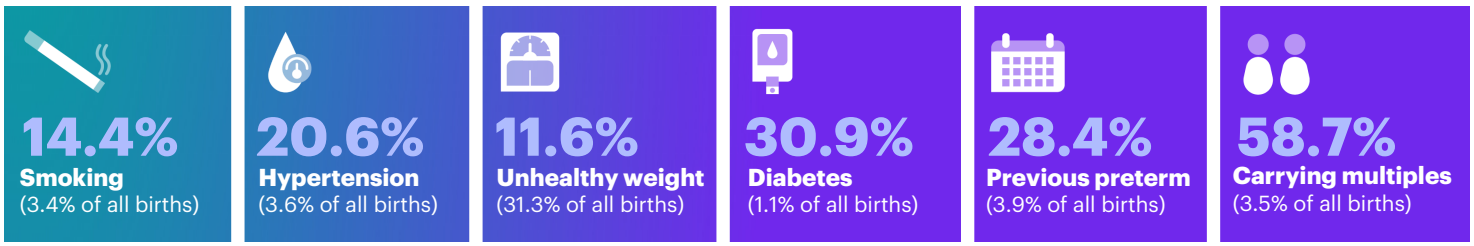
Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022



Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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CONNECTICUT

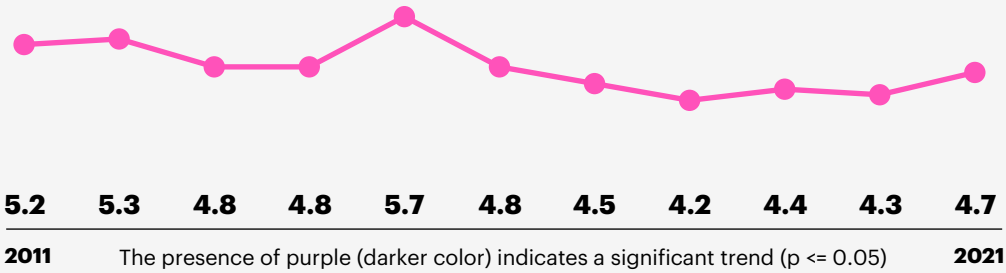
The infant mortality rate decreased in the last decade; In 2021, 166 babies died before their first birthday

INFANT MORTALITY RATE

4.7

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5.2	5.3	4.8	4.8	5.7	4.8	4.5	4.2	4.4	4.3	4.7

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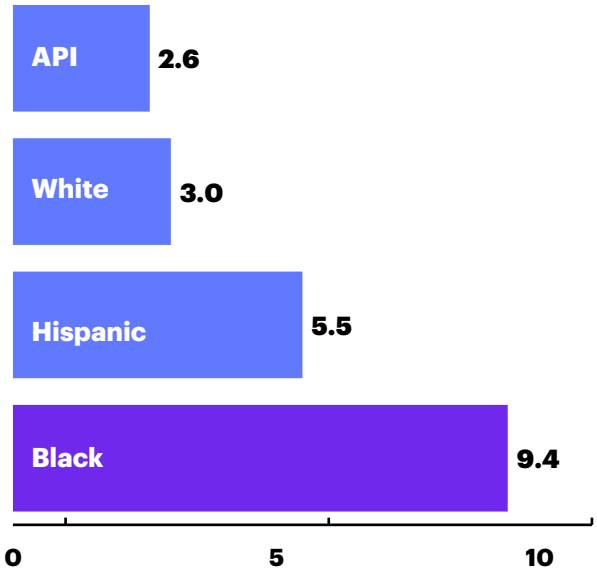
Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.0x the state rate

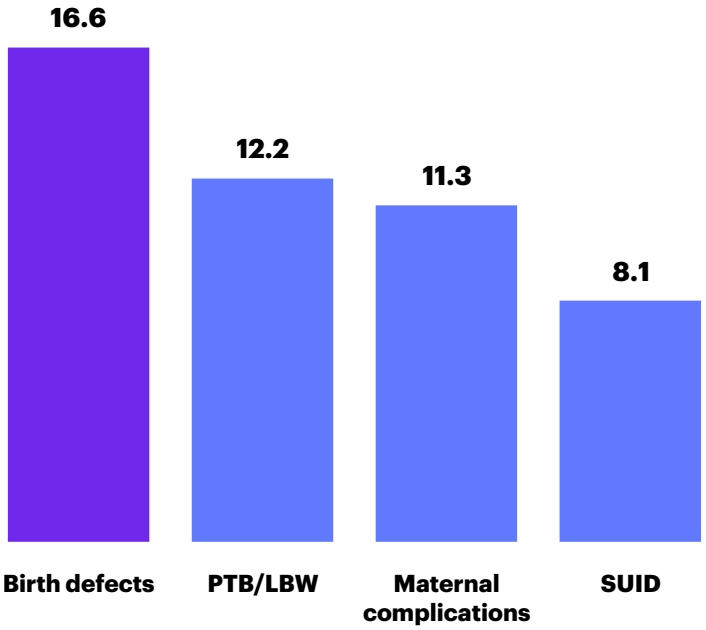
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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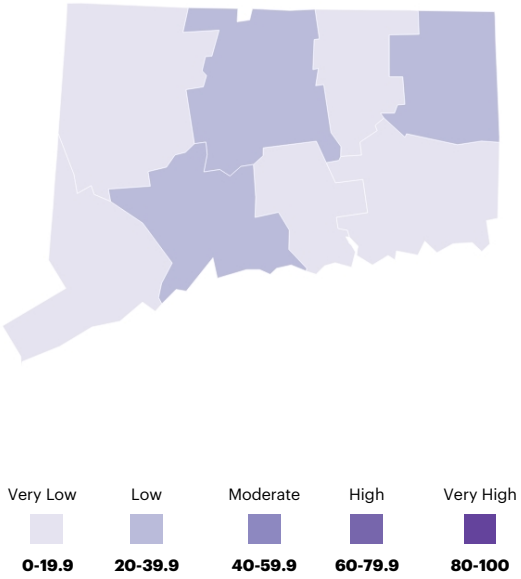
CONNECTICUT

Birthing people in Connecticut have a low vulnerability to poor outcomes and are most vulnerable due to socioeconomic determinants of health

MVI by county in Connecticut



Factors related to maternal vulnerability

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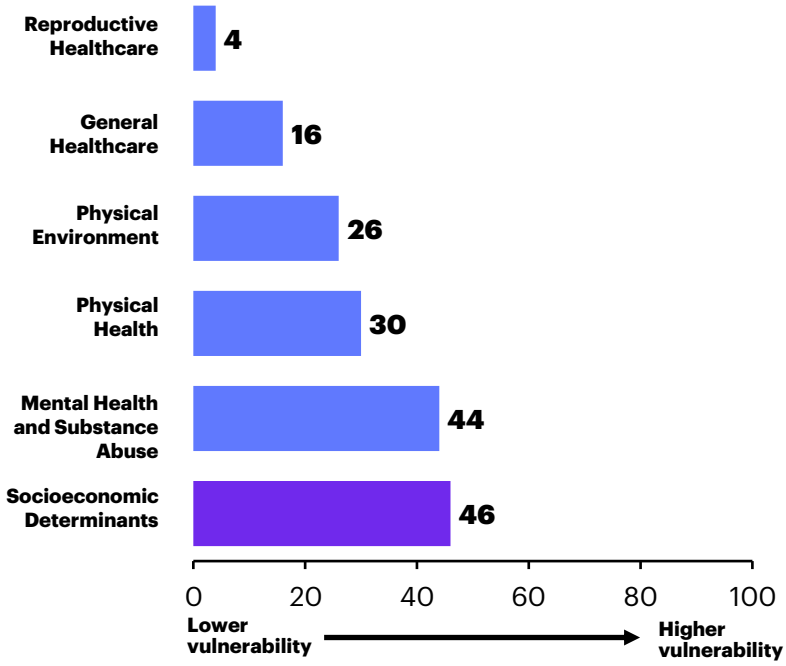

Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Connecticut is supporting the health of birthing people

16.7
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

29.2
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

10.1
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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CONNECTICUT

Adoption of the following policies and sufficient funding in Connecticut is critical to improve and sustain maternal and infant healthcare

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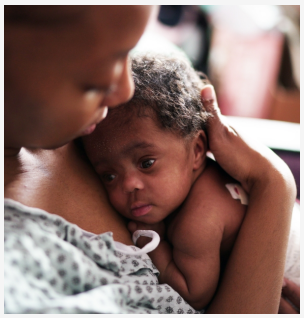

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2023 MARCH OF DIMES REPORT CARD
DELAWARE

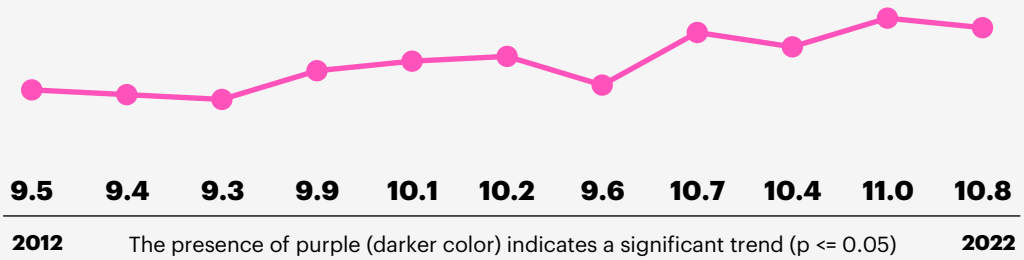
The preterm birth rate in Delaware was 10.8% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **D**

U.S. RATE 10.4

DE RATE 10.8%

Percentage of live births born preterm

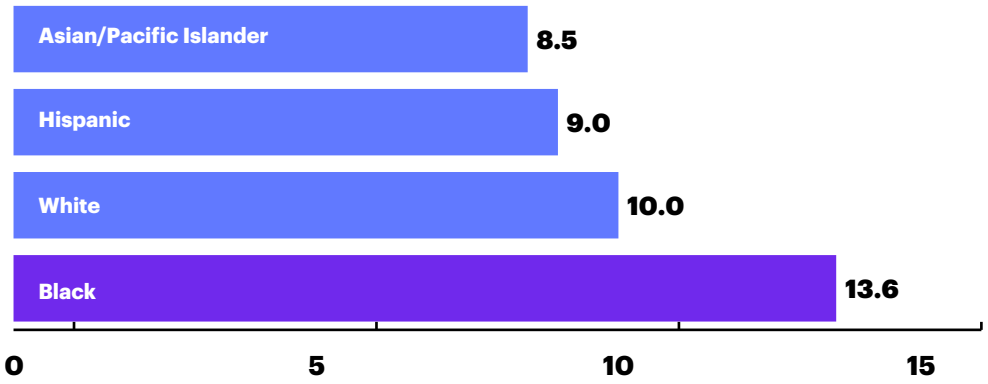


2012										2022
9.5	9.4	9.3	9.9	10.1	10.2	9.6	10.7	10.4	11.0	10.8

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.4x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

16.4% **Smoking** (4.3% of all births)

17.7% **Hypertension** (3.6% of all births)

11.2% **Unhealthy weight** (37.6% of all births)

30.5% **Diabetes** (1.2% of all births)

29.0% **Previous preterm** (2.1% of all births)

58.6% **Carrying multiples** (3.2% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

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DELAWARE

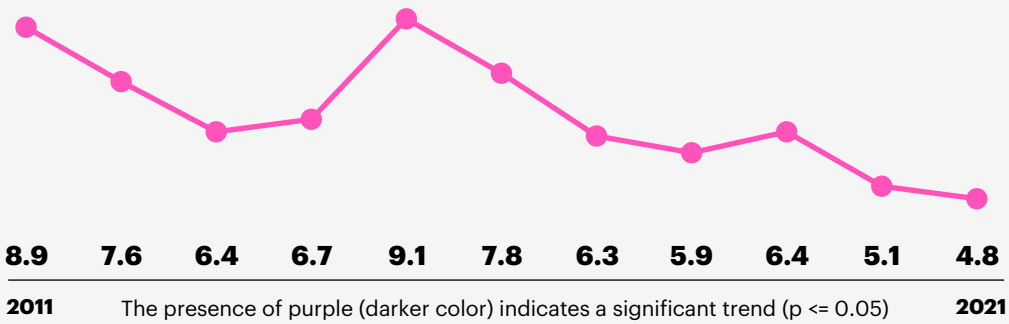
The infant mortality rate decreased in the last decade; In 2021, 50 babies died before their first birthday

INFANT MORTALITY RATE

4.8

U.S. RATE

Rate per 1,000 live births



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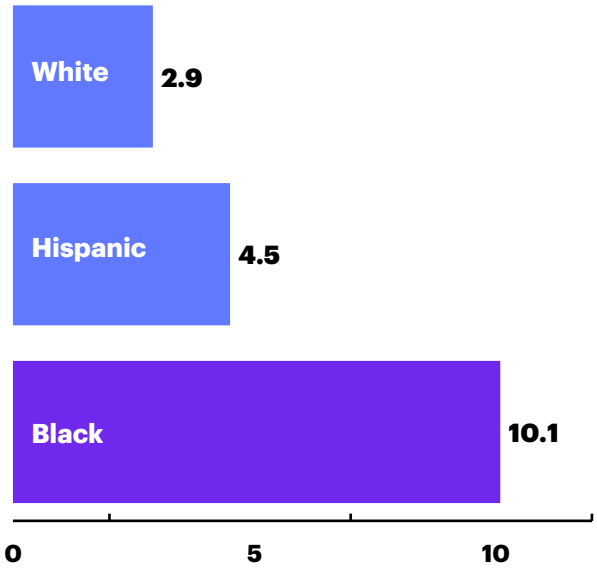
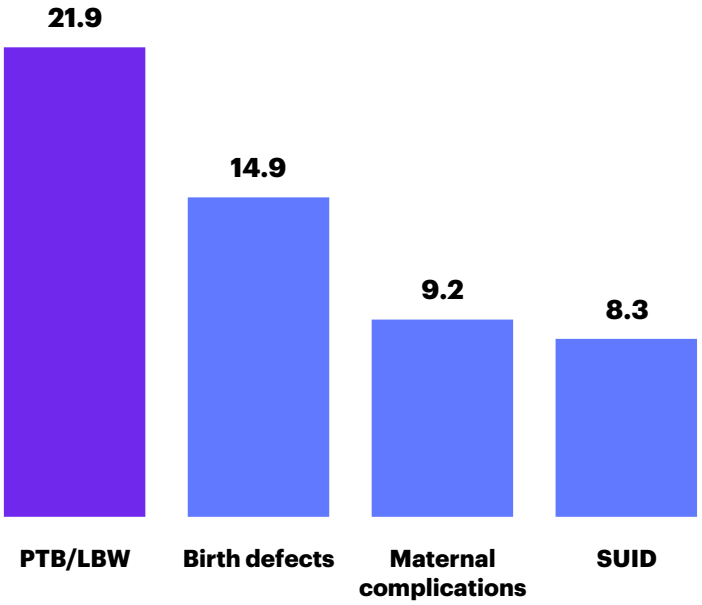
Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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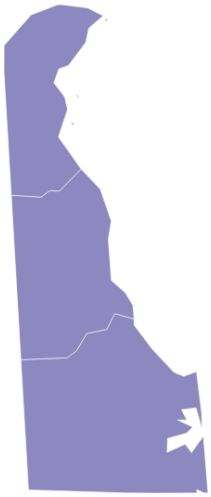
DELAWARE

Birthing people in Delaware have a high vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

MVI by county in Delaware



Very Low	Low	Moderate	High	Very High
0-19.9	20-39.9	40-59.9	60-79.9	80-100

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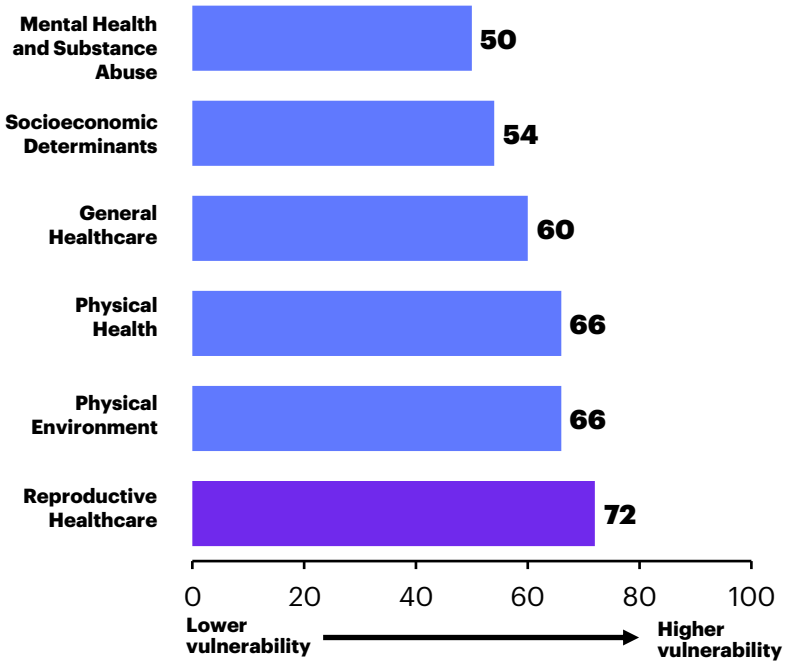

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Delaware is supporting the health of birthing people

N/A

23.5

MATERNAL MORTALITY

The death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends cannot be shown due to unreliable estimates and concerns with confidentiality.

25.7

PERCENT

26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

14.7

PERCENT

15.5

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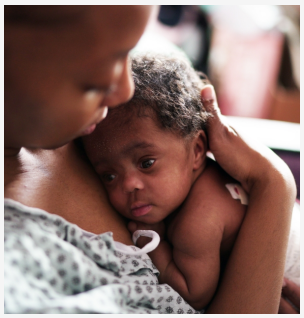

OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

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Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
DISTRICT OF COLUMBIA

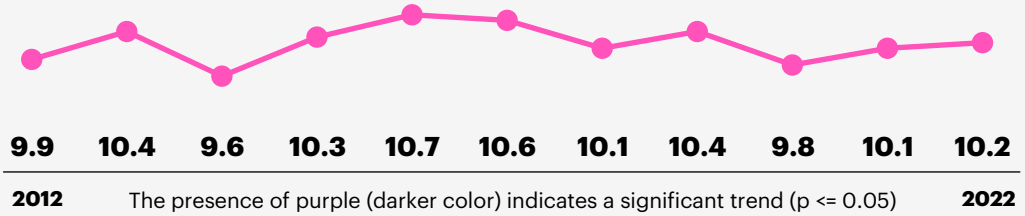
The preterm birth rate in District of Columbia was 10.2% in 2022, higher than the rate in 2021

PRETERM BIRTH GRADE **C-**

U.S. RATE 10.4

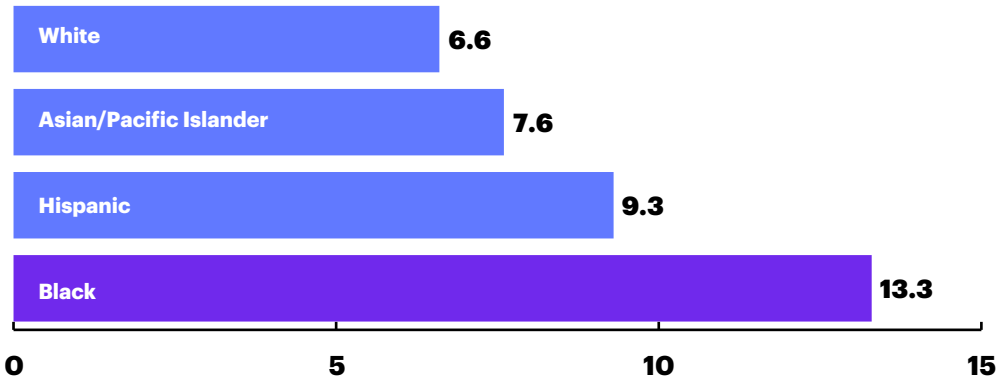
D.C. 10.2%

Percentage of live births born preterm



The preterm birth rate among babies born to Black birthing people is 1.8x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

20.0% **Smoking** (1.2% of all births)

22.6% **Hypertension** (3.2% of all births)

12.8% **Unhealthy weight** (28.3% of all births)

21.8% **Diabetes** (1.8% of all births)

23.4% **Previous preterm** (2.9% of all births)

54.6% **Carrying multiples** (3.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

THE 2023 MARCH OF DIMES REPORT CARD:
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DISTRICT OF COLUMBIA

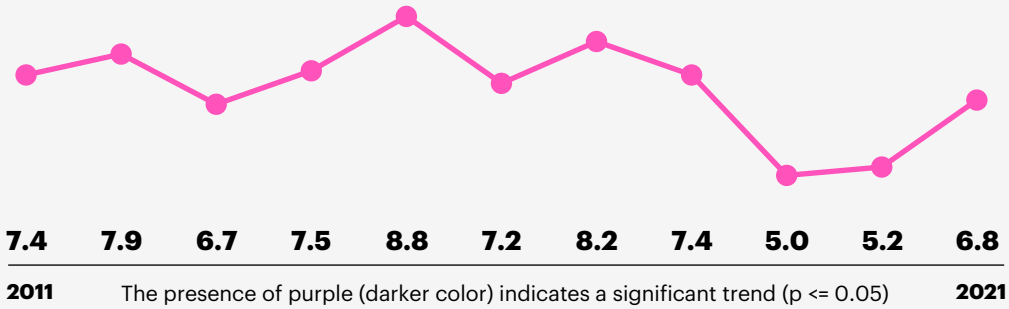
The infant mortality rate decreased in the last decade; In 2021, 59 babies died before their first birthday

INFANT MORTALITY RATE

6.8

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
7.4	7.9	6.7	7.5	8.8	7.2	8.2	7.4	5.0	5.2	6.8

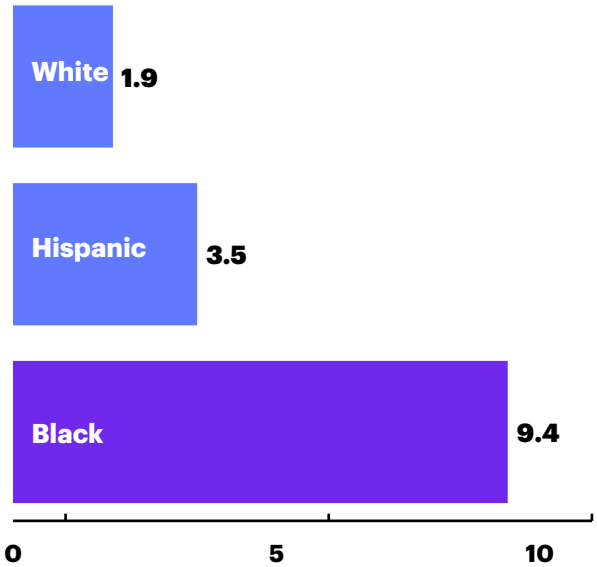
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.4x the state rate

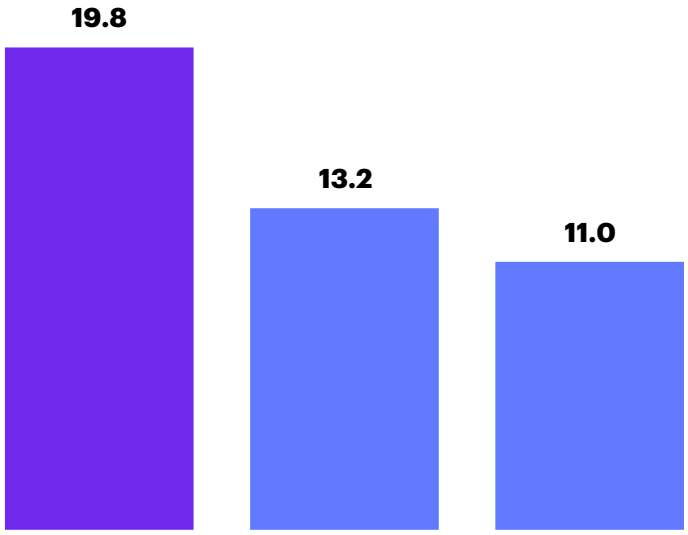
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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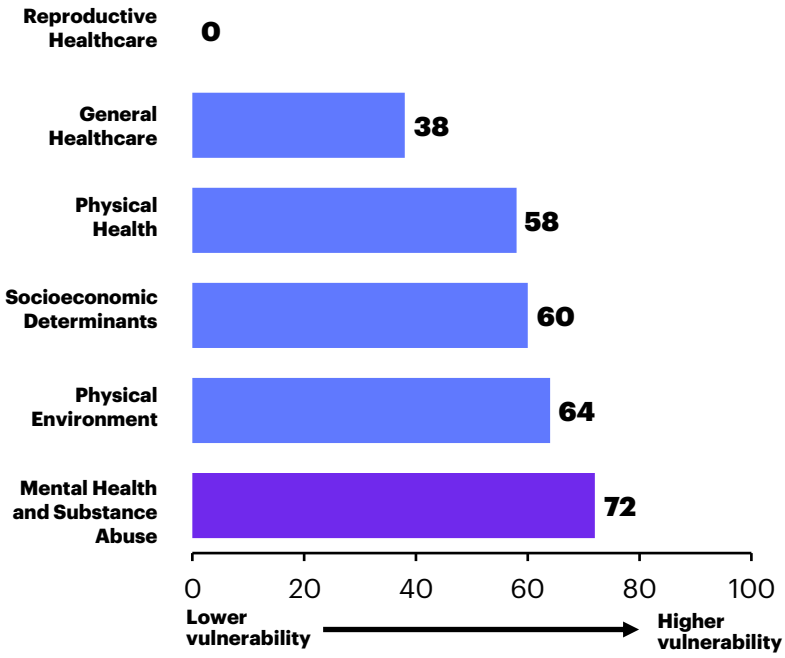
DISTRICT OF COLUMBIA

Birthing people in District of Columbia have a moderate vulnerability to poor outcomes and are most vulnerable due to mental health and substance use

MVI by county in District of Columbia

Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how District of Columbia is supporting the health of birthing people

30.7 PER 100,000 BIRTHS (23.5)

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

29.3 PERCENT (26.3)

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

23.0 PERCENT (15.5)

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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DISTRICT OF COLUMBIA

Adoption of the following policies and sufficient funding in District of Columbia is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
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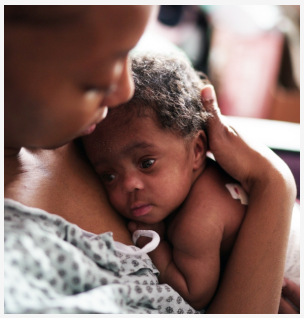

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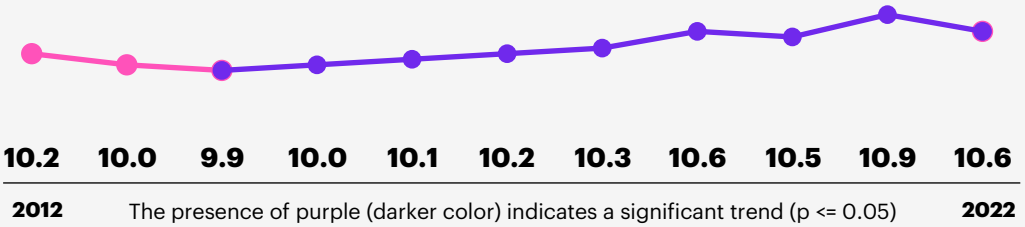
2023 MARCH OF DIMES REPORT CARD
FLORIDA

The preterm birth rate in Florida was 10.6% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **D+**



2012										2022
10.2	10.0	9.9	10.0	10.1	10.2	10.3	10.6	10.5	10.9	10.6

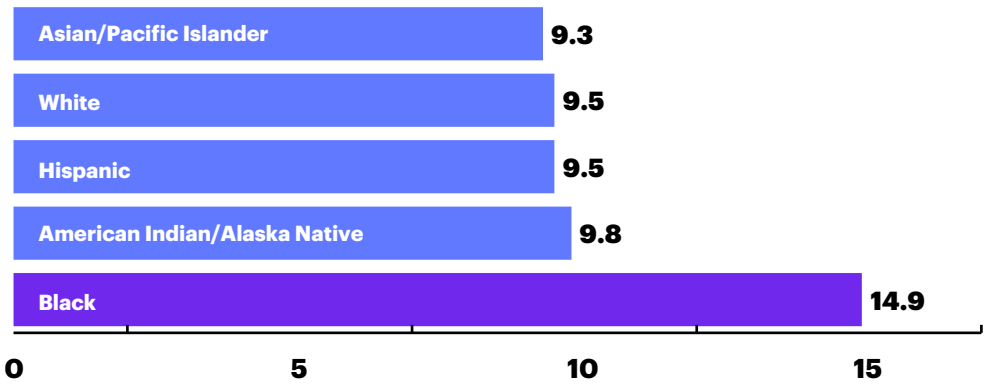
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

U.S. RATE 10.4

FL RATE 10.6%

The preterm birth rate among babies born to Black birthing people is 1.6x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

16.5% Smoking (2.6% of all births)

23.6% Hypertension (2.3% of all births)

12.4% Unhealthy weight (32.6% of all births)

26.7% Diabetes (1.1% of all births)

32.6% Previous preterm (2.1% of all births)

62.3% Carrying multiples (3.0% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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FLORIDA

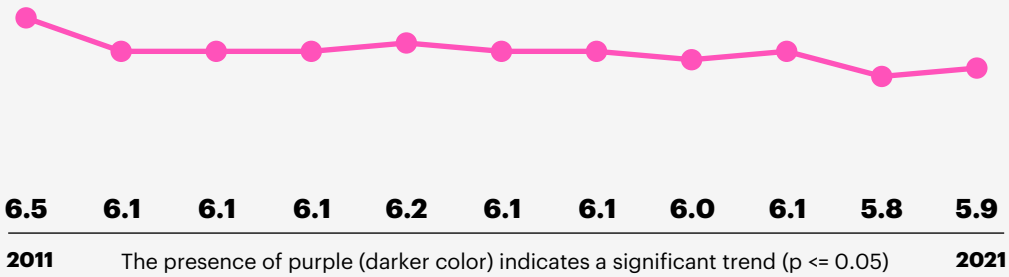
The infant mortality rate decreased in the last decade; In 2021, 1,275 babies died before their first birthday

INFANT MORTALITY RATE

5.9

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.5	6.1	6.1	6.1	6.2	6.1	6.1	6.0	6.1	5.8	5.9

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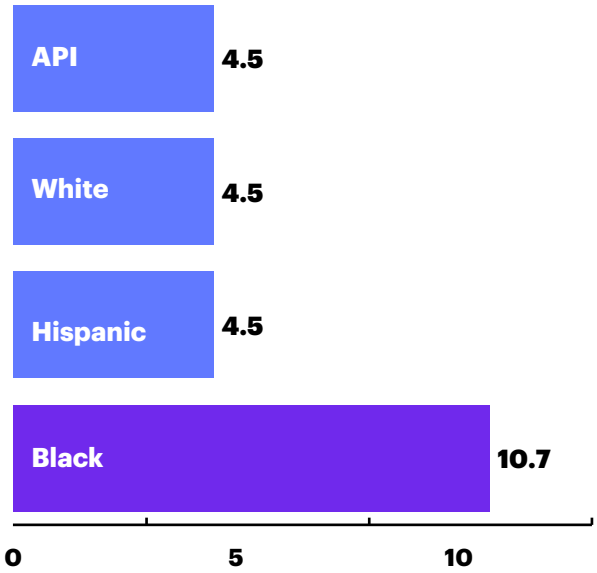
Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.8x the state rate

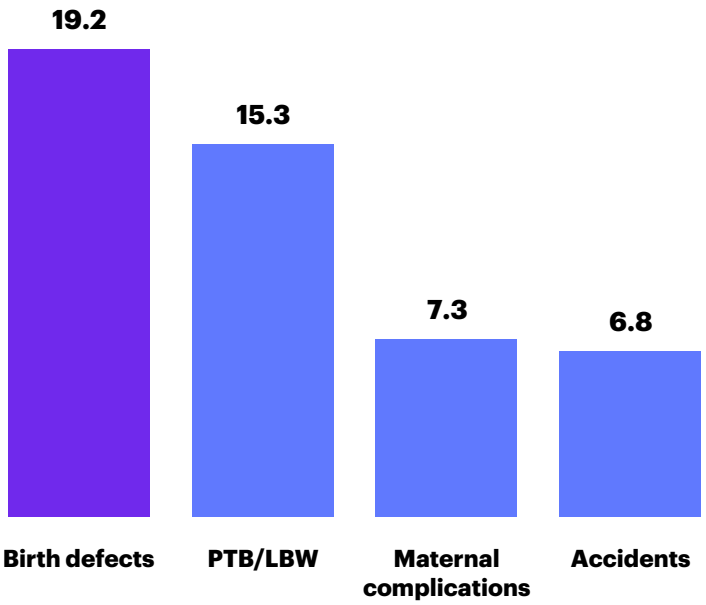
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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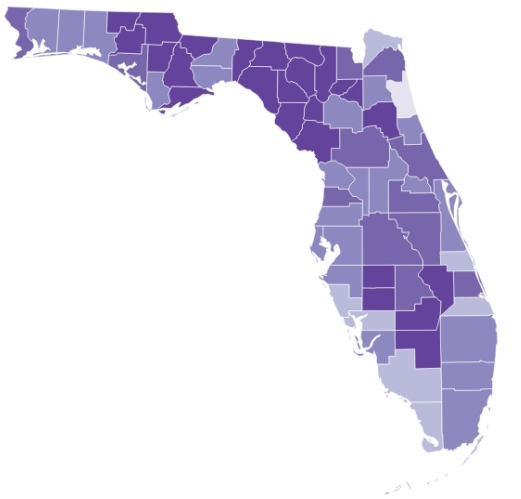
FLORIDA

Birthing people in Florida have a very high vulnerability to poor outcomes and are most vulnerable due to general healthcare accessibility

MVI by county in Florida



Factors related to maternal vulnerability

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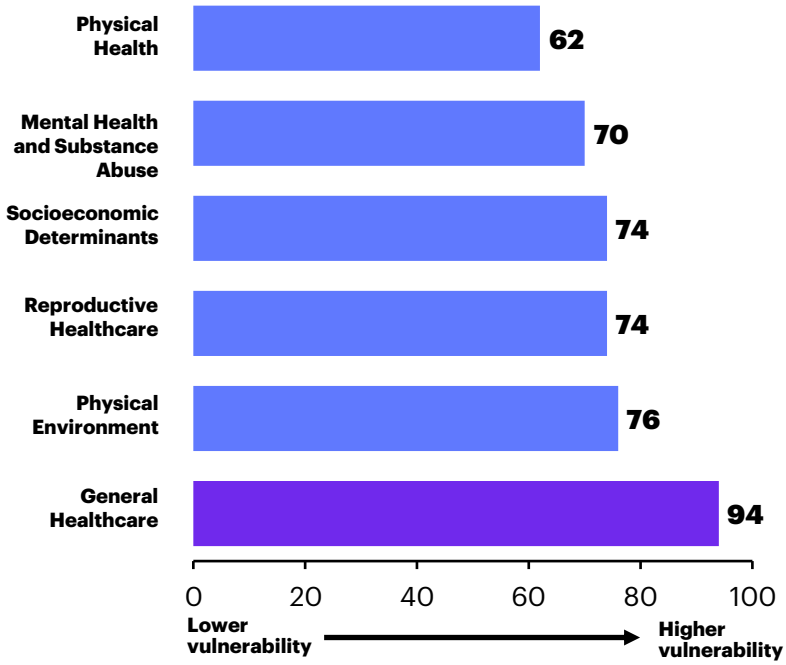

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Florida is supporting the health of birthing people

26.3
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

29.1
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

23.8
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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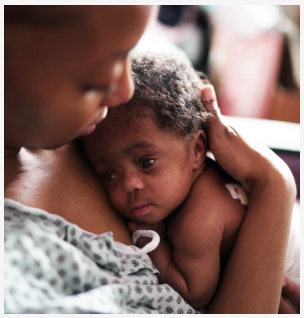

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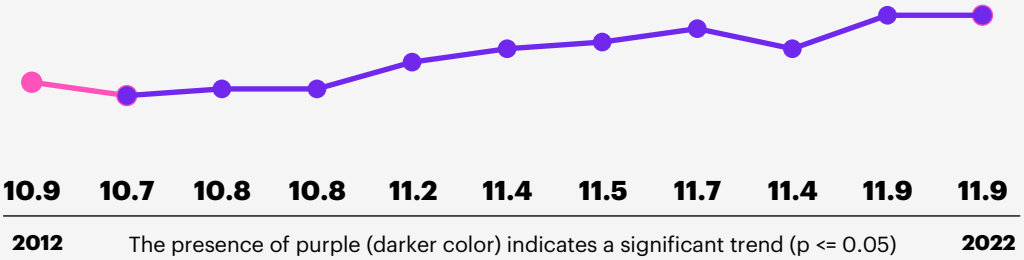
2023 MARCH OF DIMES REPORT CARD
GEORGIA

The preterm birth rate in Georgia was 11.9% in 2022, the same as the rate in 2021

PRETERM BIRTH GRADE **F**

Percentage of live births born preterm

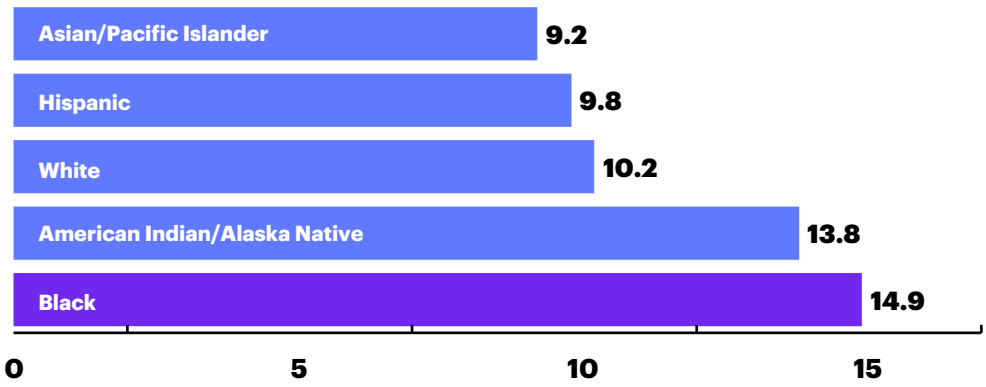


U.S. RATE	GA RATE	2012									2022
10.4	11.9%	10.9	10.7	10.8	10.8	11.2	11.4	11.5	11.7	11.4	11.9	11.9

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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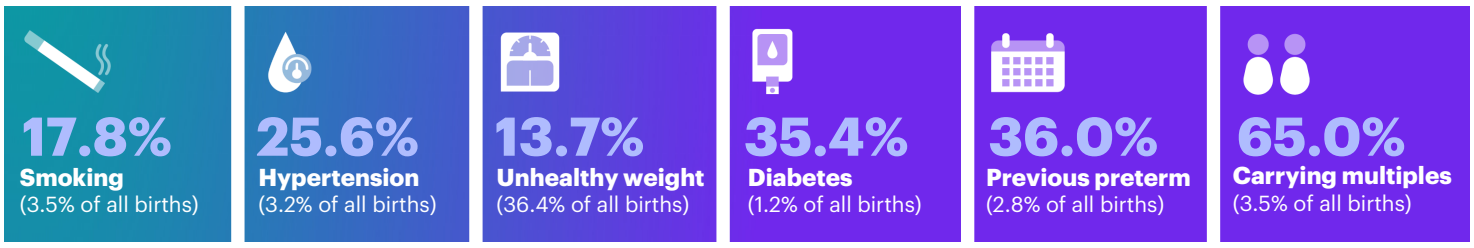

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GEORGIA

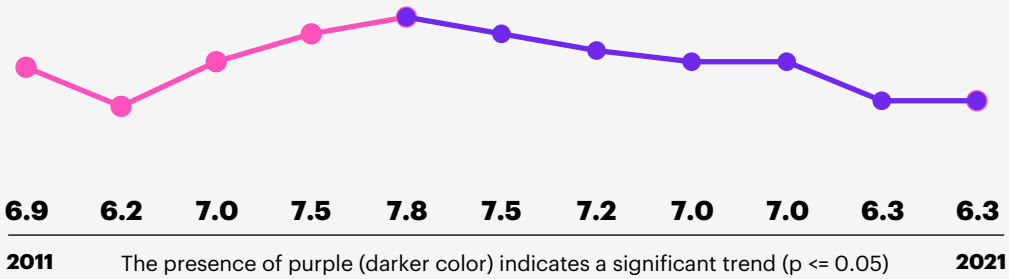
The infant mortality rate decreased in the last decade; In 2021, 776 babies died before their first birthday

INFANT MORTALITY RATE

6.3

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.9	6.2	7.0	7.5	7.8	7.5	7.2	7.0	7.0	6.3	6.3

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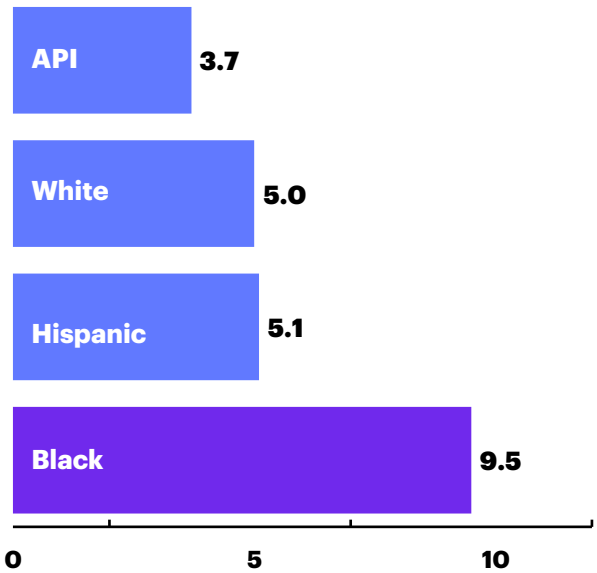

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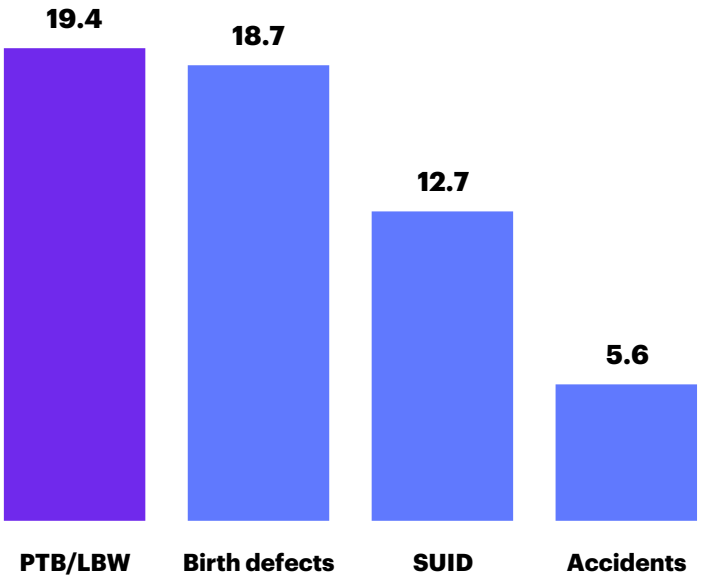

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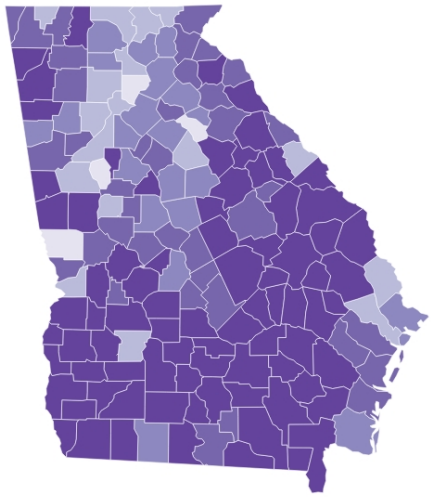

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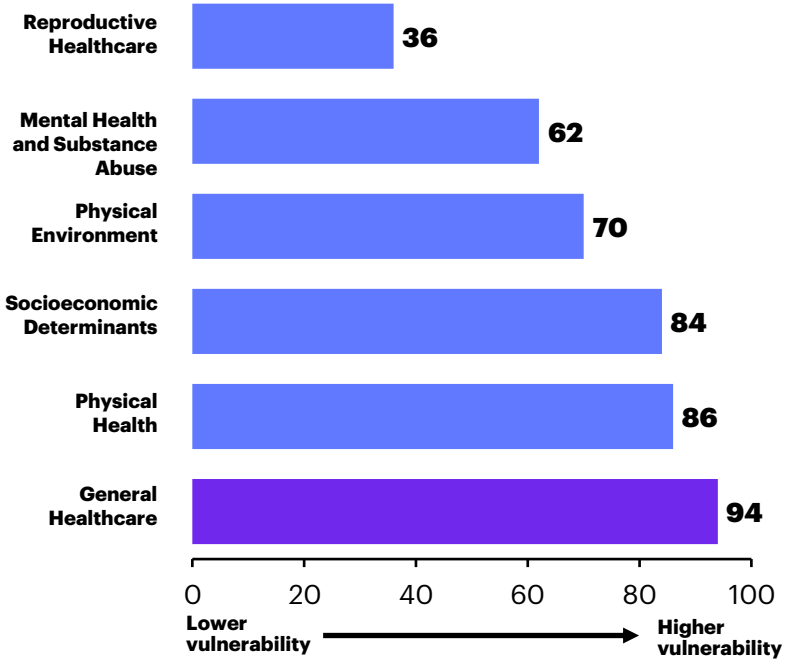

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PER 100,000 BIRTHS
23.5

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PERCENT
26.3

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THE STATE OF MATERNAL AND INFANT HEALTH FOR AMERICAN FAMILIES

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For details on data sources and calculations, see Technical Notes: **www.marchofdimes.org/reportcard-technicalnotes**

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GEORGIA

Adoption of the following policies and sufficient funding in Georgia is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

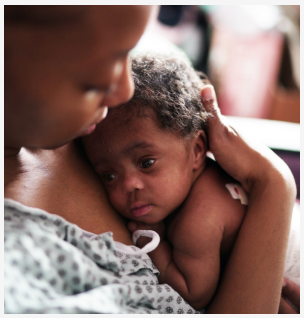
State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
- State reimburses up to $1,500
- State is progressing legislation but not yet active
- State does not have the indicated funding/policy



OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
HAWAII

The preterm birth rate in Hawaii was 9.8% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE

C

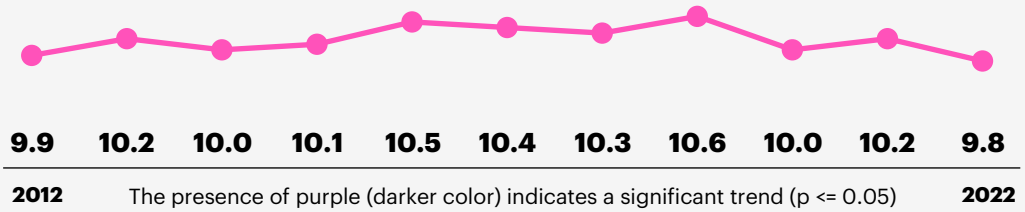
U.S. RATE

10.4

HI RATE

9.8%

Percentage of live births born preterm

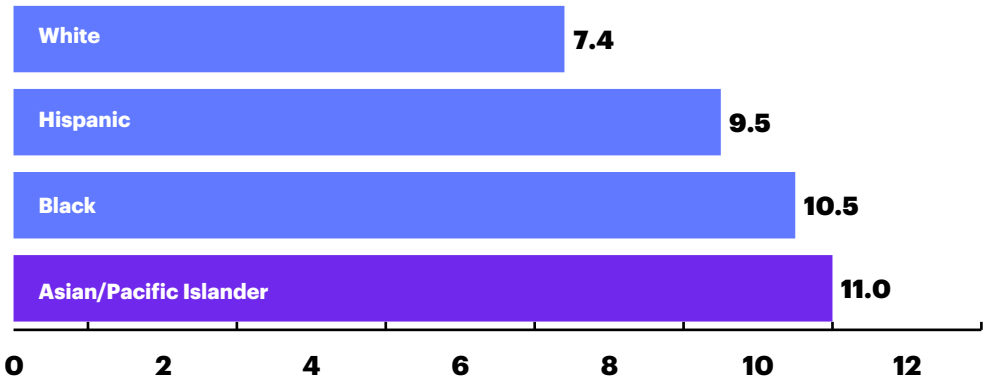


2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
9.9	10.2	10.0	10.1	10.5	10.4	10.3	10.6	10.0	10.2	9.8

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Asian birthing people is 1.2x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

19.1%
Smoking
(1.6% of all births)

17.6%
Hypertension
(1.9% of all births)

11.8%
Unhealthy weight
(31.7% of all births)

29.1%
Diabetes
(1.4% of all births)

31.1%
Previous preterm
(4.1% of all births)

57.3%
Carrying multiples
(2.9% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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HAWAII

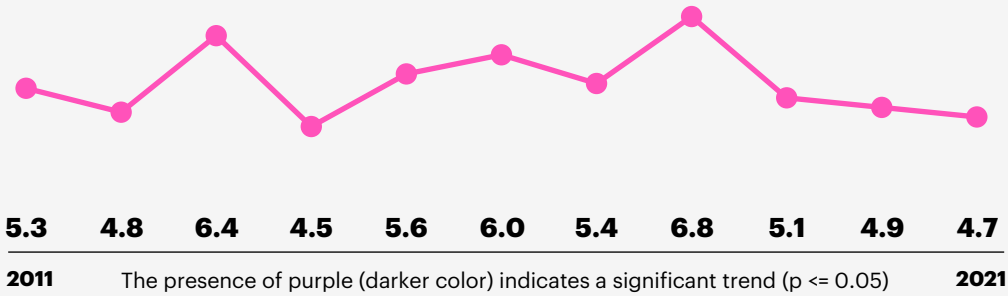
The infant mortality rate decreased in the last decade; In 2021, 73 babies died before their first birthday

INFANT MORTALITY RATE

4.7

U.S. RATE

Rate per 1,000 live births



2011										2021
5.3	4.8	6.4	4.5	5.6	6.0	5.4	6.8	5.1	4.9	4.7

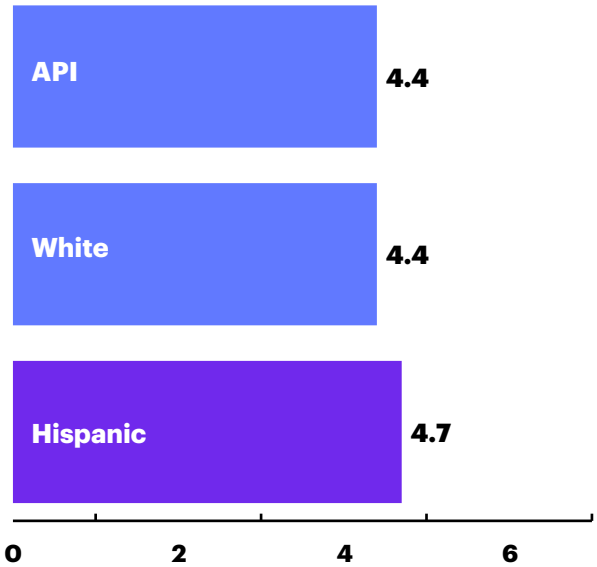
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Hispanic birthing people is 1.0x the state rate

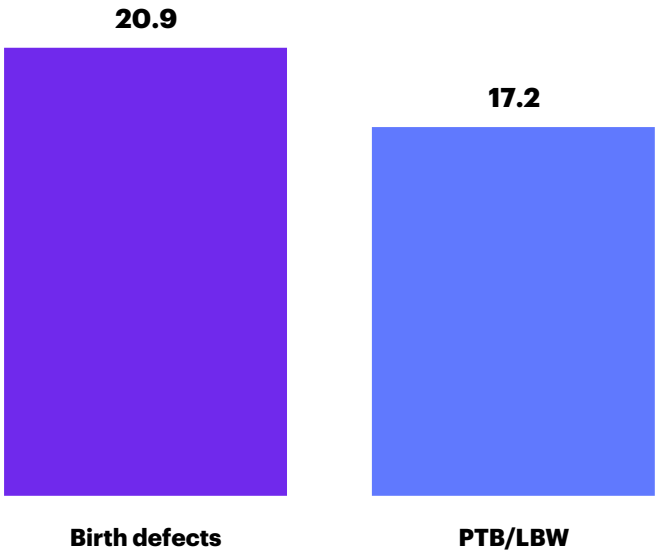
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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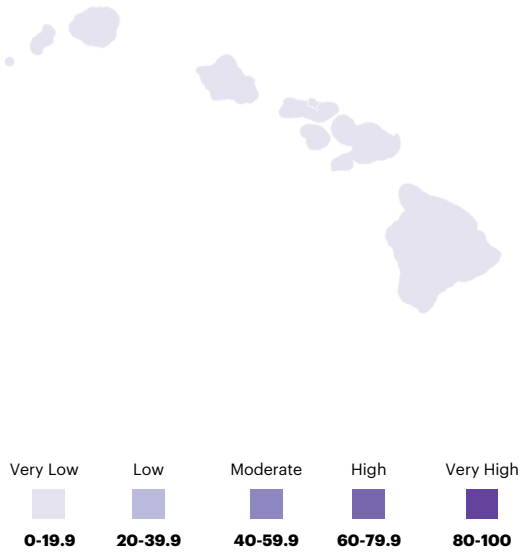
HAWAII

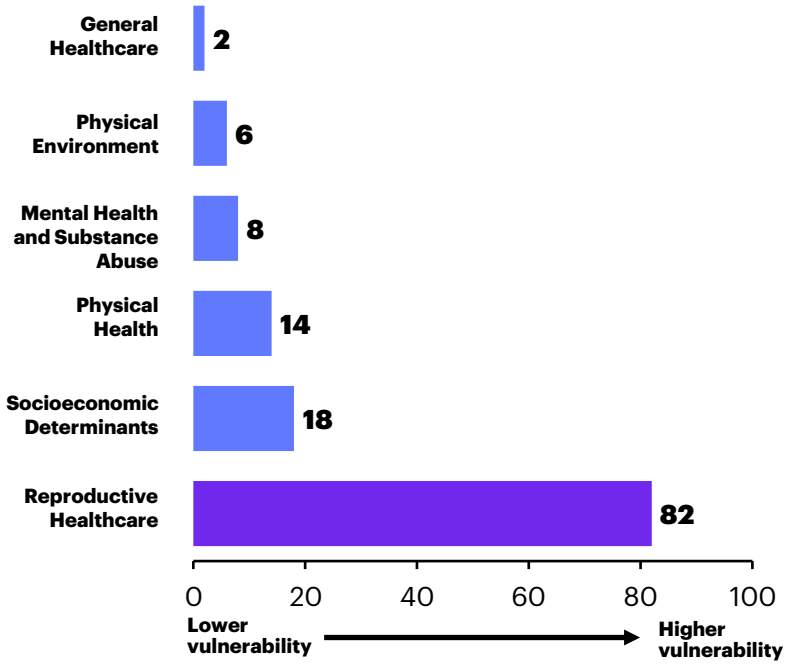
Birthing people in Hawaii have a very low vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

MVI by county in Hawaii



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Hawaii is supporting the health of birthing people

18.4 PER 100,000 BIRTHS (23.5)

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

24.4 PERCENT (26.3)

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

23.5 PERCENT (15.5)

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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HAWAII

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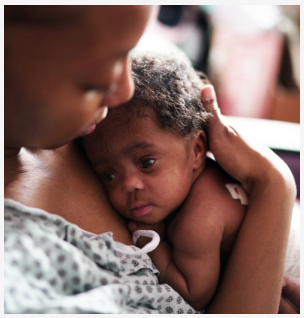

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2023 MARCH OF DIMES REPORT CARD
IDAHO

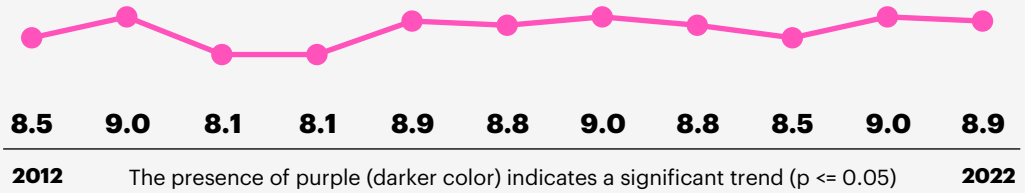
The preterm birth rate in Idaho was 8.9% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **B**

U.S. RATE 10.4

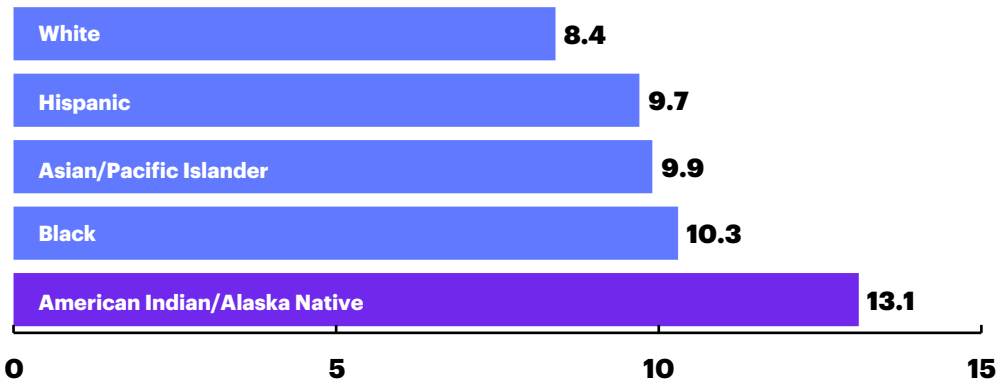
ID RATE 8.9%

Percentage of live births born preterm



The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

13.7% **Smoking** (5.3% of all births)

24.1% **Hypertension** (1.7% of all births)

11.4% **Unhealthy weight** (31.8% of all births)

30.7% **Diabetes** (1.1% of all births)

28.3% **Previous preterm** (3.8% of all births)

57.1% **Carrying multiples** (3.6% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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IDAHO

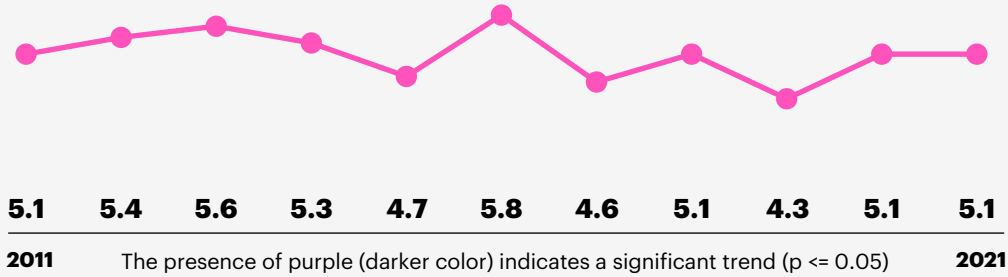
The infant mortality rate did not improve in the last decade; In 2021, 115 babies died before their first birthday

INFANT MORTALITY RATE

5.1

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5.1	5.4	5.6	5.3	4.7	5.8	4.6	5.1	4.3	5.1	5.1

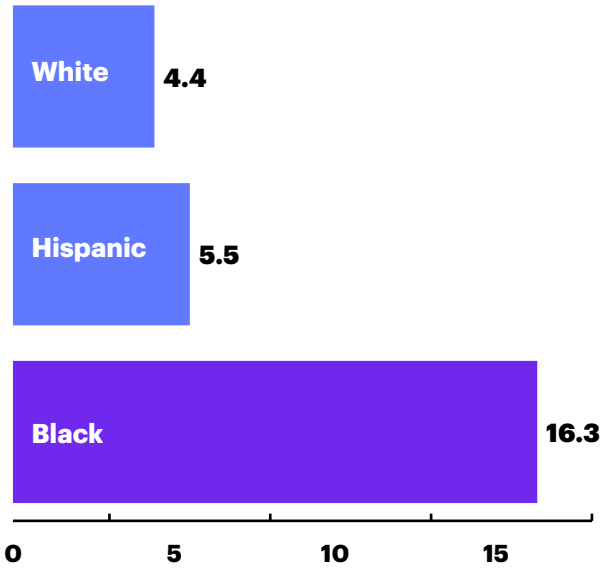
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 3.2x the state rate

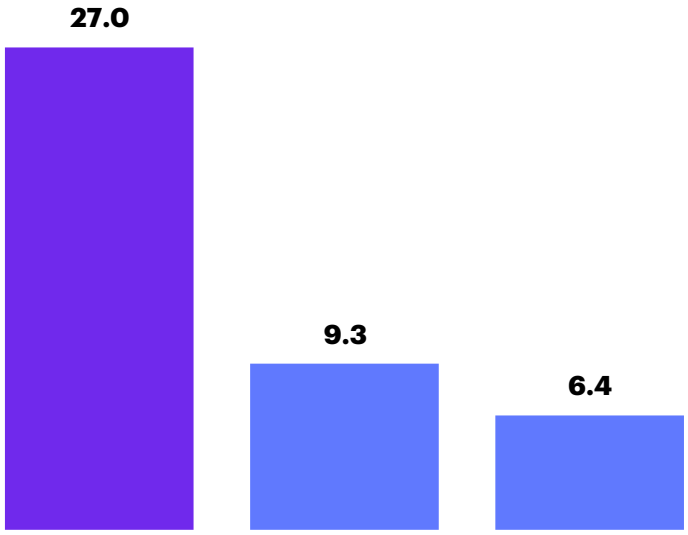
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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IDAHO

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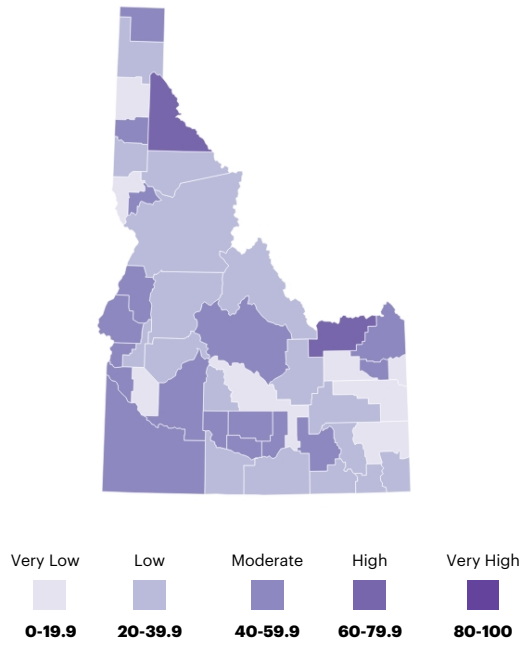
MVI by county in Idaho



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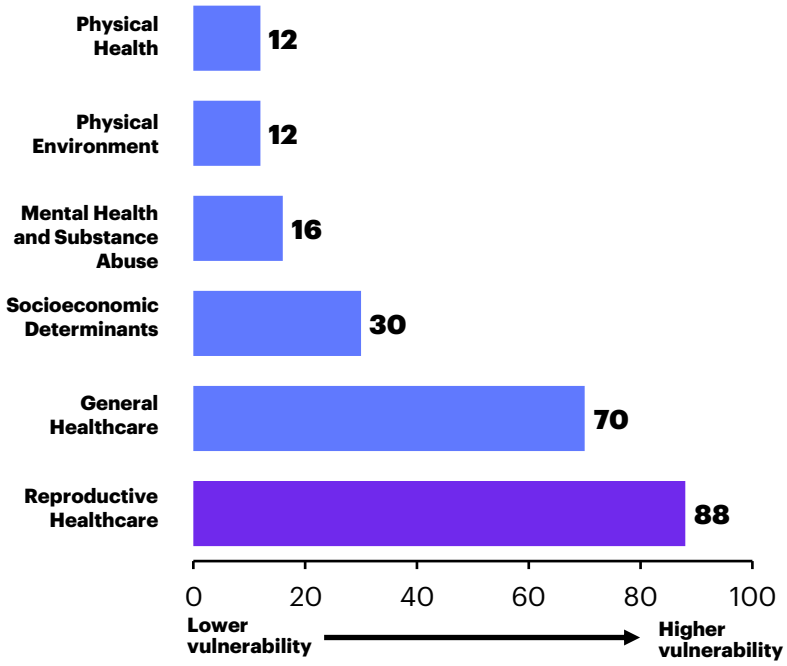

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PER 100,000 BIRTHS
23.5
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20.4
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

11.2
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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IDAHO

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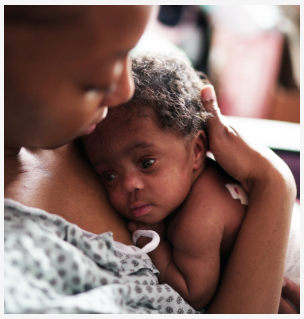

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2023 MARCH OF DIMES REPORT CARD
ILLINOIS

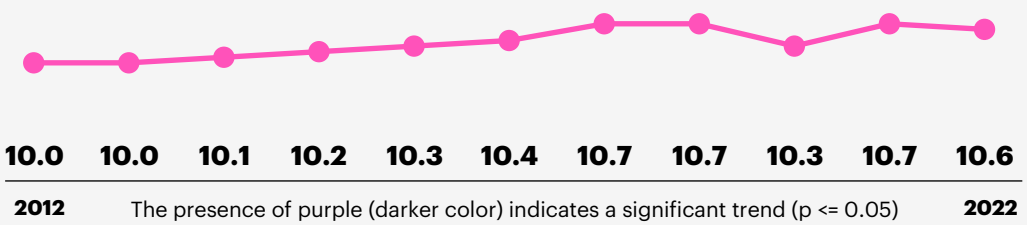
The preterm birth rate in Illinois was 10.6% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **D+**

U.S. RATE 10.4

IL RATE 10.6%

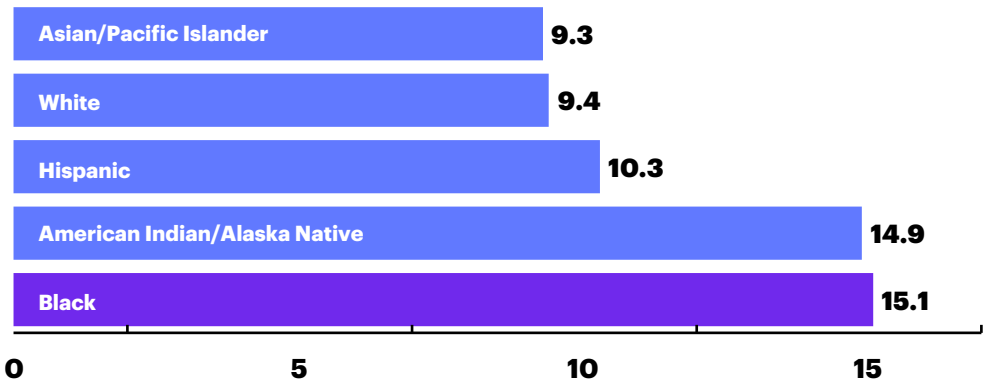


2012										2022
10.0	10.0	10.1	10.2	10.3	10.4	10.7	10.7	10.3	10.7	10.6

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.6x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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27.8% **Diabetes** (1.4% of all births)

30.6% **Previous preterm** (5.2% of all births)

62.7% **Carrying multiples** (3.2% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

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ILLINOIS

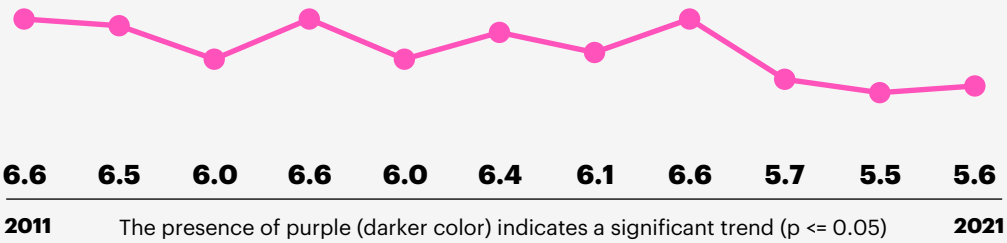
The infant mortality rate decreased in the last decade; In 2021, 743 babies died before their first birthday

INFANT MORTALITY RATE

5.6

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.6	6.5	6.0	6.6	6.0	6.4	6.1	6.6	5.7	5.5	5.6

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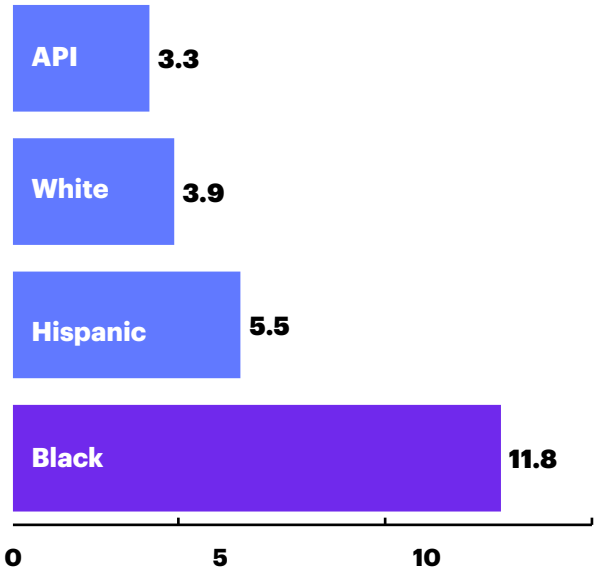
Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.1x the state rate

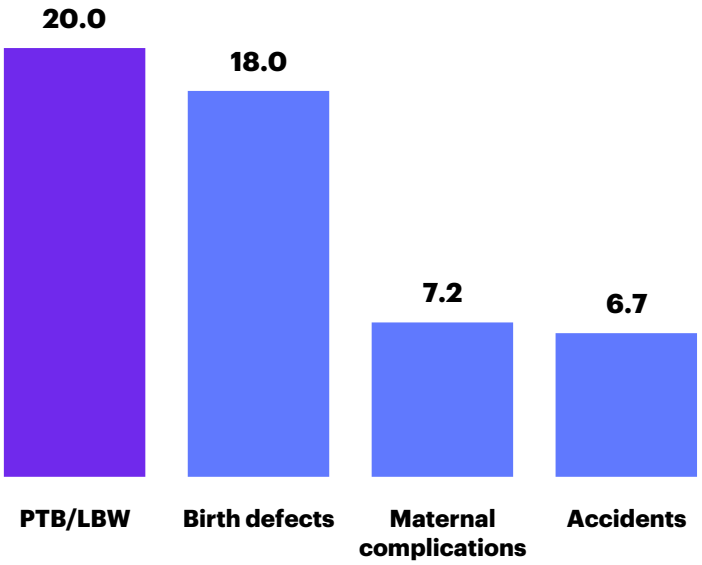
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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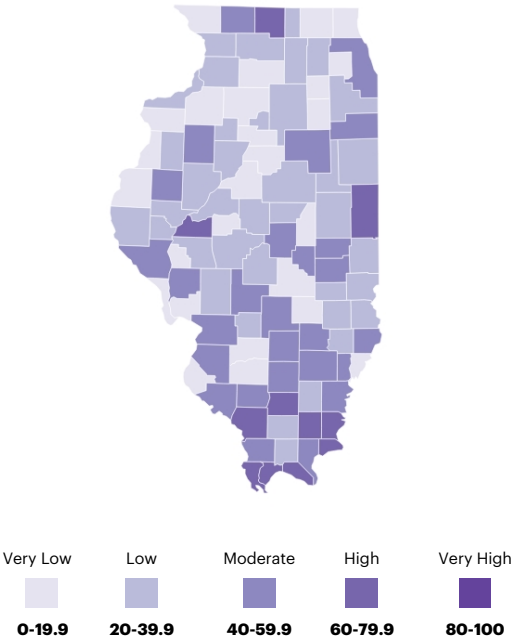
ILLINOIS

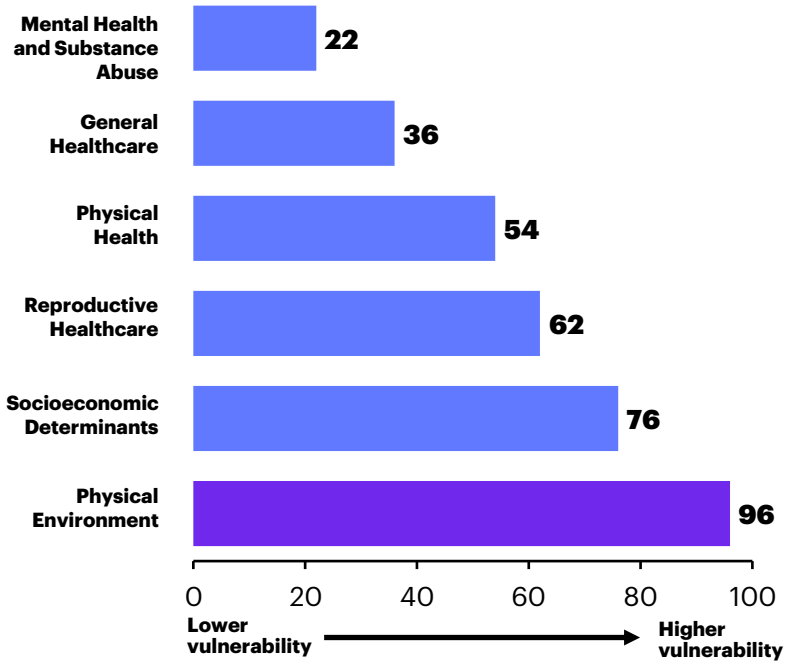
Birthing people in Illinois have a moderate vulnerability to poor outcomes and are most vulnerable due to the physical environment

MVI by county in Illinois



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Illinois is supporting the health of birthing people

17.3
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

24.9
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

14.2
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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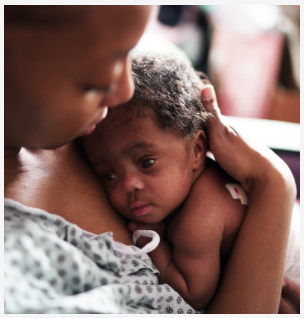

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2023 MARCH OF DIMES REPORT CARD
INDIANA

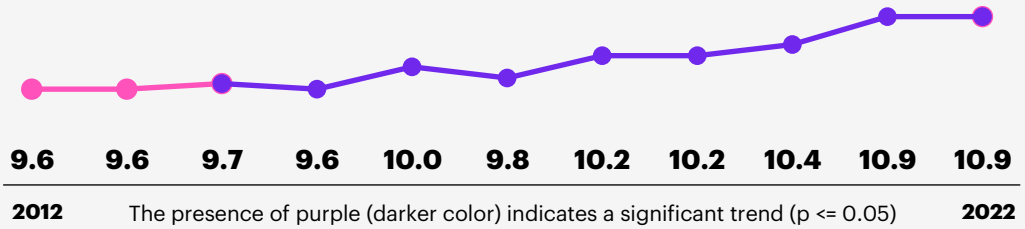
The preterm birth rate in Indiana was 10.9% in 2022, the same as the rate in 2021

PRETERM BIRTH GRADE **D**

U.S. RATE 10.4

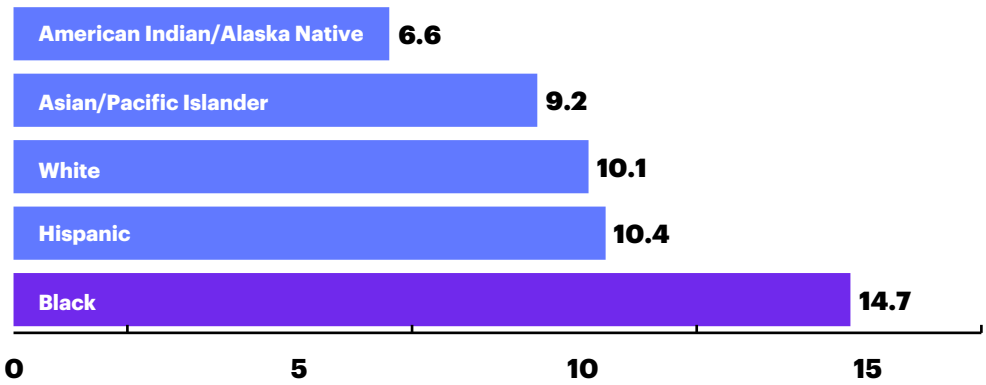
IN RATE 10.9%

Percentage of live births born preterm



The preterm birth rate among babies born to Black birthing people is 1.4x higher than the rate among all other babies

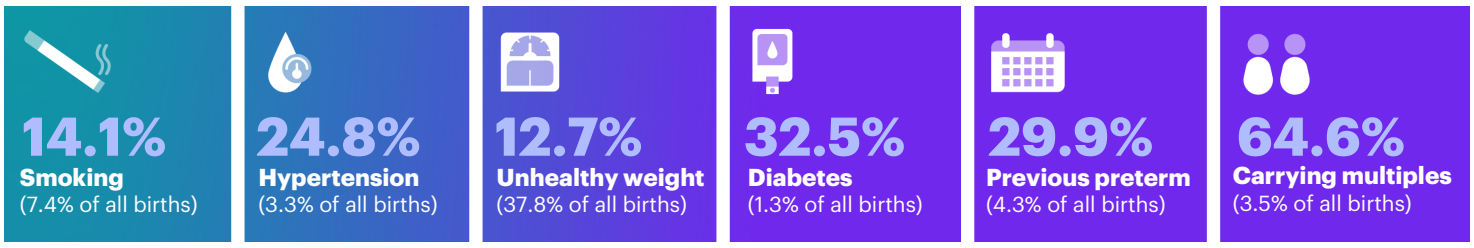
Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022



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Source: National Center for Health Statistics, 2012-2022 natality data.

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INDIANA

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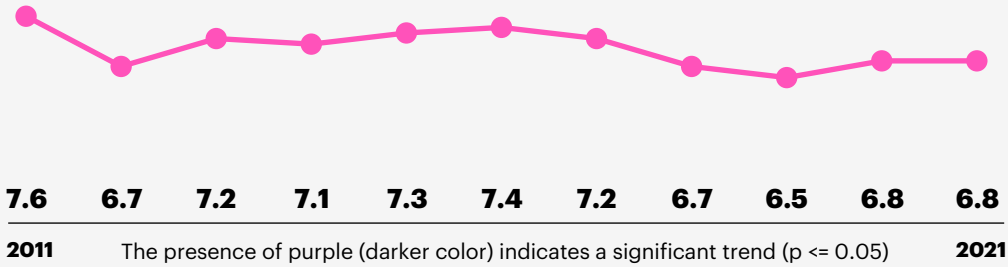
INFANT MORTALITY RATE

6.8

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
7.6	6.7	7.2	7.1	7.3	7.4	7.2	6.7	6.5	6.8	6.8

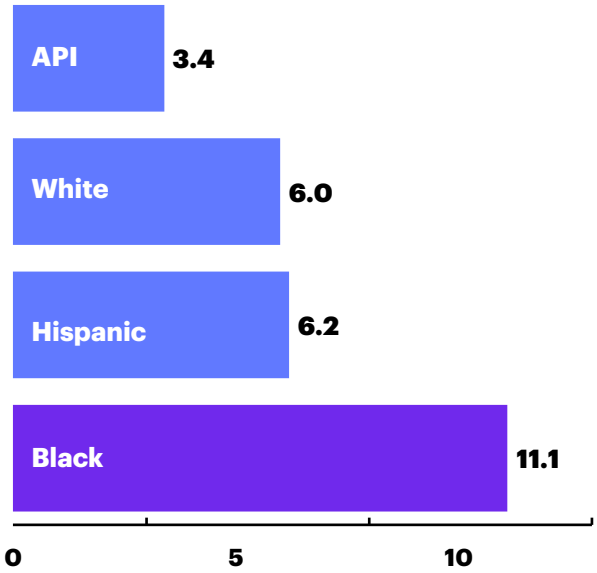
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.6x the state rate

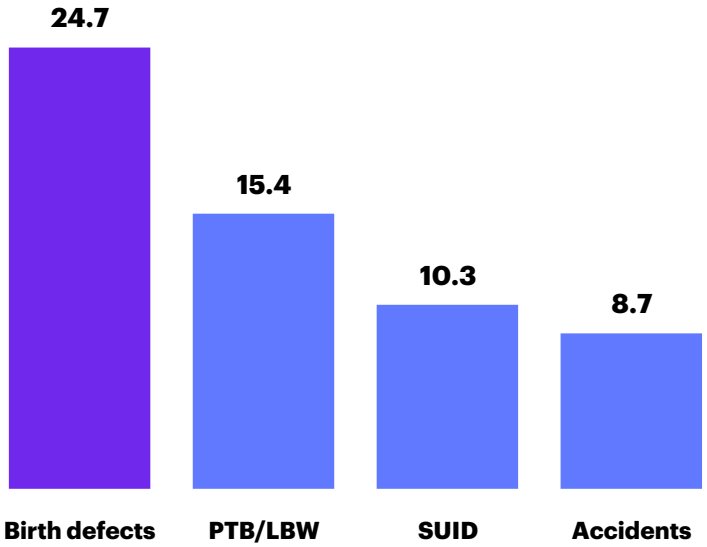
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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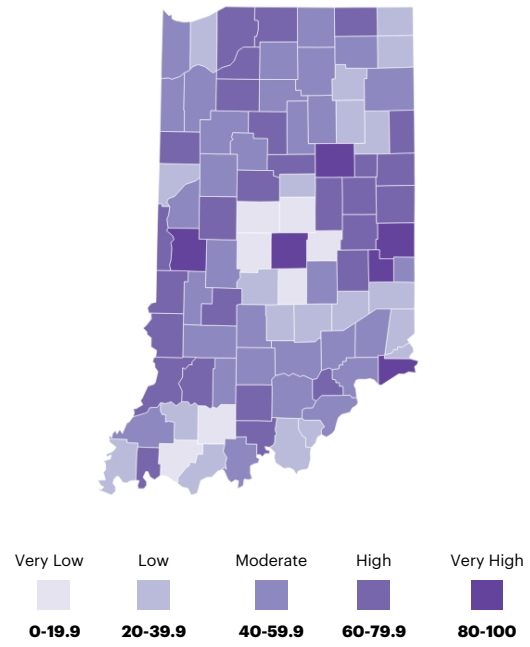
INDIANA

Birthing people in Indiana have a high vulnerability to poor outcomes and are most vulnerable due to the physical environment

MVI by county in Indiana



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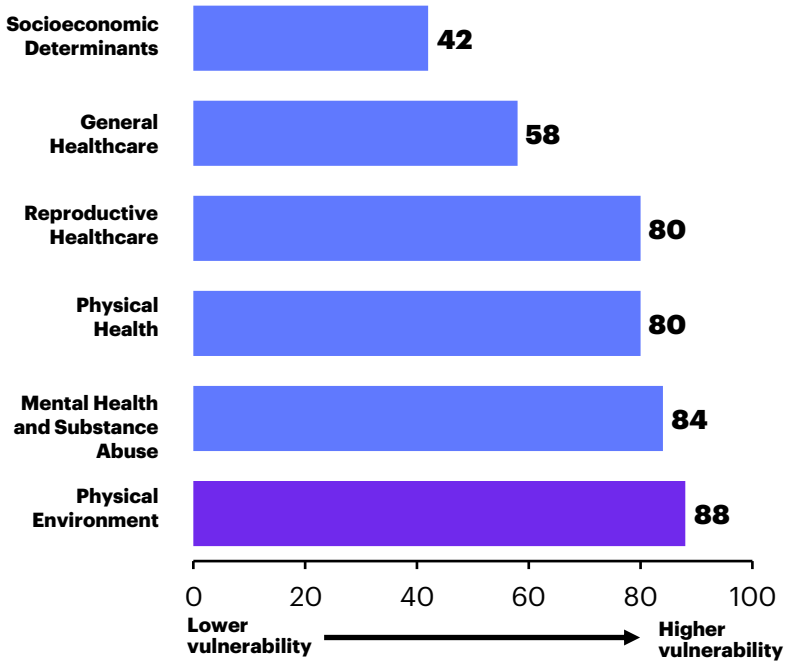

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Indiana is supporting the health of birthing people

31.1
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

24.6
PERCENT
26.3
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15.5
PERCENT
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Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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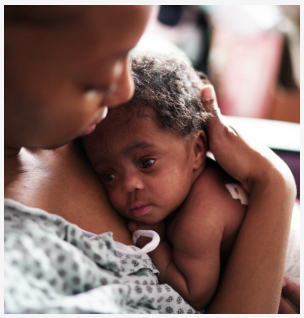

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2023 MARCH OF DIMES REPORT CARD
IOWA

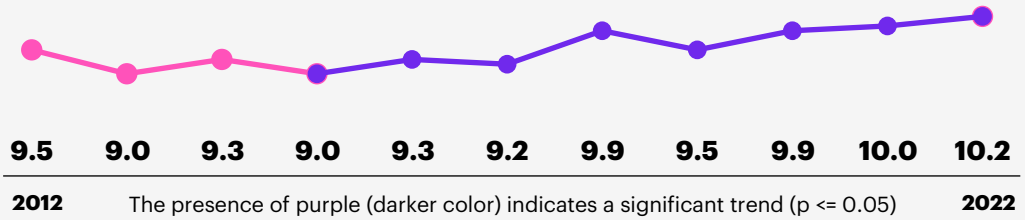
The preterm birth rate in Iowa was 10.2% in 2022, higher than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **C-**

U.S. RATE 10.4

IA RATE 10.2%

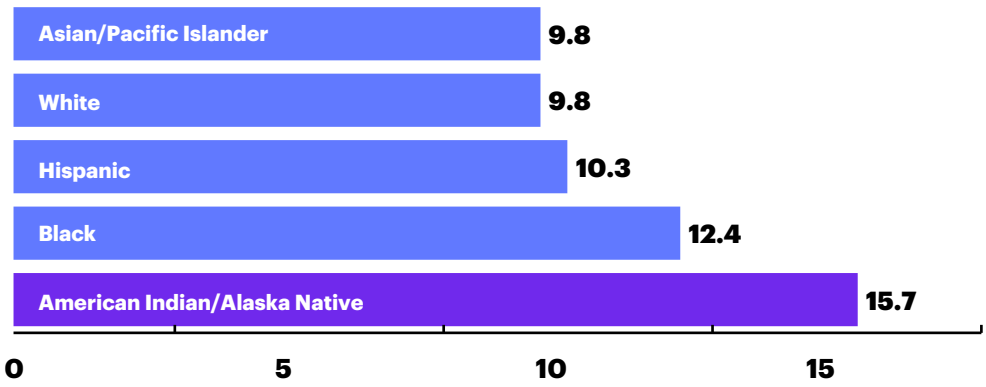


2012										2022
9.5	9.0	9.3	9.0	9.3	9.2	9.9	9.5	9.9	10.0	10.2

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.6x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

12.5% **Smoking** (8.9% of all births)

22.9% **Hypertension** (3.1% of all births)

12.1% **Unhealthy weight** (35.4% of all births)

26.2% **Diabetes** (1.4% of all births)

31.4% **Previous preterm** (4.4% of all births)

61.6% **Carrying multiples** (3.5% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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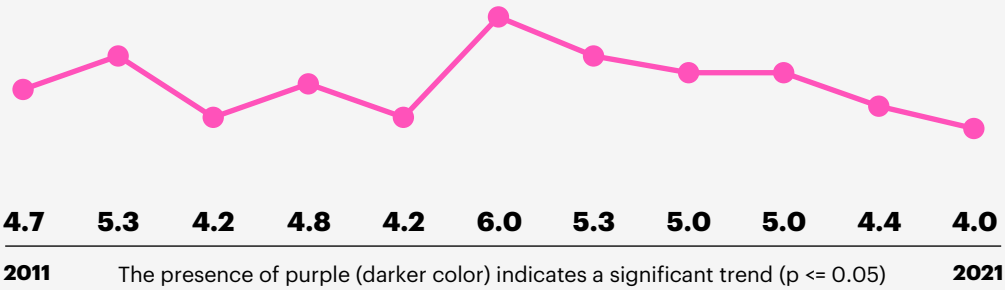
The infant mortality rate decreased in the last decade; In 2021, 147 babies died before their first birthday

INFANT MORTALITY RATE

4.0

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
4.7	5.3	4.2	4.8	4.2	6.0	5.3	5.0	5.0	4.4	4.0

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The infant mortality rate among babies born to Black birthing people is 2.8x the state rate

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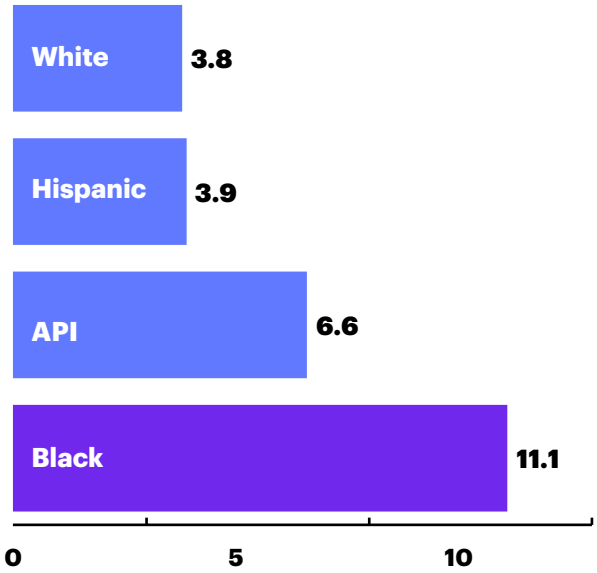

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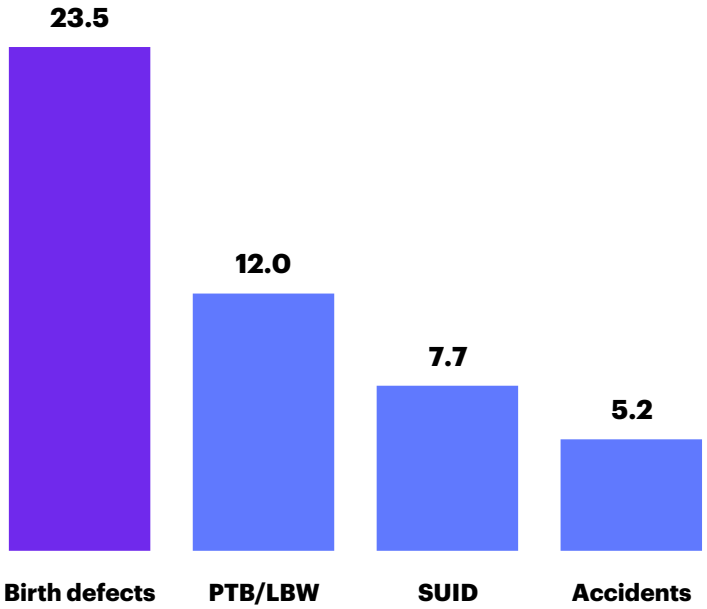

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IOWA

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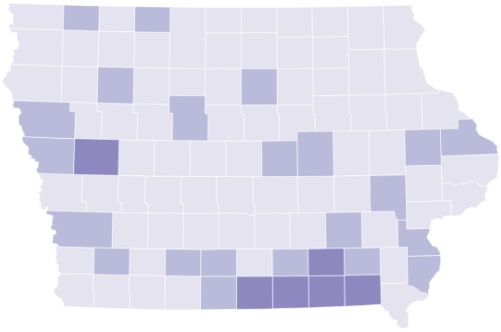

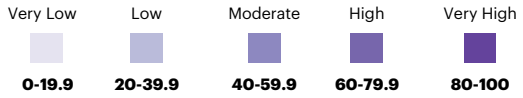

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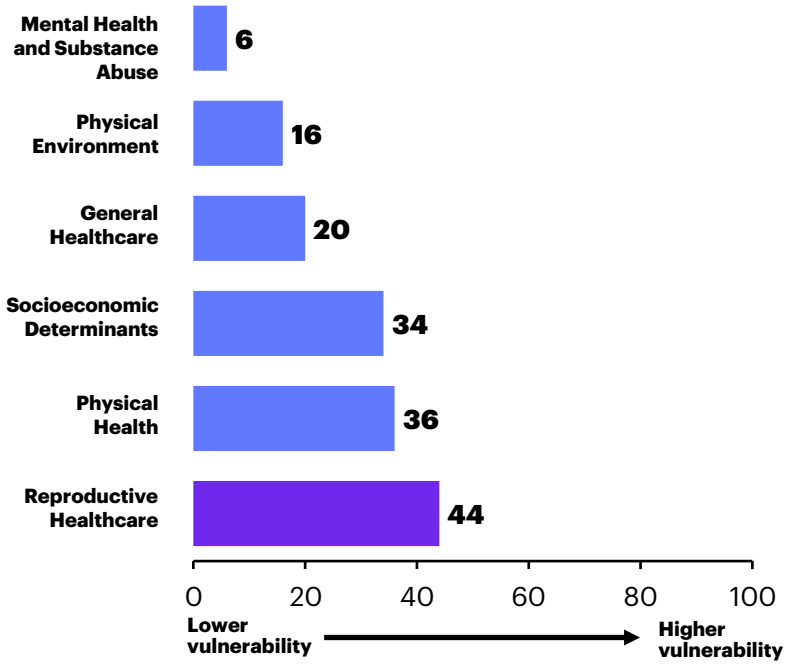

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PER 100,000 BIRTHS
23.5

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23.0
PERCENT
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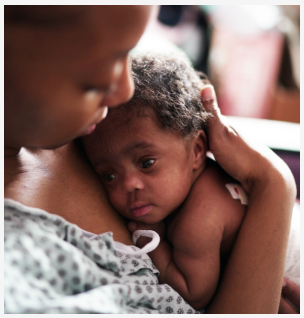

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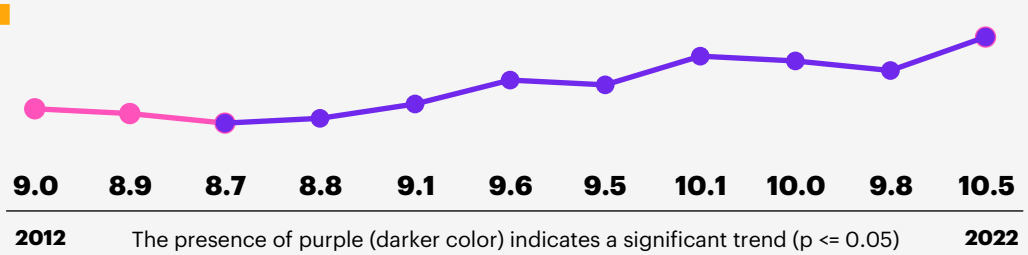
2023 MARCH OF DIMES REPORT CARD
KANSAS

The preterm birth rate in Kansas was 10.5% in 2022, higher than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **D+**

U.S. RATE	KS RATE
10.4	10.5%



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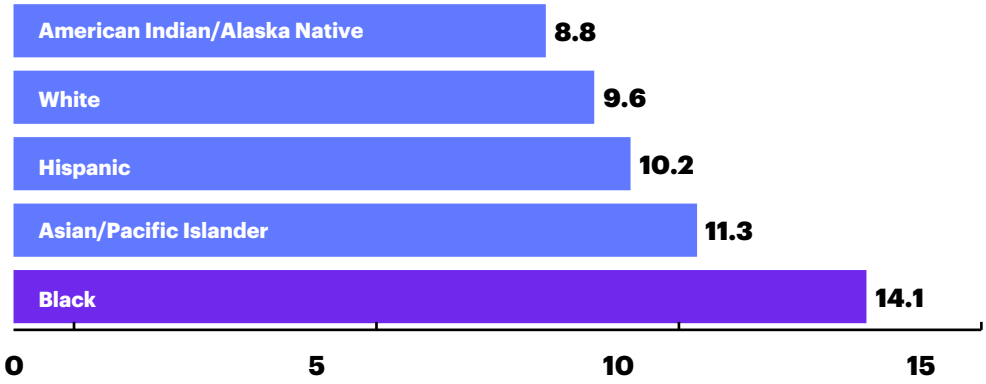

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14.8% Smoking (6.5% of all births)

21.2% Hypertension (2.7% of all births)

11.9% Unhealthy weight (35.7% of all births)

29.0% Diabetes (1.1% of all births)

35.4% Previous preterm (3.0% of all births)

62.0% Carrying multiples (3.2% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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KANSAS

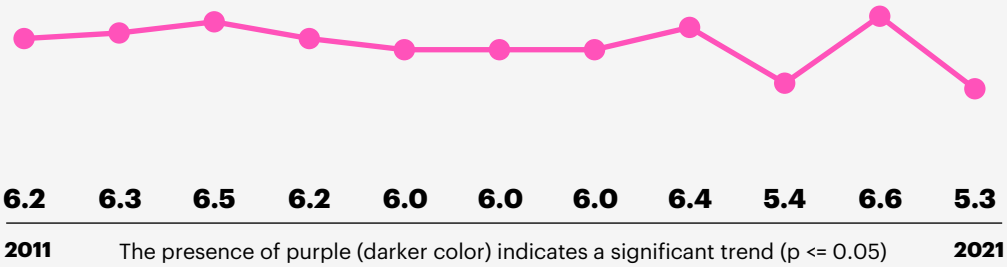
The infant mortality rate decreased in the last decade; In 2021, 184 babies died before their first birthday

INFANT MORTALITY RATE

5.3

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.2	6.3	6.5	6.2	6.0	6.0	6.0	6.4	5.4	6.6	5.3

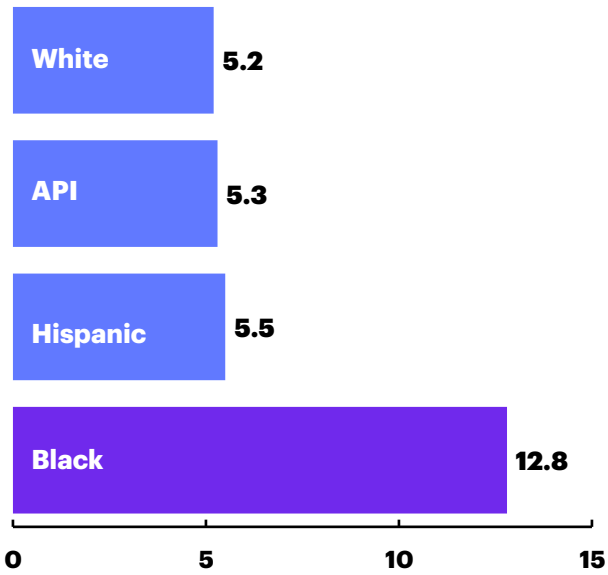
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.4x the state rate

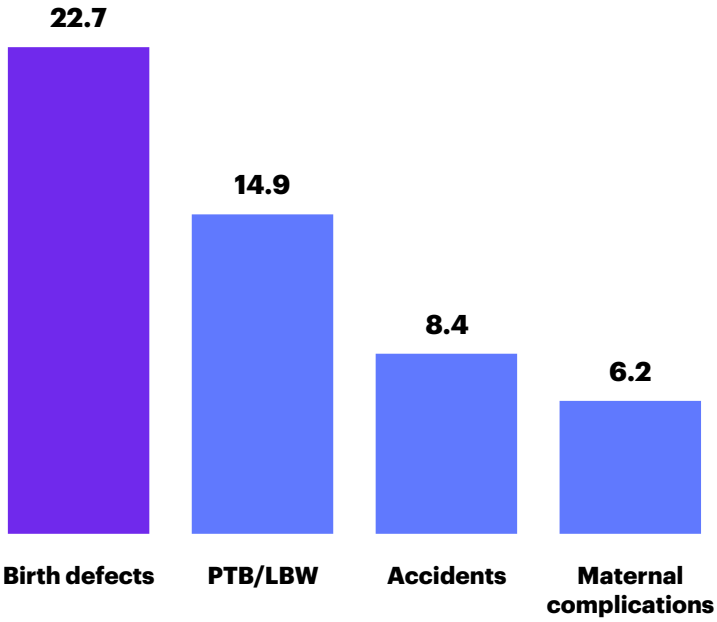
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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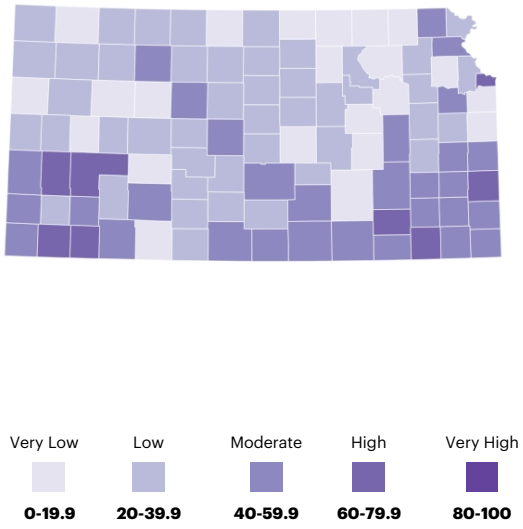
KANSAS

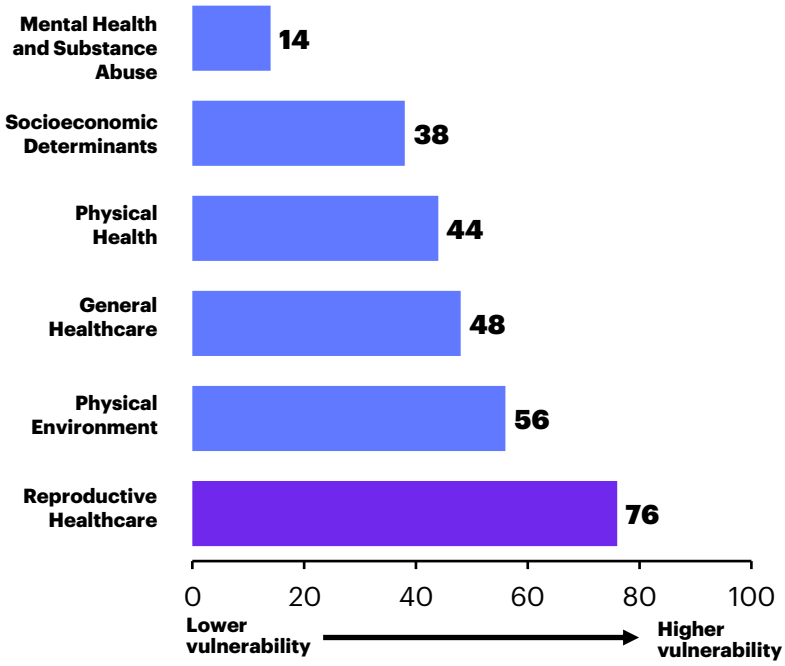
Birthing people in Kansas have a moderate vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

MVI by county in Kansas



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Kansas is supporting the health of birthing people

22.0
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

24.6
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

10.1
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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KANSAS

Adoption of the following policies and sufficient funding in Kansas is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

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State Medicaid agency is actively reimbursing doula care.

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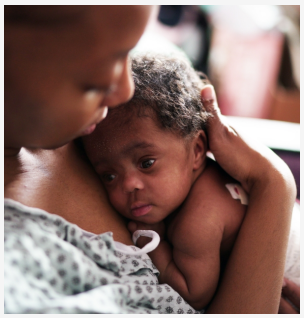

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2023 MARCH OF DIMES REPORT CARD
KENTUCKY

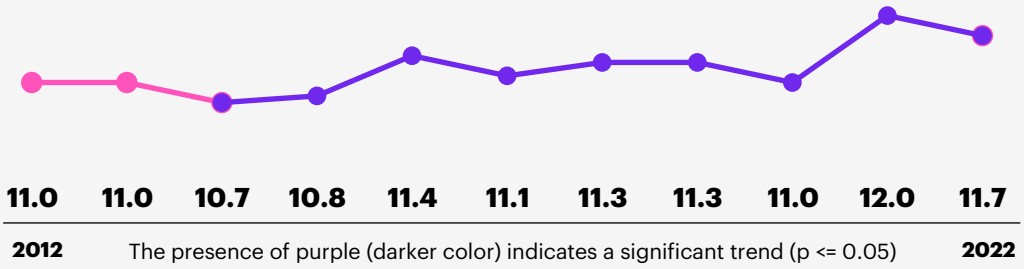
The preterm birth rate in Kentucky was 11.7% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **F**

U.S. RATE 10.4

KY RATE 11.7%

Percentage of live births born preterm

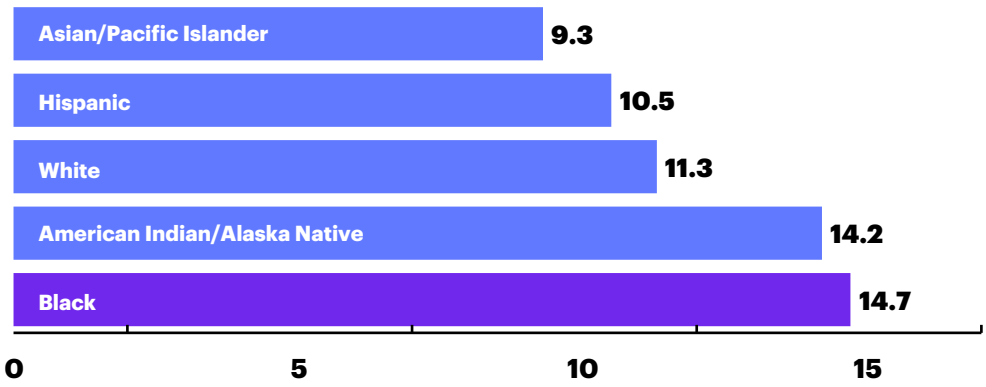


2012										2022
11.0	11.0	10.7	10.8	11.4	11.1	11.3	11.3	11.0	12.0	11.7

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.3x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

16.0% **Smoking** (12.1% of all births)

22.8% **Hypertension** (3.8% of all births)

13.4% **Unhealthy weight** (38.7% of all births)

35.1% **Diabetes** (1.1% of all births)

31.3% **Previous preterm** (5.5% of all births)

68.6% **Carrying multiples** (3.2% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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KENTUCKY

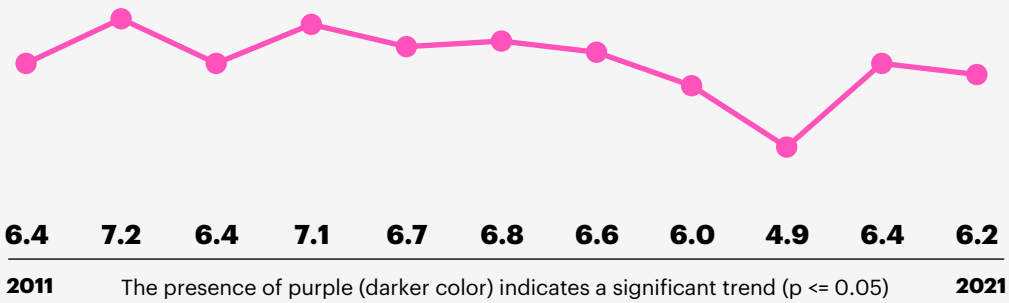
The infant mortality rate decreased in the last decade; In 2021, 321 babies died before their first birthday

INFANT MORTALITY RATE

6.2

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.4	7.2	6.4	7.1	6.7	6.8	6.6	6.0	4.9	6.4	6.2

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Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

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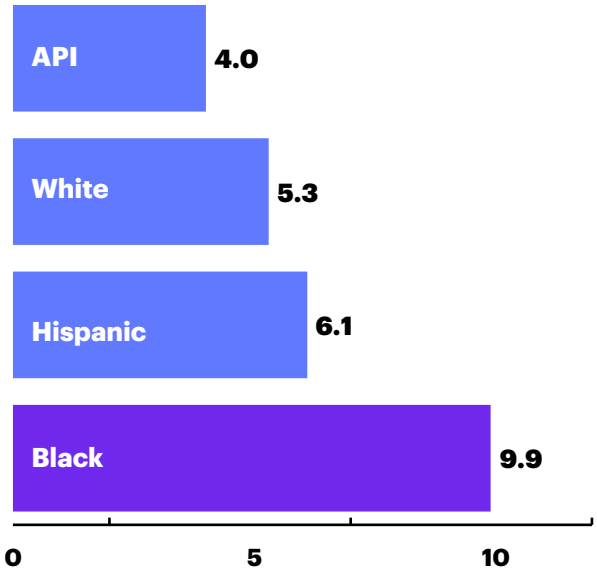
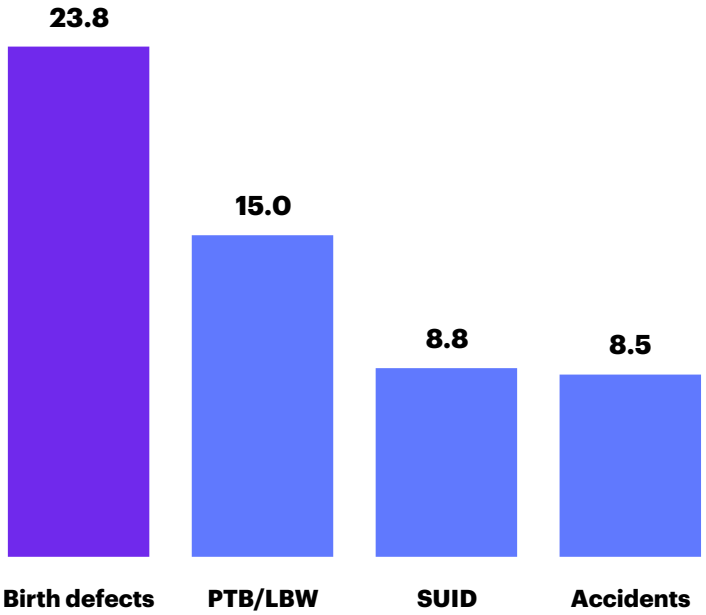
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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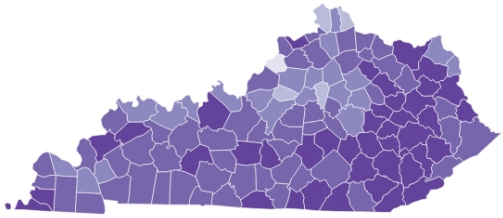
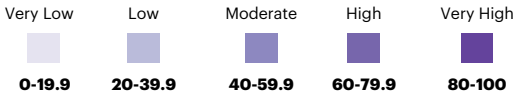
KENTUCKY

Birthing people in Kentucky have a very high vulnerability to poor outcomes and are most vulnerable due to mental health and substance use

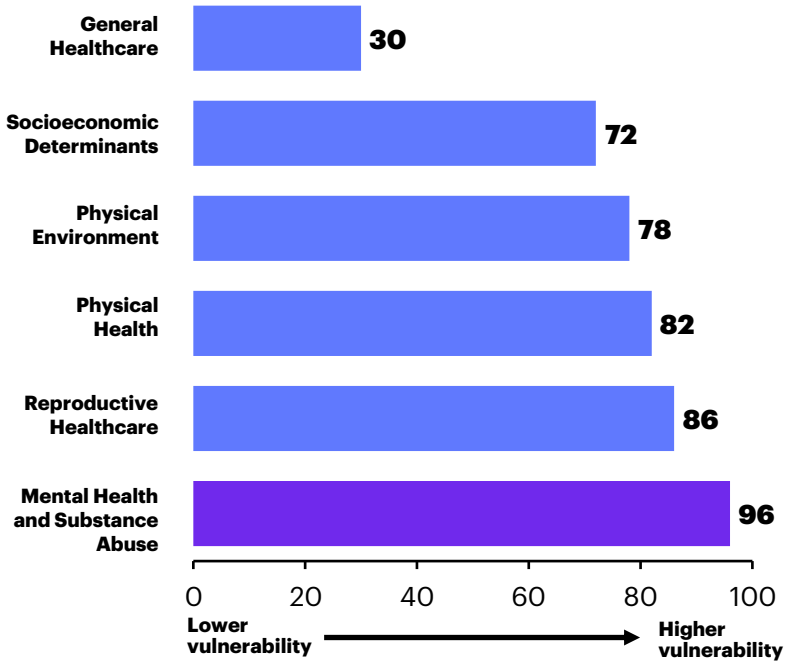
MVI by county in Kentucky





Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Kentucky is supporting the health of birthing people

38.4
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

27.3
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

14.1
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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KENTUCKY

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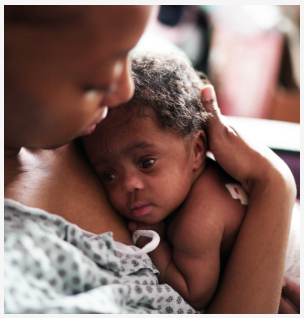

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2023 MARCH OF DIMES REPORT CARD
LOUISIANA

The preterm birth rate in Louisiana was 13.3% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **F**

Percentage of live births born preterm

2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
12.5	12.5	12.3	12.3	12.6	12.7	13.0	13.1	12.9	13.5	13.3

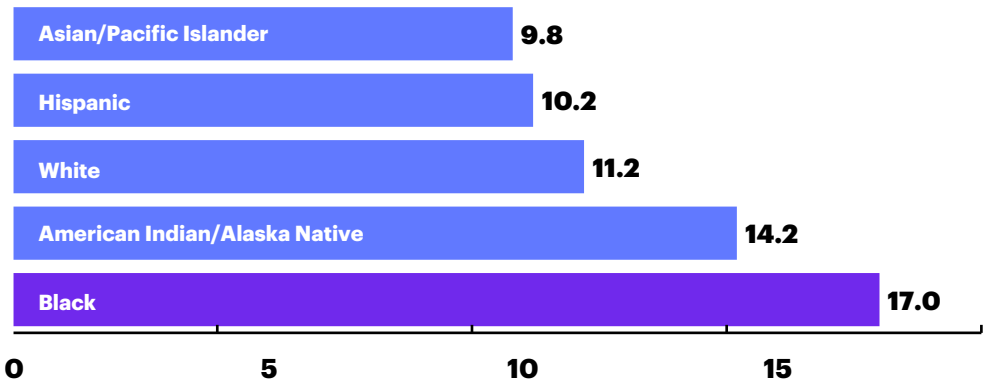
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

U.S. RATE 10.4

LA RATE 13.3%

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

20.1% Smoking (3.6% of all births)

28.6% Hypertension (5.5% of all births)

15.1% Unhealthy weight (39.8% of all births)

34.7% Diabetes (1.3% of all births)

35.2% Previous preterm (3.8% of all births)

70.8% Carrying multiples (3.3% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

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LOUISIANA

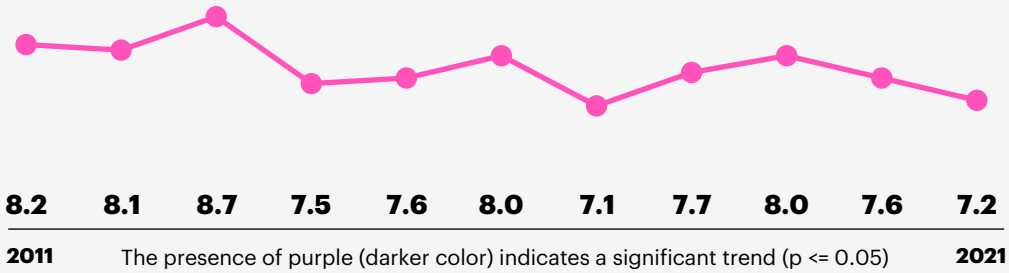
The infant mortality rate decreased in the last decade; In 2021, 416 babies died before their first birthday

INFANT MORTALITY RATE

7.2

U.S. RATE

Rate per 1,000 live births



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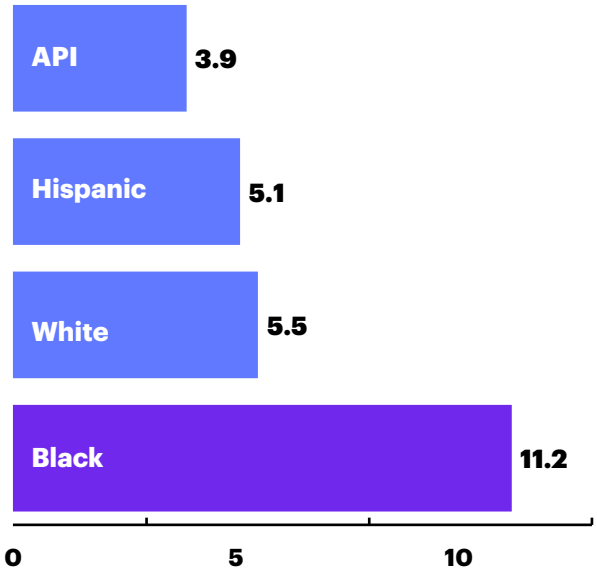
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



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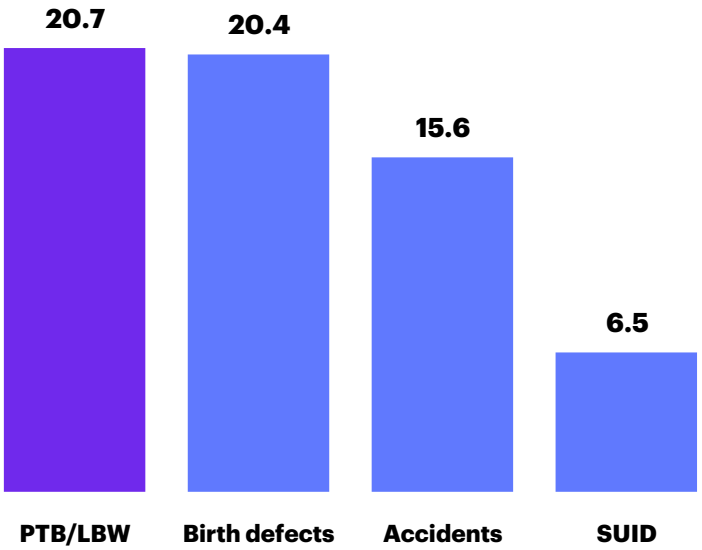

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LOUISIANA

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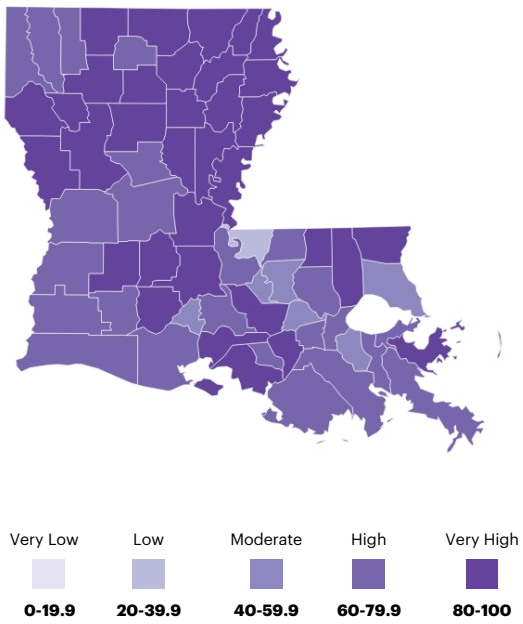
MVI by parish in Louisiana



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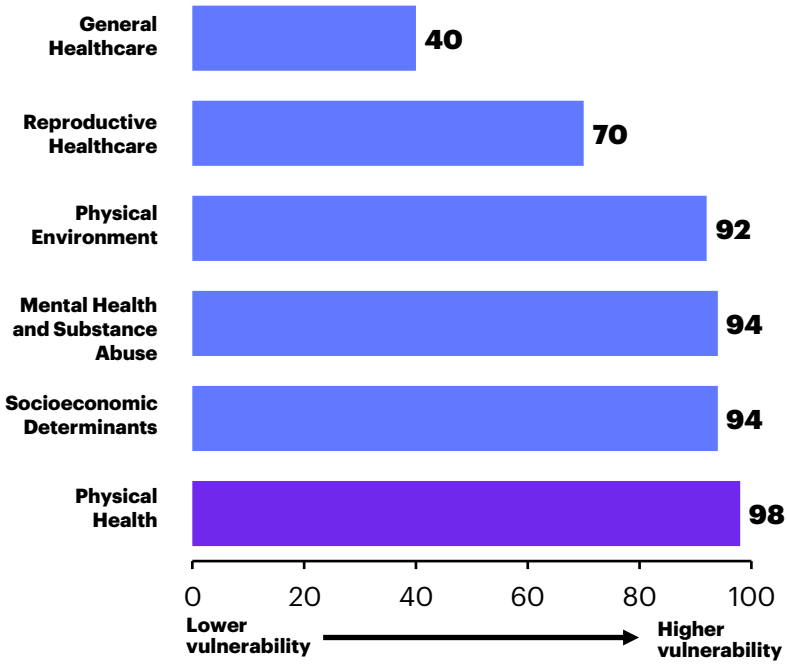

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18.6
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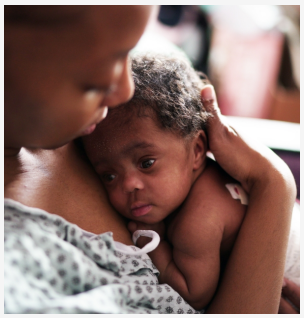

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2023 MARCH OF DIMES REPORT CARD
MAINE

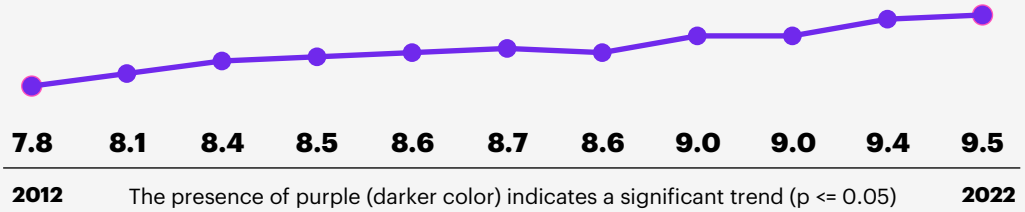
The preterm birth rate in Maine was 9.5% in 2022, higher than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **C+**

U.S. RATE 10.4

ME RATE 9.5%



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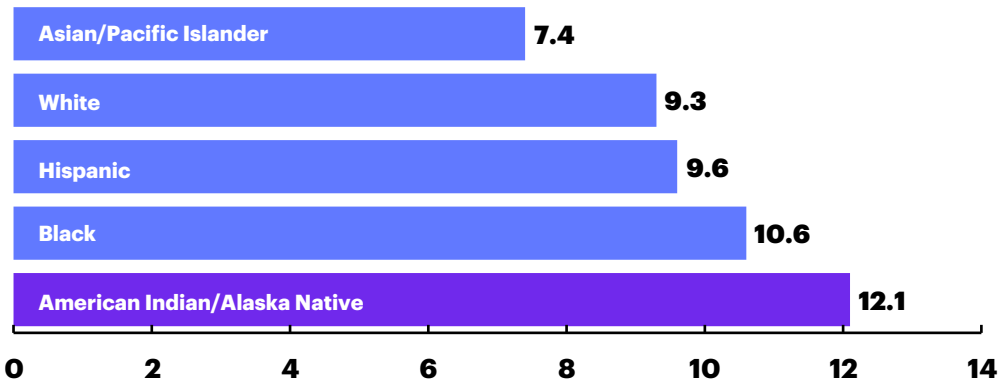
The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.3x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

14.3% **Smoking** (9.4% of all births)

17.8% **Hypertension** (8.6% of all births)

11.1% **Unhealthy weight** (35.3% of all births)

26.7% **Diabetes** (1.3% of all births)

25.4% **Previous preterm** (4.4% of all births)

57.0% **Carrying multiples** (4.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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MAINE

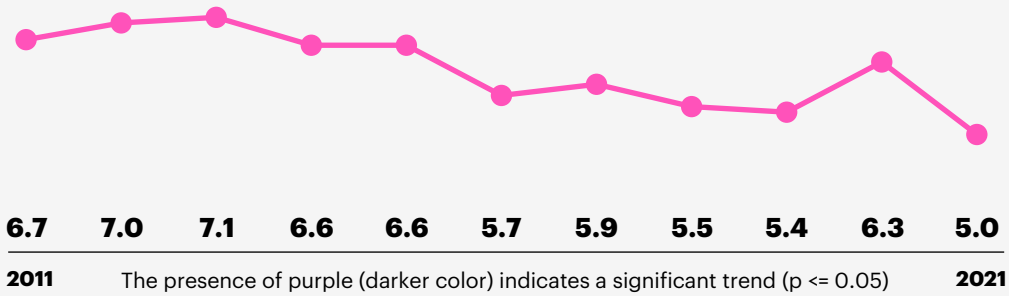
The infant mortality rate decreased in the last decade; In 2021, 60 babies died before their first birthday

INFANT MORTALITY RATE

5.0

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.7	7.0	7.1	6.6	6.6	5.7	5.9	5.5	5.4	6.3	5.0

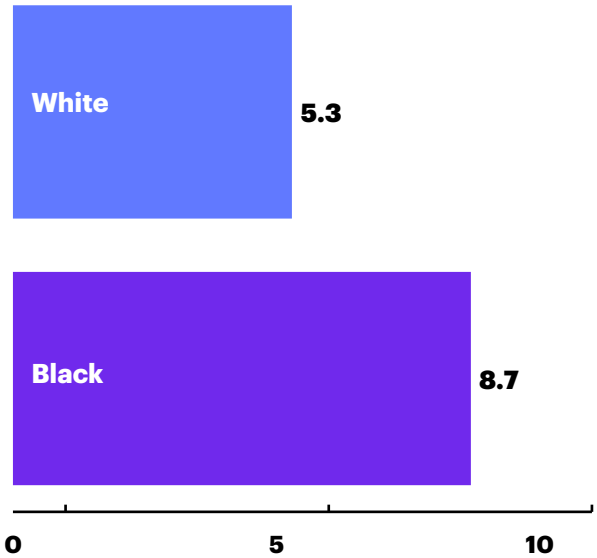
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.7x the state rate

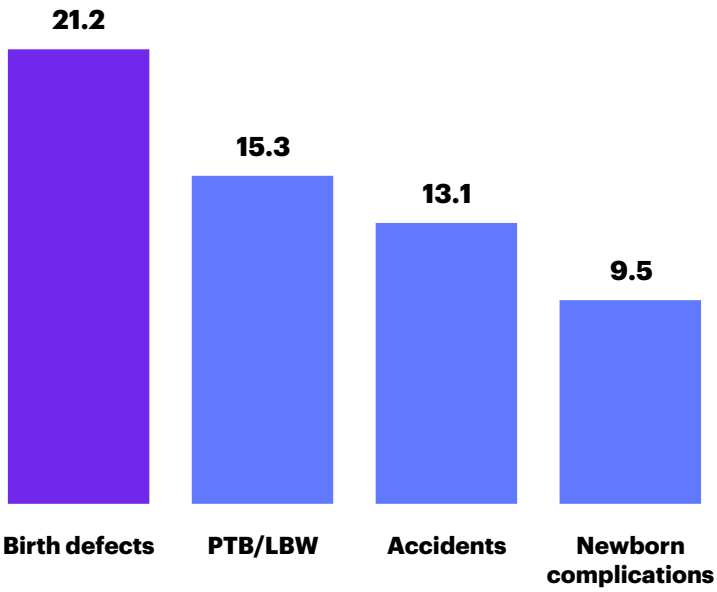
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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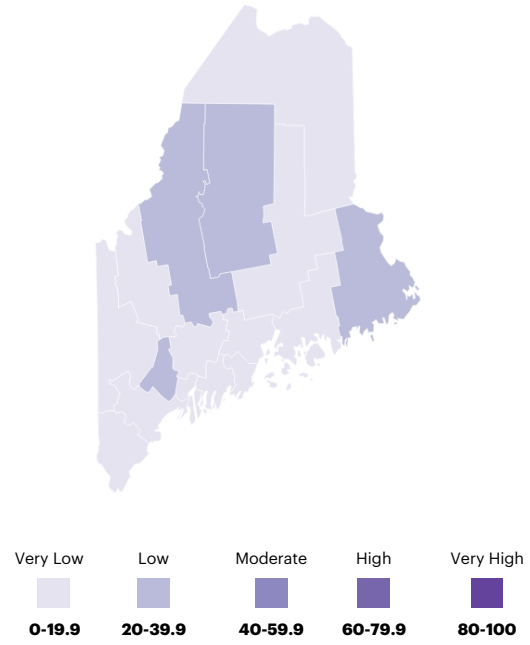
MAINE

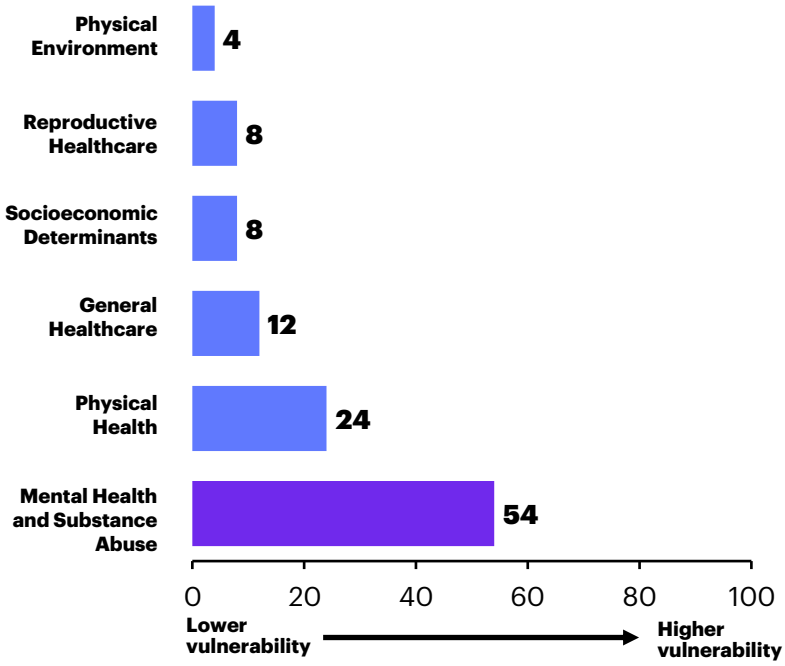
Birthing people in Maine have a very low vulnerability to poor outcomes and are most vulnerable due to mental health and substance use

MVI by county in Maine



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Maine is supporting the health of birthing people

N/A

23.5

MATERNAL MORTALITY

The death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends cannot be shown due to unreliable estimates and concerns with confidentiality.

25.7

PERCENT

26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

10.6

PERCENT

15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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MAINE

Adoption of the following policies and sufficient funding in Maine is critical to improve and sustain maternal and infant healthcare

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Legend

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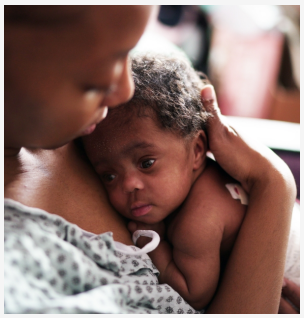

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2023 MARCH OF DIMES REPORT CARD
MARYLAND

The preterm birth rate in Maryland was 10.3% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE

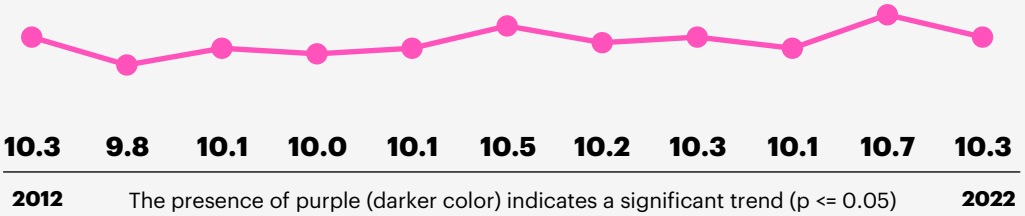
C-

U.S. RATE

10.4

MD RATE

10.3%



2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
10.3	9.8	10.1	10.0	10.1	10.5	10.2	10.3	10.1	10.7	10.3

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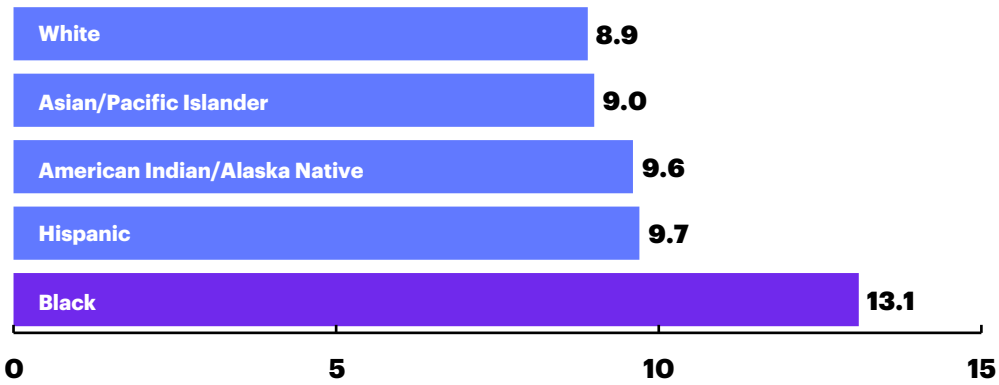
Preterm birth rate by race/ethnicity, 2020-2022



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Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

16.8% Smoking (4.1% of all births)

23.9% Hypertension (4.4% of all births)

12.1% Unhealthy weight (32.9% of all births)

24.7% Diabetes (1.6% of all births)

27.7% Previous preterm (5.4% of all births)

59.5% Carrying multiples (2.9% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

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MARYLAND

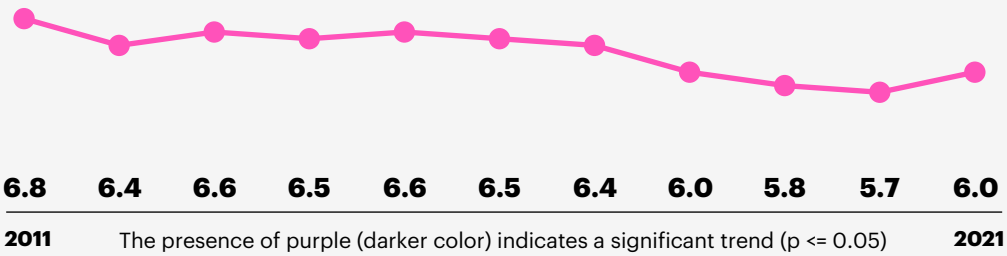
The infant mortality rate decreased in the last decade; In 2021, 409 babies died before their first birthday

INFANT MORTALITY RATE

6.0

U.S. RATE

Rate per 1,000 live births



2011										2021
6.8	6.4	6.6	6.5	6.6	6.5	6.4	6.0	5.8	5.7	6.0

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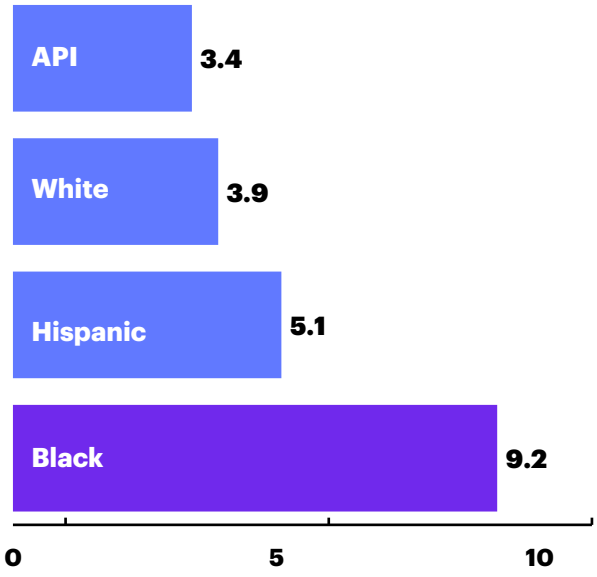
Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.5x the state rate

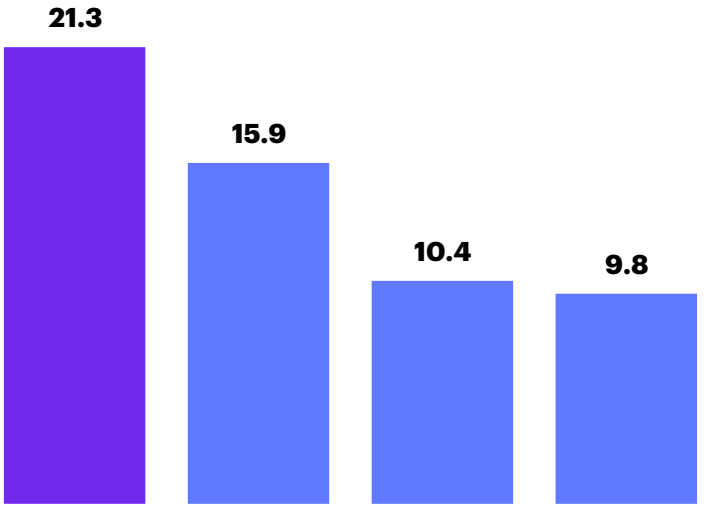
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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MARYLAND

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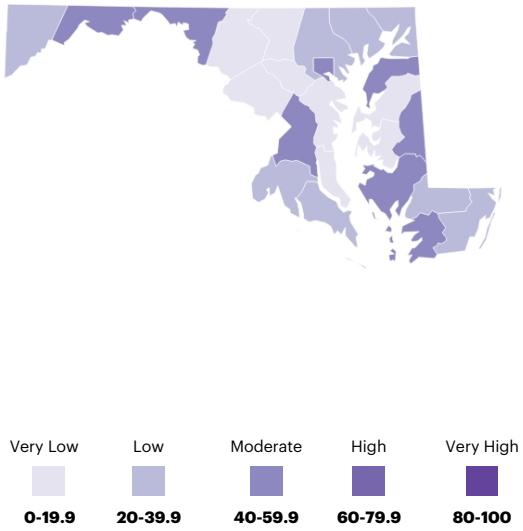
MVI by county in Maryland



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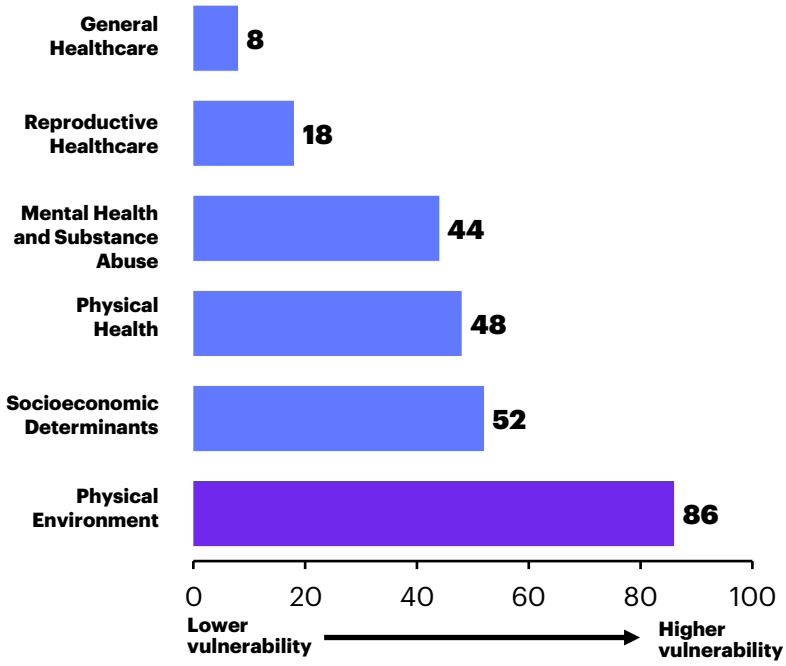

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The measures below are important indicators for how Maryland is supporting the health of birthing people

21.2
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

30.0
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

17.3
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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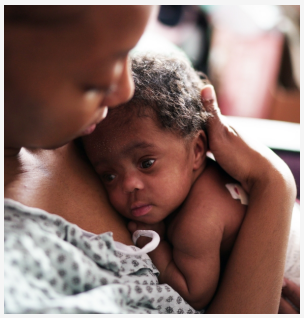

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2023 MARCH OF DIMES REPORT CARD
MASSACHUSETTS

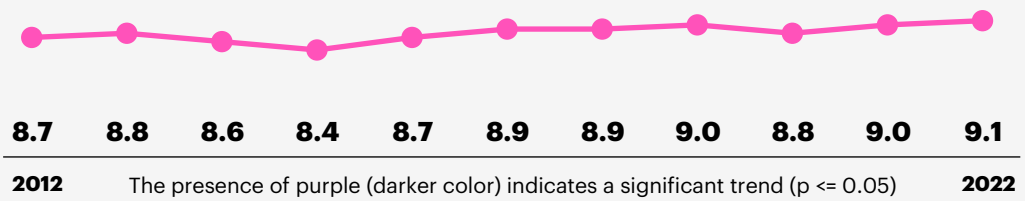
The preterm birth rate in Massachusetts was 9.1% in 2022, higher than the rate in 2021

PRETERM BIRTH GRADE **B-**

U.S. RATE 10.4

MA RATE 9.1%

Percentage of live births born preterm



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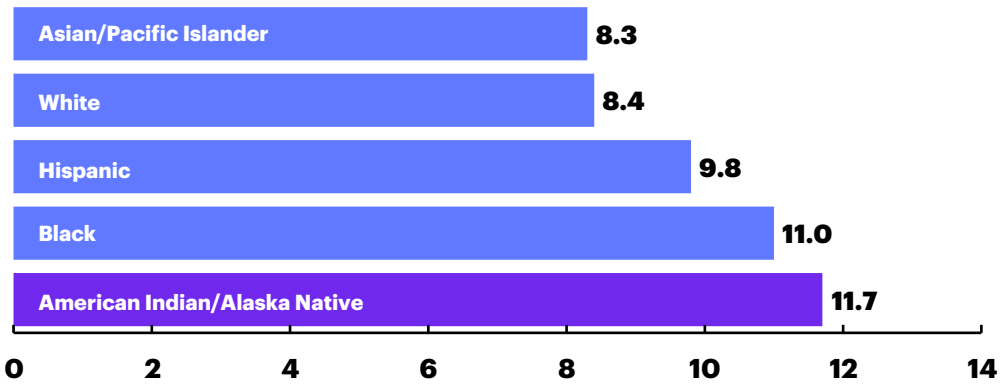

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MASSACHUSETTS

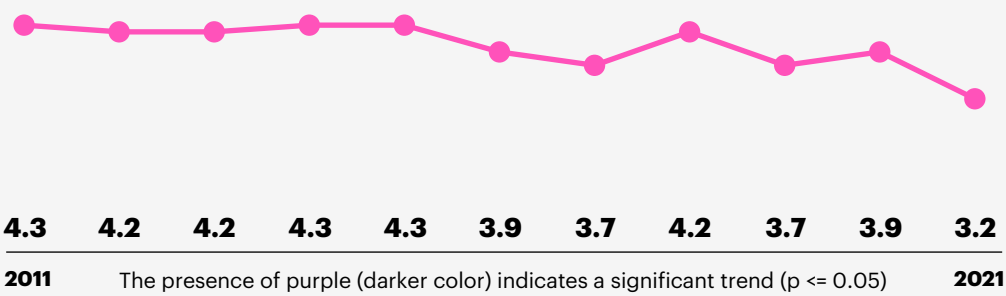
The infant mortality rate decreased in the last decade; In 2021, 223 babies died before their first birthday

INFANT MORTALITY RATE

3.2

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
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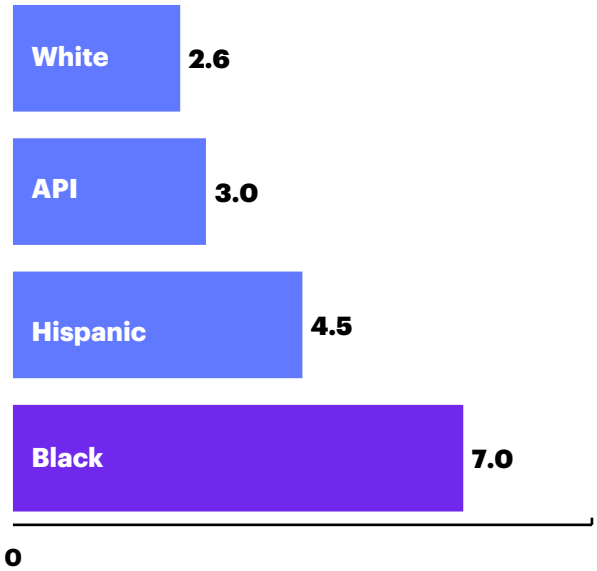

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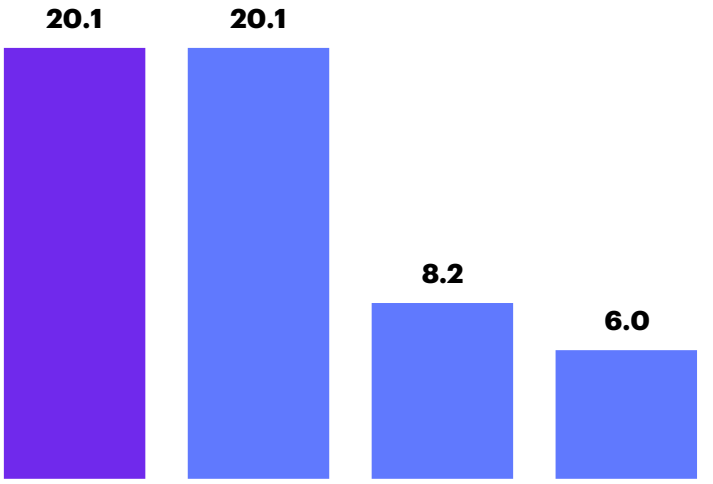

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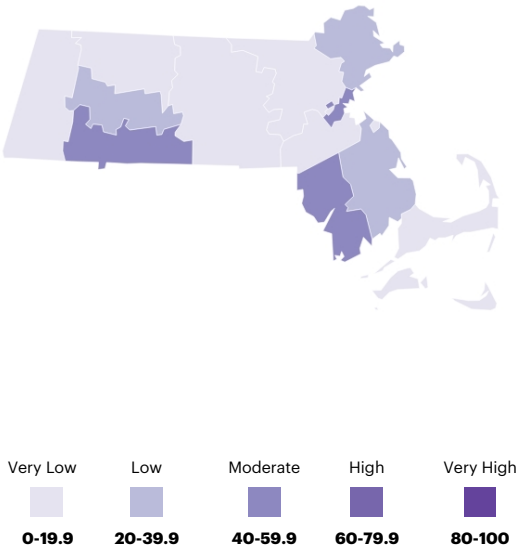

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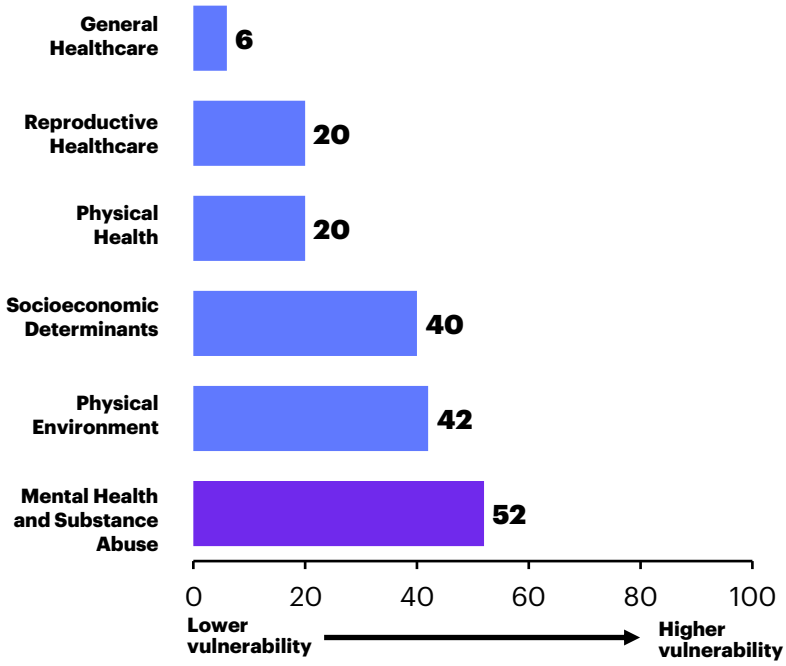

Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Massachusetts is supporting the health of birthing people

15.3
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

27.3
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

11.3
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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MASSACHUSETTS

Adoption of the following policies and sufficient funding in Massachusetts is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

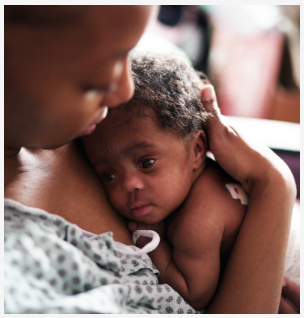
State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
- State reimburses up to $1,500
- State is progressing legislation but not yet active
- State does not have the indicated funding/policy



OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

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2023 MARCH OF DIMES REPORT CARD
MICHIGAN

The preterm birth rate in Michigan was 10.4% in 2022, lower than the rate in 2021

Percentage of live births born preterm

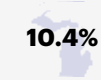
PRETERM BIRTH GRADE

D+

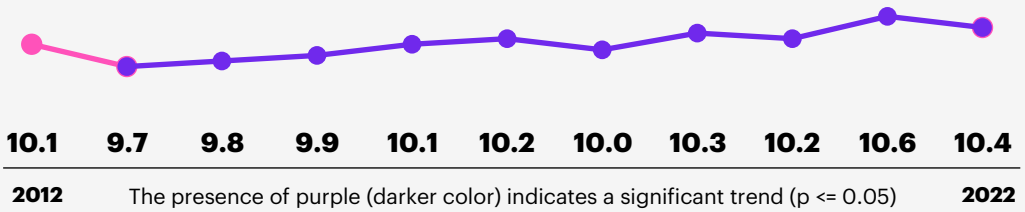
U.S. RATE

10.4

MI RATE

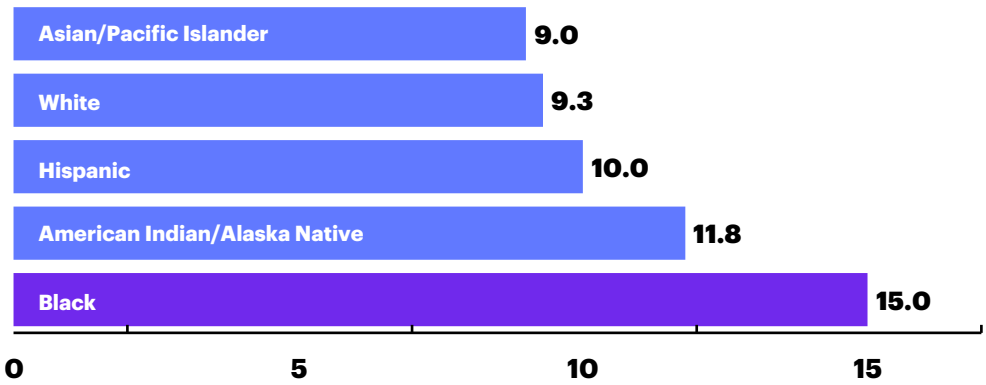


10.4%



The preterm birth rate among babies born to Black birthing people is 1.6x higher than the rate among all other babies

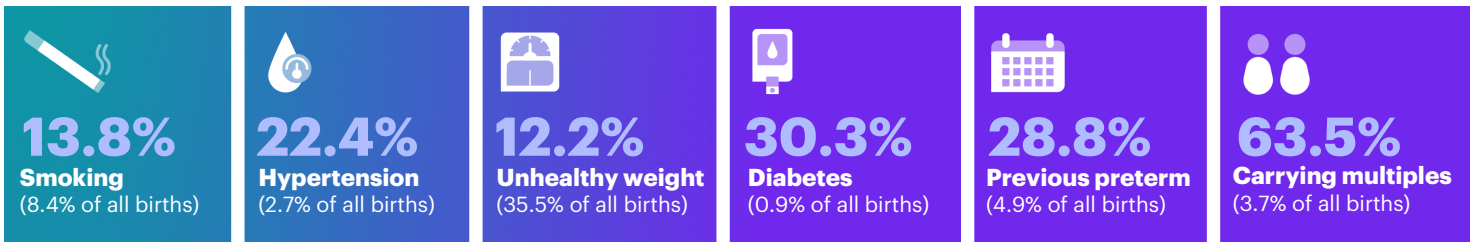
Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022



Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

THE 2023 MARCH OF DIMES REPORT CARD:
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MICHIGAN

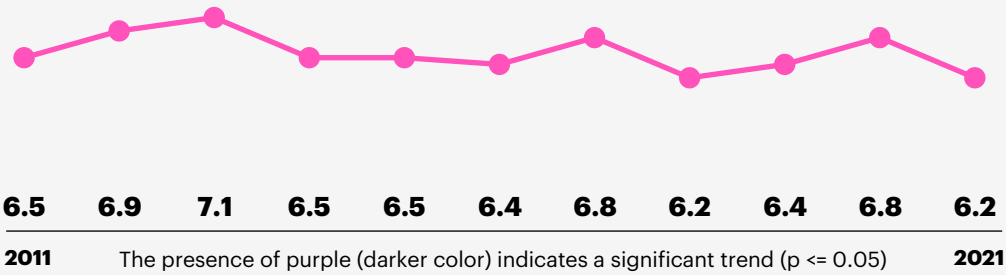
The infant mortality rate decreased in the last decade; In 2021, 653 babies died before their first birthday

INFANT MORTALITY RATE

6.2

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.5	6.9	7.1	6.5	6.5	6.4	6.8	6.2	6.4	6.8	6.2

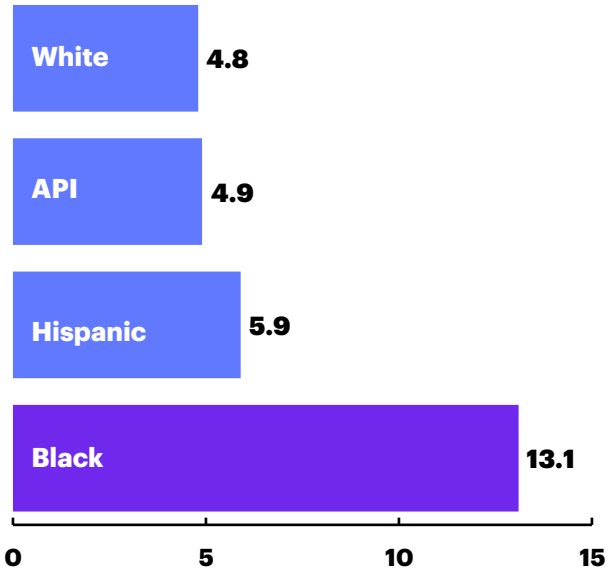
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.1x the state rate

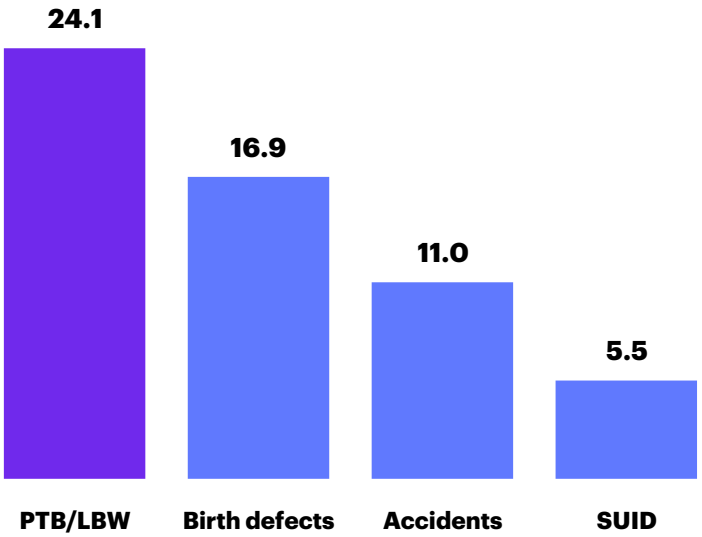
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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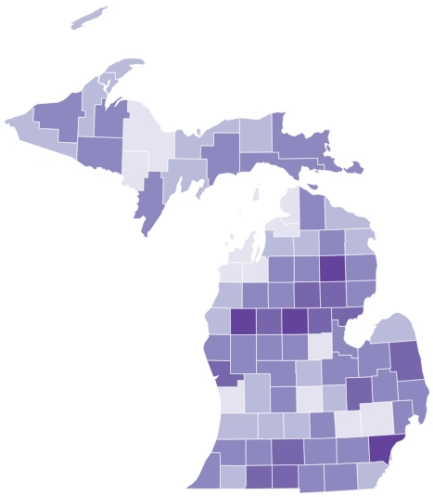
MICHIGAN

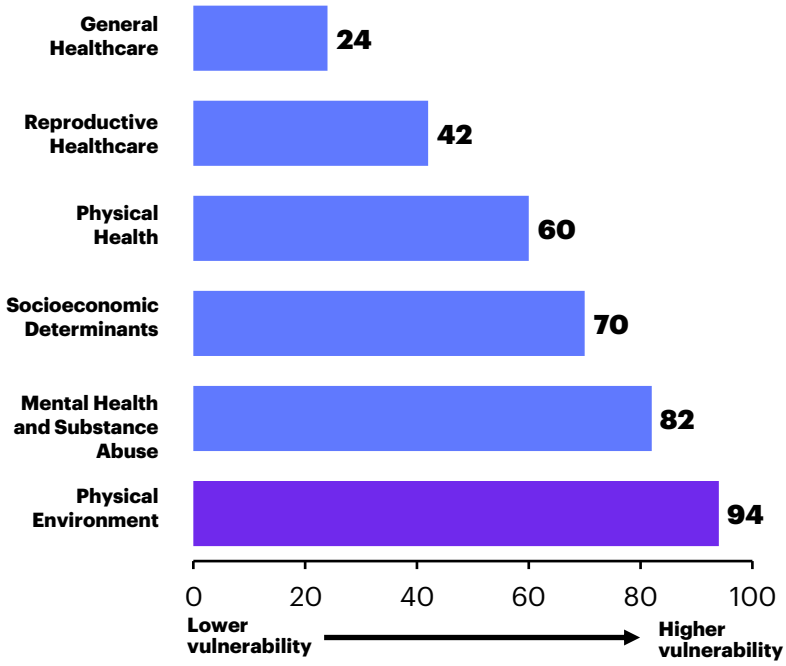
Birthing people in Michigan have a high vulnerability to poor outcomes and are most vulnerable due to the physical environment

MVI by county in Michigan



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Michigan is supporting the health of birthing people

19.4
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

27.7
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

13.6
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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MICHIGAN

Adoption of the following policies and sufficient funding in Michigan is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

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State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

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State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

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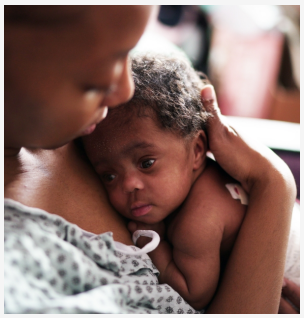

OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

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2023 MARCH OF DIMES REPORT CARD
MINNESOTA

The preterm birth rate in Minnesota was 9.6% in 2022, the same as the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE

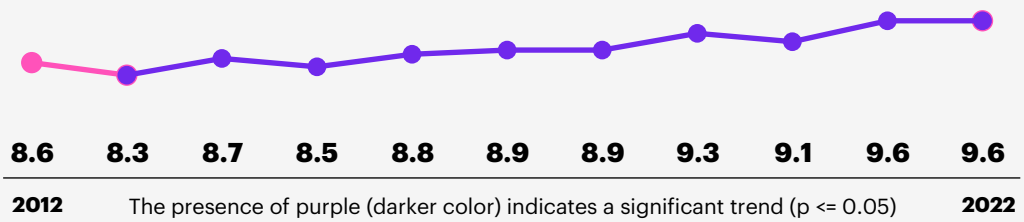
C+

U.S. RATE

10.4

MN RATE

9.6%

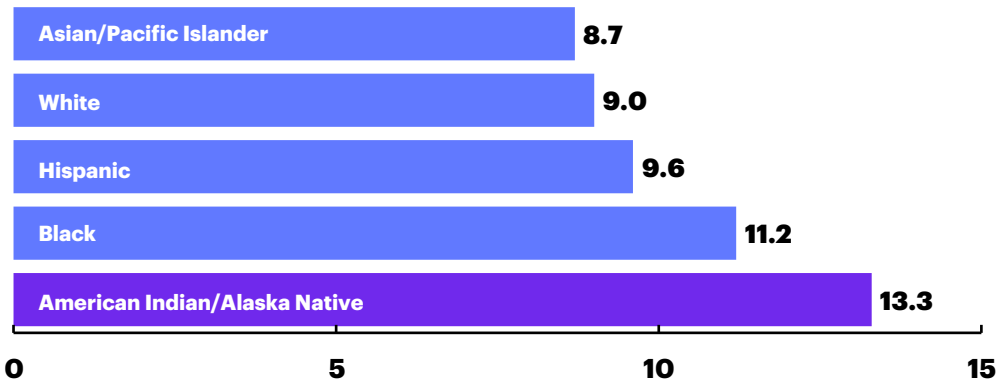


2012										2022
8.6	8.3	8.7	8.5	8.8	8.9	8.9	9.3	9.1	9.6	9.6

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.4x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

14.5% **Smoking** (5.6% of all births)

21.3% **Hypertension** (2.7% of all births)

11.5% **Unhealthy weight** (33.5% of all births)

29.6% **Diabetes** (1.3% of all births)

27.8% **Previous preterm** (4.6% of all births)

61.1% **Carrying multiples** (3.6% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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MINNESOTA

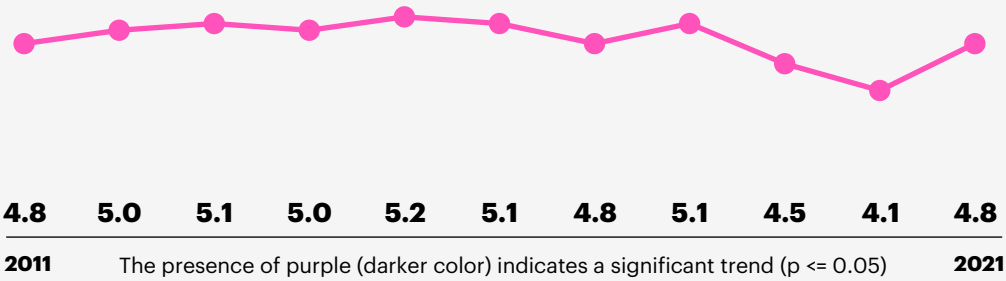
The infant mortality rate did not improve in the last decade; In 2021, 311 babies died before their first birthday

INFANT MORTALITY RATE

4.8

U.S. RATE

Rate per 1,000 live births



2011										2021
4.8	5.0	5.1	5.0	5.2	5.1	4.8	5.1	4.5	4.1	4.8

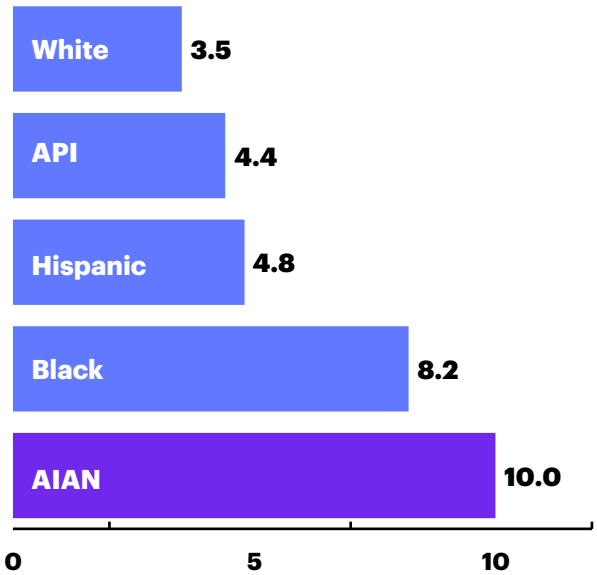
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to American Indian/Alaska Native birthing people is 2.1x the state rate

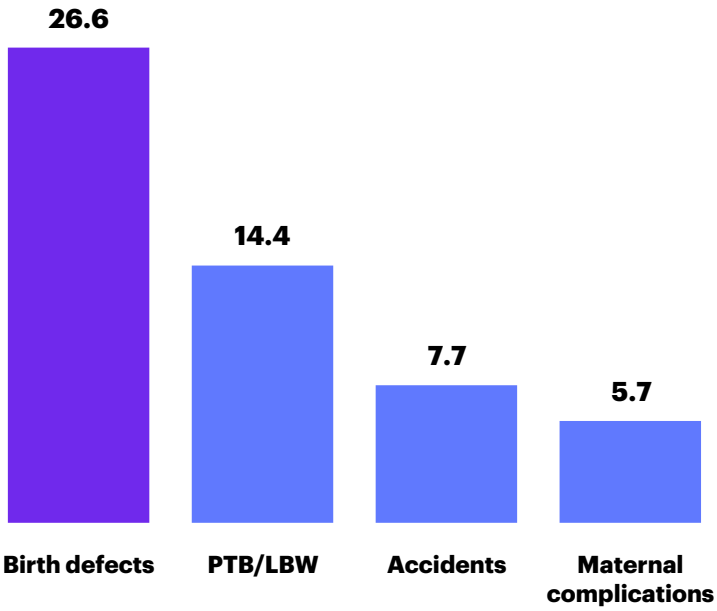
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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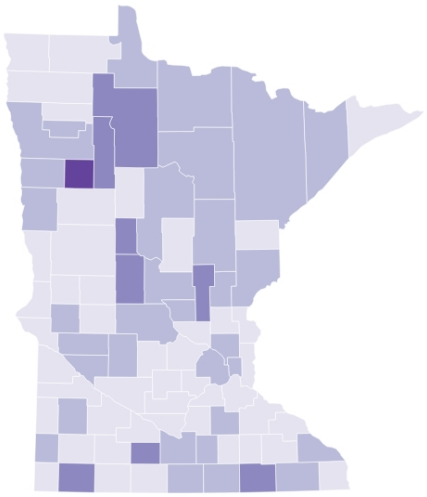
MINNESOTA

Birthing people in Minnesota have a very low vulnerability to poor outcomes and are most vulnerable due to general healthcare accessibility

MVI by county in Minnesota



Factors related to maternal vulnerability

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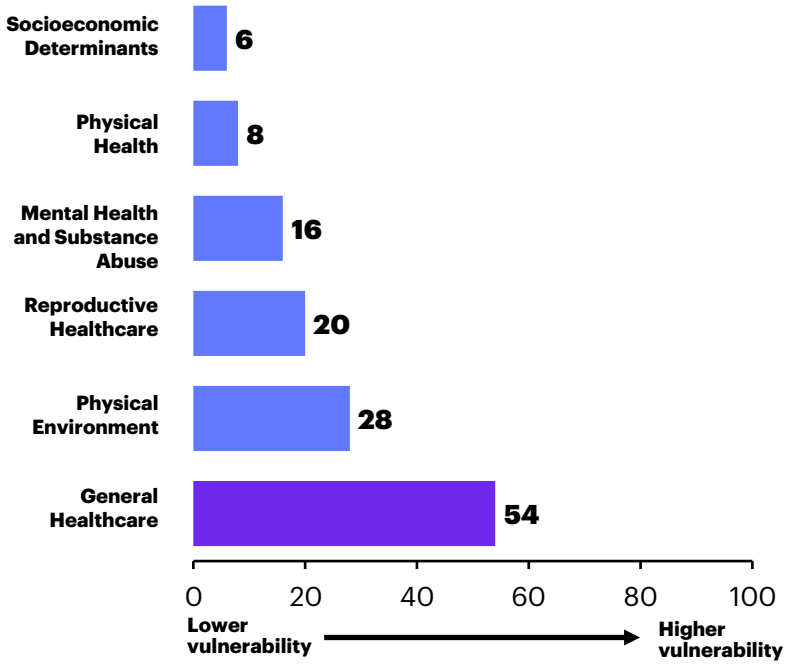

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Minnesota is supporting the health of birthing people

12.6
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

26.6
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

10.4
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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MINNESOTA

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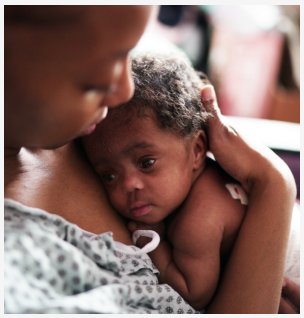

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2023 MARCH OF DIMES REPORT CARD
MISSISSIPPI

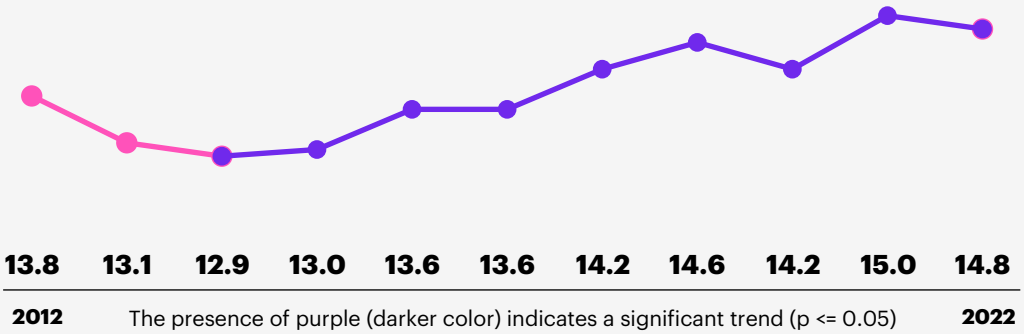
The preterm birth rate in Mississippi was 14.8% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **F**

U.S. RATE 10.4

MS RATE 14.8%

Percentage of live births born preterm

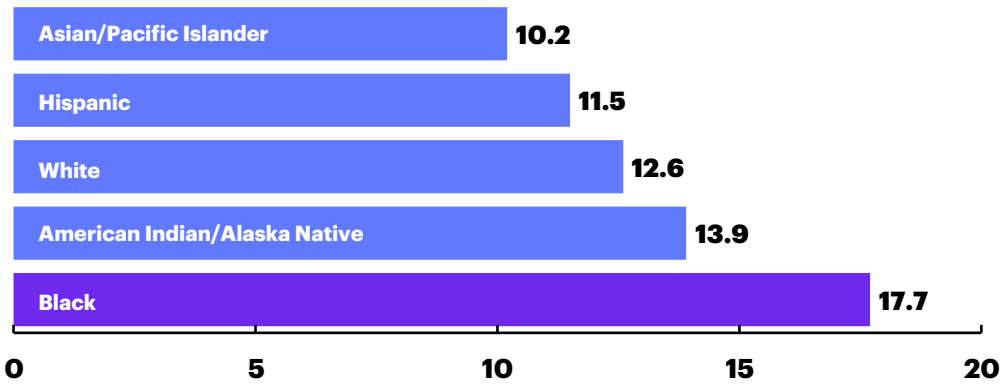


2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
13.8	13.1	12.9	13.0	13.6	13.6	14.2	14.6	14.2	15.0	14.8

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.4x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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27.6% **Hypertension** (4.8% of all births)

16.6% **Unhealthy weight** (43.7% of all births)

35.3% **Diabetes** (1.2% of all births)

35.4% **Previous preterm** (4.3% of all births)

75.0% **Carrying multiples** (3.5% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

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MISSISSIPPI

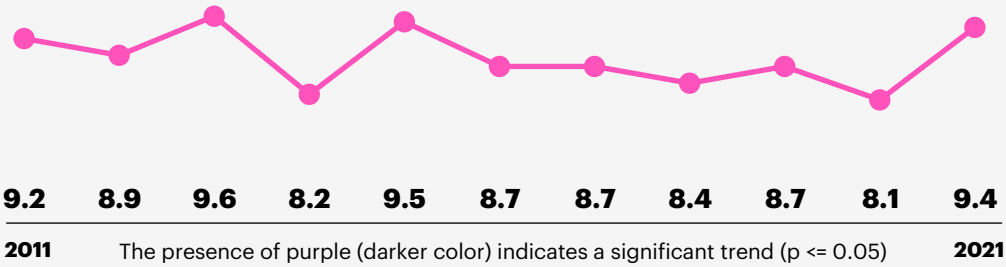
The infant mortality rate increased in the last decade; In 2021, 330 babies died before their first birthday

INFANT MORTALITY RATE

9.4

U.S. RATE

Rate per 1,000 live births



2011										2021
9.2	8.9	9.6	8.2	9.5	8.7	8.7	8.4	8.7	8.1	9.4

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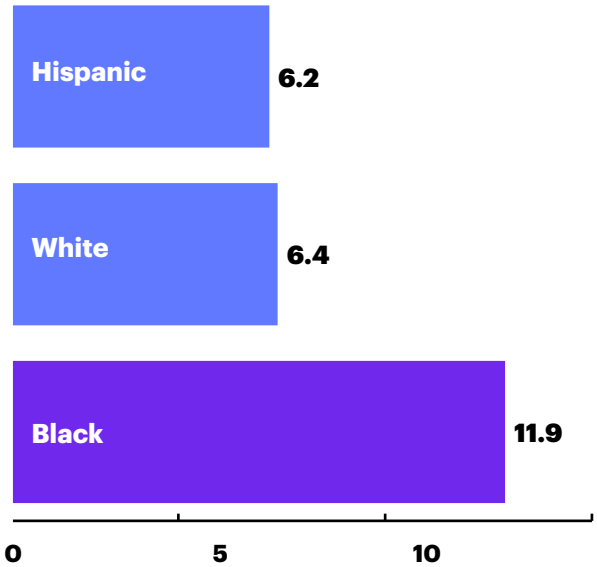
Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.3x the state rate

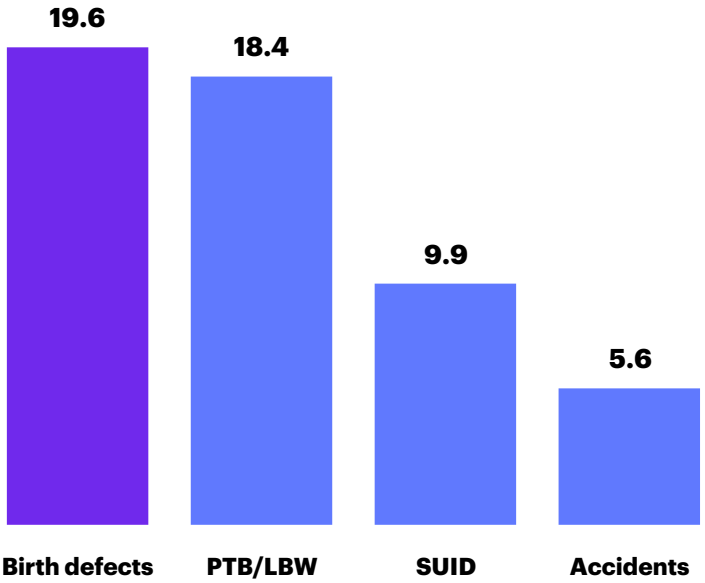
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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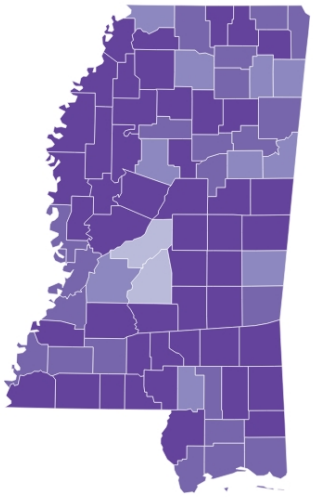
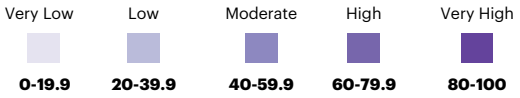
MISSISSIPPI

Birthing people in Mississippi have a very high vulnerability to poor outcomes and are most vulnerable due to overall physical health

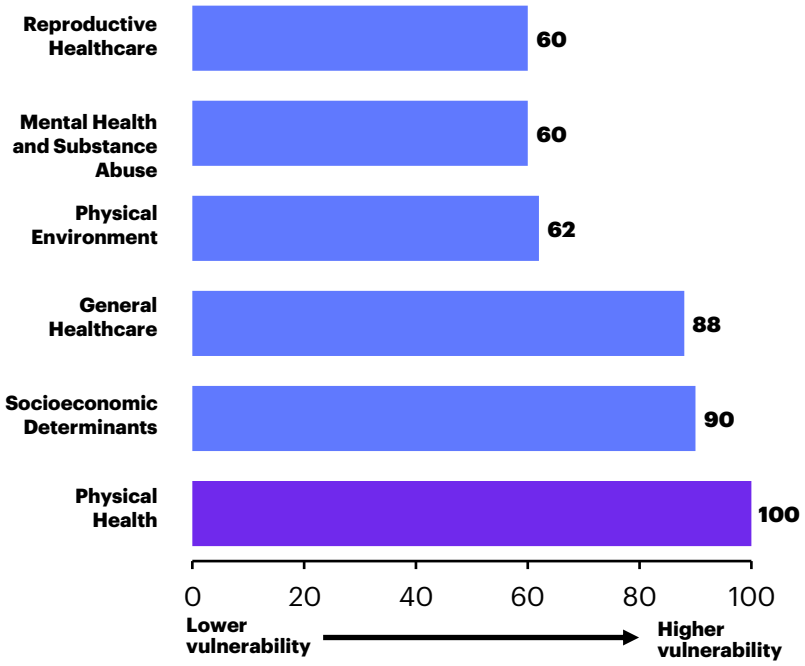
MVI by county in Mississippi





Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Mississippi is supporting the health of birthing people

43.0
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

30.8
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

13.7
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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MISSISSIPPI

Adoption of the following policies and sufficient funding in Mississippi is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

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State Medicaid agency is actively reimbursing doula care.

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State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

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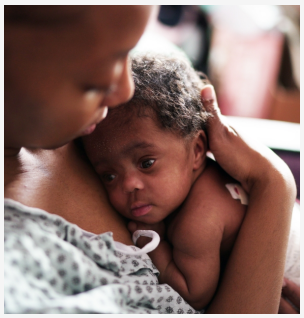

OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
MISSOURI

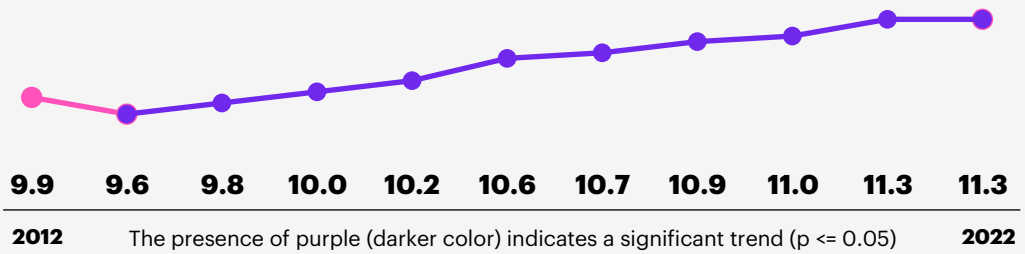
The preterm birth rate in Missouri was 11.3% in 2022, the same as the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **D-**

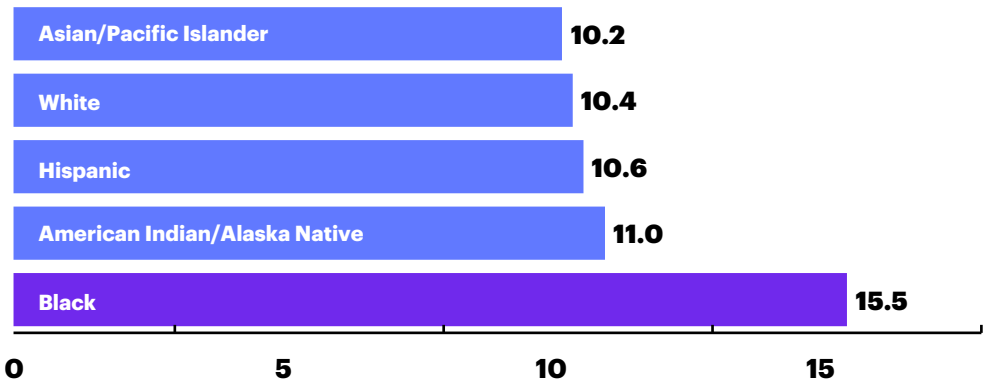
U.S. RATE 10.4

MO RATE 11.3%



The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

15.2% **Smoking** (10.3% of all births)

26.4% **Hypertension** (3.9% of all births)

13.3% **Unhealthy weight** (36.3% of all births)

31.7% **Diabetes** (1.3% of all births)

33.2% **Previous preterm** (5.0% of all births)

66.4% **Carrying multiples** (3.5% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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MISSOURI

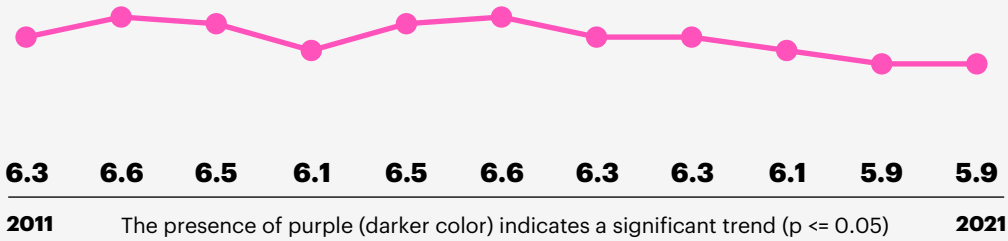
The infant mortality rate decreased in the last decade; In 2021, 406 babies died before their first birthday

INFANT MORTALITY RATE

5.9

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.3	6.6	6.5	6.1	6.5	6.6	6.3	6.3	6.1	5.9	5.9

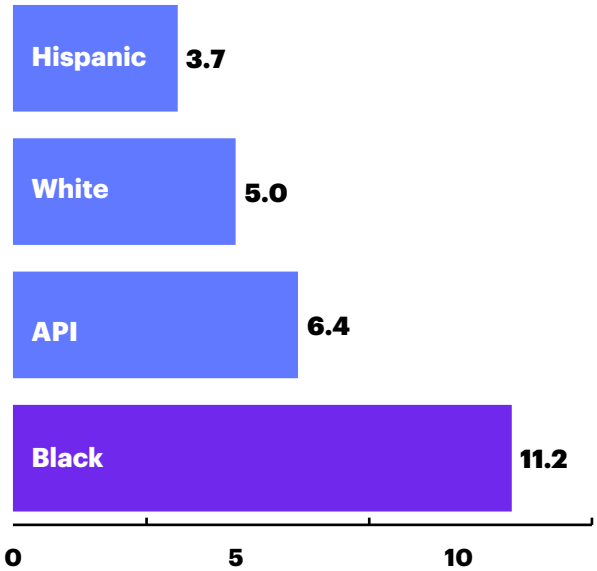
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.9x the state rate

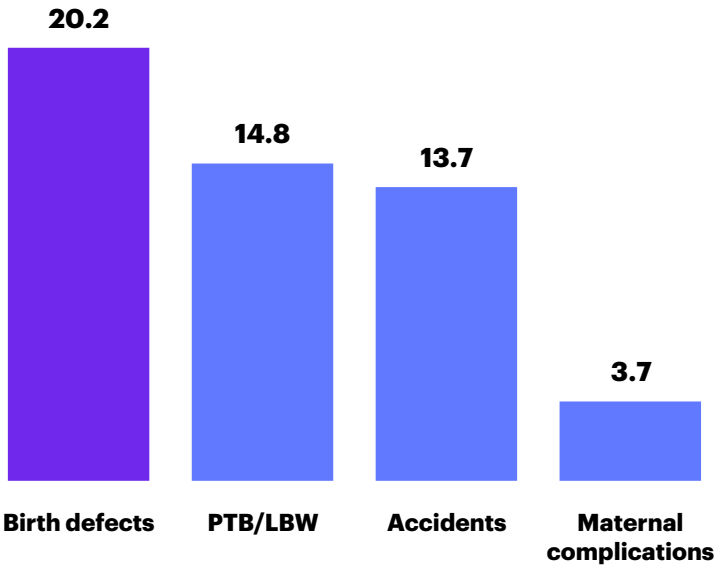
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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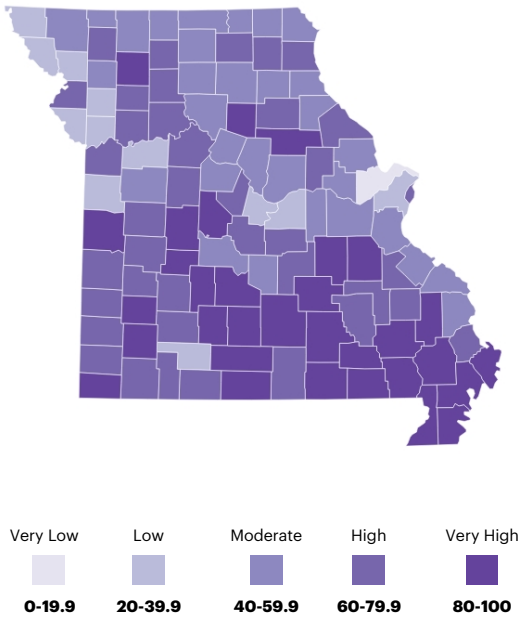
MISSOURI

Birthing people in Missouri have a high vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

MVI by county in Missouri



Factors related to maternal vulnerability

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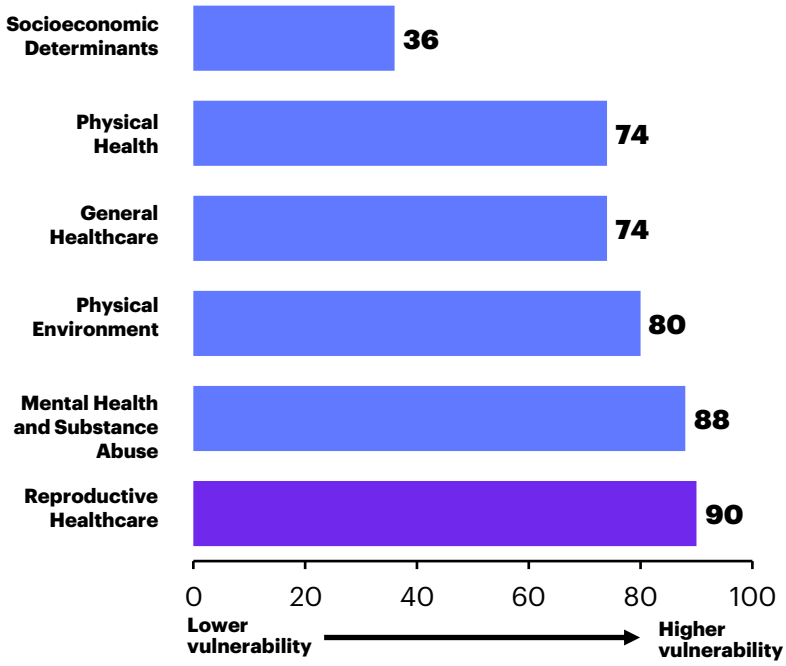

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Missouri is supporting the health of birthing people

25.7
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

24.5
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

15.6
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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MISSOURI

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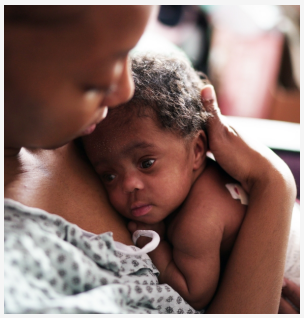

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2023 MARCH OF DIMES REPORT CARD
MONTANA

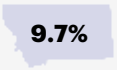
The preterm birth rate in Montana was 9.7% in 2022, the same as the rate in 2021

PRETERM BIRTH GRADE

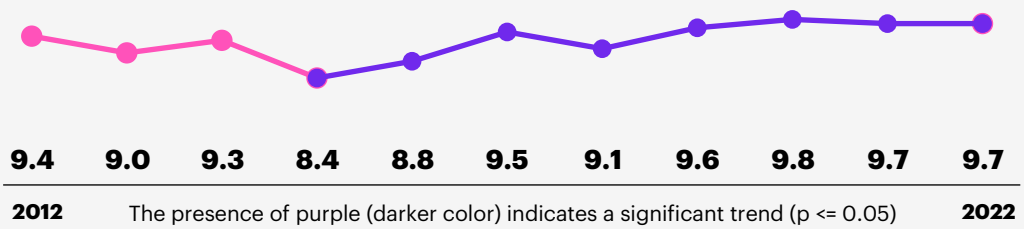
C

U.S. RATE

MT RATE



Percentage of live births born preterm

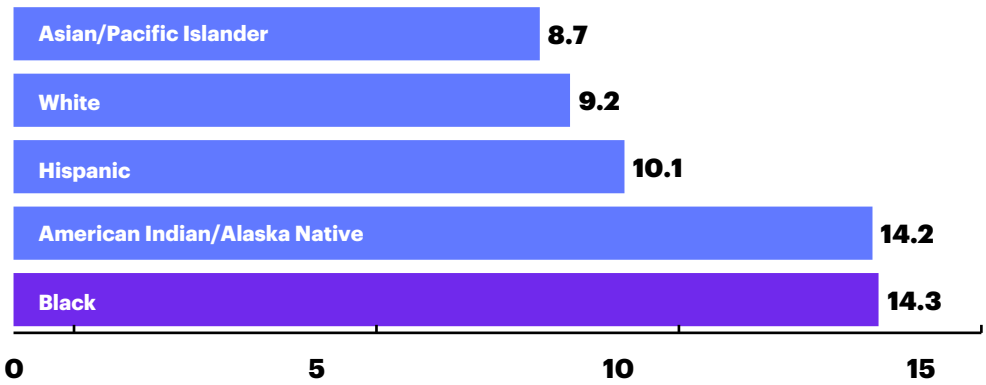


2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
9.4	9.0	9.3	8.4	8.8	9.5	9.1	9.6	9.8	9.7	9.7

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

15.0% Smoking (9.3% of all births)

16.0% Hypertension (2.0% of all births)

12.2% Unhealthy weight (31.4% of all births)

25.8% Diabetes (1.1% of all births)

27.8% Previous preterm (4.7% of all births)

58.2% Carrying multiples (3.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

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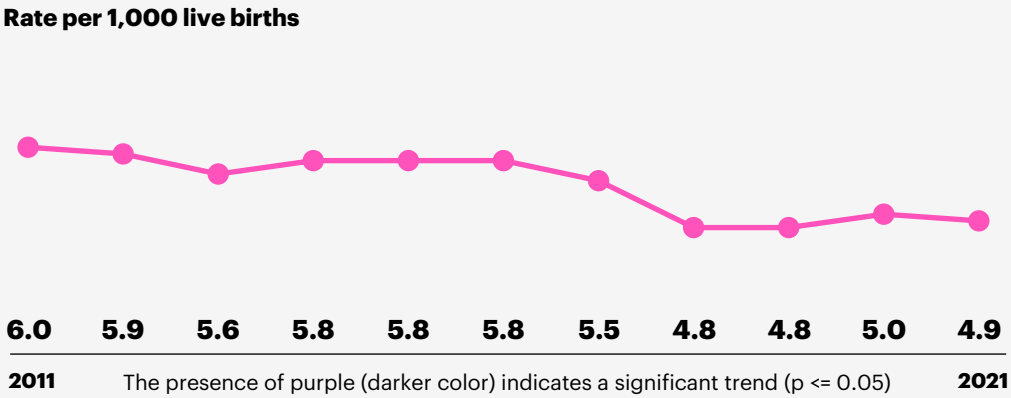
MONTANA

The infant mortality rate decreased in the last decade; In 2021, 55 babies died before their first birthday

INFANT MORTALITY RATE

4.9

U.S. RATE

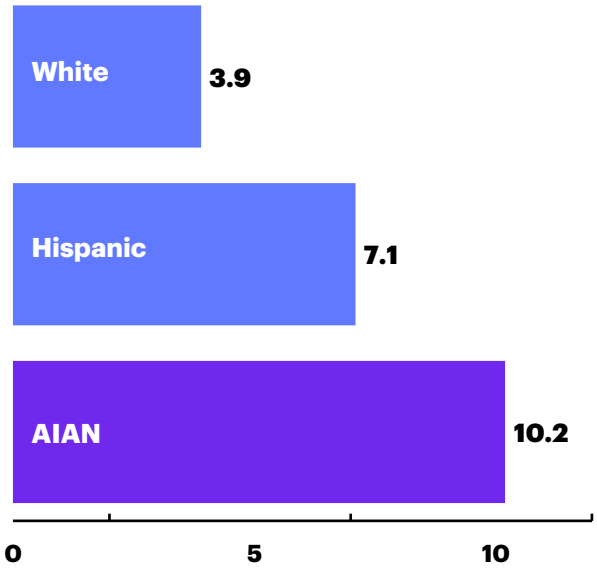


Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to American Indian/Alaska Native birthing people is 2.1x the state rate

Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



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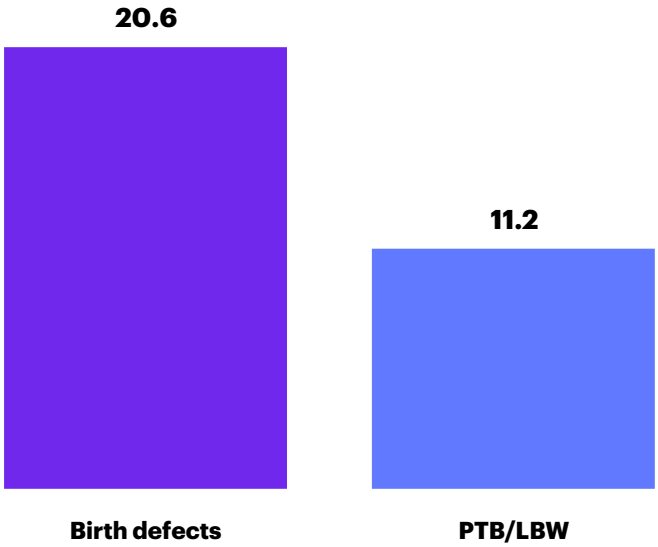

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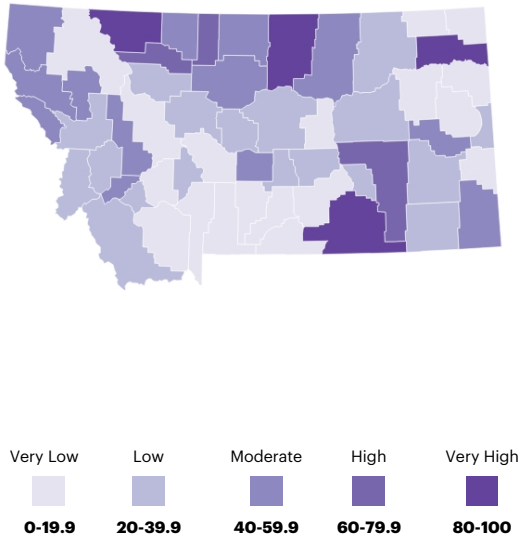
MONTANA

Birthing people in Montana have a low vulnerability to poor outcomes and are most vulnerable due to general healthcare accessibility

MVI by county in Montana



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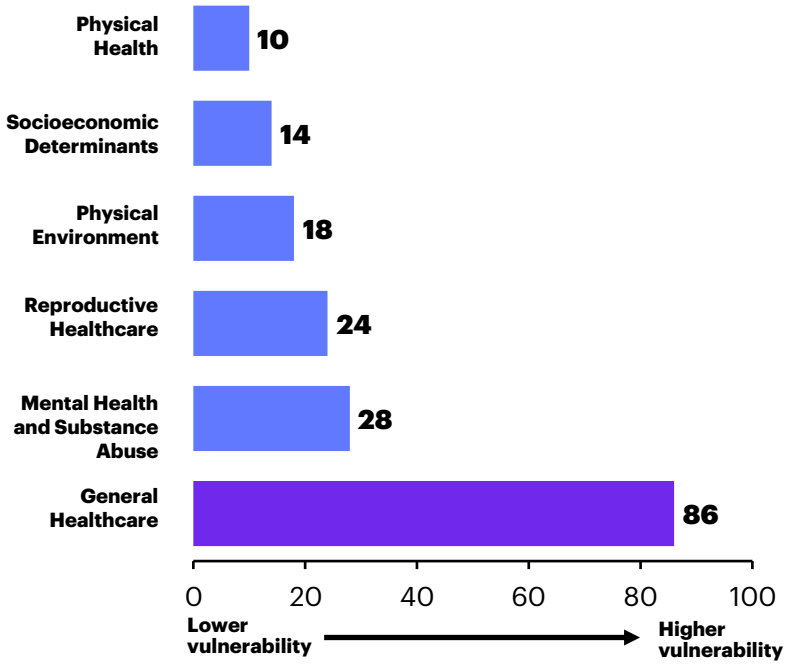

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Montana is supporting the health of birthing people

29.1 PER 100,000 BIRTHS — 23.5

MATERNAL MORTALITY

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21.2 PERCENT — 26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

13.6 PERCENT — 15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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MONTANA

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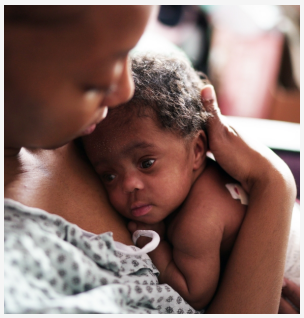

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2023 MARCH OF DIMES REPORT CARD
NEBRASKA

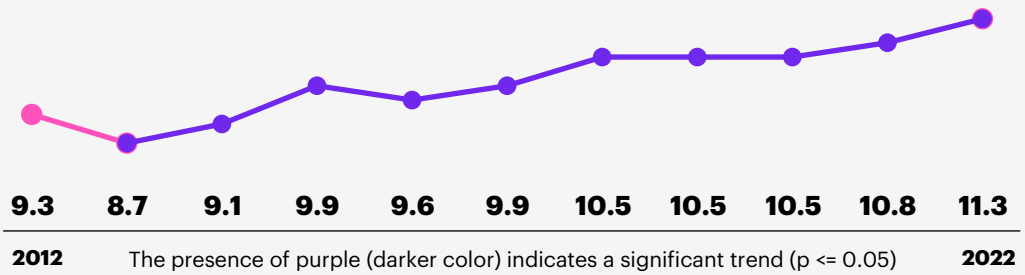
The preterm birth rate in Nebraska was 11.3% in 2022, higher than the rate in 2021

PRETERM BIRTH GRADE **D-**

U.S. RATE 10.4

NE RATE 11.3%

Percentage of live births born preterm



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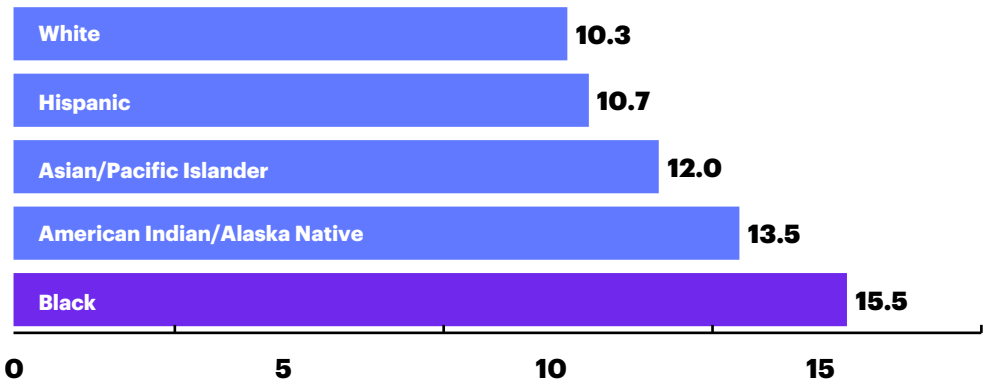

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14.2% Smoking (6.9% of all births)

33.7% Hypertension (3.2% of all births)

14.5% Unhealthy weight (32.2% of all births)

39.9% Diabetes (1.4% of all births)

29.5% Previous preterm (4.9% of all births)

67.9% Carrying multiples (3.6% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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NEBRASKA

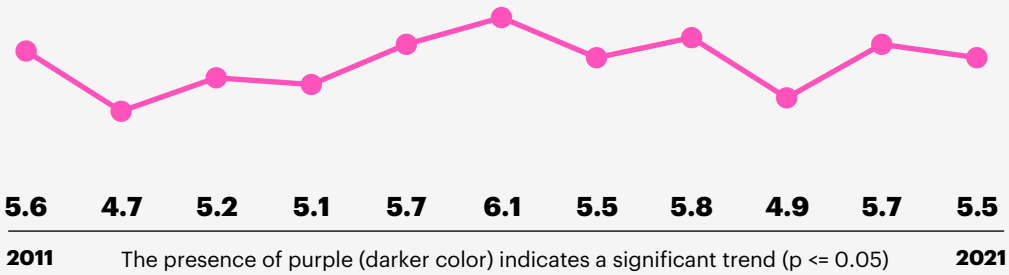
The infant mortality rate decreased in the last decade; In 2021, 135 babies died before their first birthday

INFANT MORTALITY RATE

5.5

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5.6	4.7	5.2	5.1	5.7	6.1	5.5	5.8	4.9	5.7	5.5

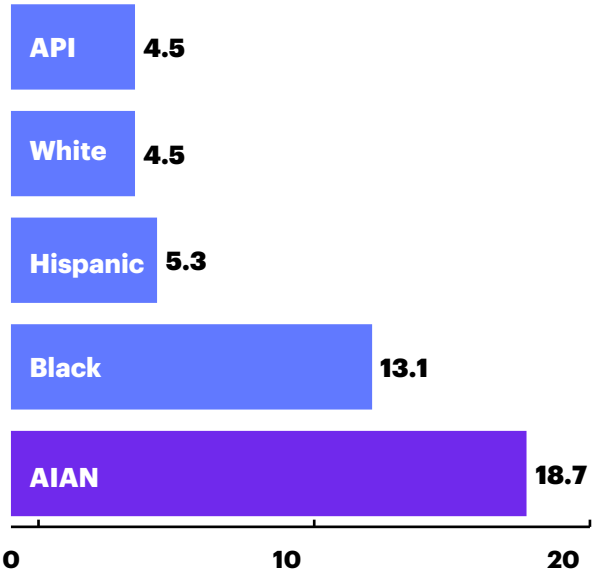
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to American Indian/Alaska Native birthing people is 3.4x the state rate

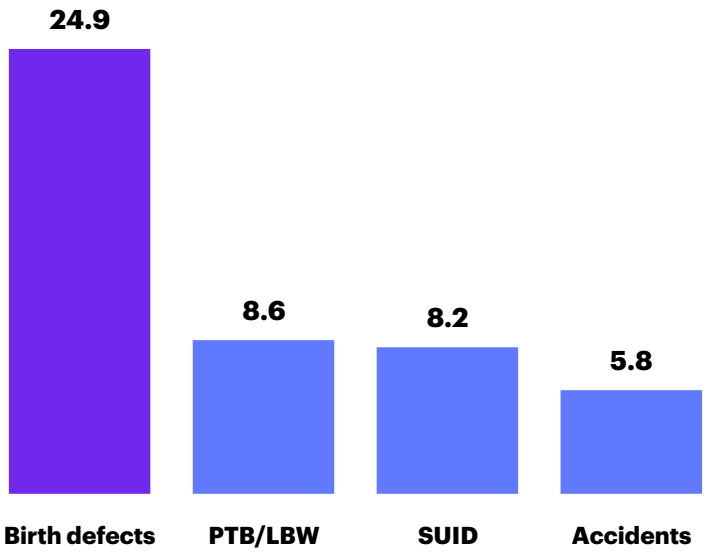
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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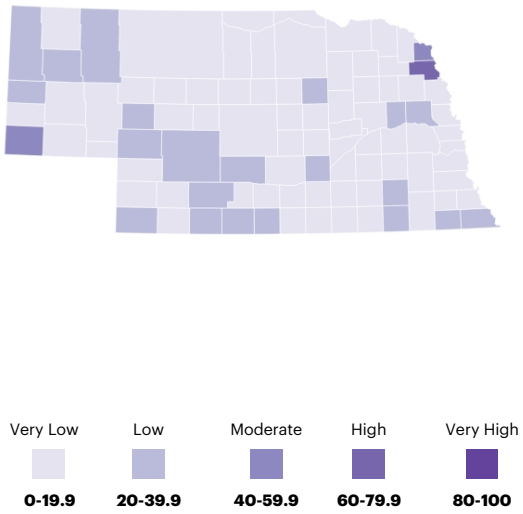
NEBRASKA

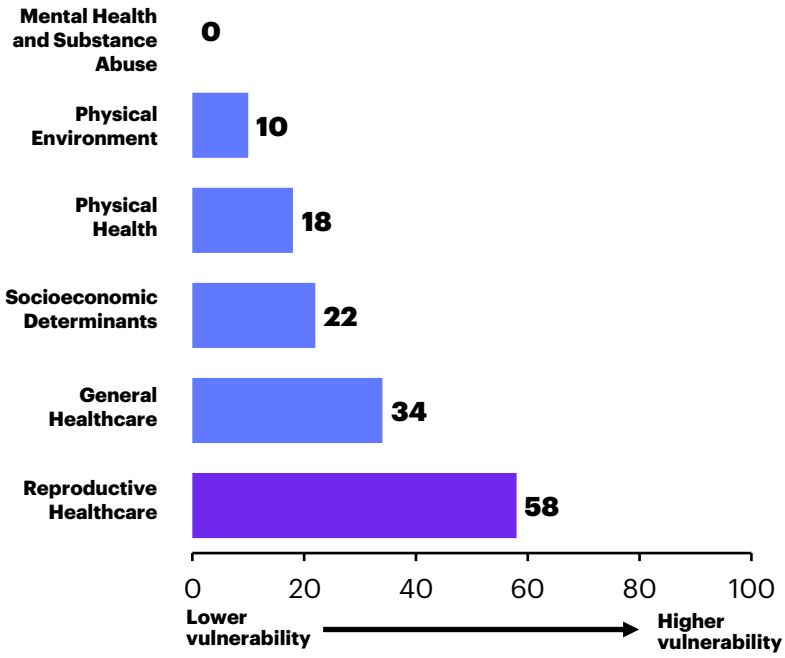
Birthing people in Nebraska have a very low vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

MVI by county in Nebraska



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Nebraska is supporting the health of birthing people

26.2 PER 100,000 BIRTHS (23.5)

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

22.6 PERCENT (26.3)

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

12.3 PERCENT (15.5)

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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NEBRASKA

Adoption of the following policies and sufficient funding in Nebraska is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

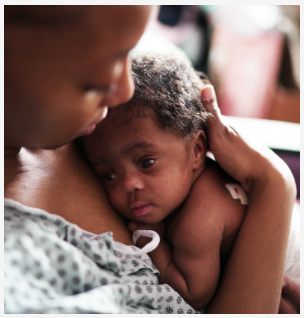
State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
- State reimburses up to $1,500
- State is progressing legislation but not yet active
- State does not have the indicated funding/policy



OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
NEVADA

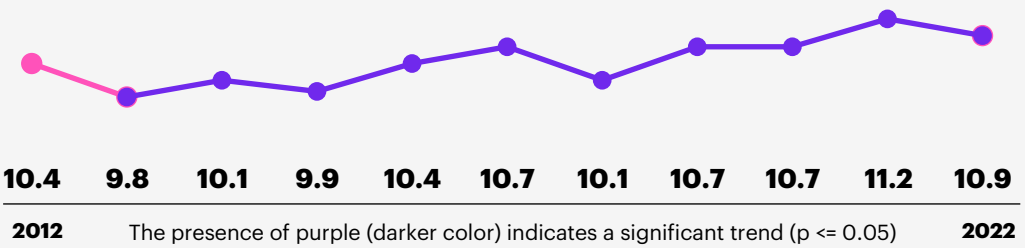
The preterm birth rate in Nevada was 10.9% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **D**

U.S. RATE 10.4

NV RATE 10.9%

Percentage of live births born preterm

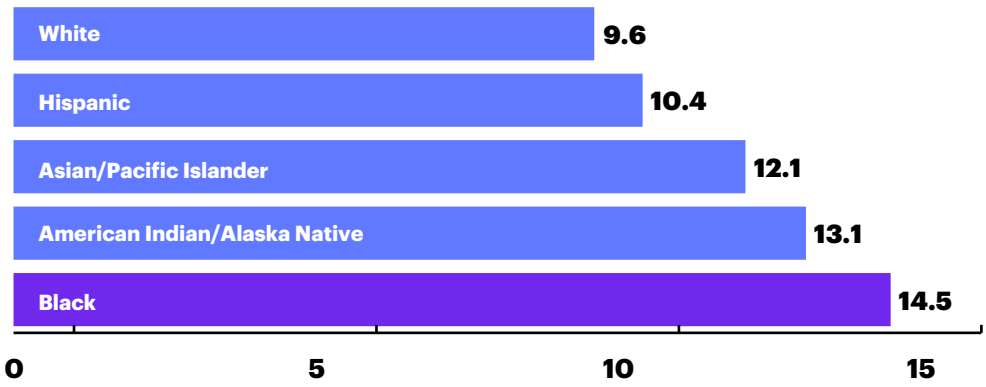


2012										2022
10.4	9.8	10.1	9.9	10.4	10.7	10.1	10.7	10.7	11.2	10.9

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.4x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

18.4% Smoking (2.9% of all births)

24.4% Hypertension (2.0% of all births)

11.9% Unhealthy weight (34.1% of all births)

22.4% Diabetes (1.1% of all births)

28.8% Previous preterm (3.6% of all births)

63.2% Carrying multiples (3.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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NEVADA

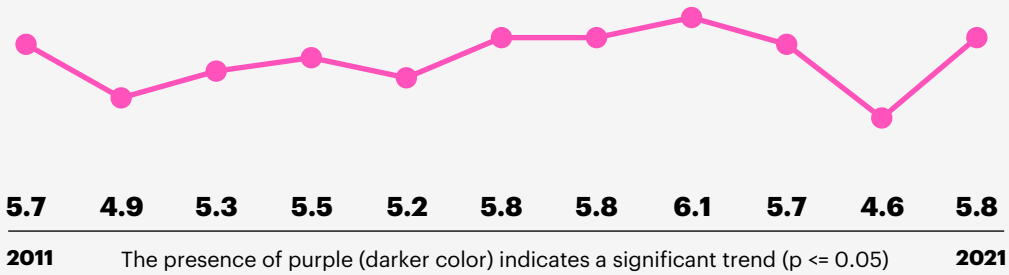
The infant mortality rate increased in the last decade; In 2021, 194 babies died before their first birthday

INFANT MORTALITY RATE

5.8

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5.7	4.9	5.3	5.5	5.2	5.8	5.8	6.1	5.7	4.6	5.8

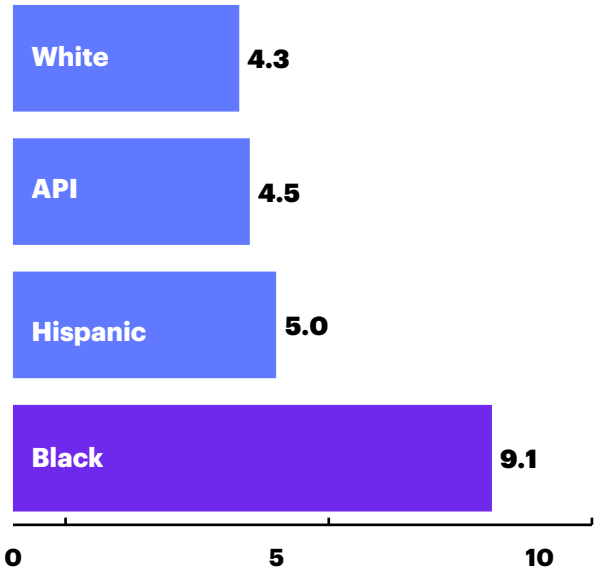
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.6x the state rate

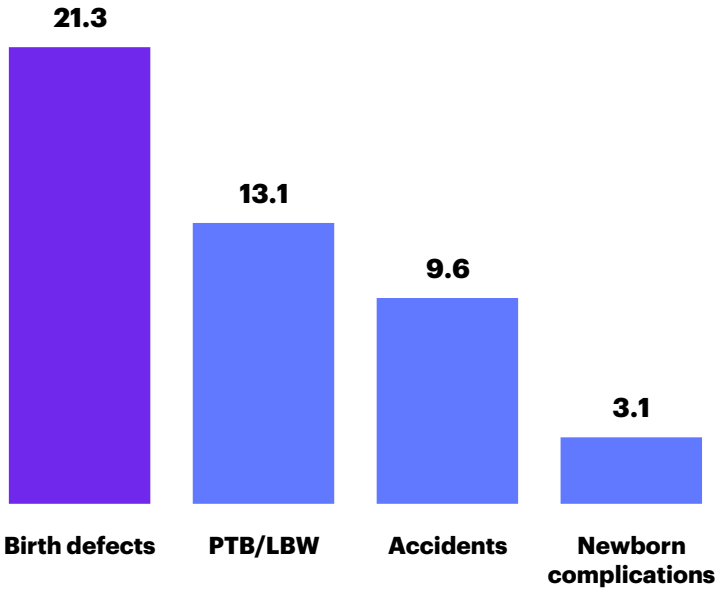
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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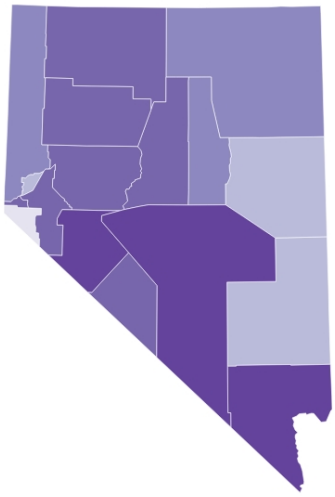
NEVADA

Birthing people in Nevada have a very high vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

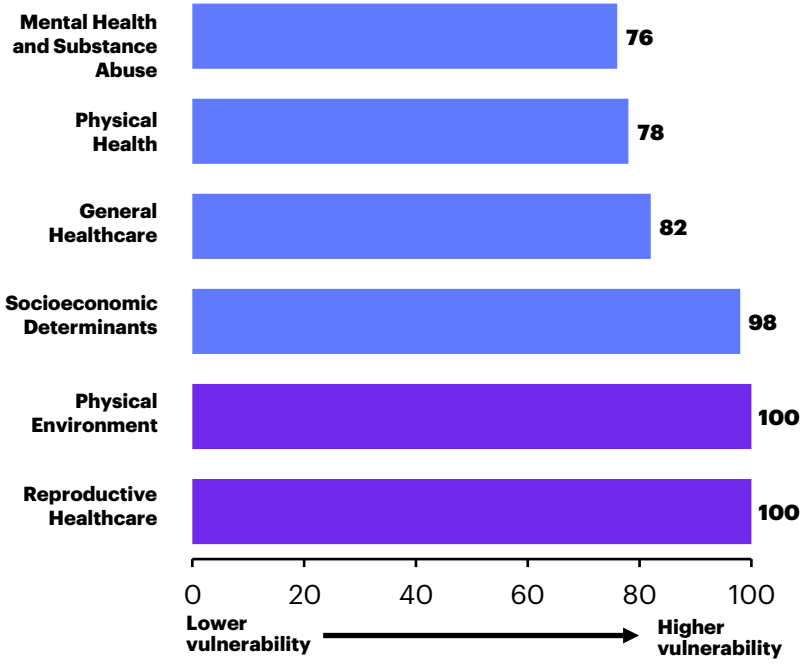
MVI by county in Nevada



Very Low 0-19.9 | Low 20-39.9 | Moderate 40-59.9 | High 60-79.9 | Very High 80-100

Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Nevada is supporting the health of birthing people

21.7 PER 100,000 BIRTHS — 23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

27.3 PERCENT — 26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

16.3 PERCENT — 15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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NEVADA

Adoption of the following policies and sufficient funding in Nevada is critical to improve and sustain maternal and infant healthcare

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Legend

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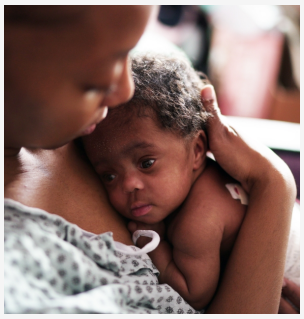

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At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

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2023 MARCH OF DIMES REPORT CARD
NEW HAMPSHIRE

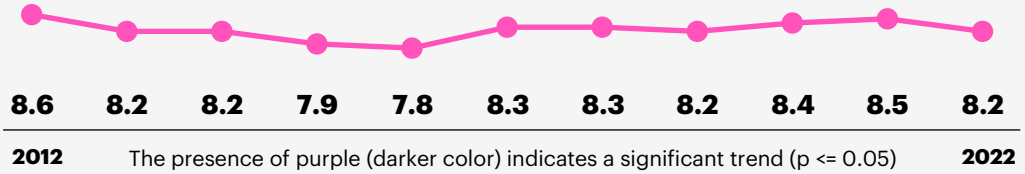
The preterm birth rate in New Hampshire was 8.2% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **B+**

U.S. RATE 10.4

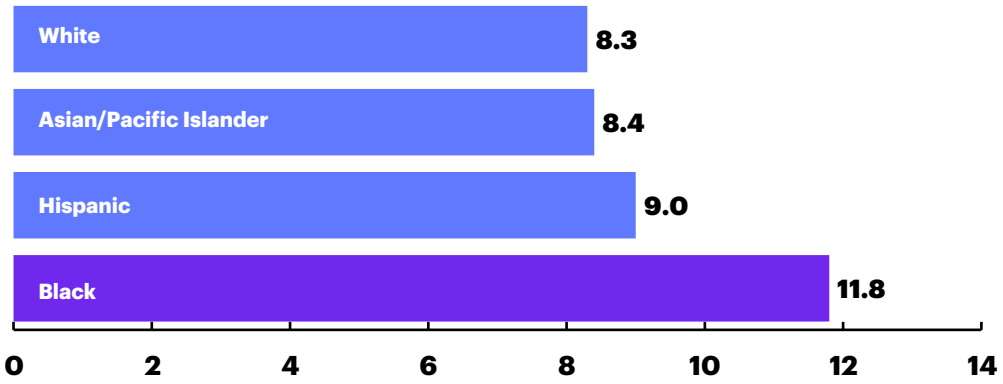
NH RATE 8.2%



The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.4x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

13.5% **Smoking** (5.1% of all births)

14.8% **Hypertension** (2.6% of all births)

9.7% **Unhealthy weight** (32.0% of all births)

21.2% **Diabetes** (1.2% of all births)

30.2% **Previous preterm** (3.0% of all births)

48.8% **Carrying multiples** (3.2% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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NEW HAMPSHIRE

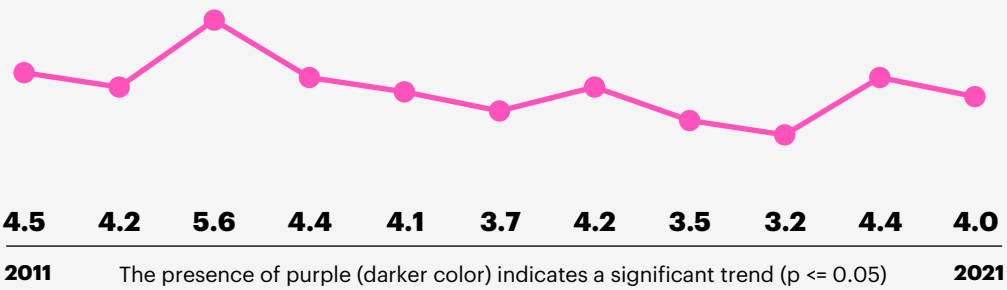
The infant mortality rate decreased in the last decade; In 2021, 50 babies died before their first birthday

INFANT MORTALITY RATE

4.0

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
4.5	4.2	5.6	4.4	4.1	3.7	4.2	3.5	3.2	4.4	4.0

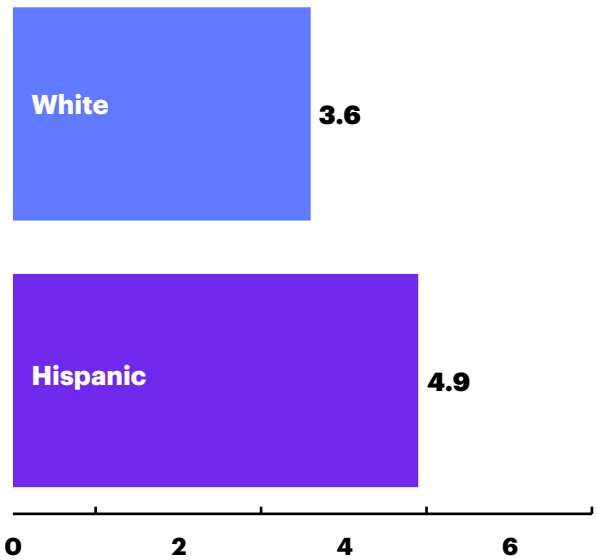
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Hispanic birthing people is 1.2x the state rate

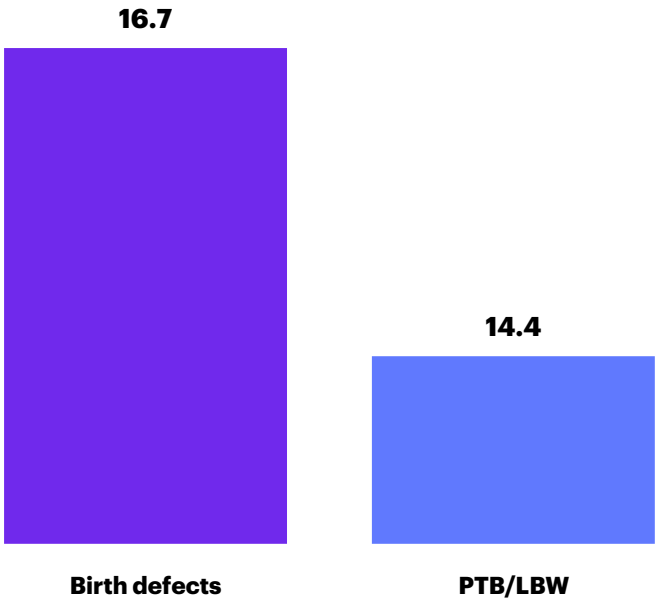
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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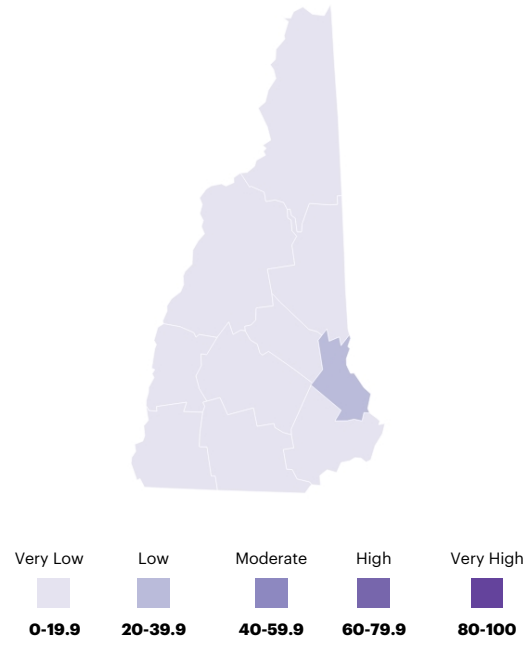
NEW HAMPSHIRE

Birthing people in New Hampshire have a very low vulnerability to poor outcomes and are most vulnerable due to mental health and substance use

MVI by county in New Hampshire



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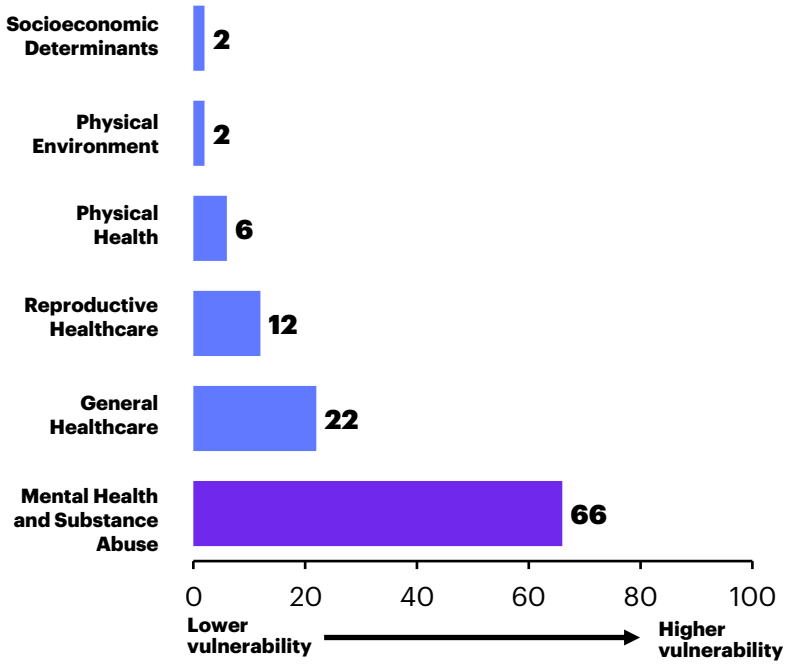

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how New Hampshire is supporting the health of birthing people

N/A

23.5

MATERNAL MORTALITY

The death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends cannot be shown due to unreliable estimates and concerns with confidentiality.

27.9

PERCENT

26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

9.0

PERCENT

15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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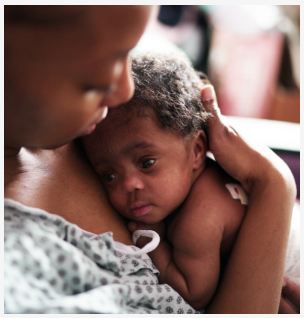

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2023 MARCH OF DIMES REPORT CARD
NEW JERSEY

The preterm birth rate in New Jersey was 9.3% in 2022, higher than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE

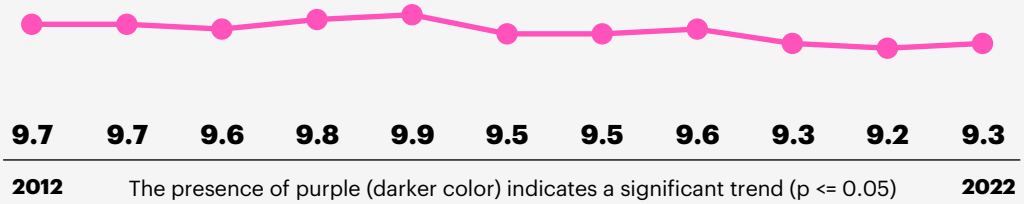
C+

U.S. RATE

10.4

NJ RATE

9.3%

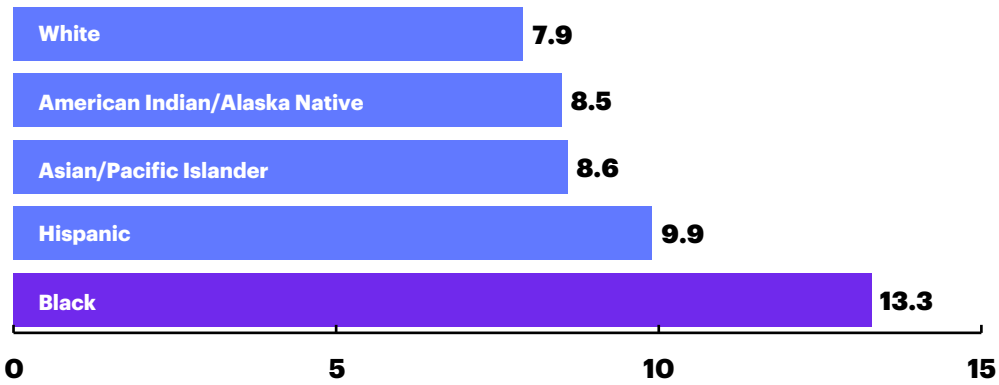


2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
9.7	9.7	9.6	9.8	9.9	9.5	9.5	9.6	9.3	9.2	9.3

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

15.6% **Smoking** (1.9% of all births)

21.9% **Hypertension** (2.5% of all births)

11.1% **Unhealthy weight** (29.0% of all births)

24.4% **Diabetes** (1.0% of all births)

25.7% **Previous preterm** (4.8% of all births)

58.1% **Carrying multiples** (3.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

THE 2023 MARCH OF DIMES REPORT CARD:
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NEW JERSEY

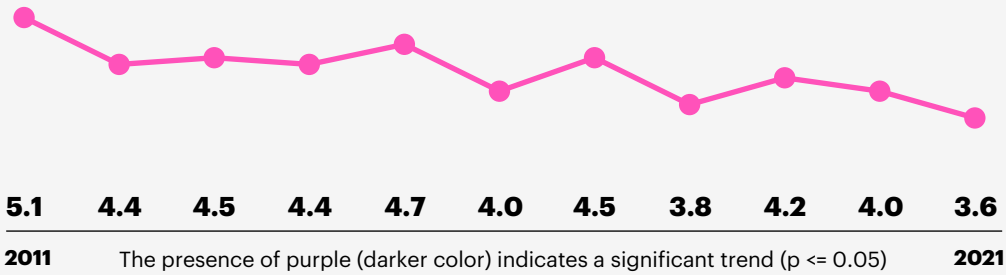
The infant mortality rate decreased in the last decade; In 2021, 362 babies died before their first birthday

INFANT MORTALITY RATE

3.6

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5.1	4.4	4.5	4.4	4.7	4.0	4.5	3.8	4.2	4.0	3.6

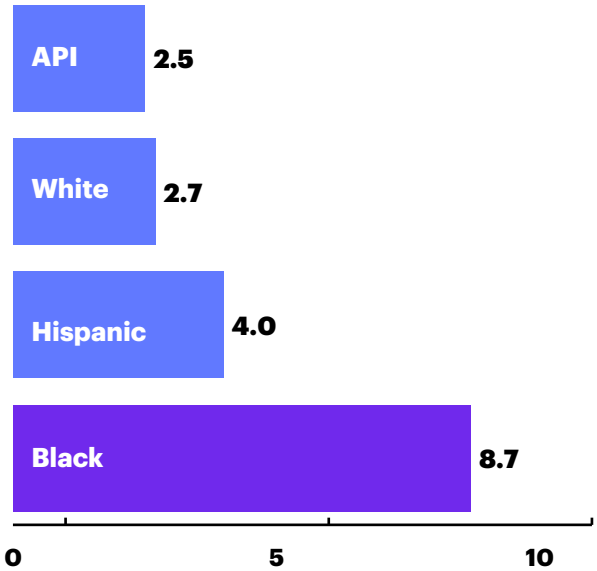
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.4x the state rate

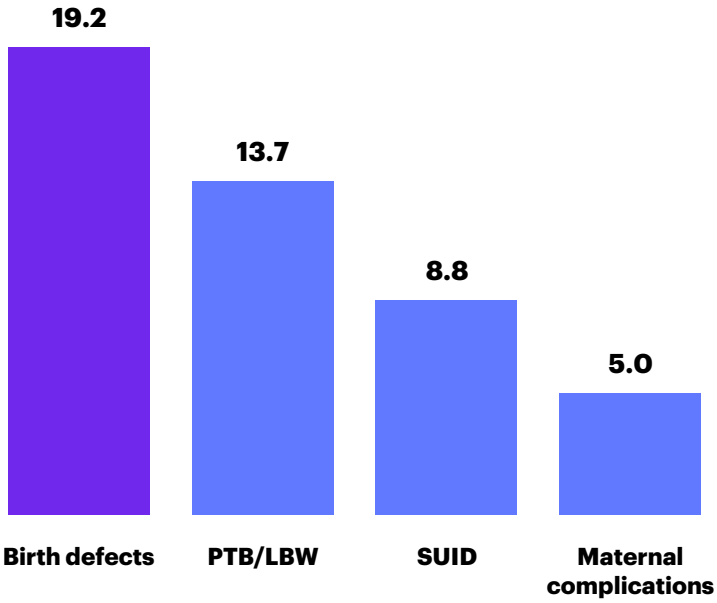
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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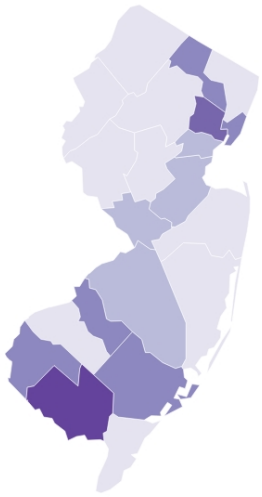
NEW JERSEY

Birthing people in New Jersey have a low vulnerability to poor outcomes and are most vulnerable due to socioeconomic determinants of health

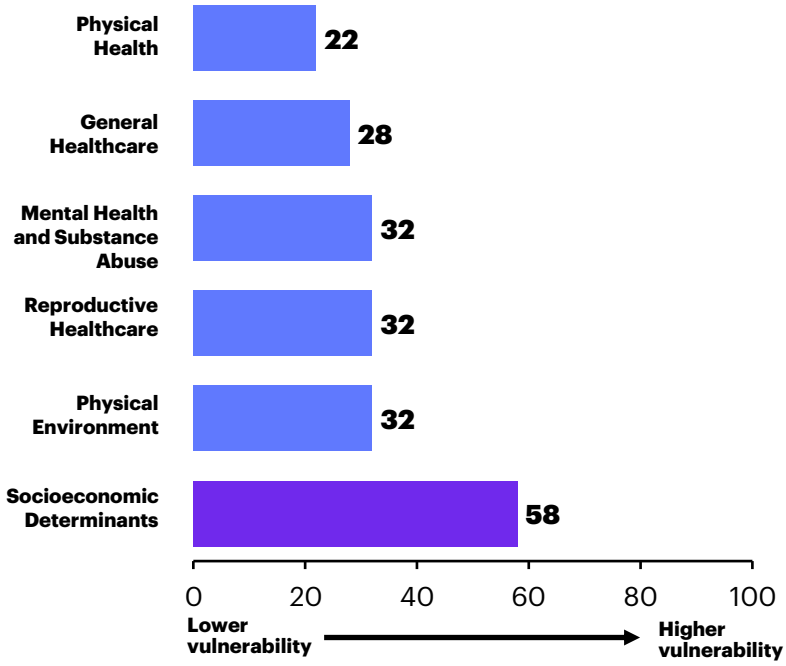
MVI by county in New Jersey



Very Low 0-19.9 | Low 20-39.9 | Moderate 40-59.9 | High 60-79.9 | Very High 80-100

Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how New Jersey is supporting the health of birthing people

25.7
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

26.3
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

15.4
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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NEW JERSEY

Adoption of the following policies and sufficient funding in New Jersey is critical to improve and sustain maternal and infant healthcare

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FETAL AND INFANT MORTALITY REVIEW

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PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
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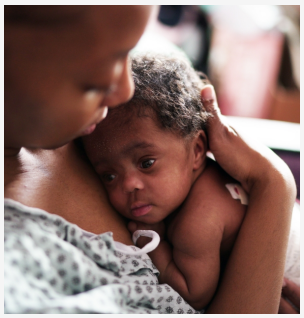
- State is progressing legislation but not yet active
- State does not have the indicated funding/policy



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2023 MARCH OF DIMES REPORT CARD
NEW MEXICO

The preterm birth rate in New Mexico was 10.2% in 2022, higher than the rate in 2021

PRETERM BIRTH GRADE

C-

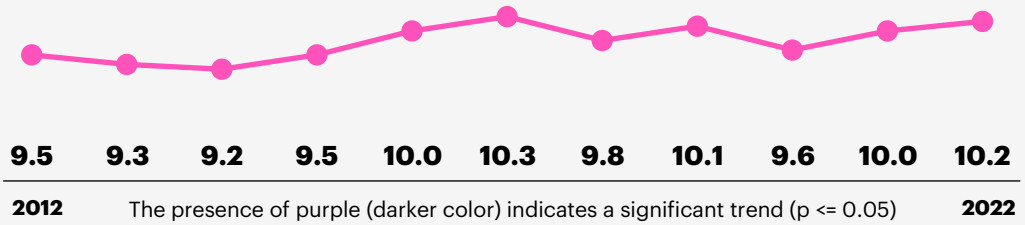
U.S. RATE

10.4

NM RATE

10.2%

Percentage of live births born preterm



2012										2022
9.5	9.3	9.2	9.5	10.0	10.3	9.8	10.1	9.6	10.0	10.2

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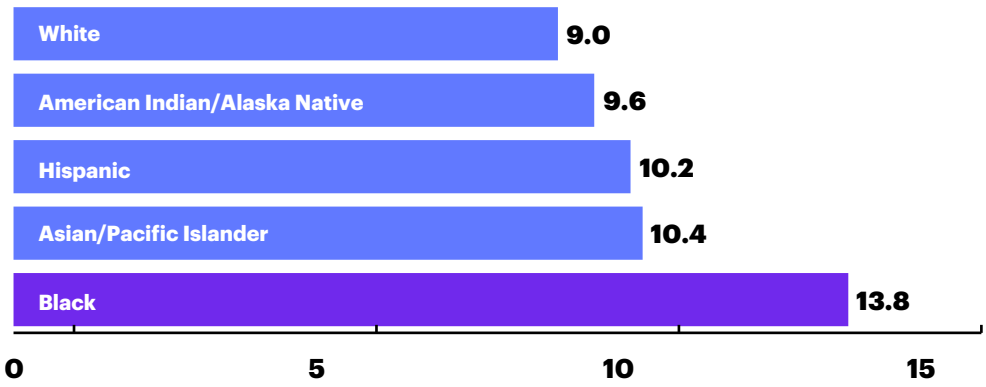
Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

15.6% Smoking (5.6% of all births)

22.3% Hypertension (2.3% of all births)

10.8% Unhealthy weight (36.4% of all births)

16.2% Diabetes (1.9% of all births)

23.2% Previous preterm (5.9% of all births)

61.5% Carrying multiples (2.7% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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NEW MEXICO

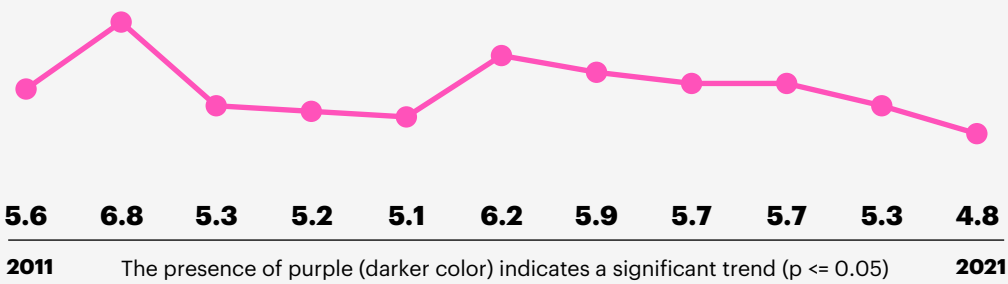
The infant mortality rate decreased in the last decade; In 2021, 102 babies died before their first birthday

INFANT MORTALITY RATE

4.8

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5.6	6.8	5.3	5.2	5.1	6.2	5.9	5.7	5.7	5.3	4.8

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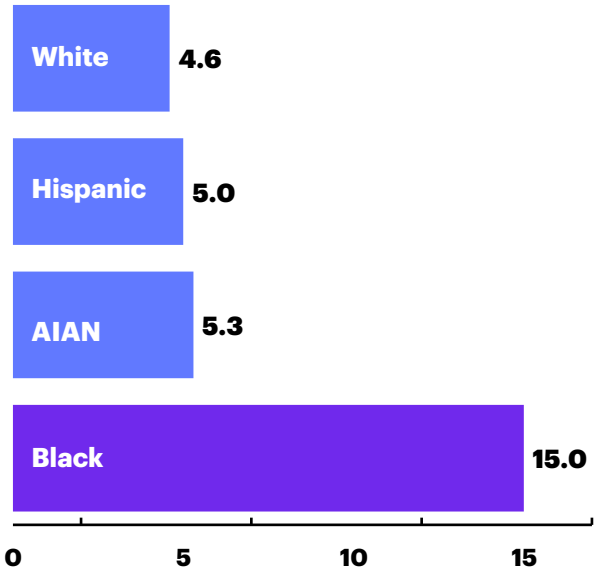
Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 3.1x the state rate

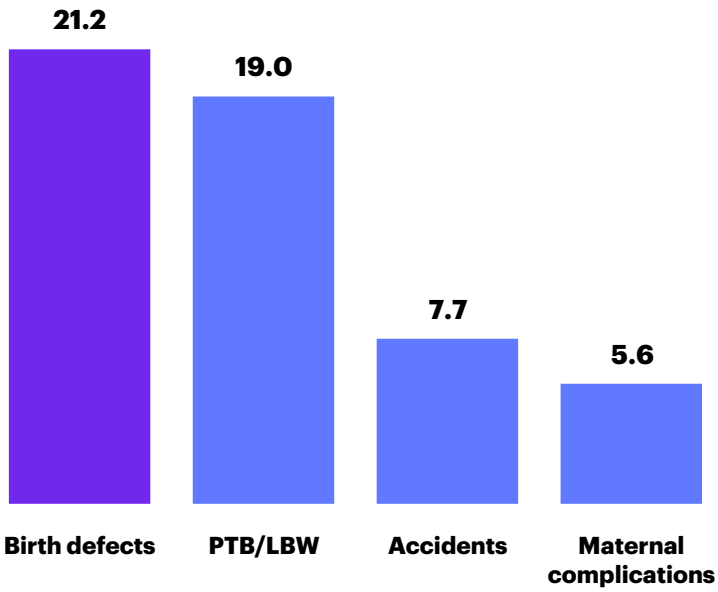
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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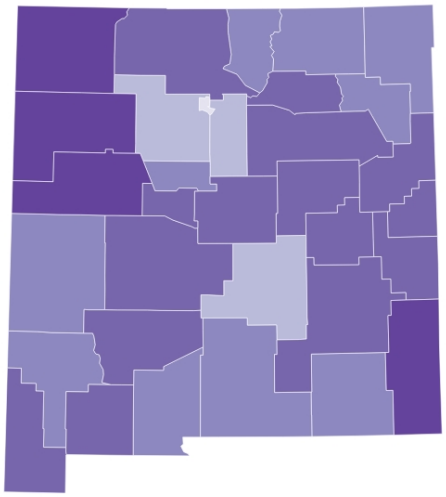
NEW MEXICO

Birthing people in New Mexico have a high vulnerability to poor outcomes and are most vulnerable due to socioeconomic determinants of health

MVI by county in New Mexico



Factors related to maternal vulnerability

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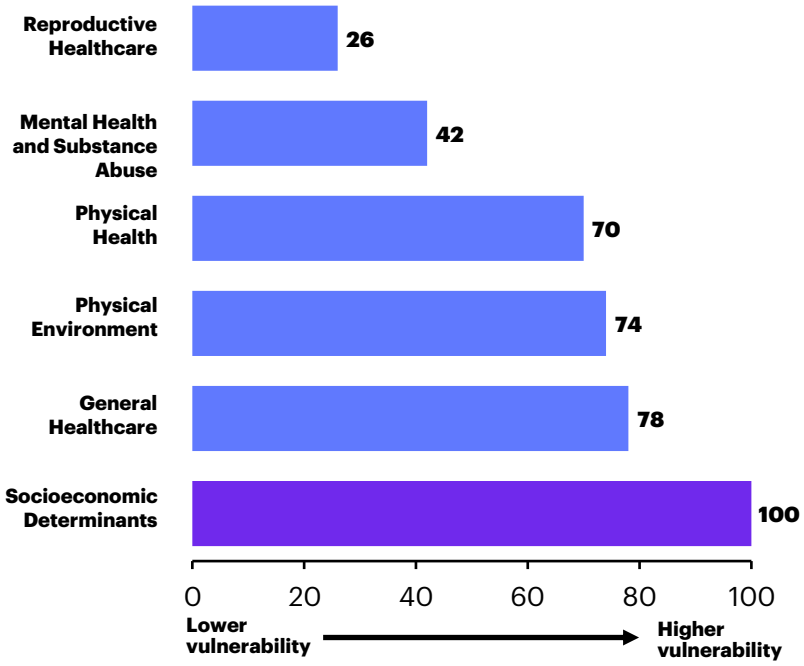

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how New Mexico is supporting the health of birthing people

30.2 PER 100,000 BIRTHS (23.5)

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

22.8 PERCENT (26.3)

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

23.3 PERCENT (15.5)

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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NEW MEXICO

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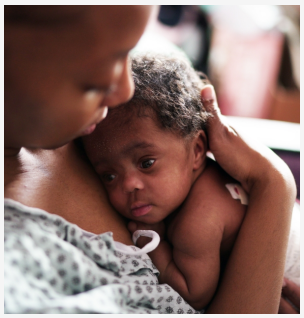

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2023 MARCH OF DIMES REPORT CARD
NEW YORK

The preterm birth rate in New York was 9.5% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE

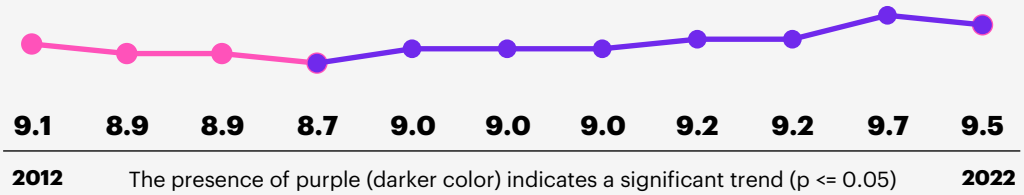
C+

U.S. RATE

10.4

NY RATE

9.5%



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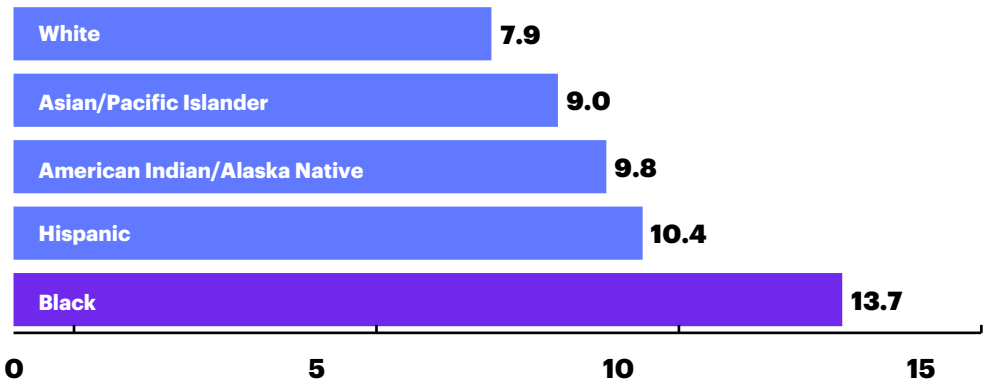
Preterm birth rate by race/ethnicity, 2020-2022



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24.0% **Hypertension** (2.9% of all births)

11.4% **Unhealthy weight** (30.4% of all births)

26.8% **Diabetes** (1.1% of all births)

32.7% **Previous preterm** (3.8% of all births)

57.8% **Carrying multiples** (3.3% of all births)

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NEW YORK

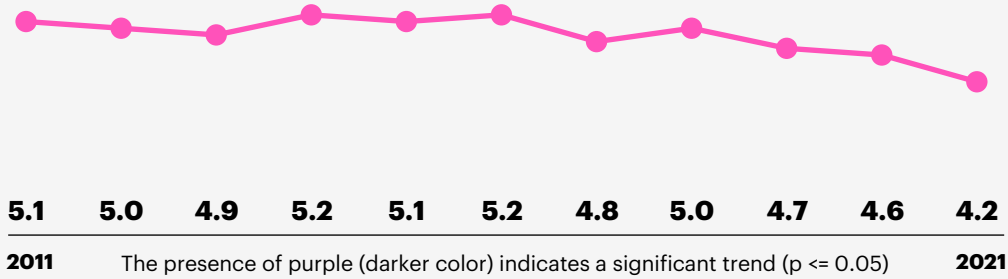
The infant mortality rate decreased in the last decade; In 2021, 531 babies died before their first birthday

INFANT MORTALITY RATE

4.2

U.S. RATE

Rate per 1,000 live births



2011										2021
5.1	5.0	4.9	5.2	5.1	5.2	4.8	5.0	4.7	4.6	4.2

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

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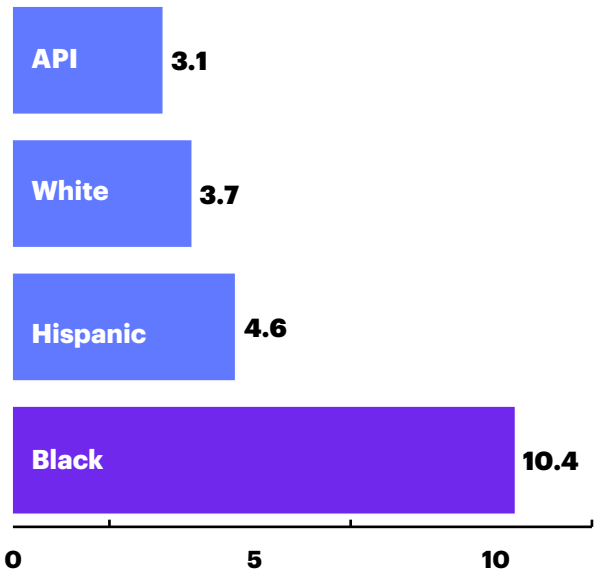
Rate per 1,000 live births, 2019-2021



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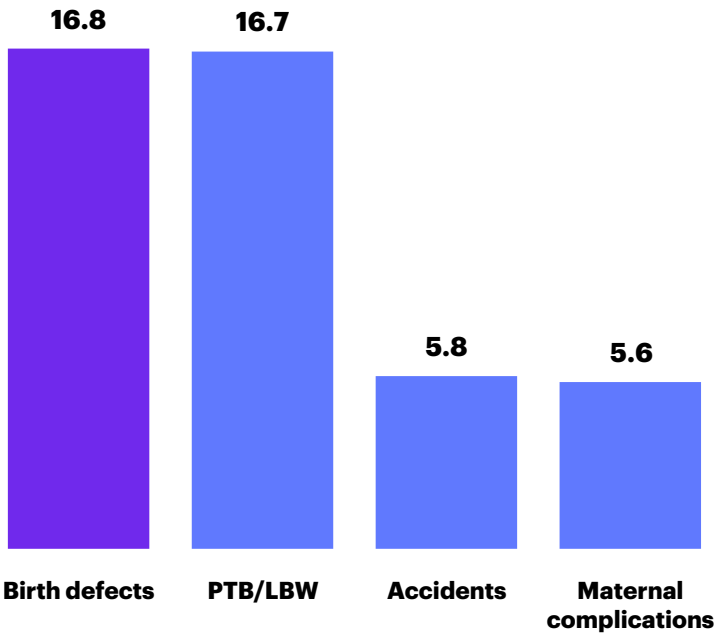

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NEW YORK

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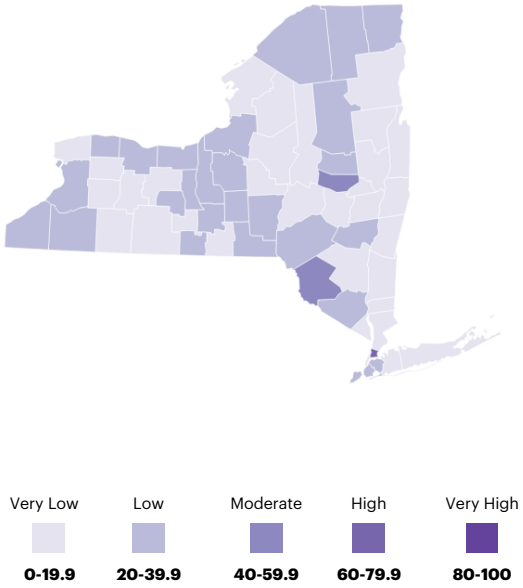

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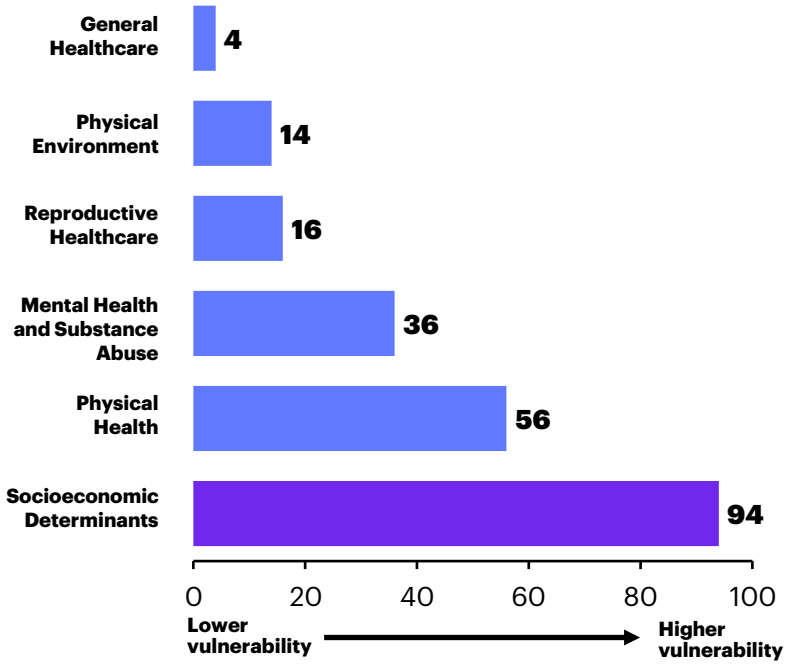

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21.7
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

29.5
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

13.6
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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NEW YORK

Adoption of the following policies and sufficient funding in New York is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

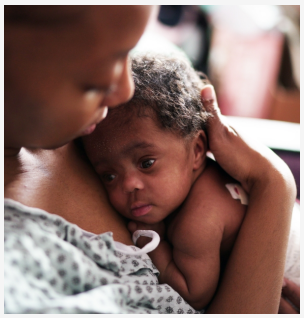
State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
- State reimburses up to $1,500
- State is progressing legislation but not yet active
- State does not have the indicated funding/policy



OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
NORTH CAROLINA

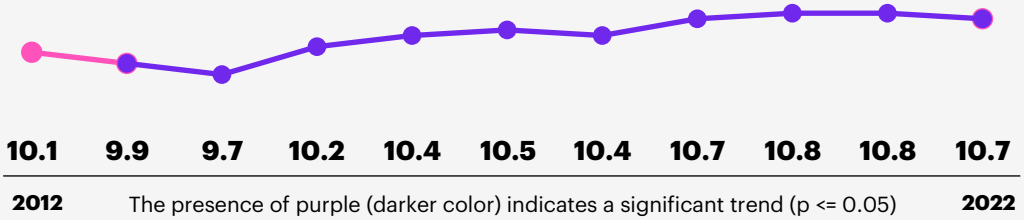
The preterm birth rate in North Carolina was 10.7% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **D+**

U.S. RATE 10.4

NC RATE 10.7%

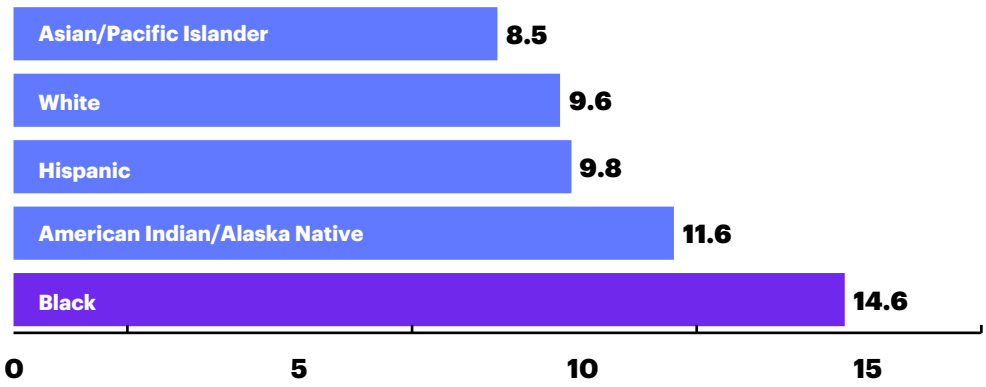


2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
10.1	9.9	9.7	10.2	10.4	10.5	10.4	10.7	10.8	10.8	10.7

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

16.7% **Smoking** (5.9% of all births)

21.5% **Hypertension** (3.5% of all births)

12.6% **Unhealthy weight** (35.7% of all births)

29.0% **Diabetes** (1.3% of all births)

29.1% **Previous preterm** (5.7% of all births)

61.0% **Carrying multiples** (3.2% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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NORTH CAROLINA

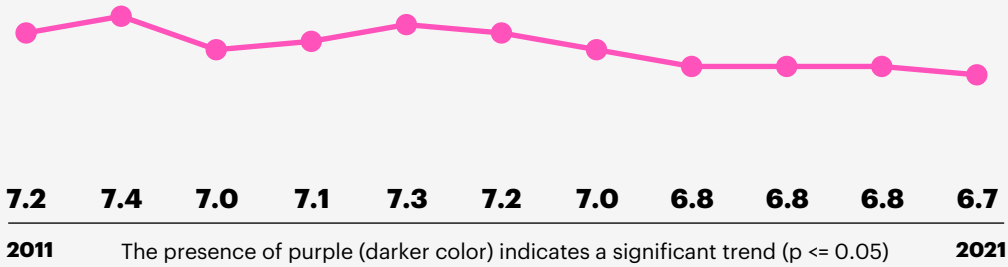
The infant mortality rate decreased in the last decade; In 2021, 809 babies died before their first birthday

INFANT MORTALITY RATE

6.7

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
7.2	7.4	7.0	7.1	7.3	7.2	7.0	6.8	6.8	6.8	6.7

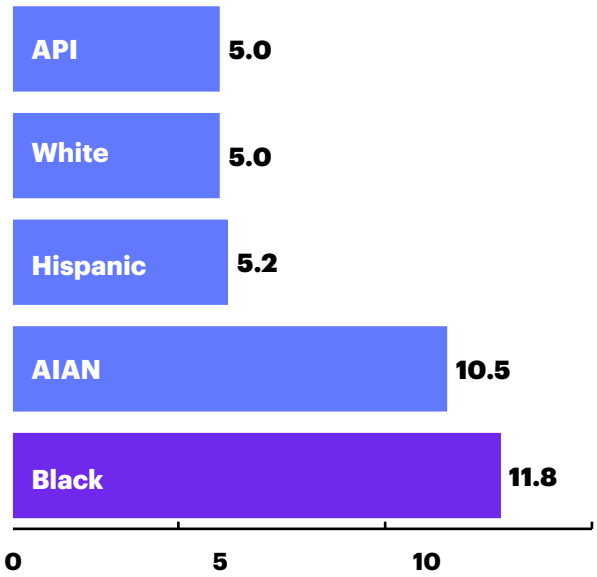
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.8x the state rate

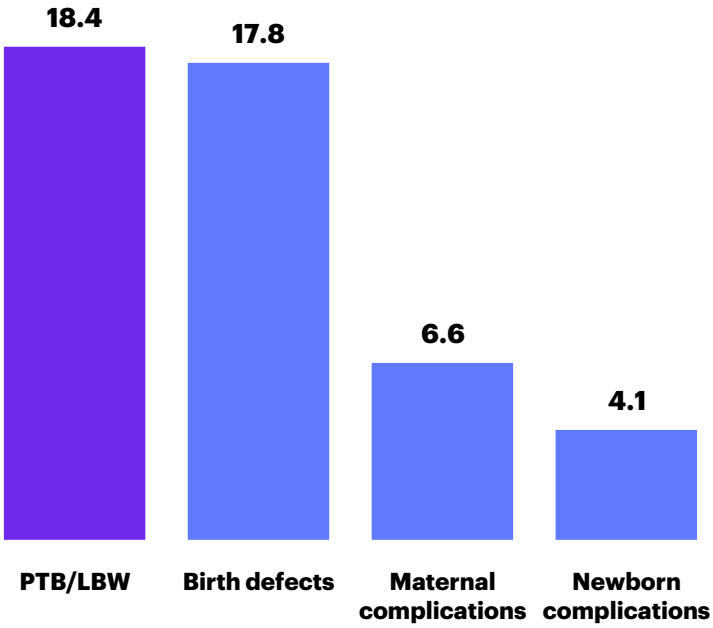
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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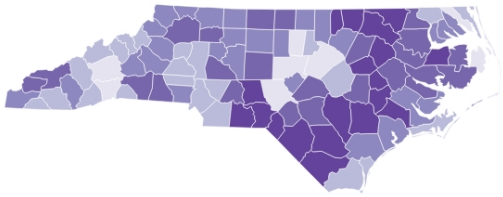
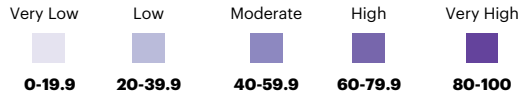
NORTH CAROLINA

Birthing people in North Carolina have a high vulnerability to poor outcomes and are most vulnerable due to socioeconomic determinants of health

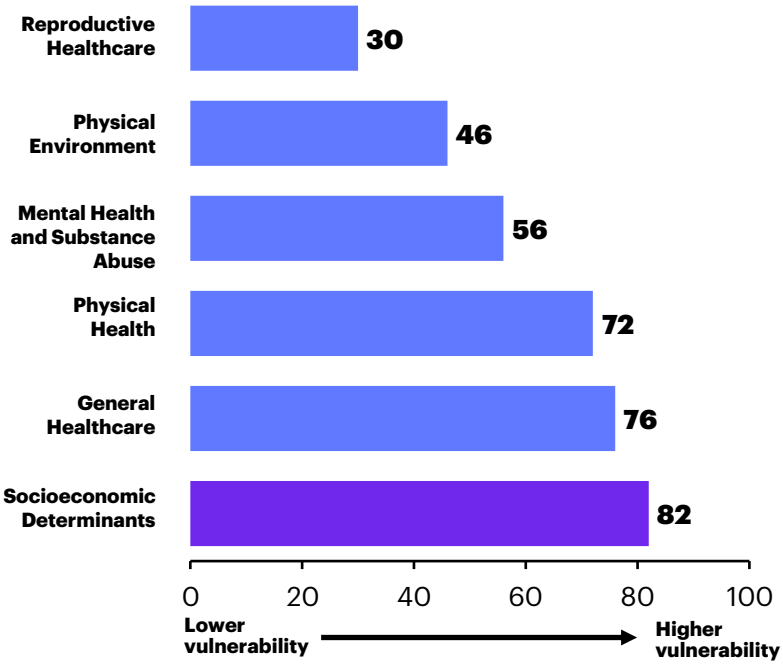
MVI by county in North Carolina





Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how North Carolina is supporting the health of birthing people

26.5
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

24.5
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

18.8
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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NORTH CAROLINA

Adoption of the following policies and sufficient funding in North Carolina is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

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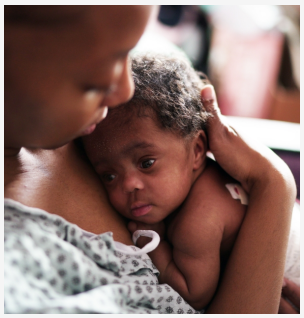

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At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
NORTH DAKOTA

The preterm birth rate in North Dakota was 10.3% in 2022, higher than the rate in 2021

PRETERM BIRTH GRADE

C-

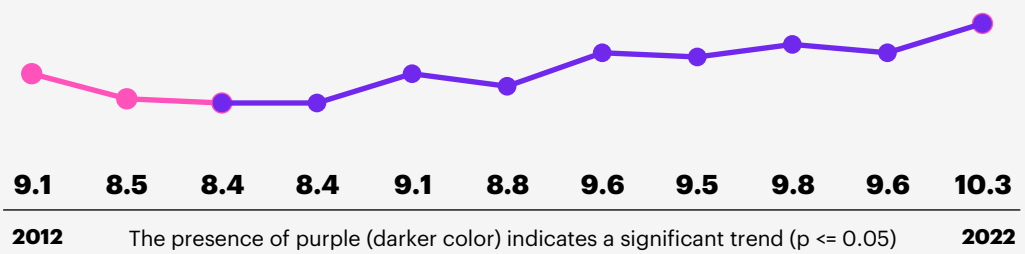
U.S. RATE

10.4

ND RATE

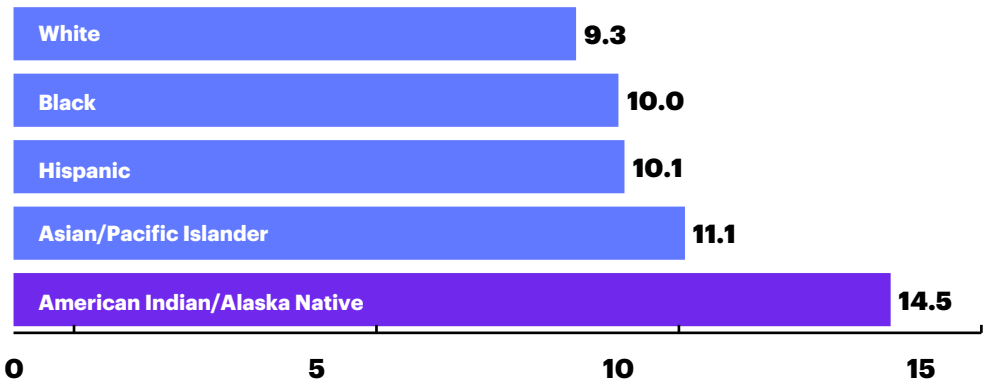
10.3%

Percentage of live births born preterm



The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

17.1% Smoking (9.2% of all births)

28.8% Hypertension (3.1% of all births)

12.2% Unhealthy weight (38.3% of all births)

36.4% Diabetes (1.3% of all births)

28.8% Previous preterm (5.6% of all births)

66.8% Carrying multiples (3.5% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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NORTH DAKOTA

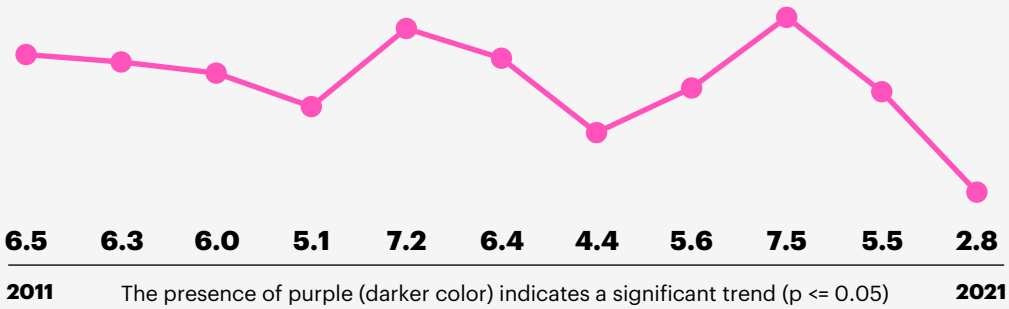
The infant mortality rate decreased in the last decade; In 2021, 28 babies died before their first birthday

INFANT MORTALITY RATE

2.8

U.S. RATE

Rate per 1,000 live births

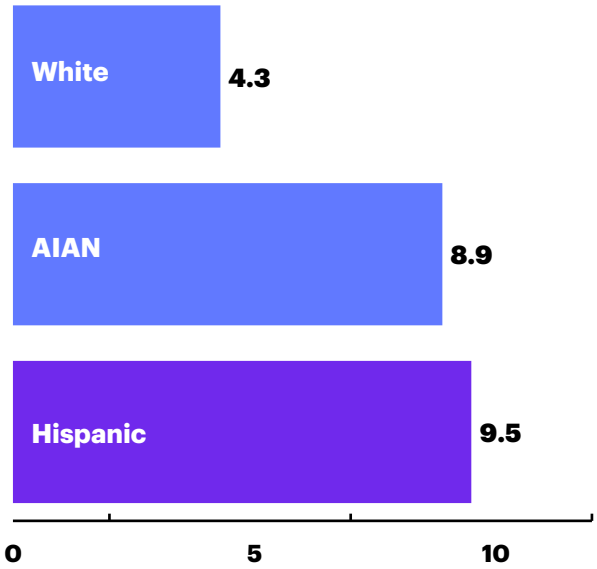


Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Hispanic birthing people is 3.4x the state rate

Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



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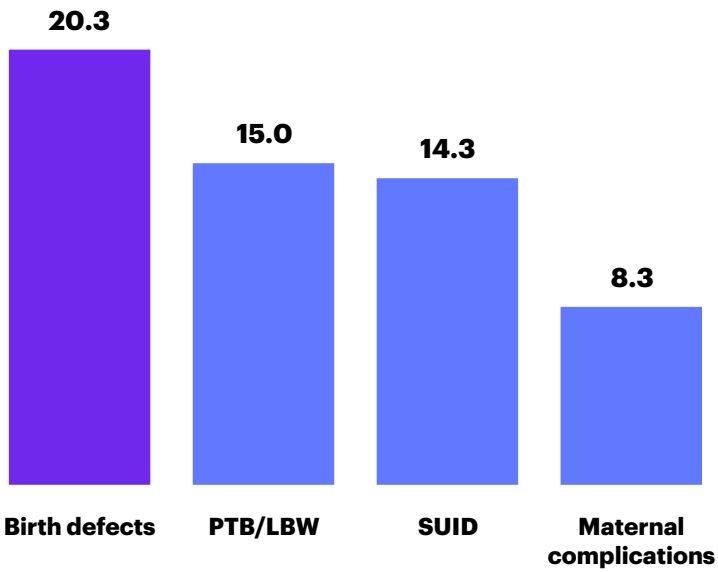
Percent of total deaths by primary cause, 2019-2021



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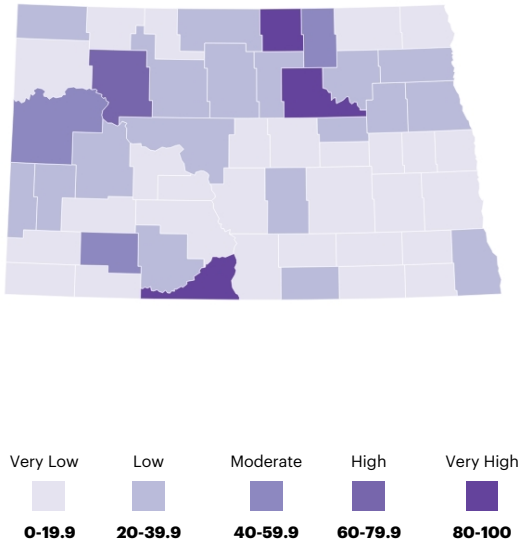
NORTH DAKOTA

Birthing people in North Dakota have a very low vulnerability to poor outcomes and are most vulnerable due to general healthcare accessibility

MVI by county in North Dakota



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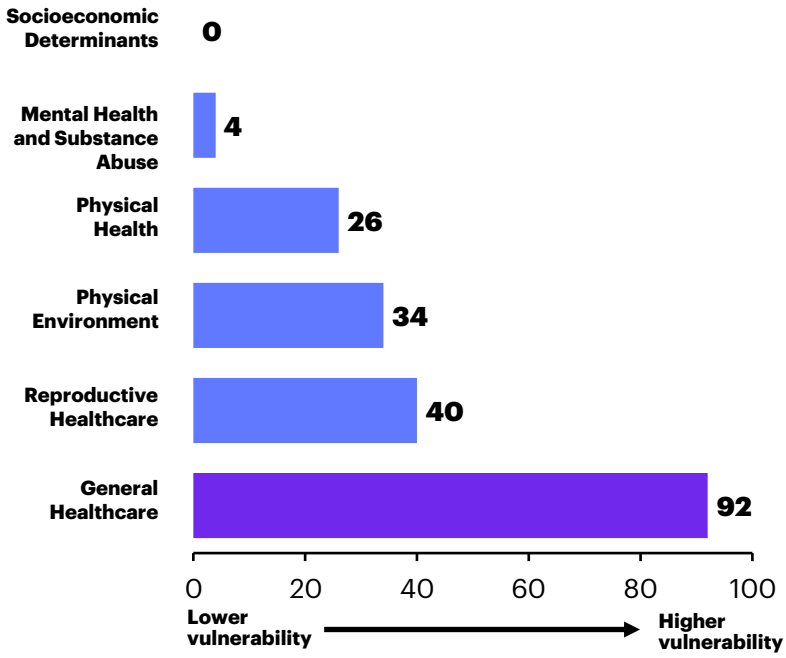

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how North Dakota is supporting the health of birthing people

24.2
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

18.6
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

13.1
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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NORTH DAKOTA

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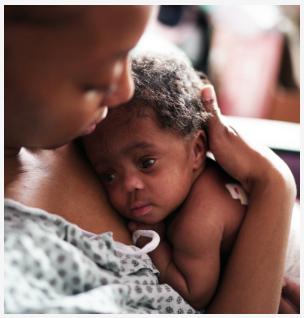

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2023 MARCH OF DIMES REPORT CARD
OHIO

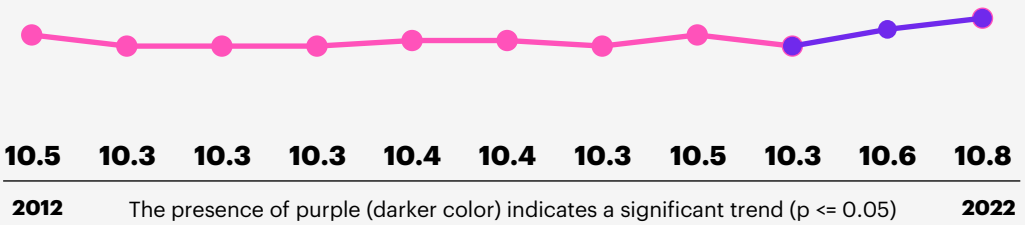
The preterm birth rate in Ohio was 10.8% in 2022, higher than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **D**

U.S. RATE 10.4

OH RATE 10.8%

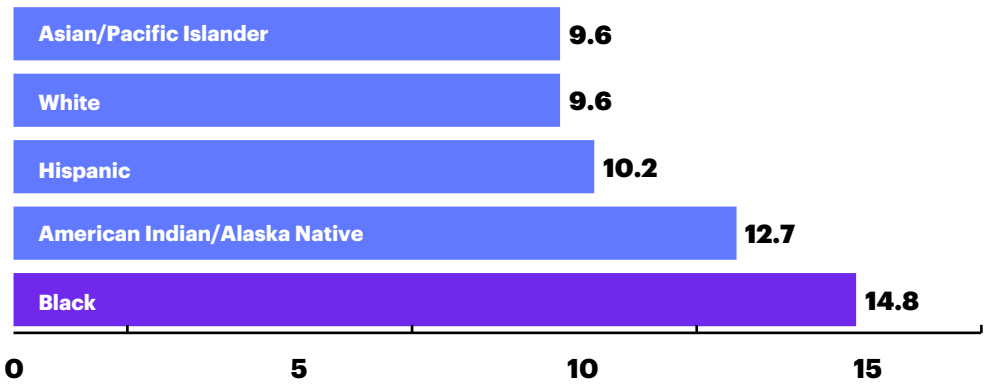


2012									2022
10.5	10.3	10.3	10.3	10.4	10.4	10.3	10.5	10.3	10.6	10.8

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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OHIO

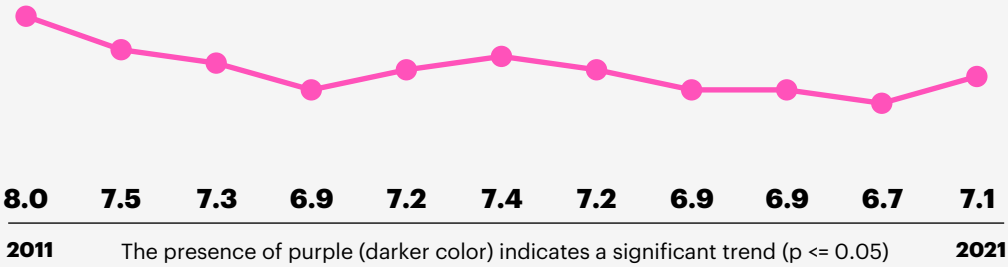
The infant mortality rate decreased in the last decade; In 2021, 916 babies died before their first birthday

INFANT MORTALITY RATE

7.1

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
8.0	7.5	7.3	6.9	7.2	7.4	7.2	6.9	6.9	6.7	7.1

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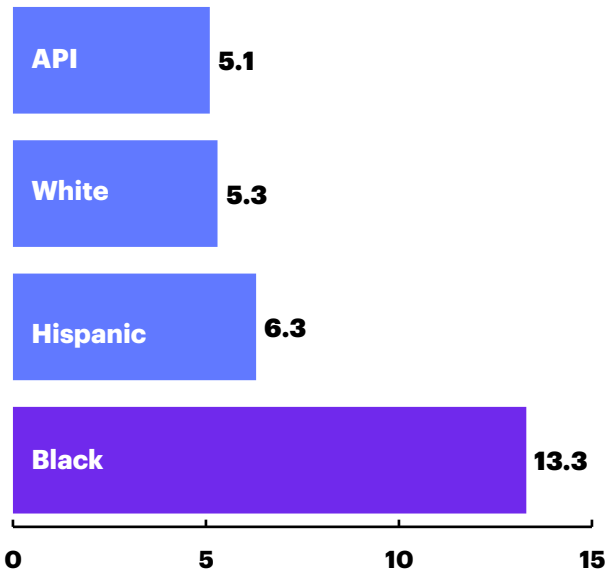
The infant mortality rate among babies born to Black birthing people is 1.9x the state rate

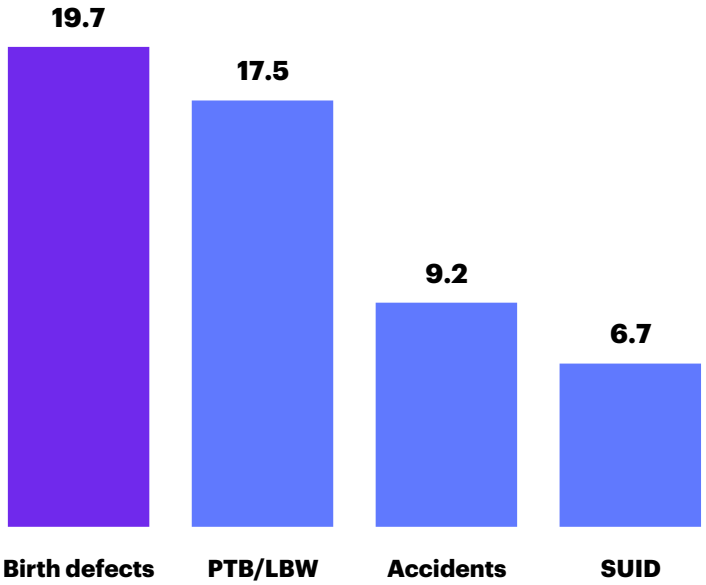
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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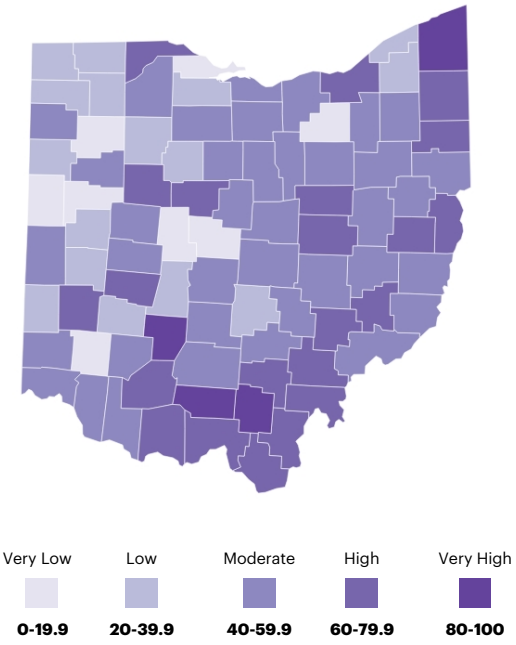
OHIO

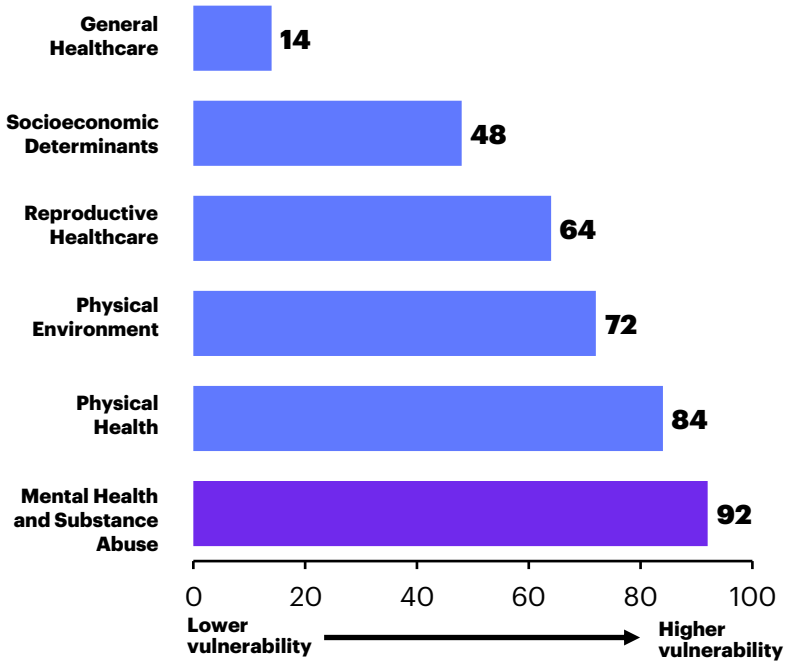
Birthing people in Ohio have a high vulnerability to poor outcomes and are most vulnerable due to mental health and substance use

MVI by county in Ohio



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Ohio is supporting the health of birthing people

23.8
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

25.8
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

14.4
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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Adoption of the following policies and sufficient funding in Ohio is critical to improve and sustain maternal and infant healthcare

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State has extended coverage for women to one year postpartum.

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State Medicaid agency is actively reimbursing doula care.

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- State has the indicated funding/policy
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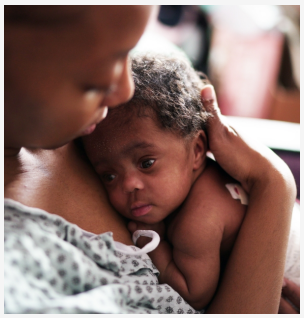

OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

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2023 MARCH OF DIMES REPORT CARD
OKLAHOMA

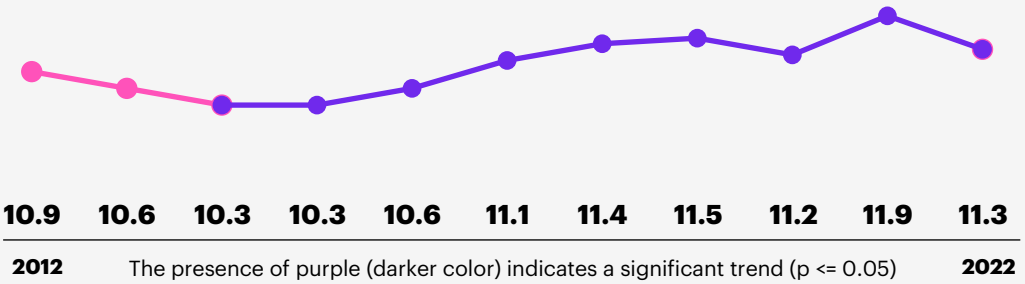
The preterm birth rate in Oklahoma was 11.3% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **D-**

U.S. RATE 10.4

OK RATE 11.3%

Percentage of live births born preterm

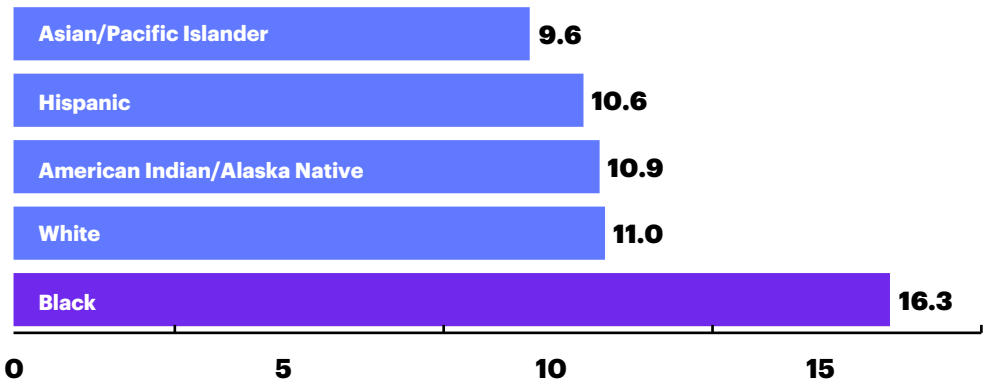


2012										2022
10.9	10.6	10.3	10.3	10.6	11.1	11.4	11.5	11.2	11.9	11.3

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

15.9% Smoking (7.7% of all births)

22.2% Hypertension (3.3% of all births)

12.7% Unhealthy weight (38.4% of all births)

32.7% Diabetes (1.0% of all births)

28.5% Previous preterm (4.6% of all births)

70.4% Carrying multiples (3.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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OKLAHOMA

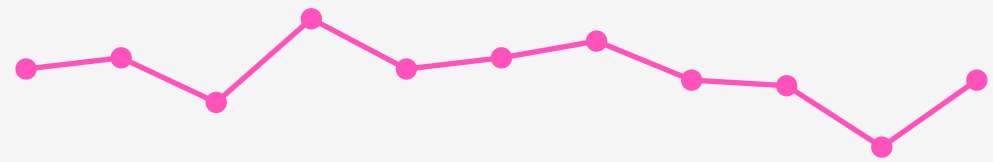
The infant mortality rate decreased in the last decade; In 2021, 345 babies died before their first birthday

INFANT MORTALITY RATE

7.1

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
7.3	7.5	6.7	8.2	7.3	7.5	7.8	7.1	7.0	5.9	7.1

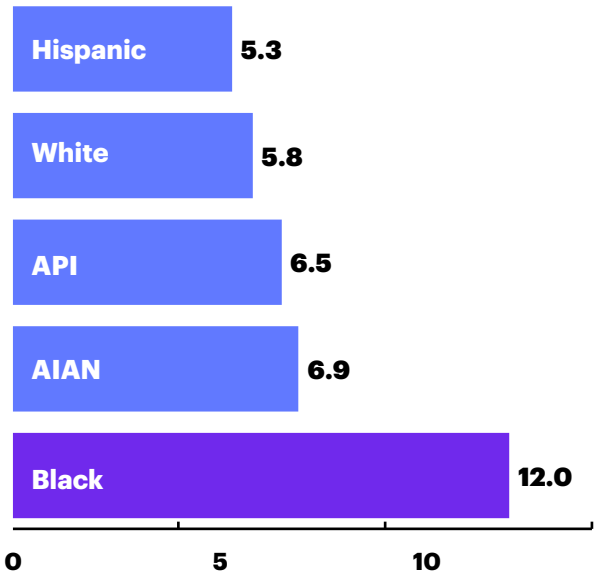
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.7x the state rate

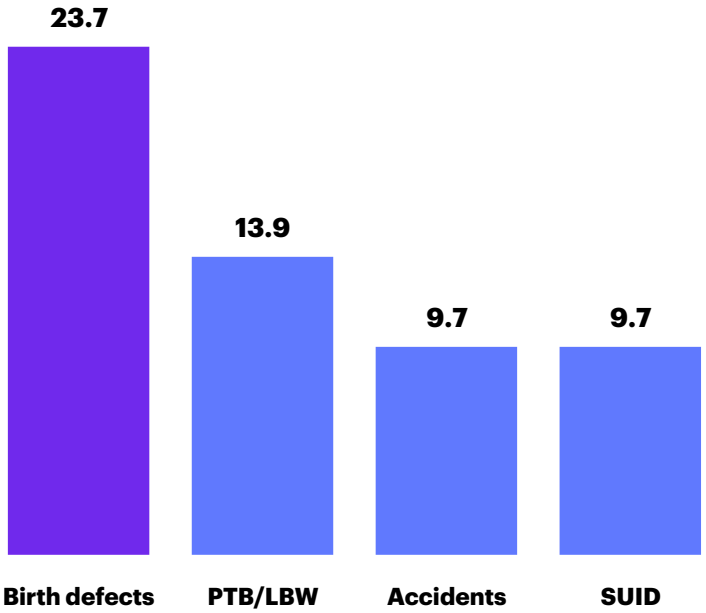
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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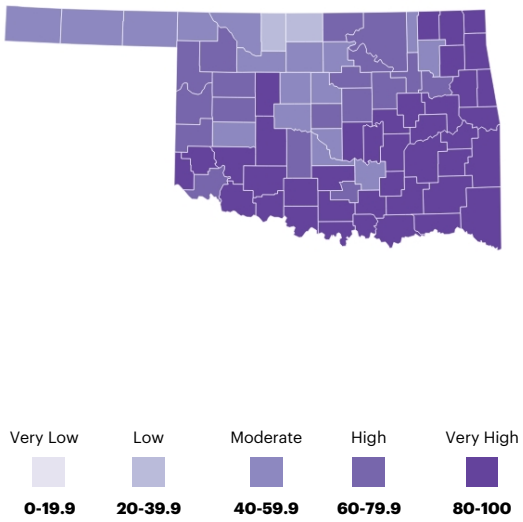
OKLAHOMA

Birthing people in Oklahoma have a very high vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

MVI by county in Oklahoma



Factors related to maternal vulnerability

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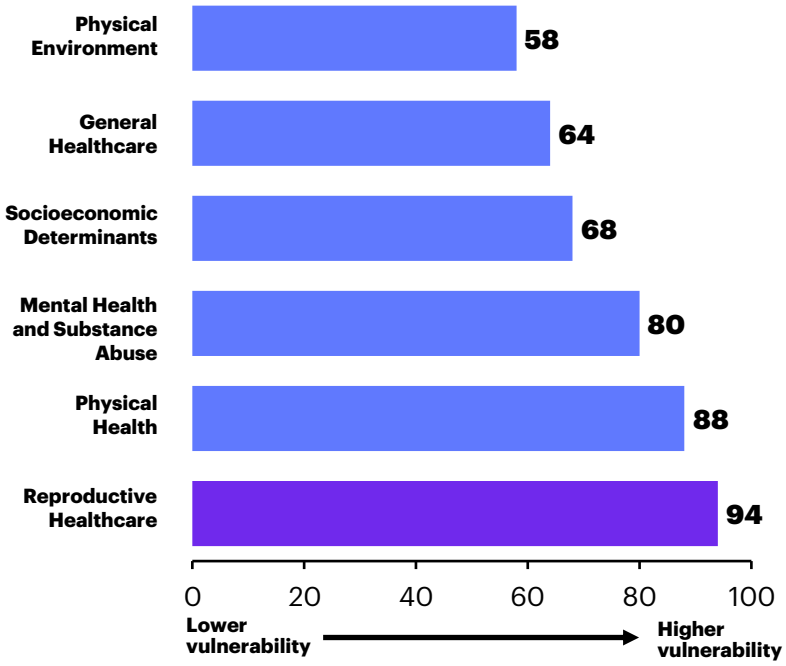

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Oklahoma is supporting the health of birthing people

30.3
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

25.4
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

14.7
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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OKLAHOMA

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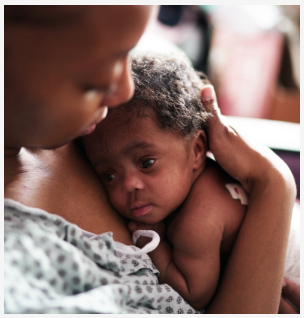

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2023 MARCH OF DIMES REPORT CARD
OREGON

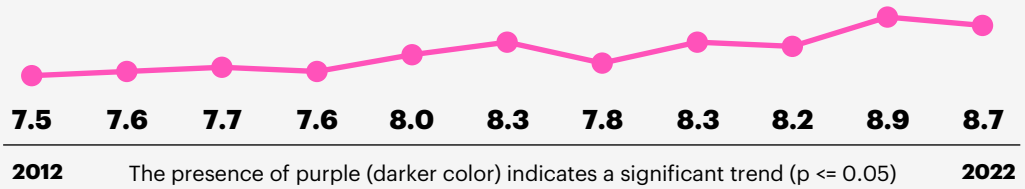
The preterm birth rate in Oregon was 8.7% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **B**

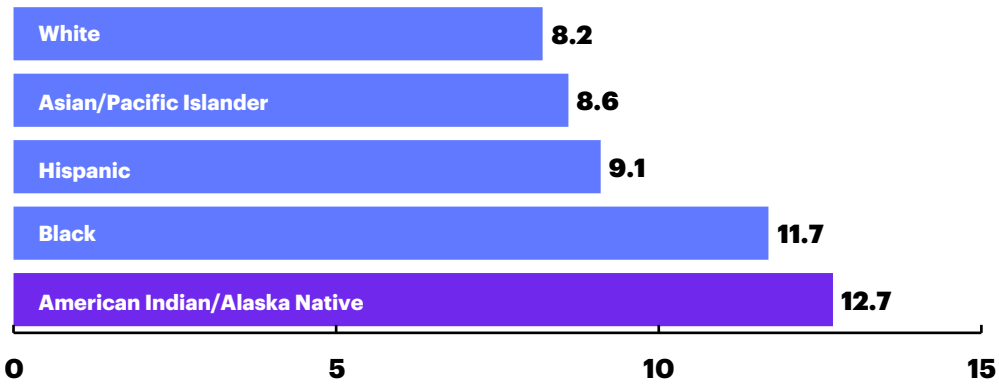
U.S. RATE 10.4

OR RATE 8.7%



The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

13.7% **Smoking** (5.2% of all births)

21.5% **Hypertension** (3.1% of all births)

10.7% **Unhealthy weight** (32.9% of all births)

28.1% **Diabetes** (1.1% of all births)

27.6% **Previous preterm** (3.7% of all births)

57.4% **Carrying multiples** (3.2% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

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OREGON

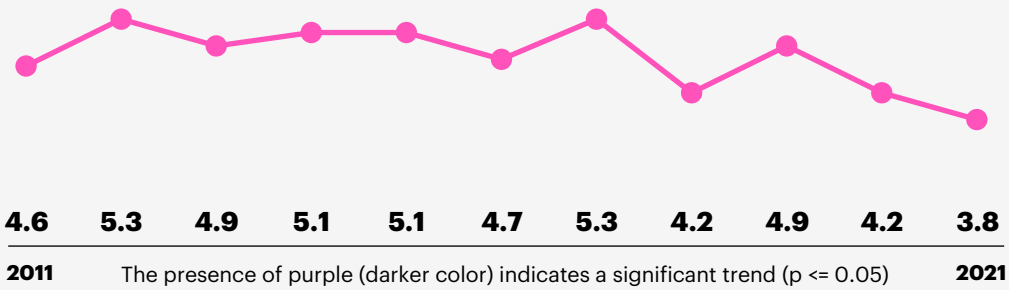
The infant mortality rate decreased in the last decade; In 2021, 155 babies died before their first birthday

INFANT MORTALITY RATE

3.8

U.S. RATE

Rate per 1,000 live births



2011										2021
4.6	5.3	4.9	5.1	5.1	4.7	5.3	4.2	4.9	4.2	3.8

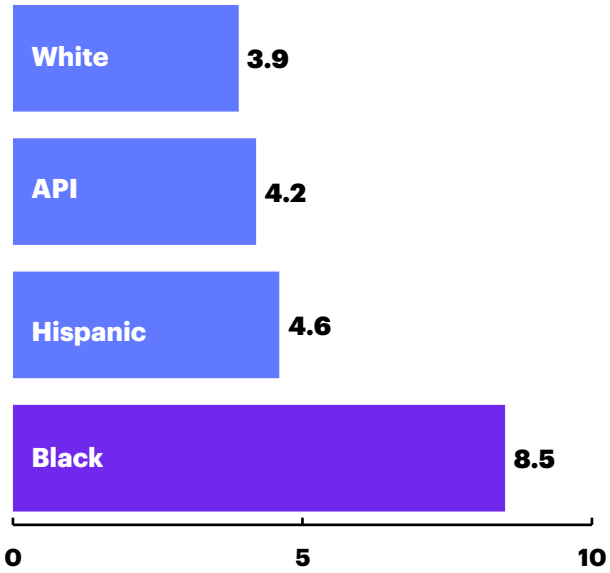
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.2x the state rate

Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



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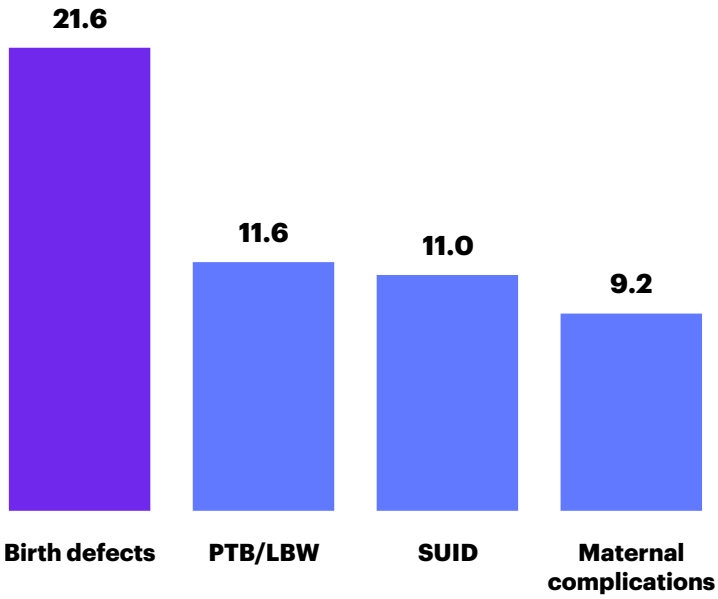

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OREGON

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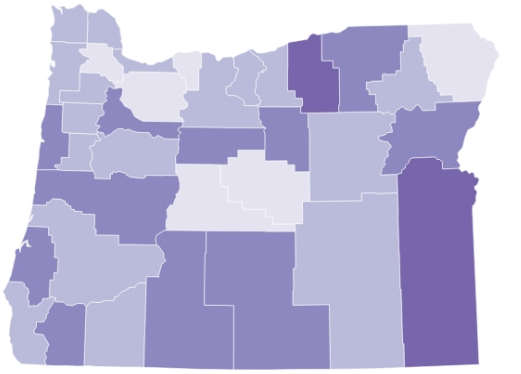

Very Low	Low	Moderate	High	Very High
0-19.9	20-39.9	40-59.9	60-79.9	80-100

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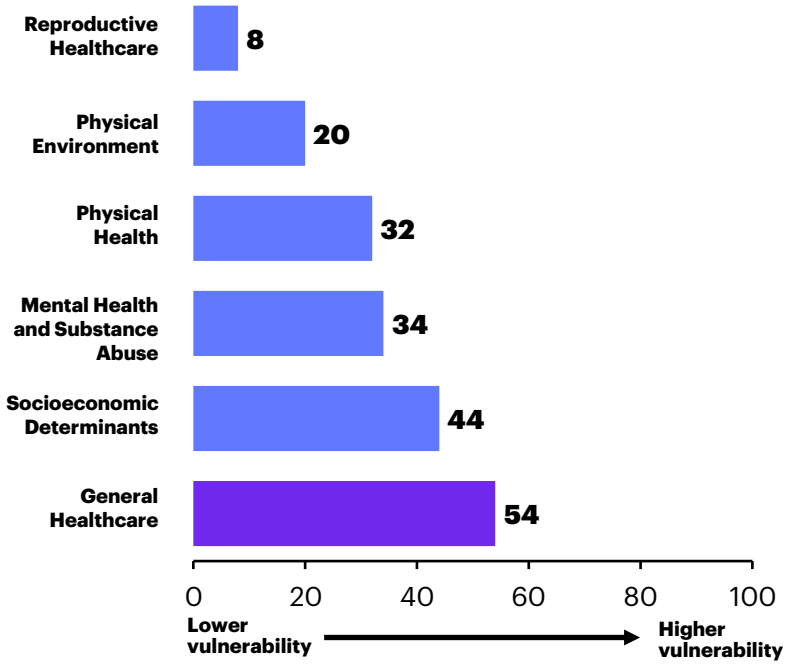

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16.4
PER 100,000 BIRTHS
23.5
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24.8
PERCENT
26.3
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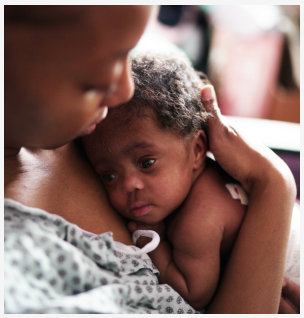

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2023 MARCH OF DIMES REPORT CARD
PENNSYLVANIA

The preterm birth rate in Pennsylvania was 9.6% in 2022, lower than the rate in 2021

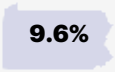
Percentage of live births born preterm

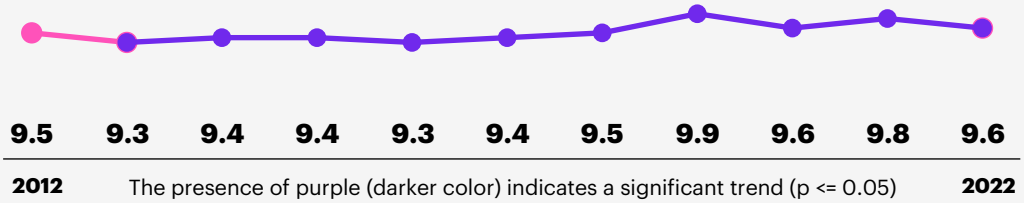
PRETERM BIRTH GRADE

C+

U.S. RATE

PA RATE





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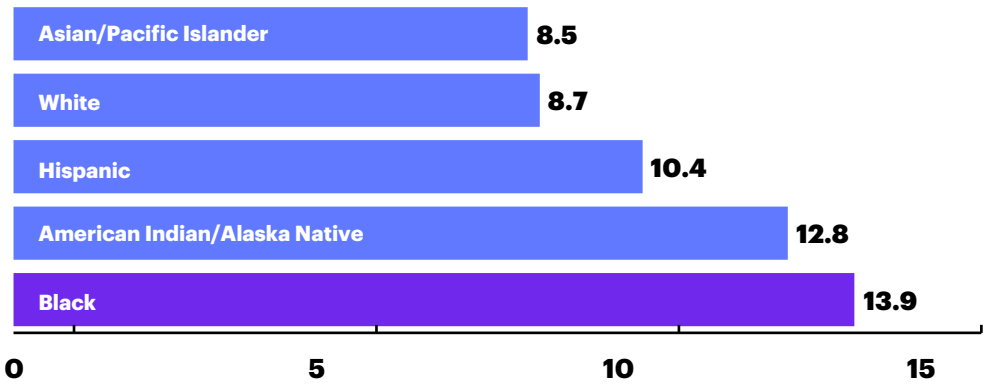
Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

13.4% **Smoking** (8.0% of all births)

21.5% **Hypertension** (3.5% of all births)

11.5% **Unhealthy weight** (33.2% of all births)

27.9% **Diabetes** (1.2% of all births)

25.0% **Previous preterm** (5.3% of all births)

59.3% **Carrying multiples** (3.3% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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PENNSYLVANIA

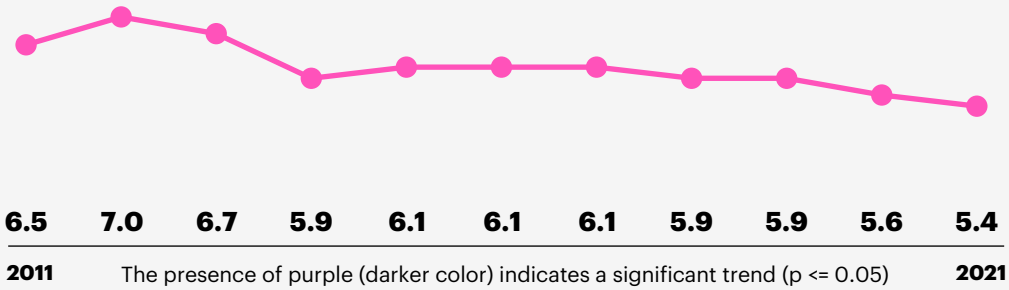
The infant mortality rate decreased in the last decade; In 2021, 712 babies died before their first birthday

INFANT MORTALITY RATE

5.4

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.5	7.0	6.7	5.9	6.1	6.1	6.1	5.9	5.9	5.6	5.4

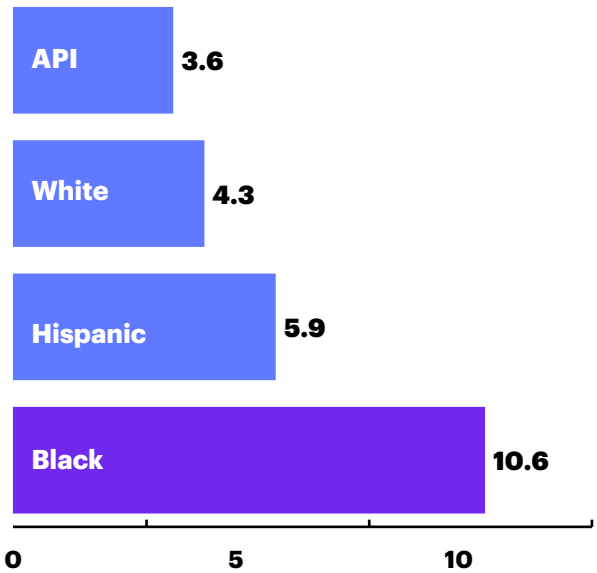
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.0x the state rate

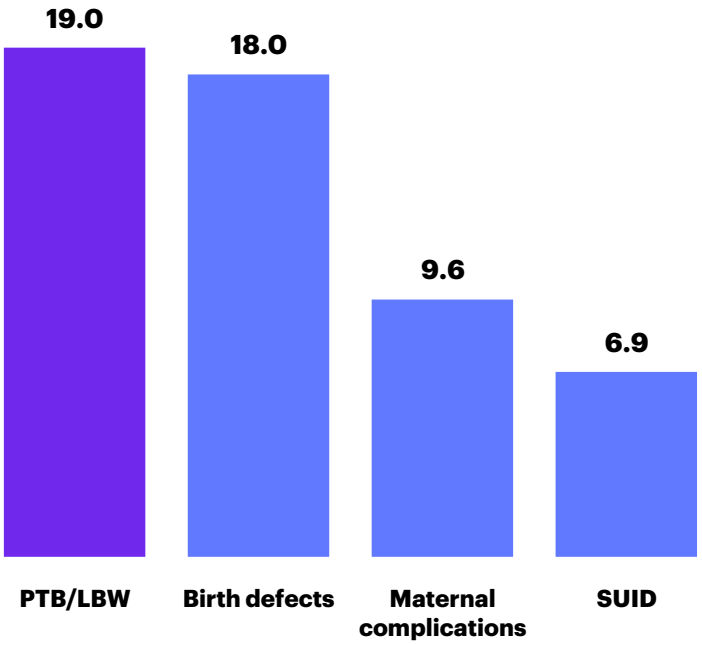
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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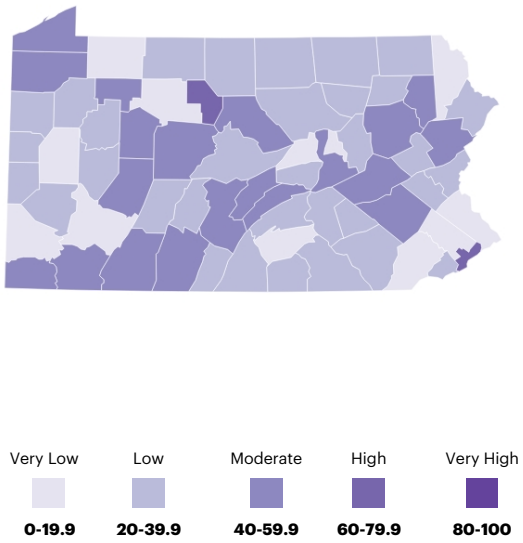
PENNSYLVANIA

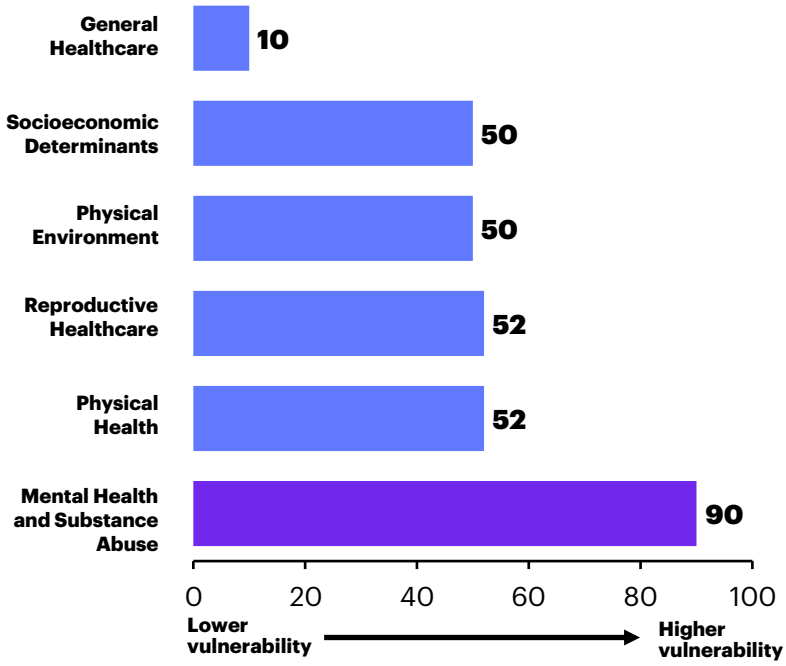
Birthing people in Pennsylvania have a moderate vulnerability to poor outcomes and are most vulnerable due to mental health and substance use

MVI by county in Pennsylvania



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Pennsylvania is supporting the health of birthing people

16.7
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

25.6
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

15.9
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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PENNSYLVANIA

Adoption of the following policies and sufficient funding in Pennsylvania is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
- State reimburses up to $1,500
- State is progressing legislation but not yet active
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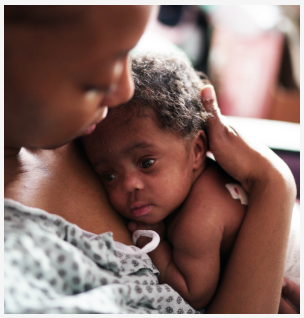

OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

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2023 MARCH OF DIMES REPORT CARD
RHODE ISLAND

The preterm birth rate in Rhode Island was 9.0% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE

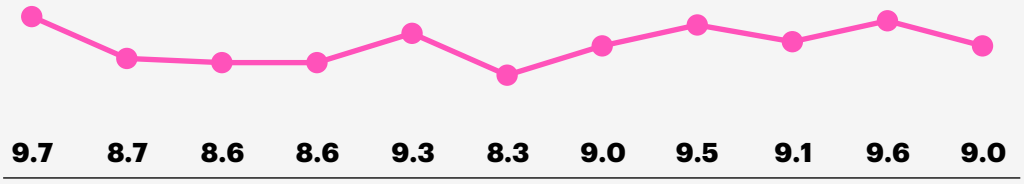
B-

U.S. RATE

10.4

RI RATE

9.0%

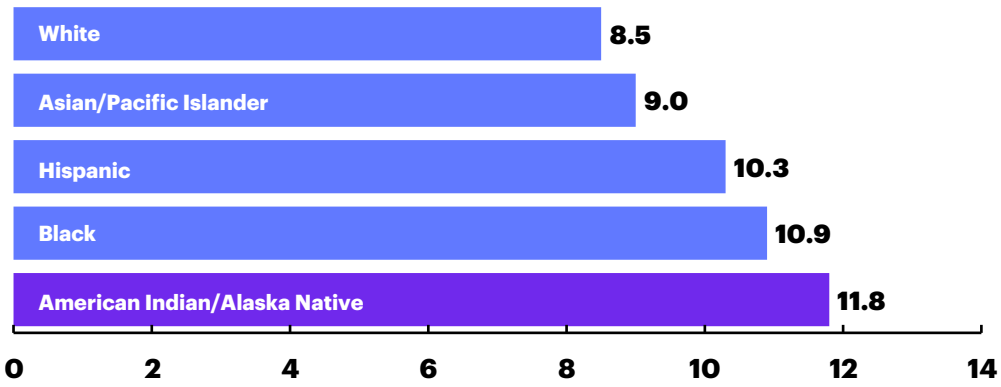


9.7	8.7	8.6	8.6	9.3	8.3	9.0	9.5	9.1	9.6	9.0
2012										2022

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.3x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

12.4%
Smoking
(2.9% of all births)

17.3%
Hypertension
(2.7% of all births)

9.7%
Unhealthy weight
(32.0% of all births)

29.1%
Diabetes
(1.2% of all births)

38.0%
Previous preterm
(2.4% of all births)

60.0%
Carrying multiples
(3.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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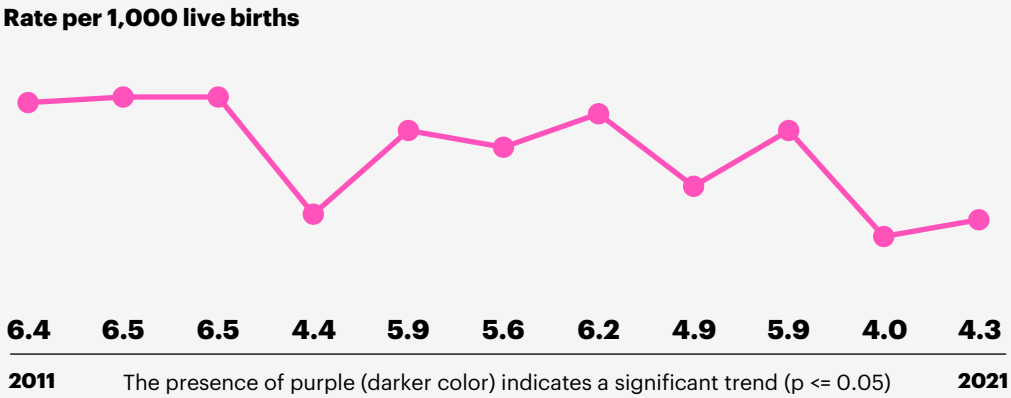
RHODE ISLAND

The infant mortality rate decreased in the last decade; In 2021, 45 babies died before their first birthday

INFANT MORTALITY RATE

4.3

U.S. RATE

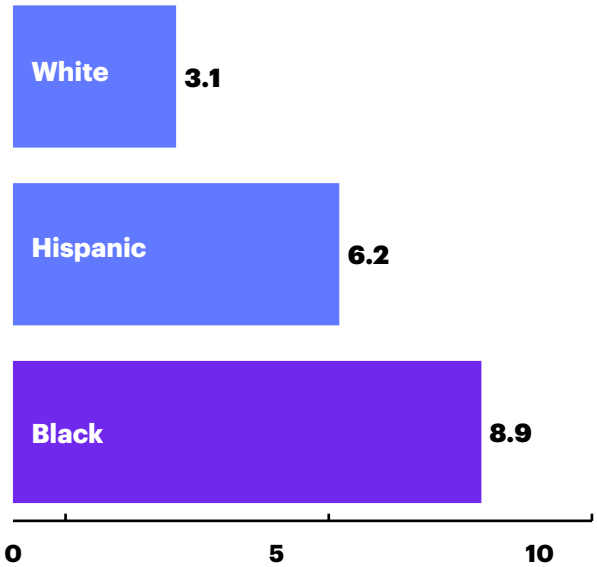


Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.1x the state rate

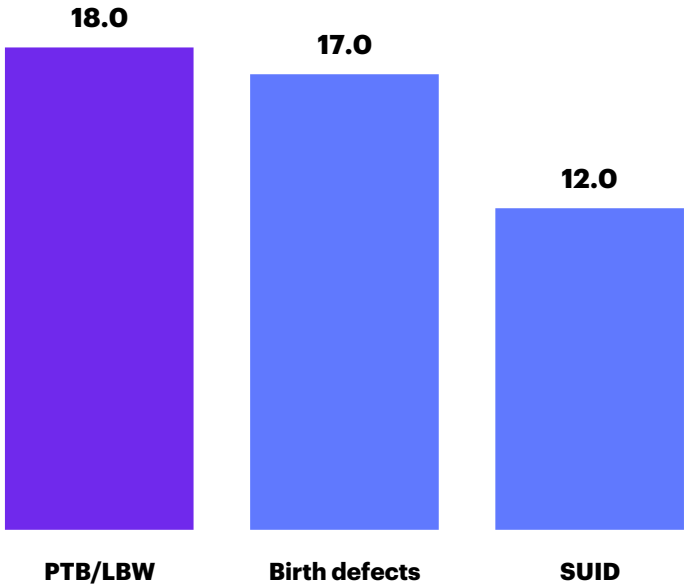
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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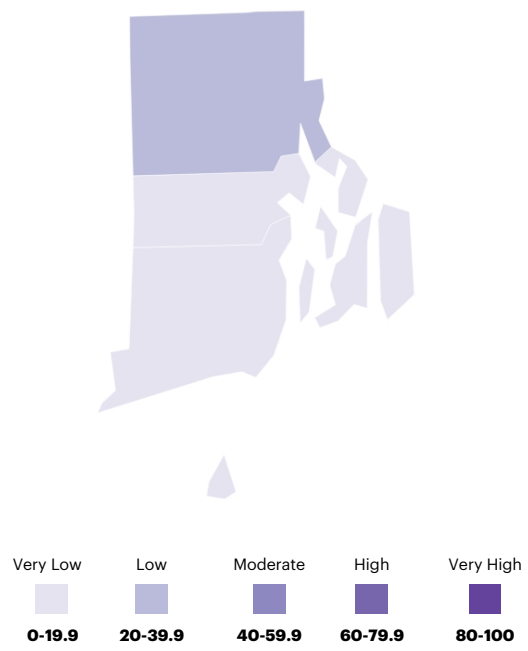
RHODE ISLAND

Birthing people in Rhode Island have a low vulnerability to poor outcomes and are most vulnerable due to mental health and substance use

MVI by county in Rhode Island



Factors related to maternal vulnerability

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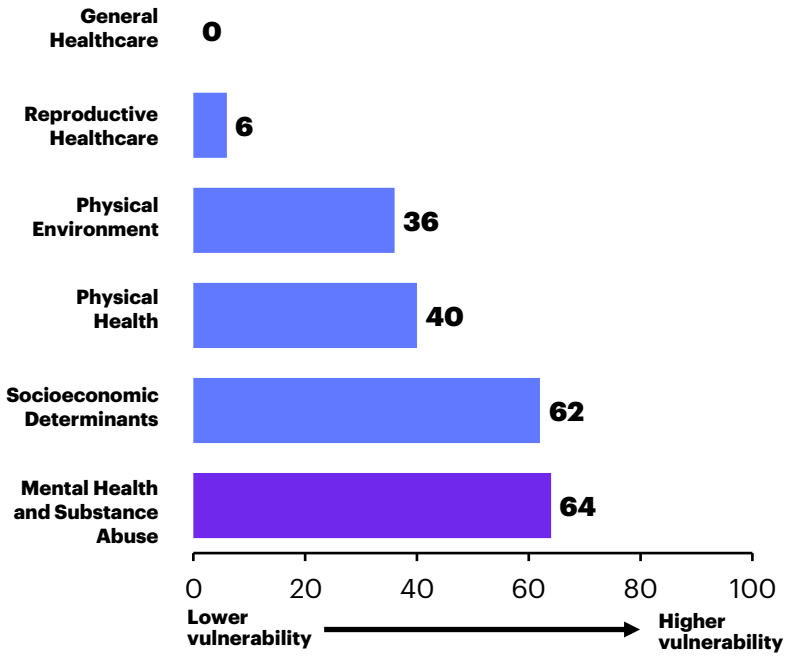

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Rhode Island is supporting the health of birthing people

N/A

23.5

MATERNAL MORTALITY

The death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends cannot be shown due to unreliable estimates and concerns with confidentiality.

30.5

PERCENT

26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

6.4

PERCENT

15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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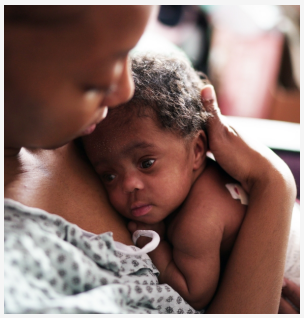

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2023 MARCH OF DIMES REPORT CARD
SOUTH CAROLINA

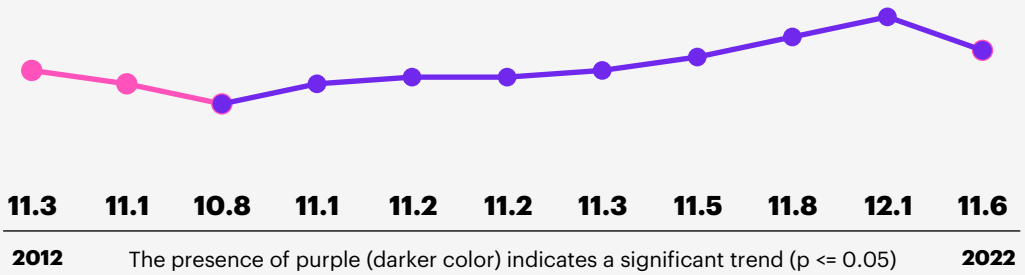
The preterm birth rate in South Carolina was 11.6% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **F**

U.S. RATE 10.4

SC RATE 11.6%

Percentage of live births born preterm

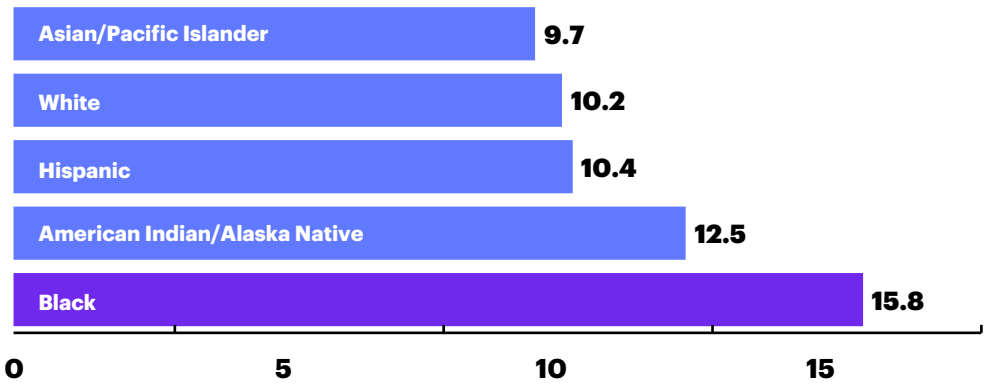


2012										2022
11.3	11.1	10.8	11.1	11.2	11.2	11.3	11.5	11.8	12.1	11.6

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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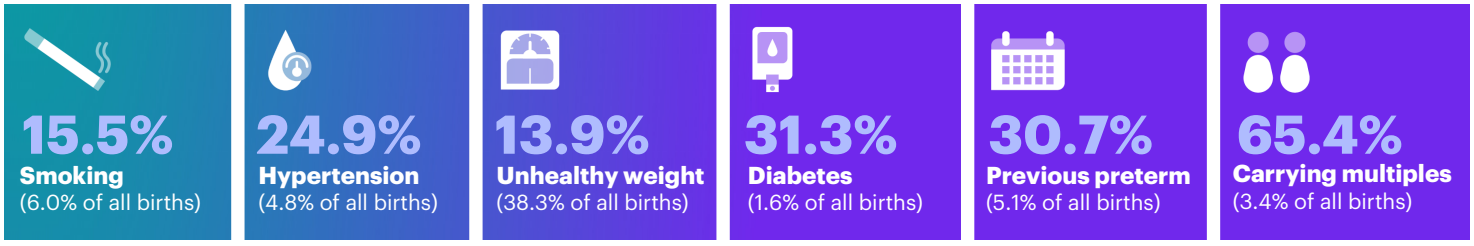

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Source: National Center for Health Statistics, 2012-2022 natality data.

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SOUTH CAROLINA

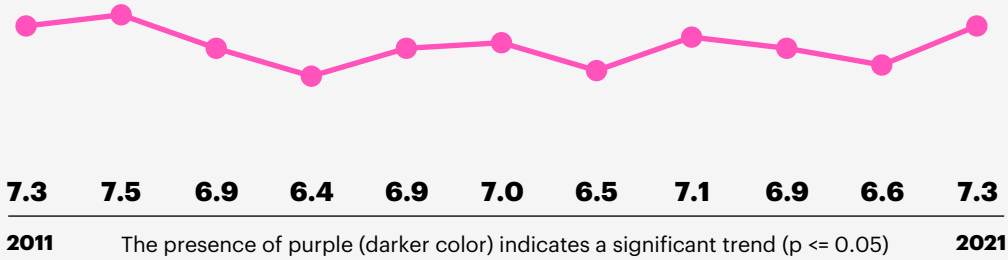
The infant mortality rate did not improve in the last decade; In 2021, 415 babies died before their first birthday

INFANT MORTALITY RATE

7.3

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
7.3	7.5	6.9	6.4	6.9	7.0	6.5	7.1	6.9	6.6	7.3

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Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

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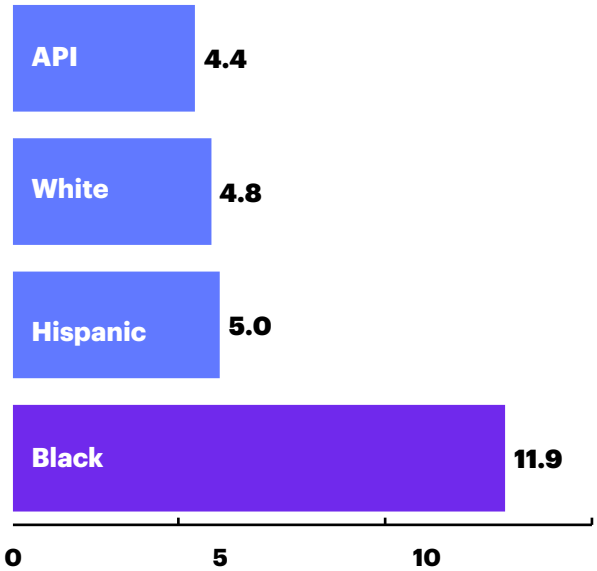
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



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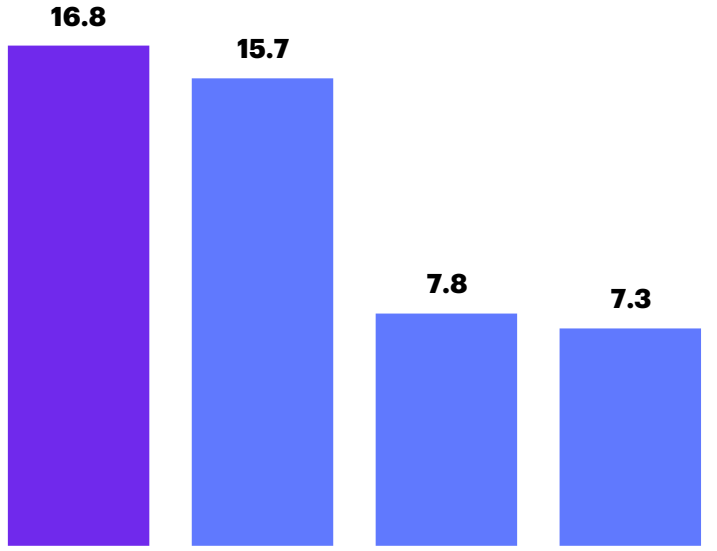

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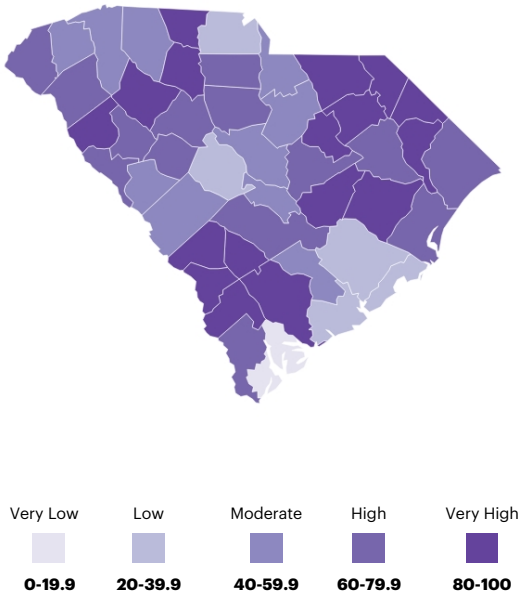
SOUTH CAROLINA

Birthing people in South Carolina have a high vulnerability to poor outcomes and are most vulnerable due to overall physical health

MVI by county in South Carolina



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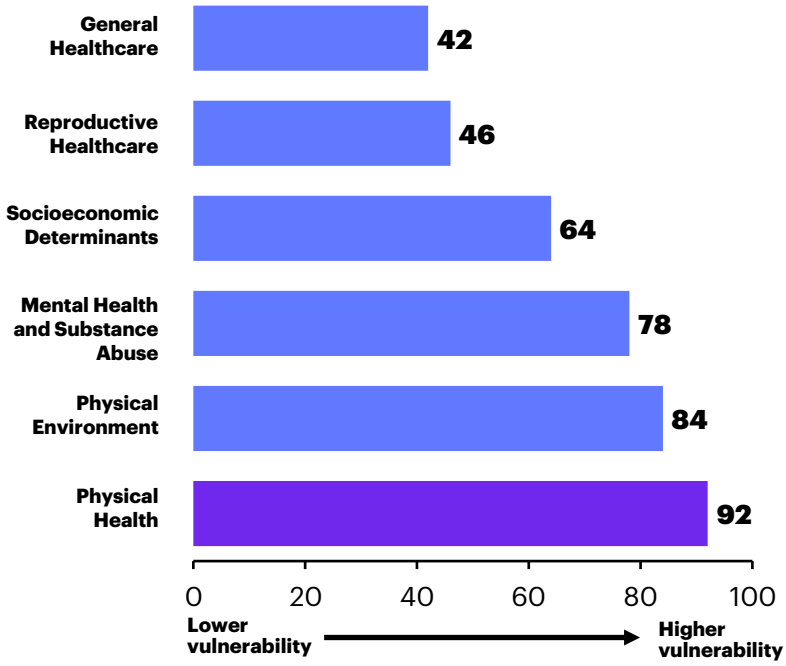

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how South Carolina is supporting the health of birthing people

32.7
PER 100,000 BIRTHS
23.5

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24.8
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

17.2
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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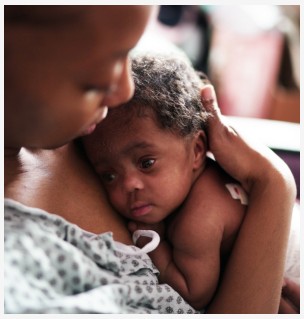

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2023 MARCH OF DIMES REPORT CARD
SOUTH DAKOTA

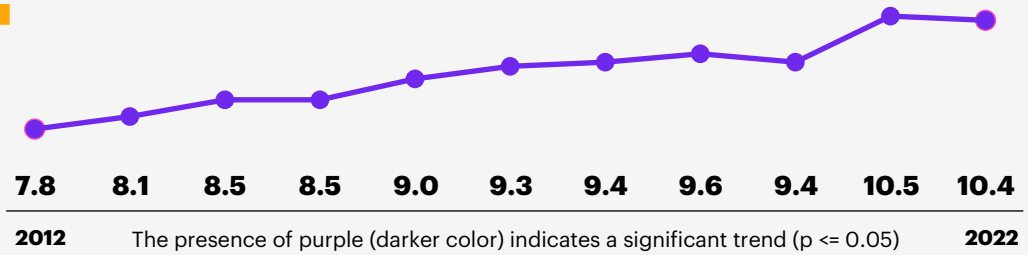
The preterm birth rate in South Dakota was 10.4% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE **D+**

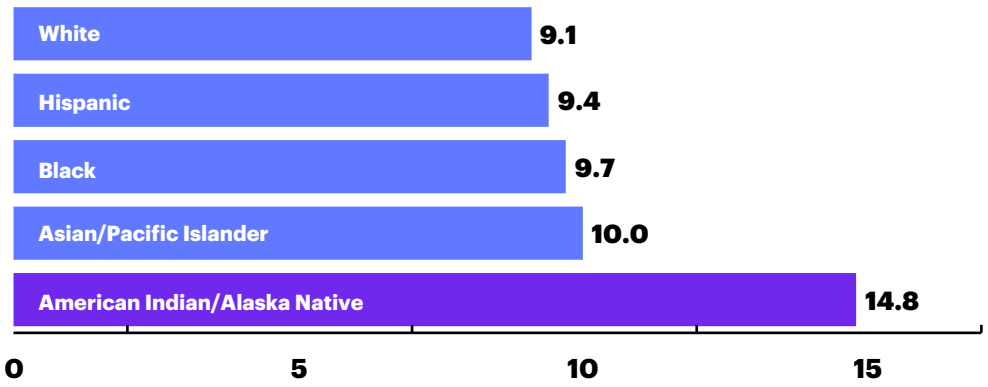
U.S. RATE 10.4

SD RATE 10.4%



The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.6x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

17.3% **Smoking** (10.7% of all births)

24.5% **Hypertension** (2.4% of all births)

12.8% **Unhealthy weight** (32.3% of all births)

37.9% **Diabetes** (1.2% of all births)

29.6% **Previous preterm** (3.4% of all births)

66.4% **Carrying multiples** (3.7% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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SOUTH DAKOTA

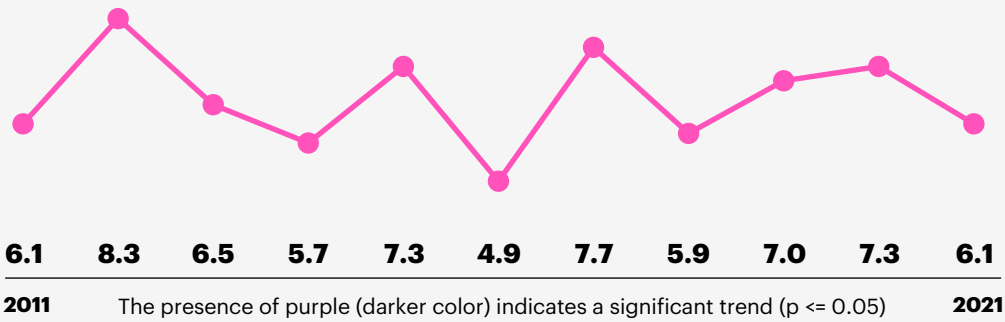
The infant mortality rate did not improve in the last decade; In 2021, 69 babies died before their first birthday

INFANT MORTALITY RATE

6.1

U.S. RATE

Rate per 1,000 live births

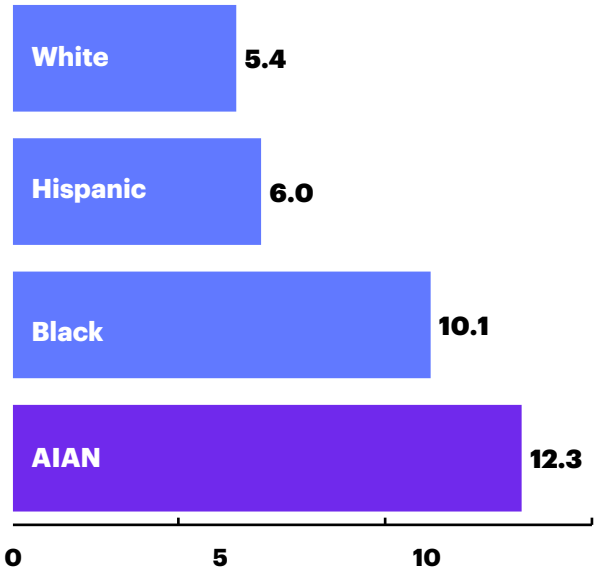


Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to American Indian/Alaska Native birthing people is 2.0x the state rate

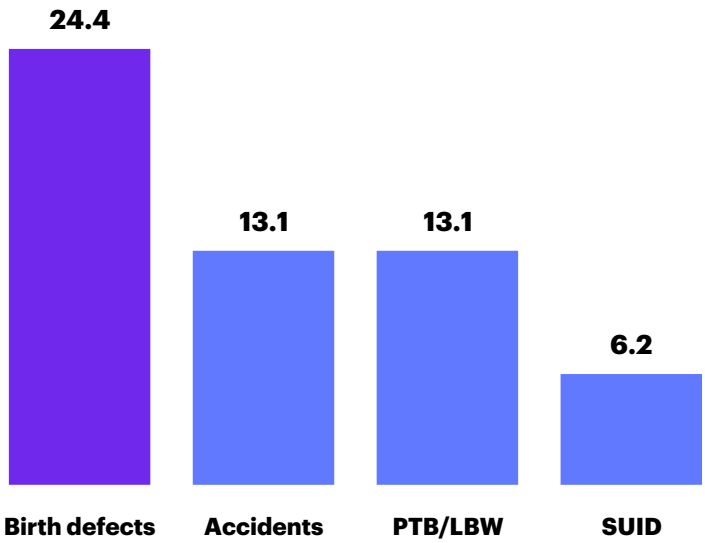
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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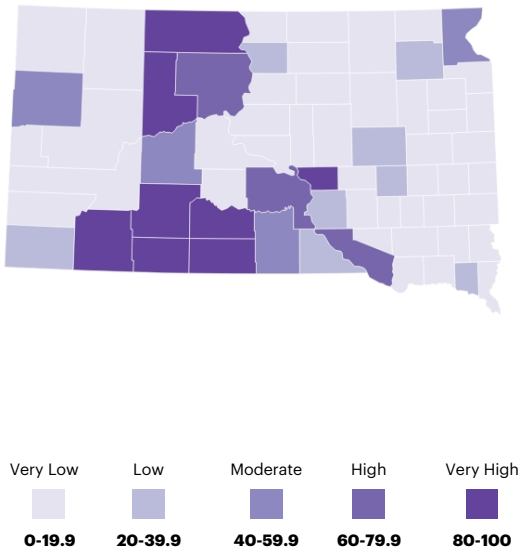
SOUTH DAKOTA

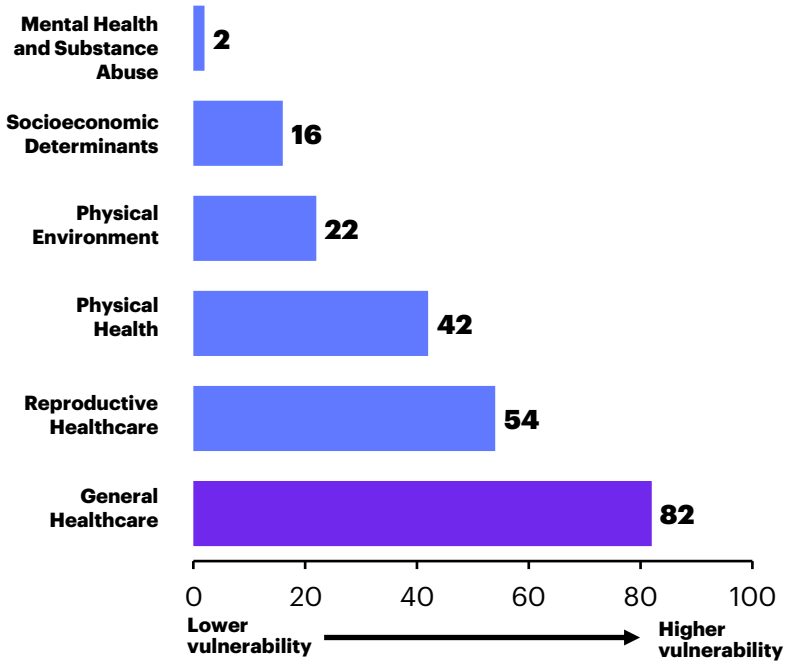
Birthing people in South Dakota have a low vulnerability to poor outcomes and are most vulnerable due to general healthcare accessibility

MVI by county in South Dakota



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how South Dakota is supporting the health of birthing people

28.5
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

18.3
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

16.0
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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SOUTH DAKOTA

Adoption of the following policies and sufficient funding in South Dakota is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

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State Medicaid agency is actively reimbursing doula care.

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Legend

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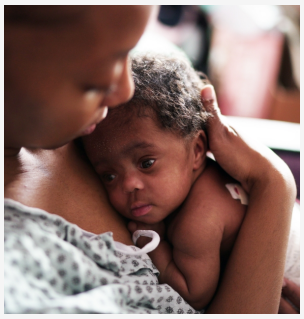
- State is progressing legislation but not yet active
- State does not have the indicated funding/policy



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2023 MARCH OF DIMES REPORT CARD
TENNESSEE

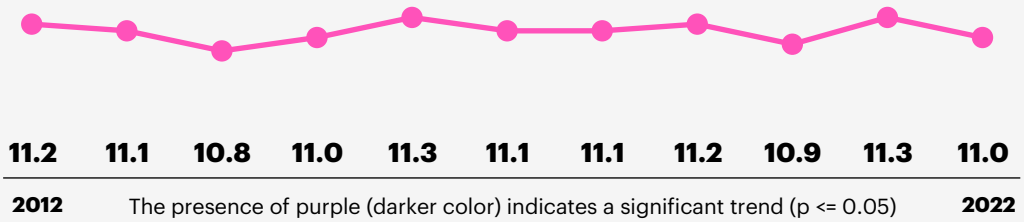
The preterm birth rate in Tennessee was 11.0% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **D**

U.S. RATE 10.4

TN RATE 11.0%

Percentage of live births born preterm

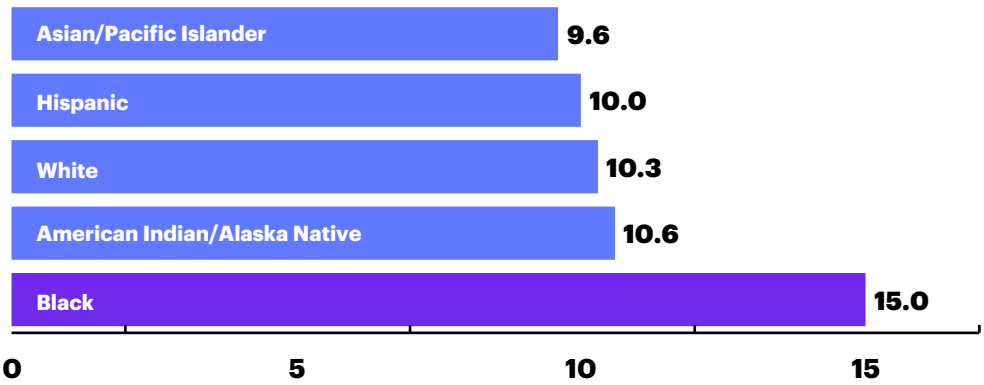


2012										2022
11.2	11.1	10.8	11.0	11.3	11.1	11.1	11.2	10.9	11.3	11.0

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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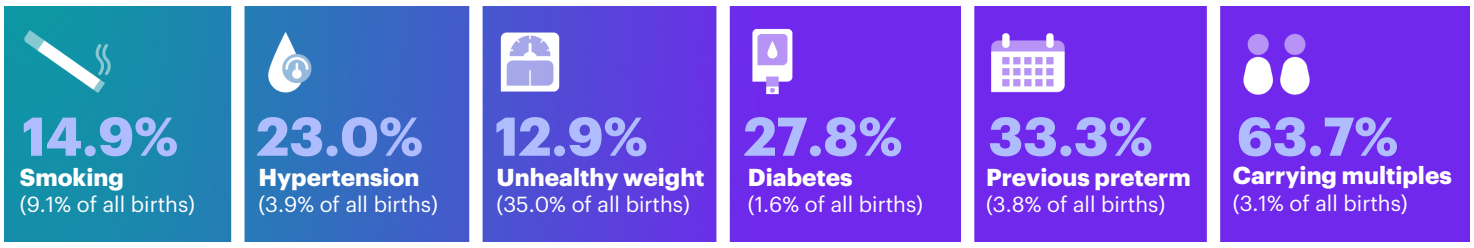
Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022



Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

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TENNESSEE

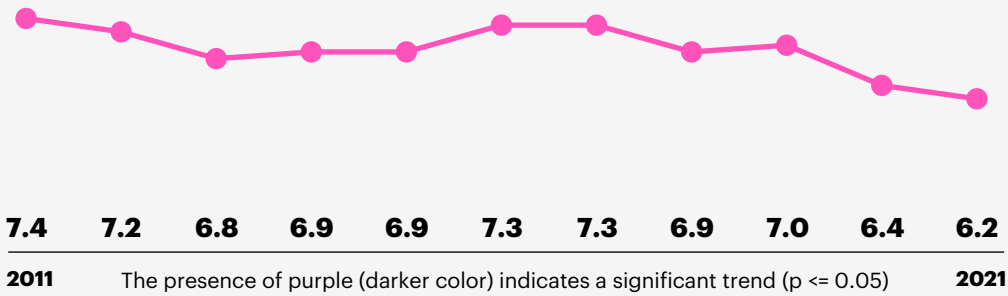
The infant mortality rate decreased in the last decade; In 2021, 505 babies died before their first birthday

INFANT MORTALITY RATE

6.2

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
7.4	7.2	6.8	6.9	6.9	7.3	7.3	6.9	7.0	6.4	6.2

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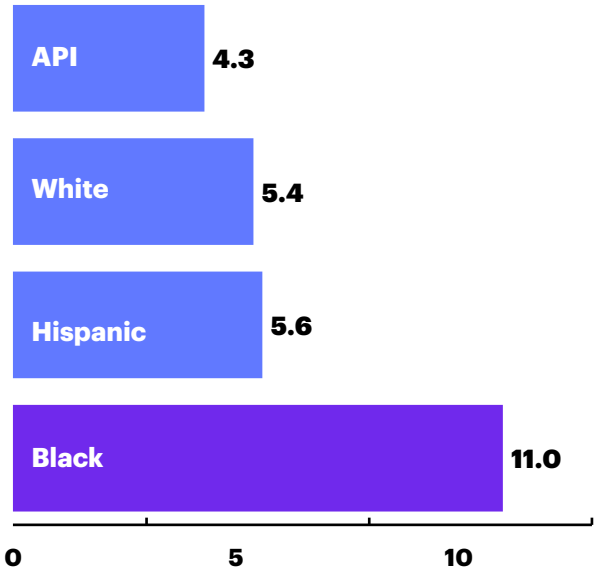
Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.8x the state rate

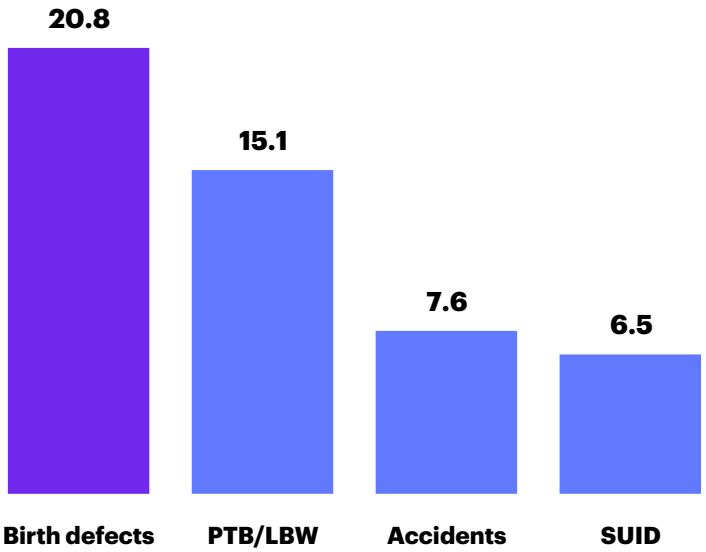
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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TENNESSEE

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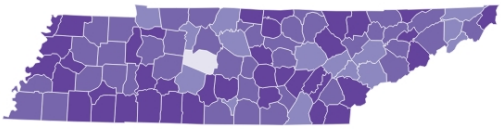
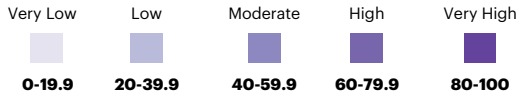
MVI by county in Tennessee





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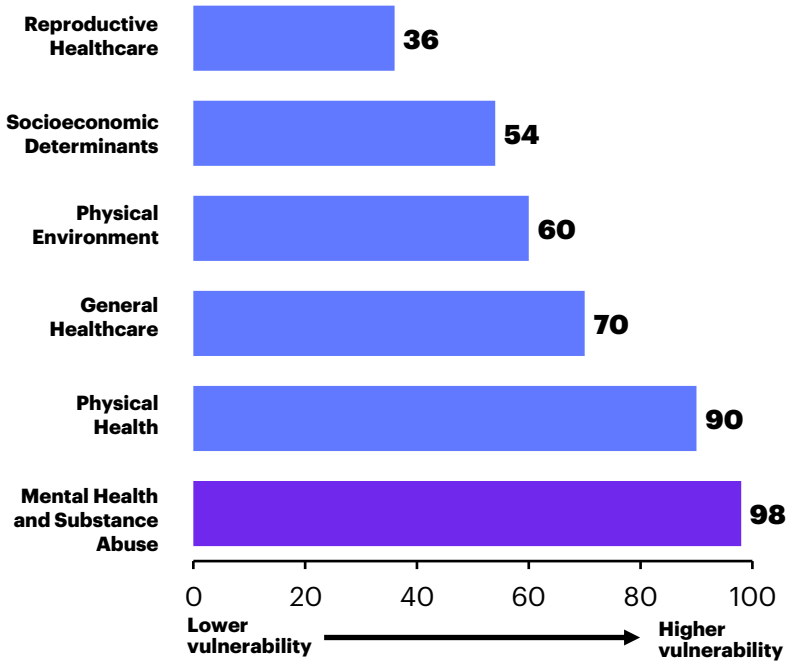

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Tennessee is supporting the health of birthing people

41.7
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

26.3
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

17.4
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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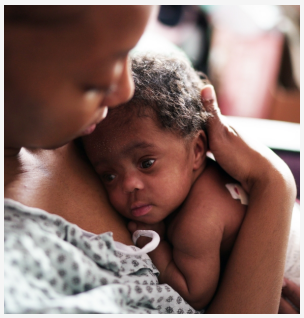

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2023 MARCH OF DIMES REPORT CARD
TEXAS

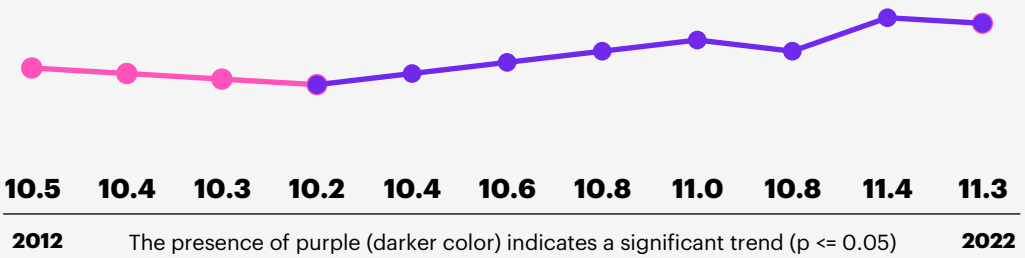
The preterm birth rate in Texas was 11.3% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **D-**

U.S. RATE 10.4

TX RATE 11.3%

Percentage of live births born preterm

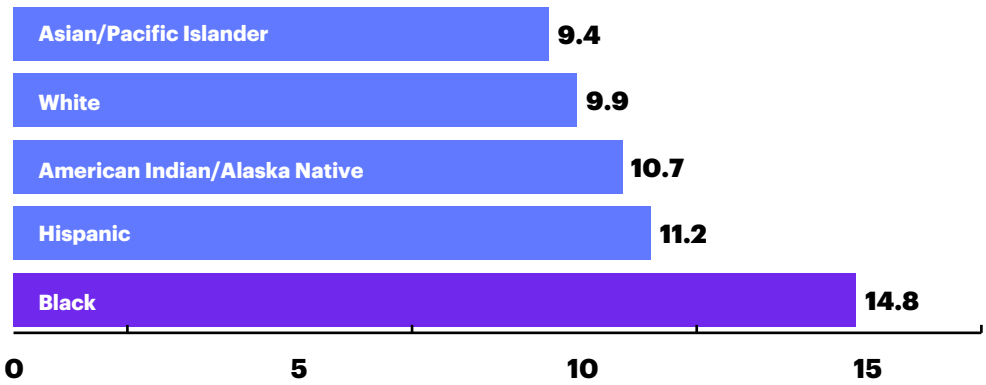


2012										2022
10.5	10.4	10.3	10.2	10.4	10.6	10.8	11.0	10.8	11.4	11.3

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.4x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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TEXAS

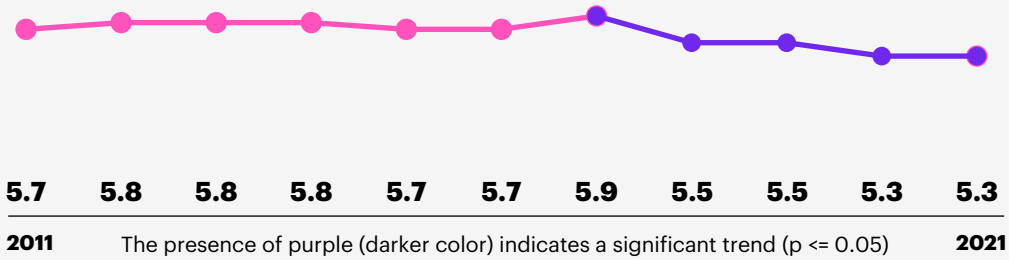
The infant mortality rate decreased in the last decade; In 2021, 1,977 babies died before their first birthday

INFANT MORTALITY RATE

5.3

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5.7	5.8	5.8	5.8	5.7	5.7	5.9	5.5	5.5	5.3	5.3

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Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

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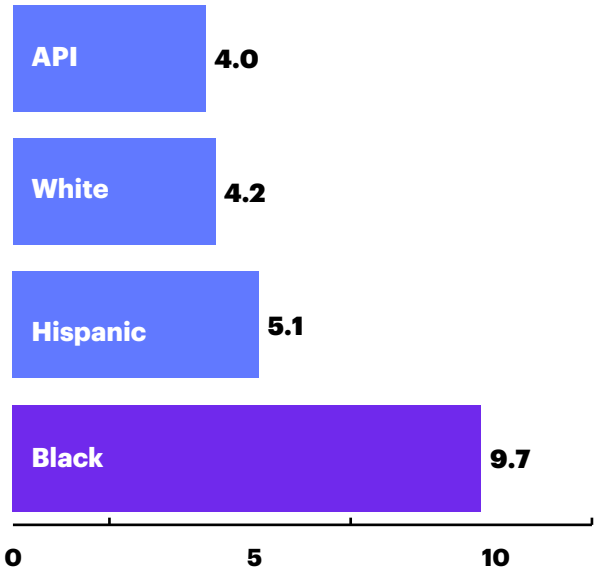
Rate per 1,000 live births, 2019-2021



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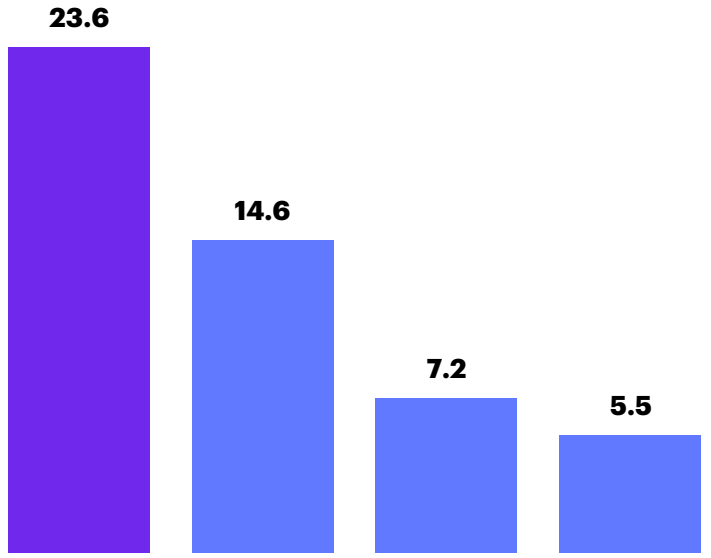
Percent of total deaths by primary cause, 2019-2021



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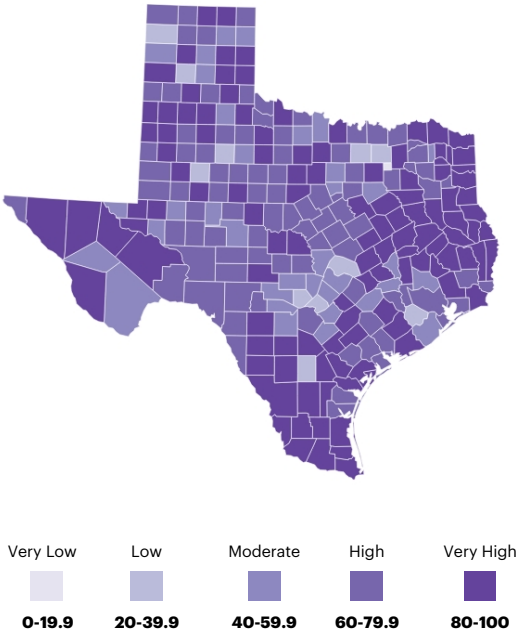
TEXAS

Birthing people in Texas have a very high vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

MVI by county in Texas



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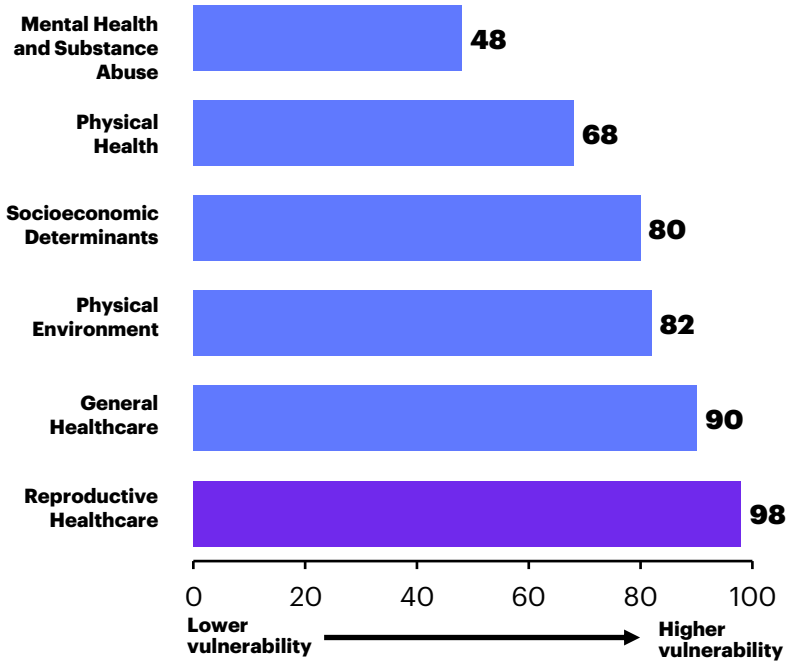
Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Texas is supporting the health of birthing people

28.1 PER 100,000 BIRTHS (23.5)

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

27.7 PERCENT (26.3)

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

21.4 PERCENT (15.5)

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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TEXAS

Adoption of the following policies and sufficient funding in Texas is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

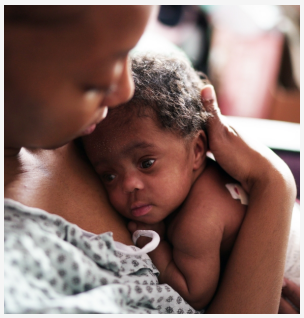
State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
- State reimburses up to $1,500
- State is progressing legislation but not yet active
- State does not have the indicated funding/policy



OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
UTAH

The preterm birth rate in Utah was 9.4% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE

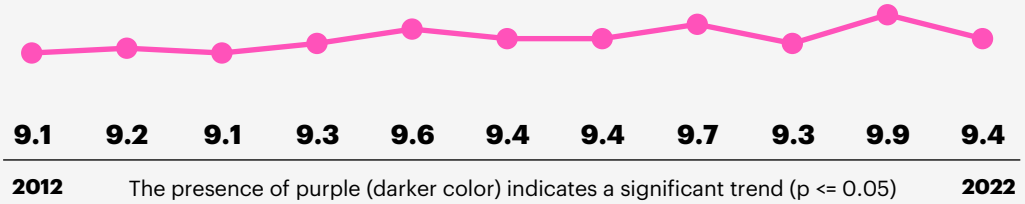
C+

U.S. RATE

10.4

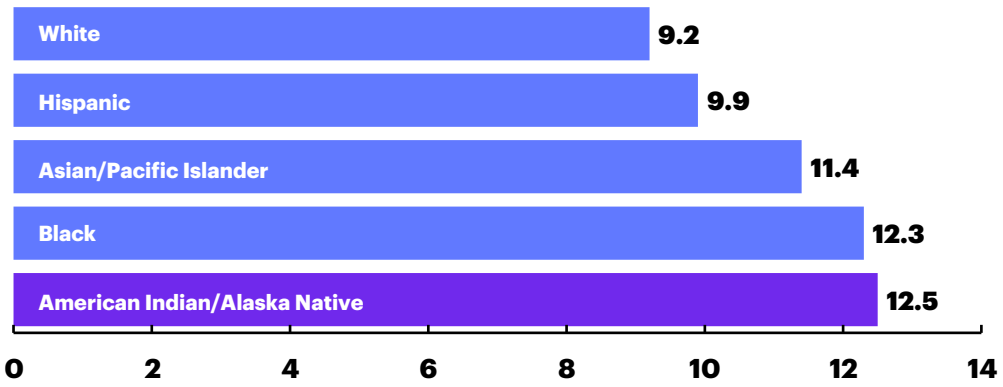
UT RATE

9.4%



The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.3x higher than the rate among all other babies

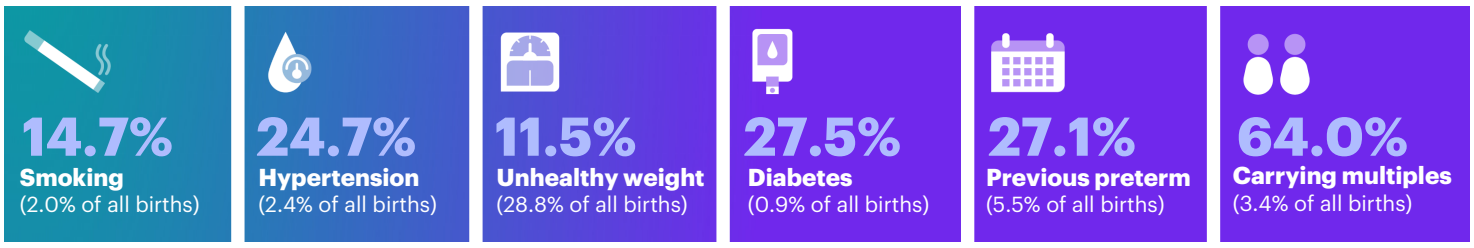
Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022



Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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UTAH

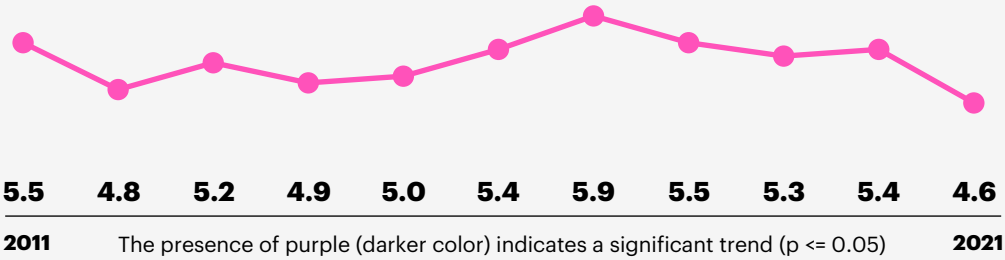
The infant mortality rate decreased in the last decade; In 2021, 214 babies died before their first birthday

INFANT MORTALITY RATE

4.6

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5.5	4.8	5.2	4.9	5.0	5.4	5.9	5.5	5.3	5.4	4.6

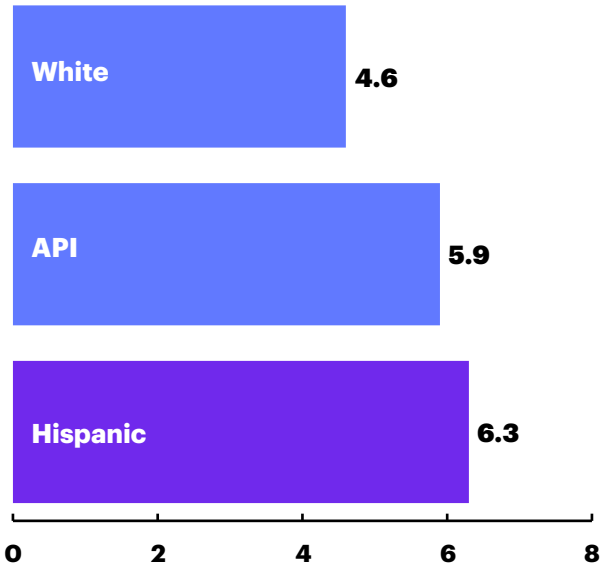
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Hispanic birthing people is 1.4x the state rate

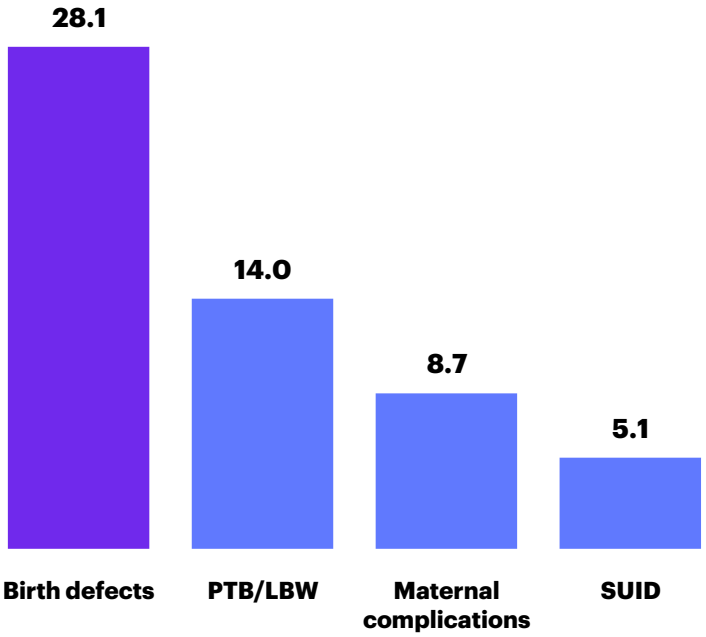
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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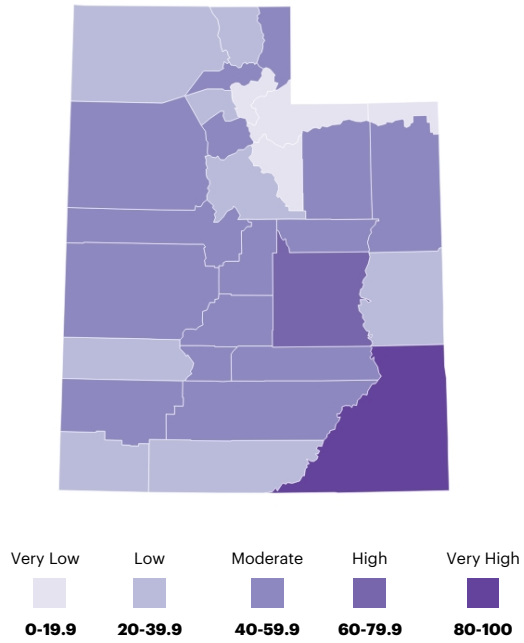
UTAH

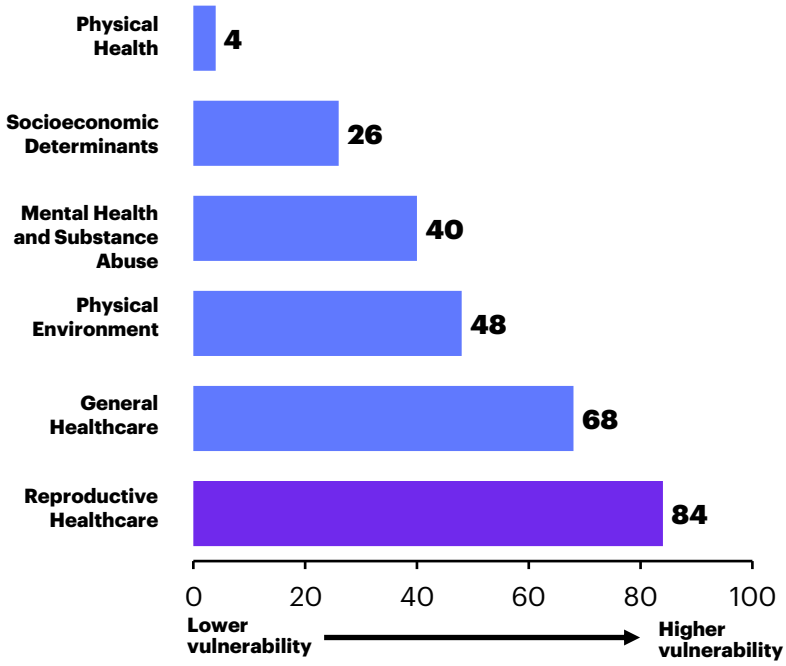
Birthing people in Utah have a moderate vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

MVI by county in Utah



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Utah is supporting the health of birthing people

16.1
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

19.6
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

11.5
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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UTAH

Adoption of the following policies and sufficient funding in Utah is critical to improve and sustain maternal and infant healthcare

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State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

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PAID FAMILY LEAVE

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State Medicaid agency is actively reimbursing doula care.

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Legend

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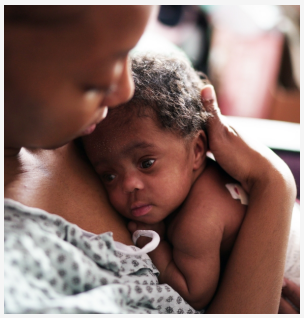

OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

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2023 MARCH OF DIMES REPORT CARD
VERMONT

The preterm birth rate in Vermont was 8.8% in 2022, higher than the rate in 2021

PRETERM BIRTH GRADE

B

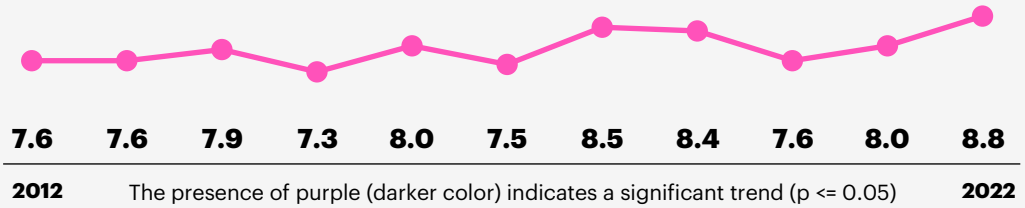
U.S. RATE

10.4

VT RATE

8.8%

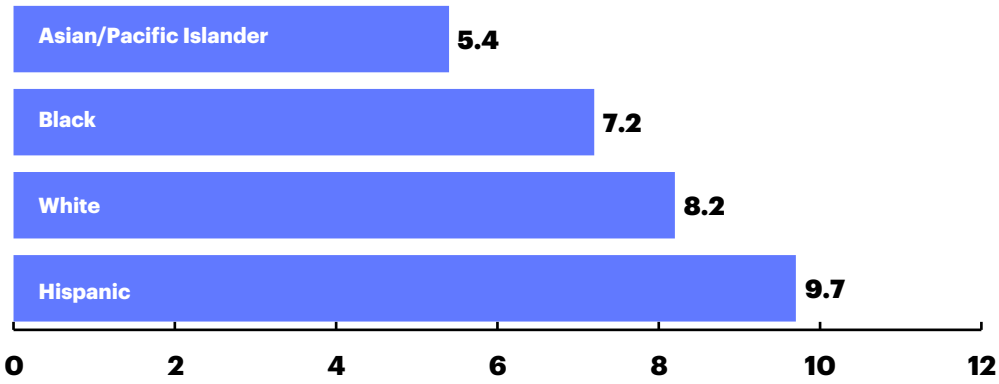
Percentage of live births born preterm



2012 The presence of purple (darker color) indicates a significant trend (p <= 0.05) **2022**

The preterm birth rate among babies born to Hispanic birthing people is 1.2x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

12.7% **Smoking** (9.9% of all births)

15.1% **Hypertension** (4.7% of all births)

9.8% **Unhealthy weight** (33.3% of all births)

20.5% **Diabetes** (1.4% of all births)

21.8% **Previous preterm** (4.0% of all births)

60.2% **Carrying multiples** (3.7% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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VERMONT

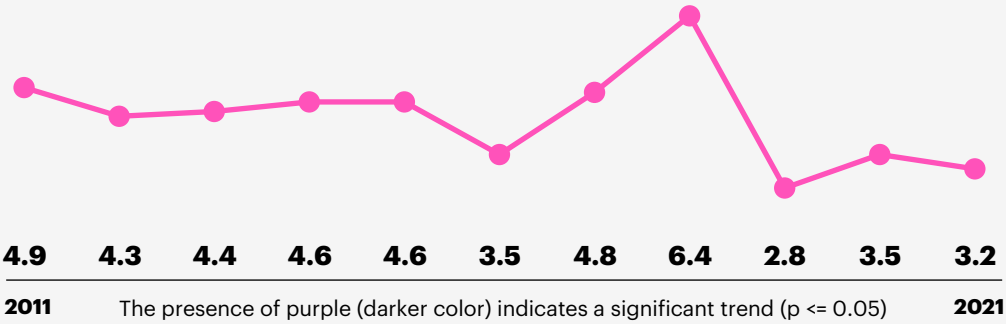
The infant mortality rate decreased in the last decade; In 2021, 17 babies died before their first birthday

INFANT MORTALITY RATE

3.2

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
4.9	4.3	4.4	4.6	4.6	3.5	4.8	6.4	2.8	3.5	3.2

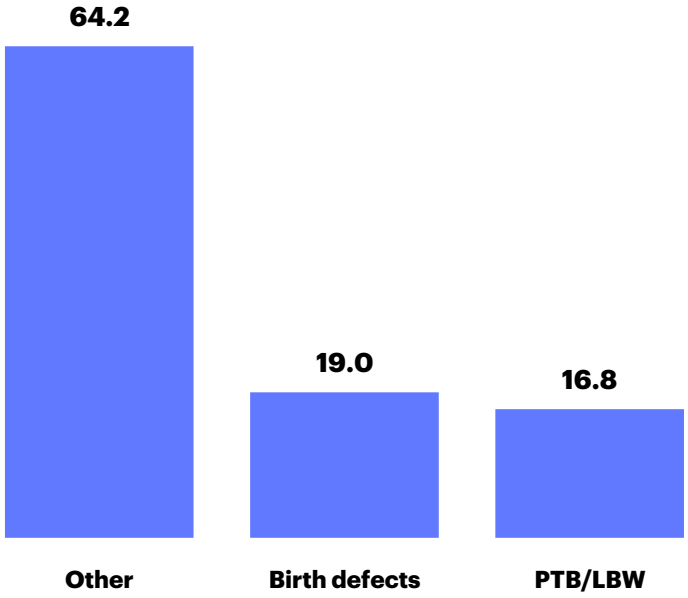
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

Birth defects and preterm birth/low birth weight account for over one third of infant deaths in Vermont.

Leading causes of infant death

Percent of total deaths by primary cause, 2017-2021



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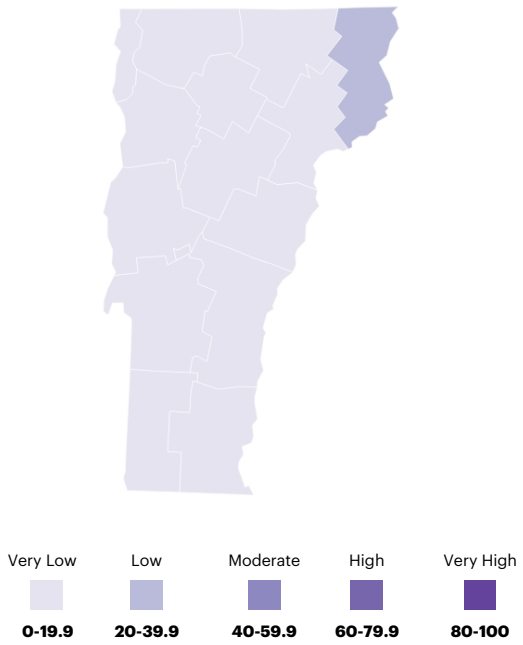
VERMONT

Birthing people in Vermont have a very low vulnerability to poor outcomes and are most vulnerable due to mental health and substance use

MVI by county in Vermont



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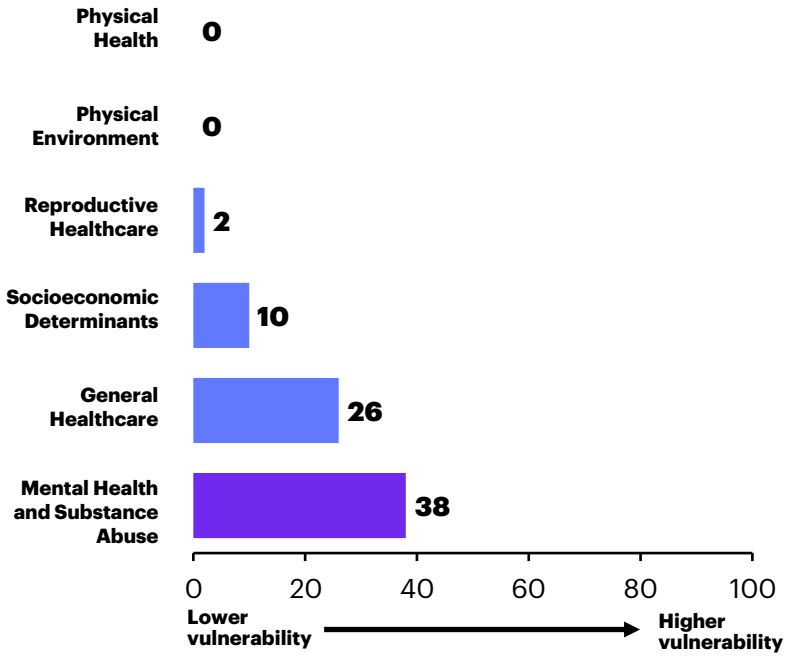

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Vermont is supporting the health of birthing people

N/A

23.5

MATERNAL MORTALITY

The death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends cannot be shown due to unreliable estimates and concerns with confidentiality.

22.4

PERCENT

26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

7.3

PERCENT

15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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VERMONT

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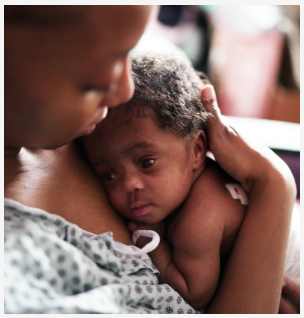

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2023 MARCH OF DIMES REPORT CARD
VIRGINIA

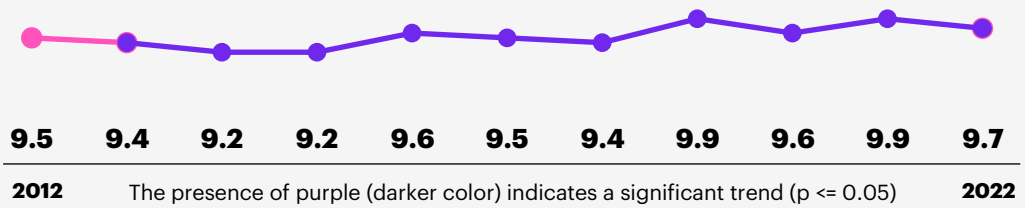
The preterm birth rate in Virginia was 9.7% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE

C

U.S. RATE	VA RATE
10.4	9.7%

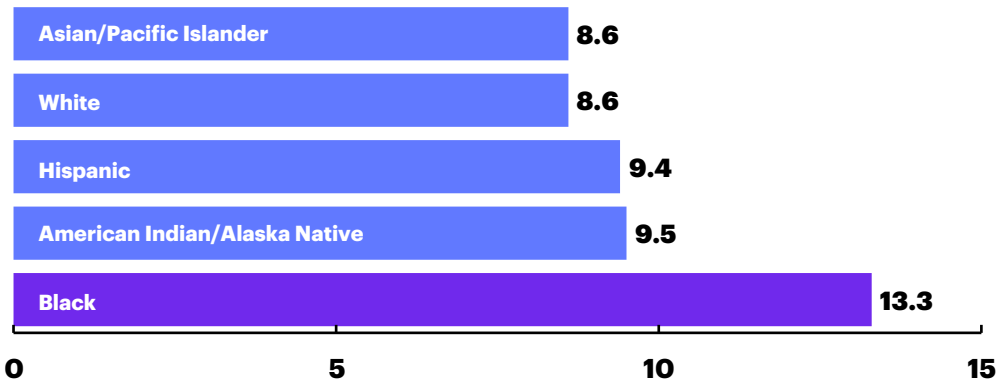


2012										2022
9.5	9.4	9.2	9.2	9.6	9.5	9.4	9.9	9.6	9.9	9.7

The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



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13.9% Smoking (4.0% of all births)

20.7% Hypertension (3.0% of all births)

11.8% Unhealthy weight (34.0% of all births)

26.6% Diabetes (1.0% of all births)

26.8% Previous preterm (2.6% of all births)

59.0% Carrying multiples (3.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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VIRGINIA

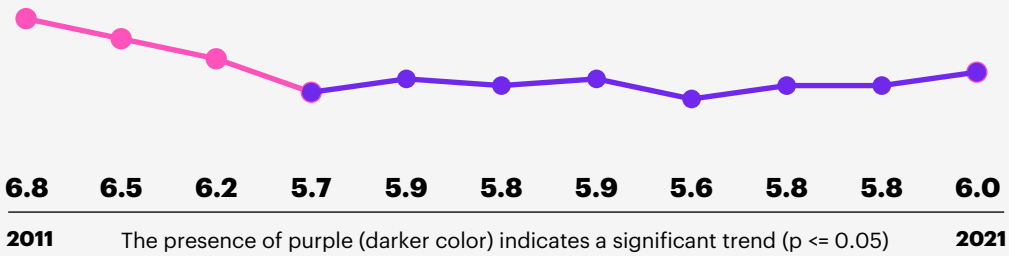
The infant mortality rate decreased in the last decade; In 2021, 571 babies died before their first birthday

INFANT MORTALITY RATE

6.0

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.8	6.5	6.2	5.7	5.9	5.8	5.9	5.6	5.8	5.8	6.0

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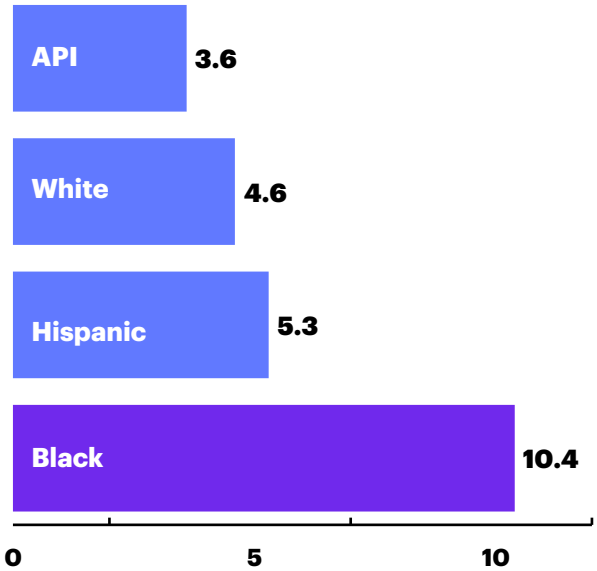
Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.7x the state rate

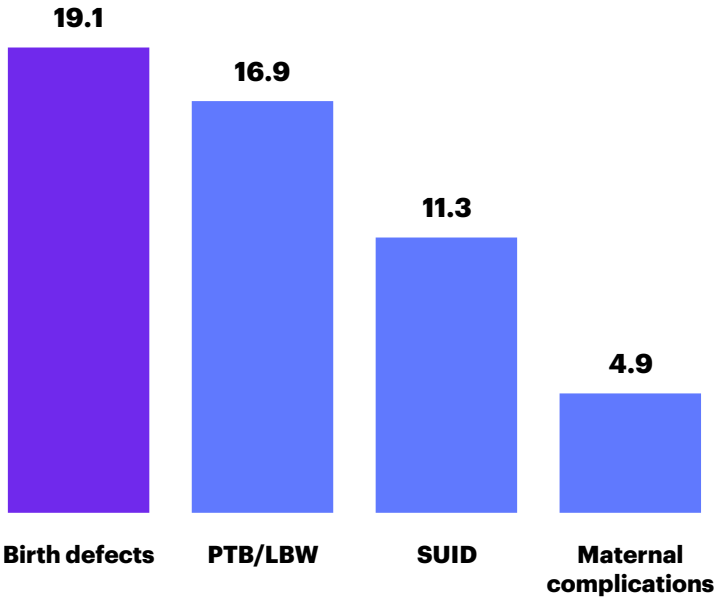
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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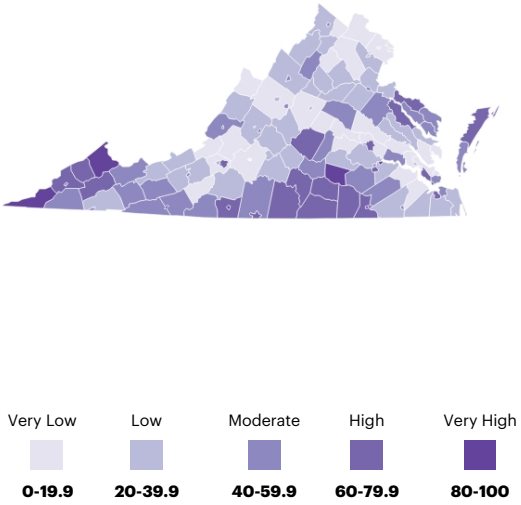
VIRGINIA

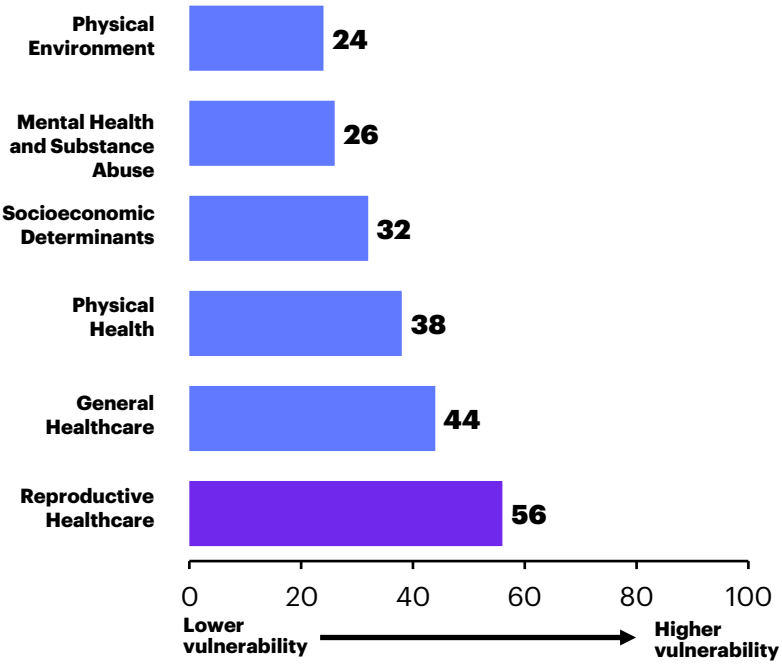
Birthing people in Virginia have a moderate vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

MVI by county in Virginia



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Virginia is supporting the health of birthing people

29.1
PER 100,000 BIRTHS
23.5

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

26.7
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

13.4
PERCENT
15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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VIRGINIA

Adoption of the following policies and sufficient funding in Virginia is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

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State Medicaid agency is actively reimbursing doula care.

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State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

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Legend

- State has the indicated funding/policy
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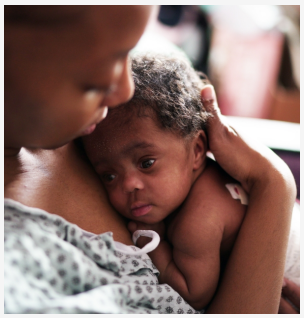

OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
WASHINGTON

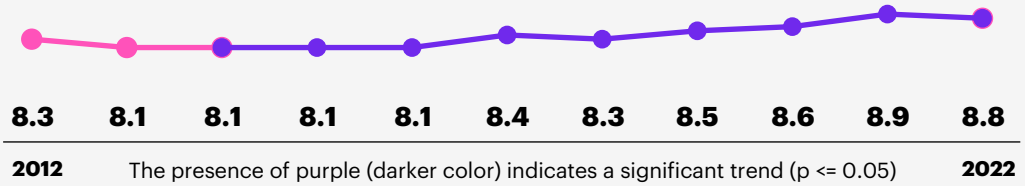
The preterm birth rate in Washington was 8.8% in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **B**

U.S. RATE 10.4

WA RATE 8.8%

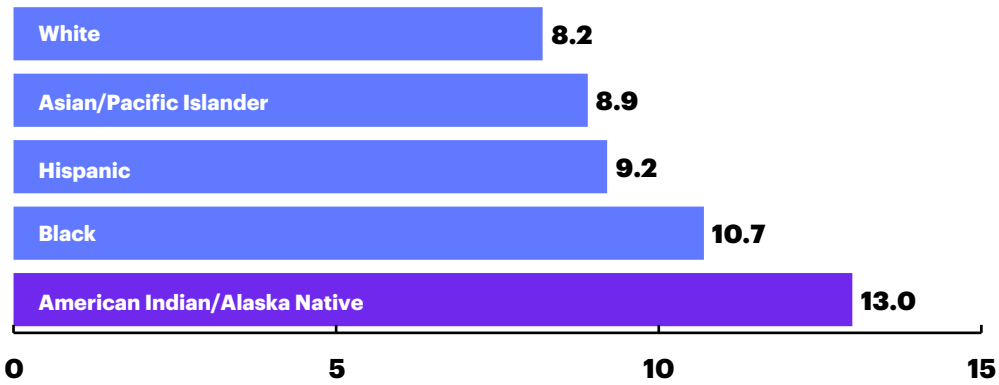
Percentage of live births born preterm



The presence of purple (darker color) indicates a significant trend (p <= 0.05)

The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.5x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

14.2% Smoking (4.3% of all births)

19.8% Hypertension (2.3% of all births)

10.6% Unhealthy weight (31.1% of all births)

22.8% Diabetes (1.1% of all births)

28.3% Previous preterm (3.9% of all births)

54.1% Carrying multiples (3.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

THE 2023 MARCH OF DIMES REPORT CARD:
THE STATE OF MATERNAL AND INFANT HEALTH FOR AMERICAN FAMILIES

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WASHINGTON

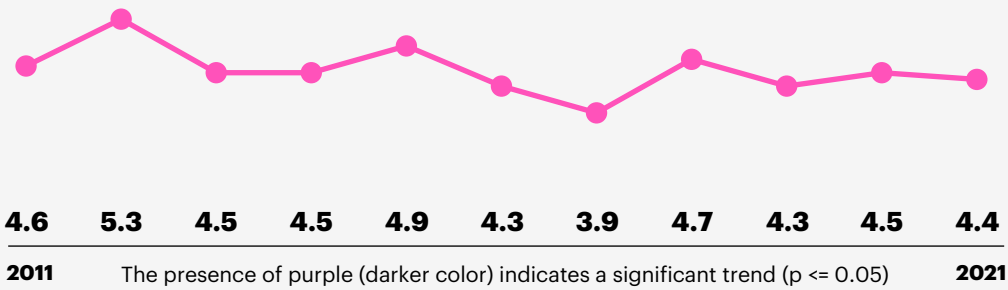
The infant mortality rate decreased in the last decade; In 2021, 366 babies died before their first birthday

INFANT MORTALITY RATE

4.4

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
4.6	5.3	4.5	4.5	4.9	4.3	3.9	4.7	4.3	4.5	4.4

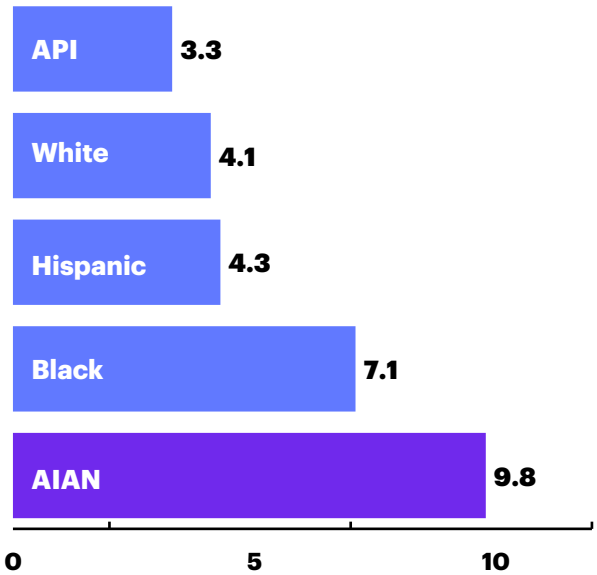
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to American Indian/Alaska Native birthing people is 2.2x the state rate

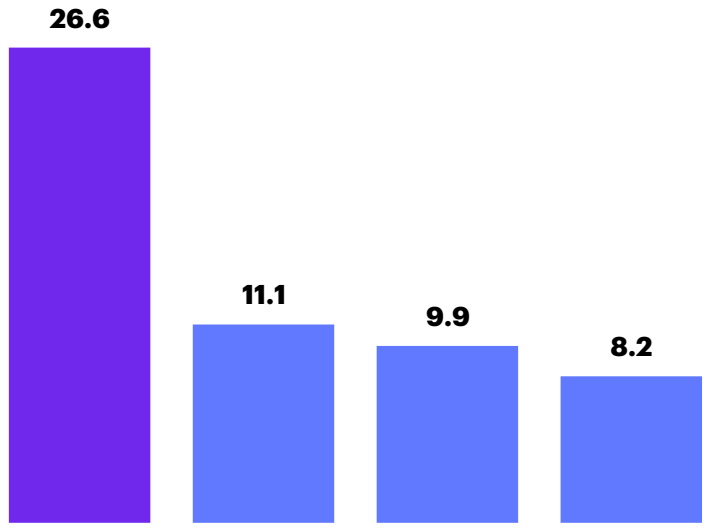
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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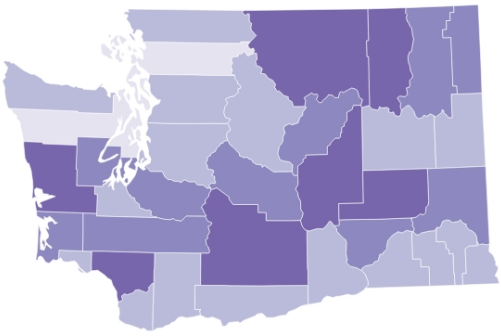
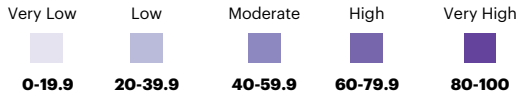
WASHINGTON

Birthing people in Washington have a moderate vulnerability to poor outcomes and are most vulnerable due to mental health and substance use

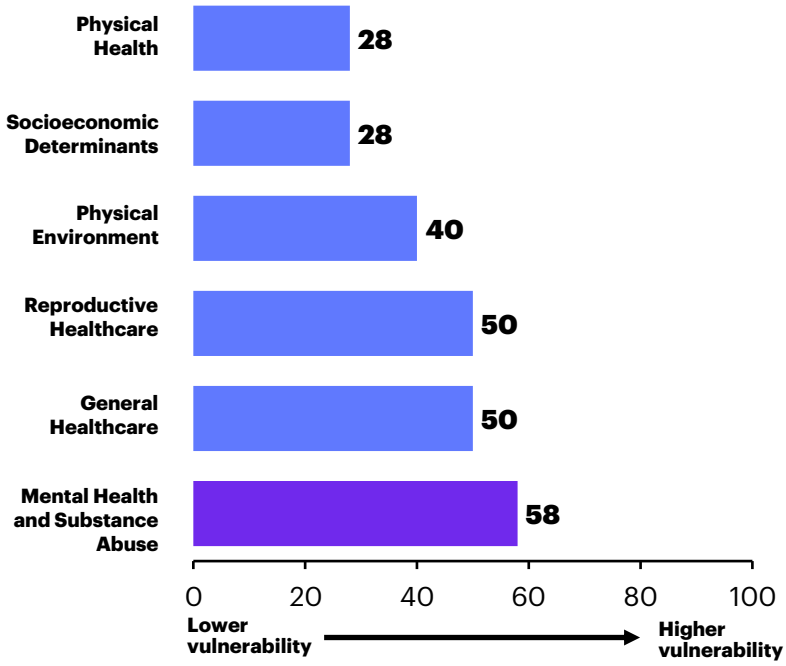
MVI by county in Washington





Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Washington is supporting the health of birthing people

20.4
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

25.4
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

16.4
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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WASHINGTON

Adoption of the following policies and sufficient funding in Washington is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

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Legend

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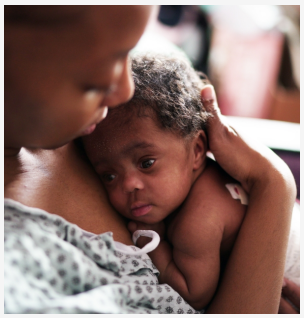

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At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
WEST VIRGINIA

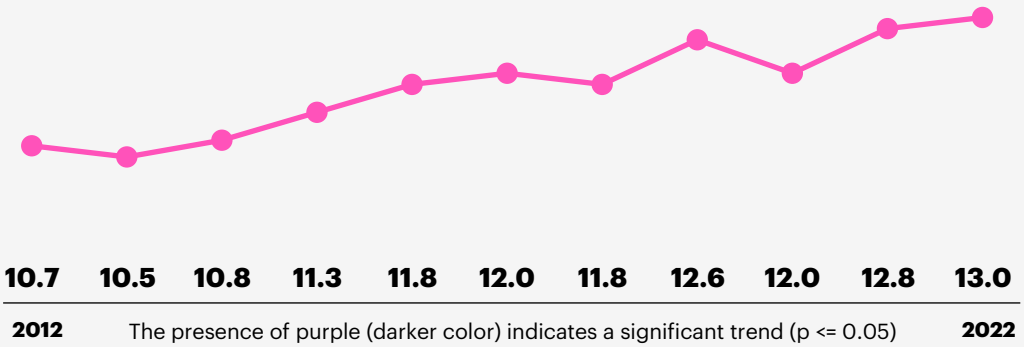
The preterm birth rate in West Virginia was 13.0% in 2022, higher than the rate in 2021

PRETERM BIRTH GRADE **F**

U.S. RATE 10.4

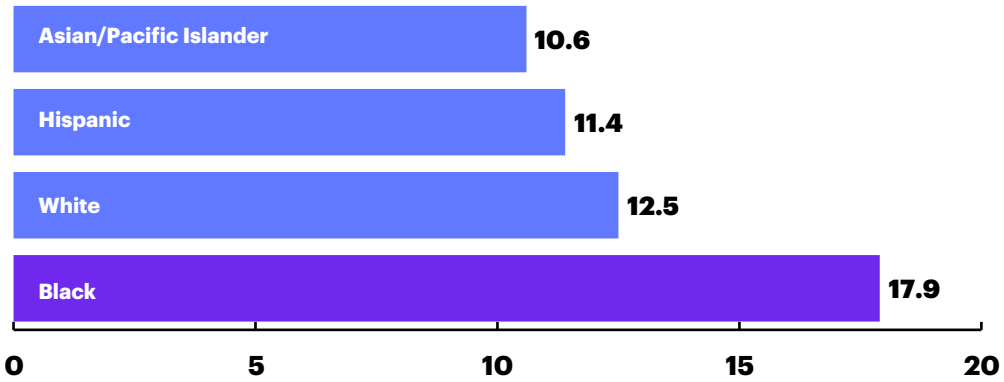
WV RATE 13.0%

Percentage of live births born preterm



The preterm birth rate among babies born to Black birthing people is 1.4x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

17.1% **Smoking** (17.9% of all births)

24.5% **Hypertension** (4.6% of all births)

14.0% **Unhealthy weight** (42.9% of all births)

34.5% **Diabetes** (1.8% of all births)

36.5% **Previous preterm** (5.2% of all births)

66.2% **Carrying multiples** (3.2% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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WEST VIRGINIA

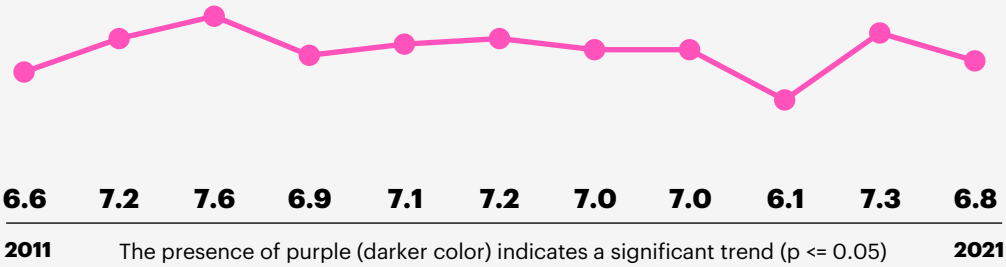
The infant mortality rate increased in the last decade; In 2021, 117 babies died before their first birthday

INFANT MORTALITY RATE

6.8

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.6	7.2	7.6	6.9	7.1	7.2	7.0	7.0	6.1	7.3	6.8

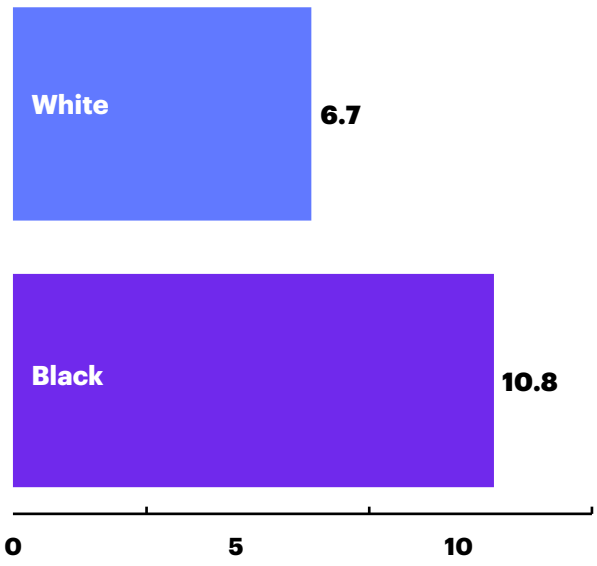
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 1.6x the state rate

Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



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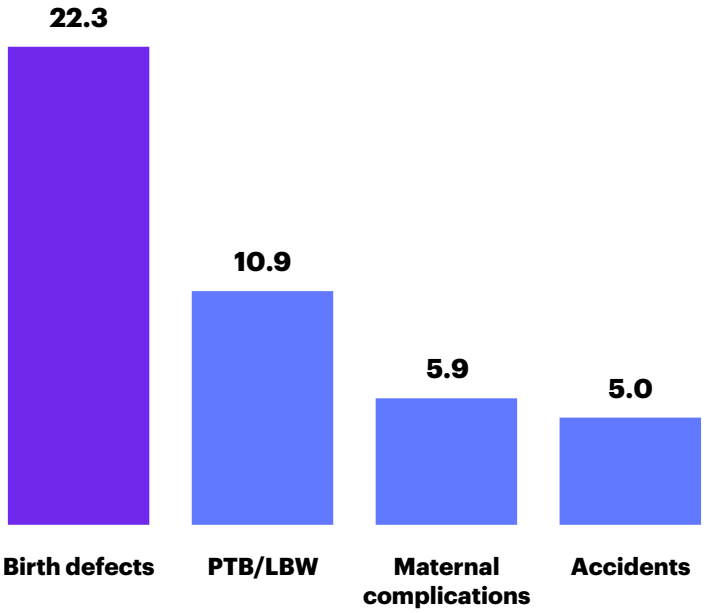

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WEST VIRGINIA

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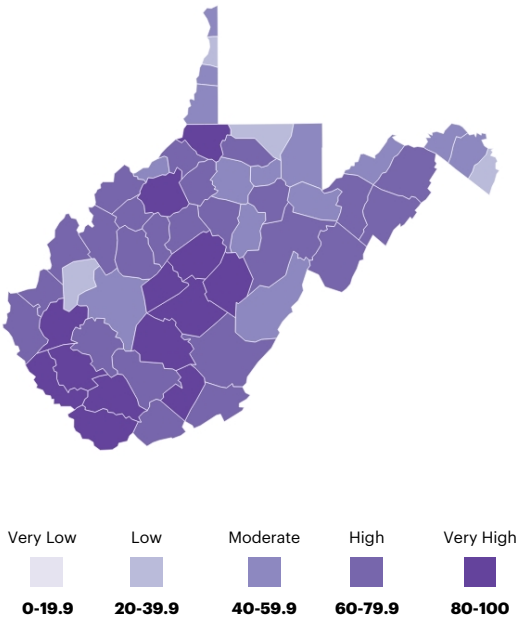

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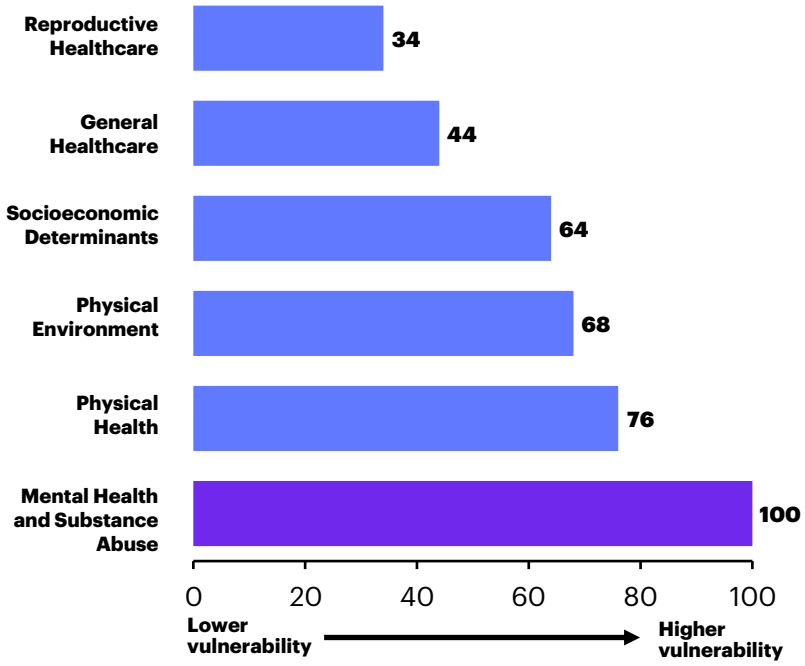

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25.4
PER 100,000 BIRTHS
23.5

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28.3
PERCENT
26.3

LOW-RISK CESAREAN BIRTH

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12.9
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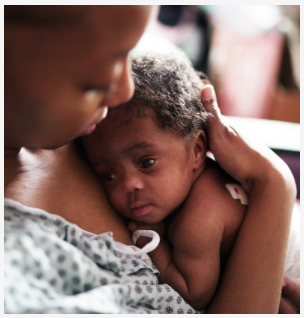

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2023 MARCH OF DIMES REPORT CARD
WISCONSIN

The preterm birth rate in Wisconsin was 10.3% in 2022, higher than the rate in 2021

PRETERM BIRTH GRADE

C-

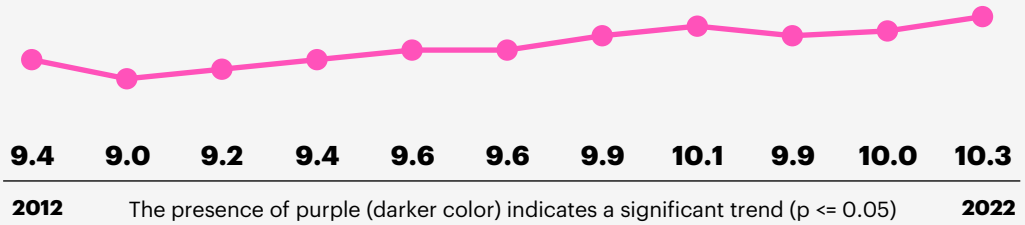
U.S. RATE

10.4

WI RATE

10.3%

Percentage of live births born preterm



2012										2022
9.4	9.0	9.2	9.4	9.6	9.6	9.9	10.1	9.9	10.0	10.3

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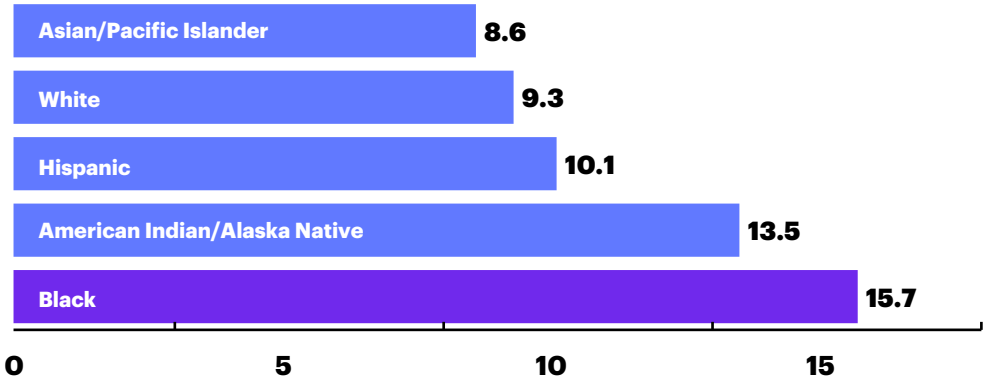
Preterm birth rate by race/ethnicity, 2020-2022



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Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

15.6% Smoking (6.9% of all births)

26.8% Hypertension (2.9% of all births)

12.2% Unhealthy weight (34.7% of all births)

29.3% Diabetes (1.3% of all births)

29.6% Previous preterm (6.1% of all births)

61.6% Carrying multiples (3.4% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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WISCONSIN

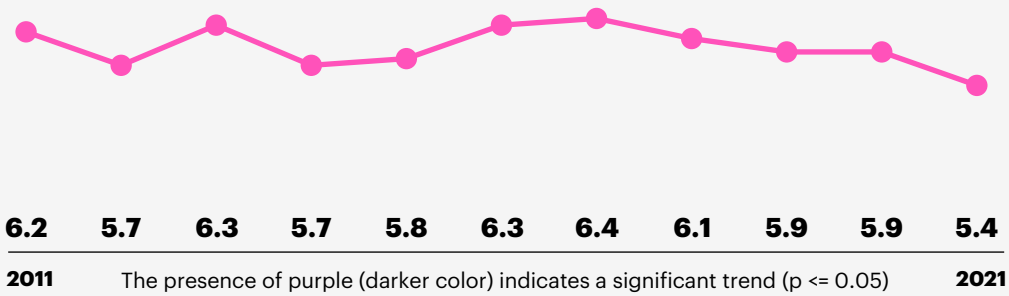
The infant mortality rate decreased in the last decade; In 2021, 331 babies died before their first birthday

INFANT MORTALITY RATE

5.4

U.S. RATE

Rate per 1,000 live births



2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
6.2	5.7	6.3	5.7	5.8	6.3	6.4	6.1	5.9	5.9	5.4

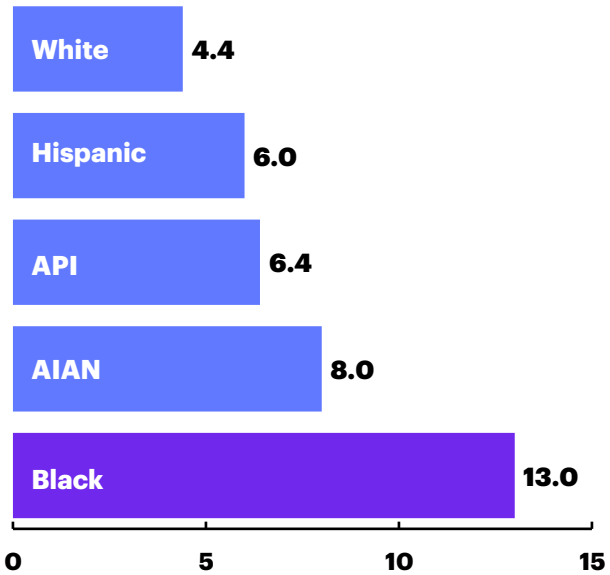
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Black birthing people is 2.4x the state rate

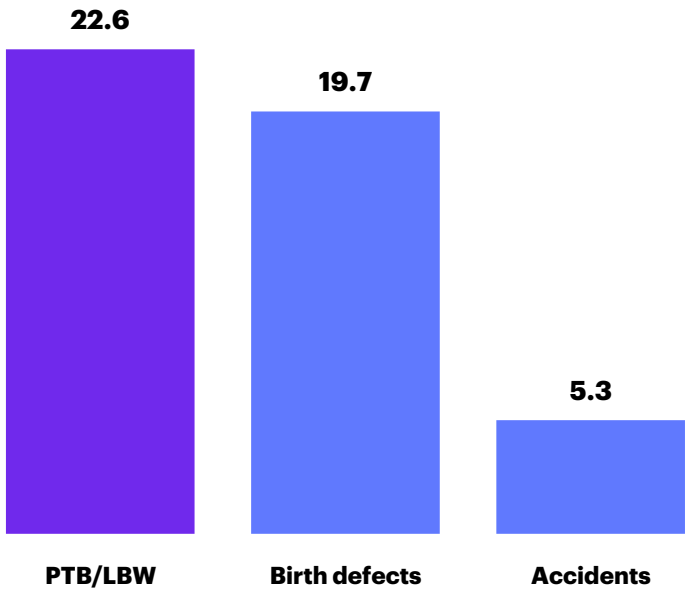
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

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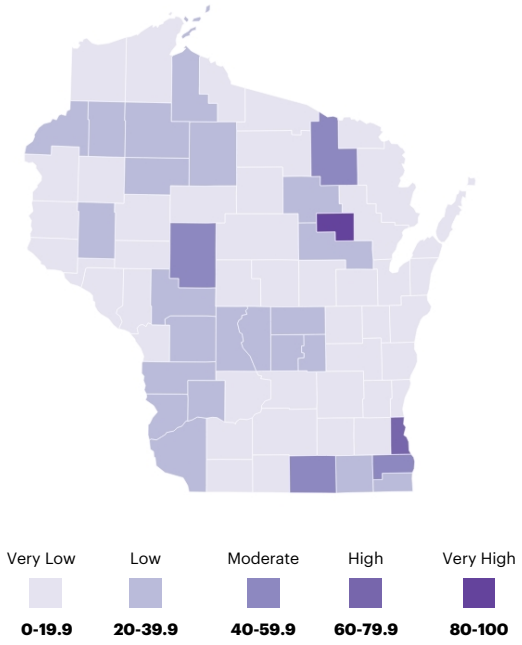
WISCONSIN

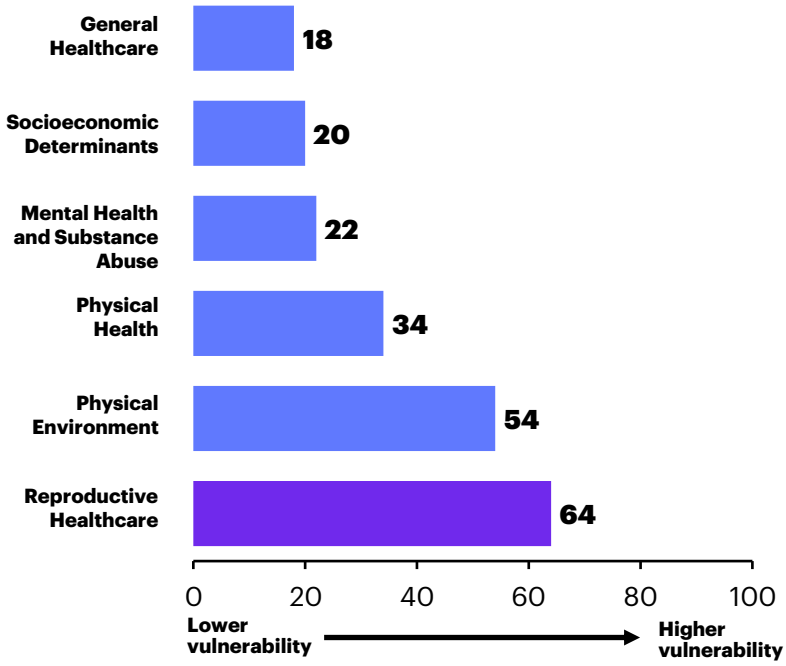
Birthing people in Wisconsin have a low vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

MVI by county in Wisconsin



Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Wisconsin is supporting the health of birthing people

11.6
PER 100,000 BIRTHS
23.5
MATERNAL MORTALITY
This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

23.2
PERCENT
26.3
LOW-RISK CESAREAN BIRTH
This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

10.7
PERCENT
15.5
INADEQUATE PRENATAL CARE
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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WISCONSIN

Adoption of the following policies and sufficient funding in Wisconsin is critical to improve and sustain maternal and infant healthcare

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.

DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.

MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

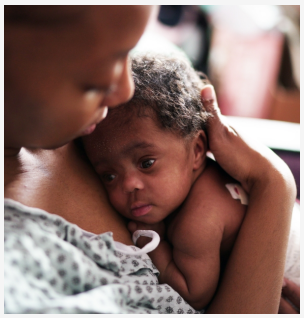
State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend

- State has the indicated funding/policy
- State reimburses up to $1,500
- State is progressing legislation but not yet active
- State does not have the indicated funding/policy



OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE'S JUST ONE.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. "I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, 'What do you want to do?' And I said, 'Everything possible.' And now she's an amazing little girl with so much personality."

Far too many families are affected by prematurity. We advocate for policies outlined in this year's 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.

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2023 MARCH OF DIMES REPORT CARD
WYOMING

The preterm birth rate in Wyoming was 10.4% in 2022, lower than the rate in 2021

Percentage of live births born preterm

PRETERM BIRTH GRADE

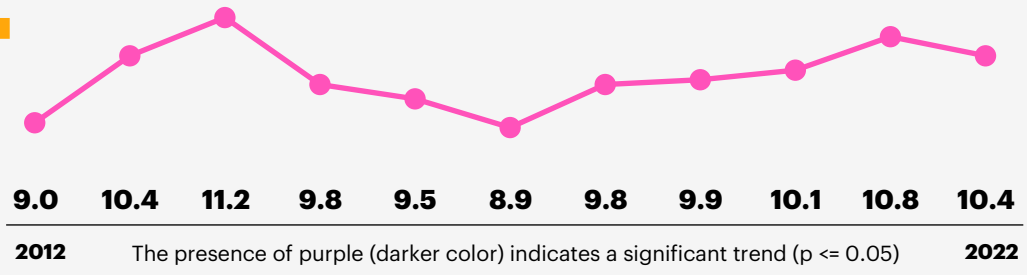
D+

U.S. RATE

10.4

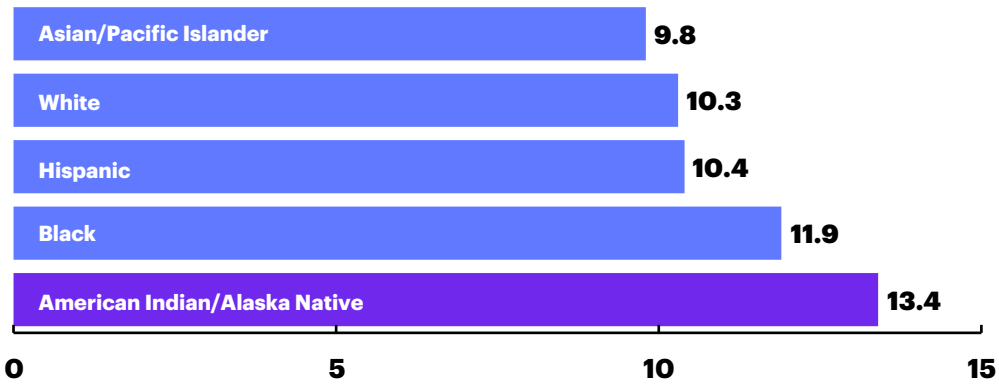
WY RATE

10.4%



The preterm birth rate among babies born to American Indian/Alaska Native birthing people is 1.3x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

13.3% Smoking (11.9% of all births)

27.3% Hypertension (2.3% of all births)

13.2% Unhealthy weight (31.0% of all births)

36.8% Diabetes (1.1% of all births)

32.1% Previous preterm (3.9% of all births)

63.7% Carrying multiples (3.1% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

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WYOMING

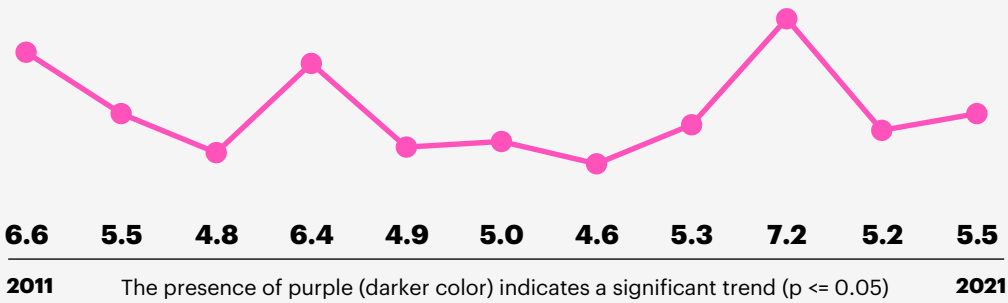
The infant mortality rate decreased in the last decade; In 2021, 34 babies died before their first birthday

INFANT MORTALITY RATE

5.5

U.S. RATE

Rate per 1,000 live births

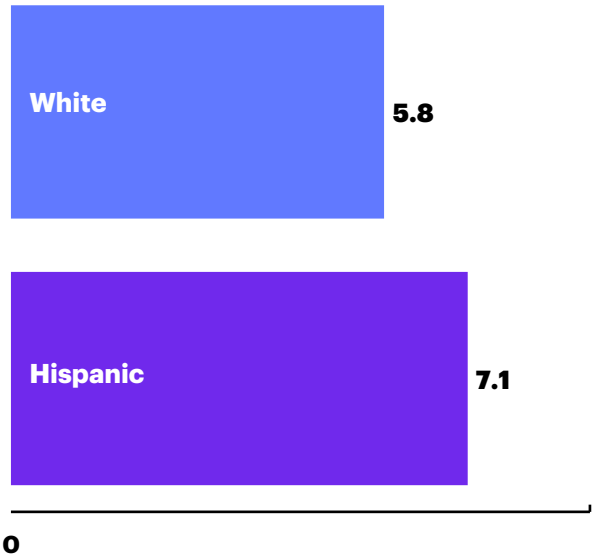


Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

The infant mortality rate among babies born to Hispanic birthing people is 1.3x the state rate

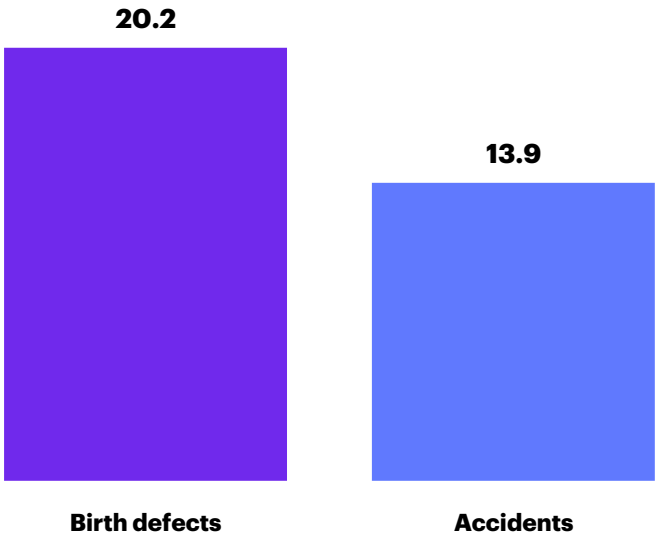
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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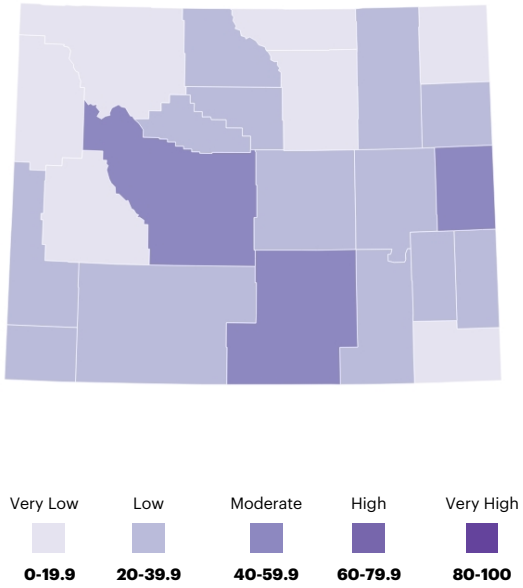
WYOMING

Birthing people in Wyoming have a very low vulnerability to poor outcomes and are most vulnerable due to general healthcare accessibility

MVI by county in Wyoming



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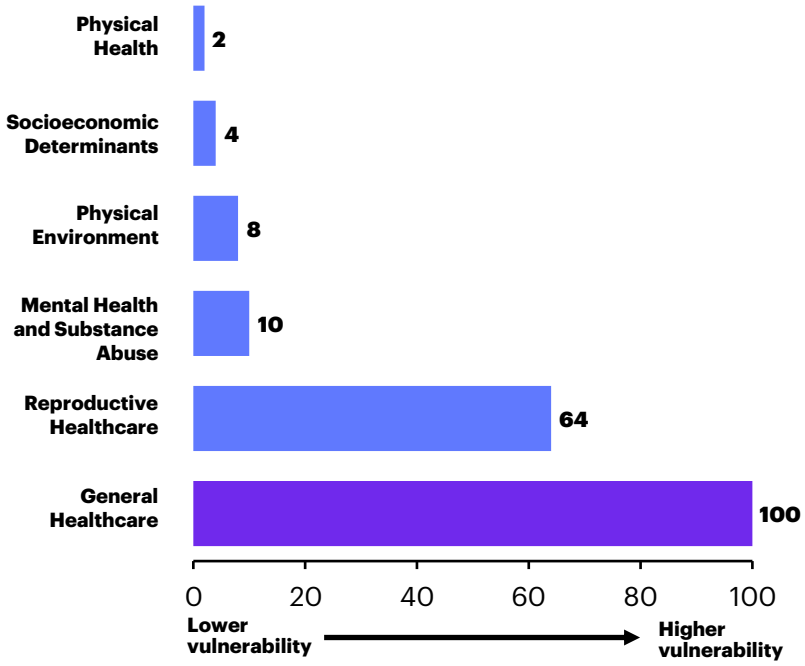

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Source: Surgo Health, Maternal Vulnerability Index, 2023.

The measures below are important indicators for how Wyoming is supporting the health of birthing people

N/A

23.5

MATERNAL MORTALITY

The death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends cannot be shown due to unreliable estimates and concerns with confidentiality.

20.6

PERCENT

26.3

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

14.0

PERCENT

15.5

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

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WYOMING

Adoption of the following policies and sufficient funding in Wyoming is critical to improve and sustain maternal and infant healthcare

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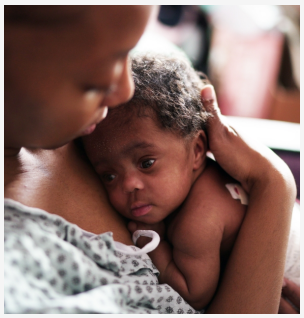

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2023 MARCH OF DIMES REPORT CARD
PUERTO RICO

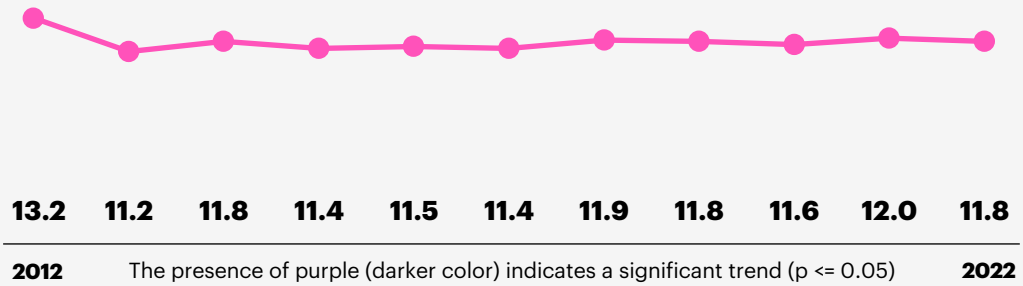
The preterm birth rate in Puerto Rico was 11.8 in 2022, lower than the rate in 2021

PRETERM BIRTH GRADE **F**

U.S. RATE 10.4

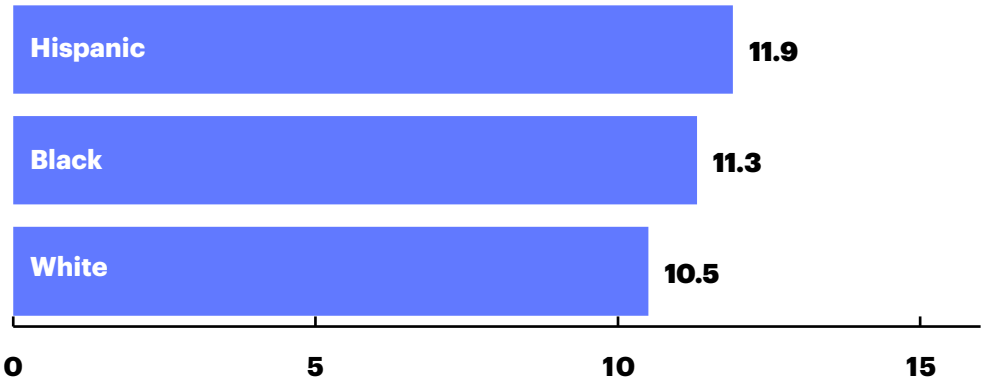
PR RATE 11.8

Percentage of live births born preterm



The preterm birth rate among babies born to Hispanic birthing people is 1.1x higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

10.0%	21.7%	11.8%	29.2%	45.9%	65.4%
Smoking (0.4% of all births)	**Hypertension** (2.6 % of all births)	**Unhealthy weight** 62.8 % of all births)	**Diabetes** (1.2 % of all births)	**Previous preterm** (2.5% of all births)	**Carrying multiples** 2.0% of all births)

Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data. Puerto Rico Department of Health, 2022.

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PUERTO RICO

The infant mortality rate decreased in the last decade; 134 babies died in Puerto Rico in 2021

INFANT MORTALITY RATE

6.9

U.S. RATE

5.4

Rate per 1,000 live births

2011										2021
8.8	9.6	7.4	7.0	10.5	7.8	7.1	7.1	6.5	6.9	6.9

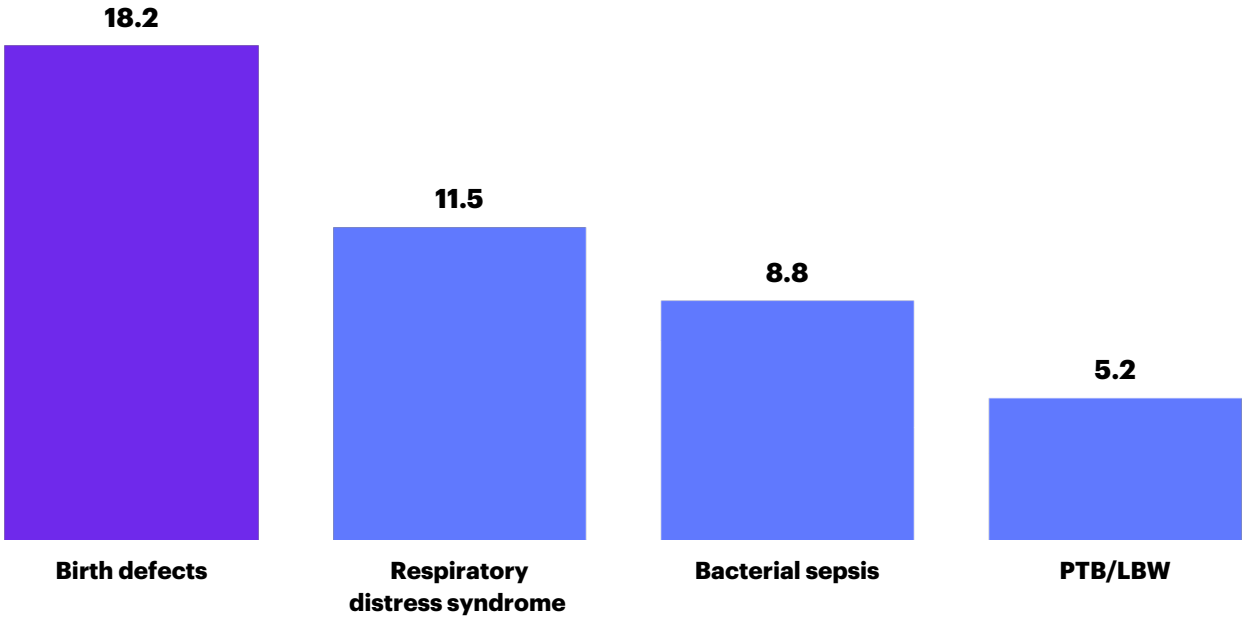
The presence of purple (darker color) indicates a significant trend (p <= 0.05)

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

In Puerto Rico, about one fifth of all infant deaths are caused by birth defects

Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



Notes: PTB/LBW = preterm birth and low birth weight.

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PUERTO RICO

The measures below are important indicators for how Puerto Rico is supporting the health of birthing people

51.1
PER 100,000 BIRTHS

MATERNAL MORTALITY

The death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends cannot be shown due to unreliable estimates and concerns with confidentiality.

48.5
PERCENT

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

7.0
PERCENT

INADEQUATE PRENATAL CARE

Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2021. Puerto Rico Department of Health, 2022.

Adoption of the following policies and sufficient funding in Puerto Rico is critical to improve and sustain maternal and infant healthcare

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State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

FETAL AND INFANT MORTALITY REVIEW

State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

Legend

- State has the indicated funding/policy
- State does not have the indicated funding/policy

PRETERM BIRTH IS AT AN ALL-TIME HIGH IN AMERICA—BUT HERE'S HOW ONE COLLEGE STUDENT WHO WAS AFFECTED BY IT IS FIGHTING FOR CHANGE.

When Ismael Torres-Castrodad's mom was pregnant with him in Puerto Rico, she knew something wasn't right and was forced to advocate for herself and her baby. Ismael was born five weeks too soon, and the experience shaped his life—from him serving as the 2016 March of Dimes Ambassador to meeting President Obama to studying political science today so he can make real change. "Sharing my story, giving others hope, and the fact that we were able to make the Ambassador Program bilingual for the first time was so important to me," Ismael says.

The U.S. preterm birth rate remains at a crisis level, and rates are significantly higher among Hispanic, Black, and American Indian/Alaskan Native families. That's why we advocate for policies outlined in the 2023 March of Dimes Report Card to improve the health of all moms and babies.

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TECHNICAL NOTES

2023 MARCH OF DIMES REPORT CARD
TECHNICAL NOTES

PRETERM BIRTH RATE

Preterm birth is a birth with less than 37 weeks gestation based on the obstetric estimate of gestational age. Data used in this report card came from the National Center for Health Statistics (NCHS) natality files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.[1] This national data source was used so that data are comparable for each state and jurisdiction-specific report card. Data provided on the report card may differ from data obtained directly from state or local health departments and vital statistics agencies due to timing of data submission and handling of missing data. The preterm birth rates shown at the top of report card was calculated from the NCHS 2022 final natality data for all U.S. States and Washington D.C. Preterm birth rates in the trend graph are from the NCHS 2012-2022 final natality data. County and city preterm birth rates are from the NCHS 2022 final natality data for U.S. states and Washington D.C. Preterm birth rates for bridged racial and ethnic categories were calculated from NCHS 2020-2022 final natality data. All provided measures for Puerto Rico are obtained from the Puerto Rico Department of Health for 2022 or the U.S. territorial natality file, 2012-2021. Preterm birth rates were calculated as the number of premature births divided by the number of live births with known gestational age multiplied by 100. Joinpoint Trend Analysis Software[2] was utilized to assess significant trends in preterm birth.

PRETERM BIRTH GRADING METHODOLOGY

Preterm birth grades range from an F to an A. Expanded grade ranges were introduced in 2019. Each score within a grade was divided into thirds to create +/- intervals. The resulting scores were rounded to one decimal place and assigned a grade. Grade ranges remain based on standard deviations of final 2014 state and District of Columbia preterm birth rates away from the March of Dimes goal of 8.1 percent. Grades were determined using the following scoring formula: (preterm birth rate of each jurisdiction – 8.1 percent) / standard deviation of final 2014 state and District of Columbia preterm birth rates.

GRADE	PRETERM BIRTH RATE RANGE SCORING CRITERIA
A	Preterm birth rate less than or equal to 7.7%.
A-	Preterm birth rate of 7.8 to 8.1%.
B+	Preterm birth rate of 8.2 to 8.5%.
B	Preterm birth rate of 8.6 to 8.9%.
B-	Preterm birth rate of 9.0 to 9.2%.
C+	Preterm birth rate of 9.3 to 9.6%.
C	Preterm birth rate of 9.7 to 10.0%.
C-	Preterm birth rate of 10.1 to 10.3%.
D+	Preterm birth rate of 10.4 to 10.7%.
D	Preterm birth rate of 10.8 to 11.1%.
D-	Preterm birth rate of 11.2 to 11.4%.
F	Preterm birth rate greater than or equal to 11.5%.

PRETERM BIRTH BY CITY

The U.S. report card displays cities with the greatest number of live births. Cities are shown if they ranked in the top 100 for total number of live births in 2022 among all cities in the U.S., District of Columbia and Puerto Rico with populations greater than 100,000. City grading followed the methodology described above. For example, Birmingham Alabama ranked as the top city for live births and received a city preterm birth grade of F (calculated as: the city preterm birth rate – 8.1 percent)/standard deviation of all final 2014 preterm birth rates.

PRETERM BIRTH BY RACE/ETHNICITY OF MOTHER

Mother's race and Hispanic ethnicity are reported separately on the birth certificate. Rates for Hispanic women include all bridged racial categories (White, Black, American Indian/Alaska Native and Asian/Pacific Islander). Rates for non-Hispanic women are classified according to race. The Asian/Pacific Islander category includes Native Hawaiian. To provide stable rates, racial and ethnic groups are shown on the report card if the group had 10 or more

PRETERM BIRTH BY FACTORS

Multiple new factors were introduced in the 2023 report card to show additional circumstances that may impact preterm birth. This year's report card includes smoking, hypertension, unhealthy weight, diabetes, previous preterm birth, and carry multiples (see definitions on page 2). All risk factors presented are not mutually exclusive, meaning more than one can occur at the same time. For instance, a pregnant person could have both diabetes prior to pregnancy and have an unhealthy weight prior to pregnancy. Rates by factors are calculated as: the total number of preterm births among the selected factor divided by the total number of all live births for the selected factor, multiplied by 100 to get the rate of preterm birth among each factor. To make comparisons we include the percentage of each factor for all live births in parenthesis below each rate. A few ways to interpret the new preterm birth factors are:

- In the U.S., the preterm birth rate among those who had pre pregnancy hypertension was 23.4 percent whereas pre pregnancy hypertension accounts for 2.9 percent of all live births.
- The preterm birth rate in Mississippi is 14.8 percent however the preterm birth rate among smokers is 17.4 percent.

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2023 MARCH OF DIMES REPORT CARD
TECHNICAL NOTES

PRETERM BIRTH BY FACTORS CONTINUED

All factors were assessed using data from NCHS 2022 natality data and Puerto Rico Department of Health and were selected based on their association with preterm birth and availability within natality data.

SMOKING

Smoking status was ascertained when the birthing person reported having any cigarettes in the 3 months prior to pregnancy regardless of the number of cigarettes consumed. Smoking before pregnancy is a self-reported measure and data did not include those that smoked during their pregnancy.

HYPERTENSION

Pre- pregnancy hypertension was defined as the elevation of blood pressure above normal for the birthing persons age, sex, and physiological condition prior to onset of the current pregnancy. Data presented for preterm birth by hypertension does not include gestational hypertension and pregnancy induced hypertension (or preeclampsia).

DIABETES

Diabetes was defined as pre-pregnancy diabetes (type 1 or type 2) and does not include gestational diabetes (diabetes during pregnancy).

UNHEALTHY WEIGHT BEFORE PREGNANCY

Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women. The percent of women with an unhealthy weight before pregnancy was calculated as the number of women with a BMI that is categorized as either underweight (BMI <18.5) or obese (30 or higher) divided by the number of women who had a live birth multiplied by 100.

PREVIOUS PRETERM BIRTH

A previous preterm birth was defined as having a prior birth where the baby was born before 37 weeks' gestation.

CARRYING MULTIPLES

Carrying multiples was defined as any pregnancy with more than one baby. Multiples can include twins, triples, quadruplets or more.

INFANT MORTALITY RATE

Infant mortality rates were calculated using the NCHS 2021 period linked infant birth and infant death data. Infant mortality rates were calculated as the number of infant deaths divided by the number of live births multiplied by 1,000. Infant mortality rate in the trend graph are from the NCHS 2011-2021 period linked infant birth and infant death files. Joinpoint Trend Analysis Software[2] was utilized to assess significant trends in infant mortality. Weights were applied to account for deaths in which linking was not possible.

INFANT MORALITY BY RACE/ETHNICITY OF THE MOTHER

Mother's race and Hispanic ethnicity are reported separately on the birth certificate. Rates for Hispanic women include all bridged racial categories (White, Black, American Indian/Alaska Native and Asian/Pacific Islander). Rates for non-Hispanic women are classified according to race. The Asian/Pacific Islander category includes Native Hawaiian. To provide stable rates, racial and ethnic groups are shown on the report card if the group had 10 or more infant deaths. To calculate infant mortality rates by maternal race/ethnicity on the report card, three years of data were aggregated (2019-2021). Infant mortality rates for not stated/unknown race are not shown on the report card. Weights were applied to account for deaths in which linking was not possible.

LEADING CAUSES OF INFANT DEATH

NCHS period linked birth/infant death files (2019-2021) were used for cause of death analyses. See Appendix A for a detailed list of cause of death codes and their groupings. The top four cause of death categories by percent of total deaths per state were selected for chart inclusion. The percent of deaths attributed to causes outside of the categories selected were combined in an "other" category. Please see "Tenth Revision 130 Selected Causes of Infant Death Adapted' for full code list and labels.[3] Weights were applied to account for deaths in which linking was not possible.

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TECHNICAL NOTES

MATERNAL MORTALITY

Maternal mortality refers to the death of a birthing person from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.[4] Maternal deaths are ascertained using the NCHS 2018-2021 mortality data. The number of maternal deaths does not include all deaths occurring to pregnant or recently pregnant women, but only deaths with the underlying cause of death assigned to *International Statistical Classification of Diseases, 10th Revision* code numbers A34, O00–O95, and O98–O99. Rates are calculated by dividing the number of maternal deaths by the number of births in the same geographic region during the same data year(s) and multiplying by 100,000.[5]

Maternal mortality rates fluctuate from year to year because of the relatively small number of these events and possibly due to issues with the reporting of maternal deaths on death certificates.[6] One-year national rates can only be shown overall and for the three largest race and Hispanic-origin groups for which statistically reliable rates can be calculated (Non-Hispanic Black, Non-Hispanic White and Hispanic). Four-year aggregate rates are presented for all other race groups and by state, still some states do not have enough deaths to provide reliable estimates and are therefore suppressed.

MATERNAL VULNERABILITY INDEX

March of Dimes recognizes the importance of certain risk factors that are associated with maternal and infant health outcomes. March of Dimes, in partnership with Surgo Health, is offering the opportunity to examine determinants of maternal health at the county level using the Maternal Vulnerability Index (MVI)[7]. The MVI is the first county-level, national-scale, open-source tool to identify where and why mothers in the United States are vulnerable to poor pregnancy outcomes and pregnancy-related deaths. The MVI includes not only widely known clinical risk factors, but also key social, contextual, and environmental factors that are also essential influencers of outcomes. This report displays data from the 2023 updated MVI.

Differences in counties are measured using numerous factors broken into six themes: reproductive healthcare, physical health, mental health and substance abuse, general healthcare, socioeconomic determinants and physical environment. The MVI assigns a score of 0-100 to each geography, where a higher score indicates greater vulnerability to adverse maternal outcomes. Learn more about the MVI methodology by visiting Surgo Health website. (Surgo Ventures - The US Maternal Vulnerability Index (MVI)).

ADDITIONAL MATERNAL HEALTH INDICATORS

LOW-RISK CESAREAN BIRTH RATES

A low-risk Cesarean birth occurs when a woman undergoes the surgical procedure if the baby is a single infant, is positioned head-first, the mother is full-term (at least 37 weeks), and has not given birth prior.[8] This is also referred to as a NTSV Cesarean birth. NTSV abbreviated to mean Nulliparous (or first-time mother), Term, Singleton, Vertex (head-first position).

Low-risk Cesarean birth rates were calculated using the NCHS 2022 final natality data for the US states and District of Columbia and the data from the Puerto Rico Health Department.[1] Low-risk Cesarean birth rates were calculated as the number of Cesarean births that occurred to first-time mothers of a single infant, positioned headfirst with a gestational age of at least 37 weeks (NTSV) divided by the number of first-time mothers of a single infant, positioned headfirst with a gestational age of at least 37 weeks (NTSV) multiplied by 100.

INADEQUATE PRENATAL CARE

Adequacy of prenatal care is measured using the Adequacy of Prenatal Care Utilization Index, which classifies prenatal care received into 1 of 4 categories (inadequate, intermediate, adequate and adequate plus) by combining information about the timing of prenatal care, the number of visits and the infant's gestational age.[9] Inadequate prenatal care is defined as a woman who received less than 50% of her expected visits. Inadequate prenatal care is calculated using the NCHS 2022 final natality data and data from the Puerto Rico Health Department.[1]

CALCULATIONS

All natality calculations were conducted by March of Dimes Perinatal Data Center.

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TECHNICAL NOTES

STATE LEVEL POLICIES

MEDICAID EXTENSION

The adoption of this policy allows women to qualify for pregnancy-related Medicaid coverage for more than the standard 60 days after pregnancy for up to one year. Extending this coverage option can be done through a State Plan Amendment (SPA) or Section 1115 Waiver. Medicaid extension status is provided by Kaiser Family Foundation as adopted, progressing, or not adopted.[10]

MEDICAID EXPANSION

Medicaid expansion allows more people to be eligible for Medicaid coverage—it expands the cut-off for eligibility. Medicaid expansion status is provided by the Kaiser Family Foundation as adopted, progressing, or not adopted.[11] Medicaid expansion has reduced the rates of uninsured. Increased access and utilization of health care are significantly associated with Medicaid expansion.[12]

PAID FAMILY LEAVE

Paid family and medical leave refers to policies that enable workers to receive compensation when they take extended time off work for qualifying reasons, such as bonding with a new child, recovering from one's own serious illness or caring for a seriously ill loved one.[13] The measure is reported as: state has an active policy that provides an option for pay while out on extended leave, state is progressing/has pending legislation that is not yet in effect or it does not have an active policy in place. Data is provided by Onpay.[14]

DOULA POLICY ON MEDICAID COVERAGE

Doulas are non-clinical professionals that emotionally and physically support birthing persons during the perinatal period, including birth and postpartum.[15] Doula policy status show states that have enacted bills relating to Medicaid coverage of doula care, or not. The measure is reported as: state Medicaid agency is actively reimbursing doula care, state has progress on passing Medicaid reimbursement legislation or state Medicaid agency does not reimburse doula care. An additional measure includes identifying states that reimburse up to $1,500 for doula services. Data is provided by the National Health Law Program under the Doula Medicaid Project. [16]

MATERNAL MORTALITY REVIEW COMMITTEE (MMRC)

These committees investigate deaths related to pregnancy to determine underlying causes of death and respond to improve conditions and practices. The committees can be made up of representatives from public health, nursing, maternal-fetal medicine, obstetrics and gynecology, midwifery, patient advocacy groups and community-based organizations.[17] The measure is provided by the Centers for Disease Control (CDC) and is categorized as: state has an MMRC that is receiving federal funding or state does not have an MMRC that is receiving federal funding.[18]

FETAL AND INFANT MORTALITY REVIEW (FIMR)

Fetal and Infant Mortality Review is the community-based, action-oriented process of reviewing fetal and infant death cases to improve maternal and infant health outcomes.[19] The measure is reported as: state has a Fetal and Infant Mortality Review team or teams or state does not have any teams. Data was provided by the National Center for Fatality Review and Prevention.[20]

PERINATAL QUALITY COLLABORATIVE (PQC)

The PQC involves partnerships with families, key state agencies and organizations to identify and initiate programs or procedures that increase the quality of care in clinical settings. PQC's work focuses on collaborative learning among health care providers and the PQC. Data is provided by the Centers for Disease Control and Health Resources and Services Administration, and the measure is reported as: state has a PQC with federal funding or state does not have a PQC with federal funding.[21]

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TECHNICAL NOTES

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APPENDIX A: CAUSE OF DEATH CATEGORIES AND CORRESPONDING CODES

Cause of death category	Cause of death codes included
Birth defects	119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133
Preterm birth/low birth weight	089, 090
SUIDS	135
Maternal complications	075, 076, 077, 078
Respiratory distress syndrome	096
Complications of the placenta, cord, or membranes	080, 081, 082, 083
Accidents (unintentional injury)	141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151
Bacterial sepsis of newborn	106
Diseases of the circulatory system	047, 048, 049, 050, 051, 052
Intrauterine hypoxia and birth asphyxia	094, 095

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