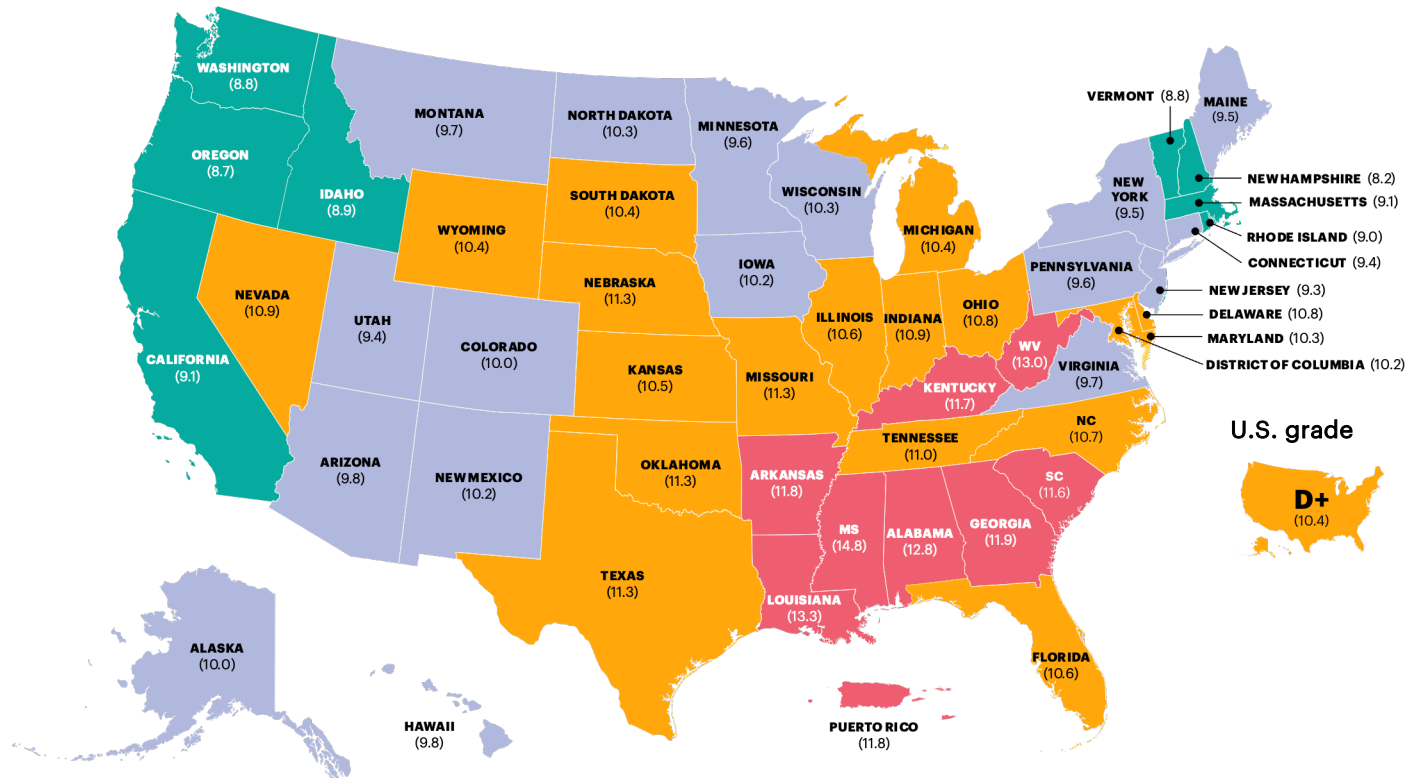
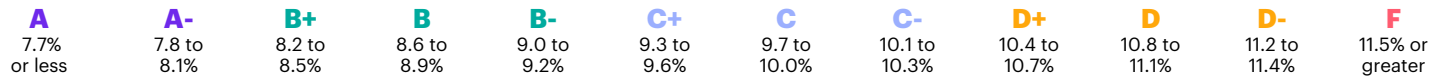


The preterm birth grade was **D+** in 2022; the worst grades occurred in the **southern region** of the U.S.

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

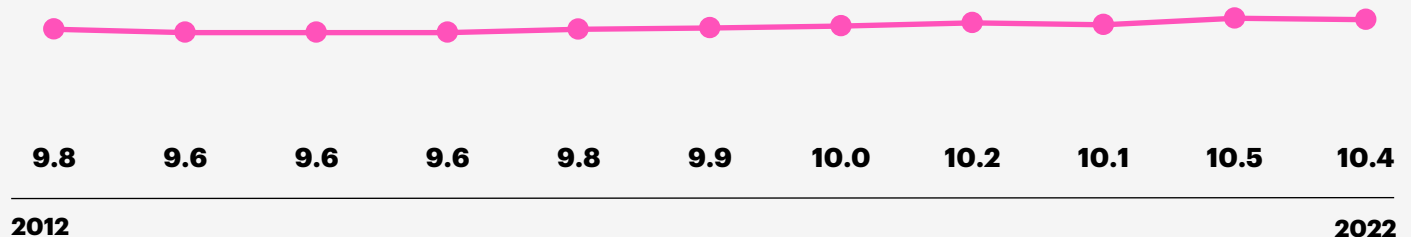


GRADE AND PRETERM BIRTH RATE



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



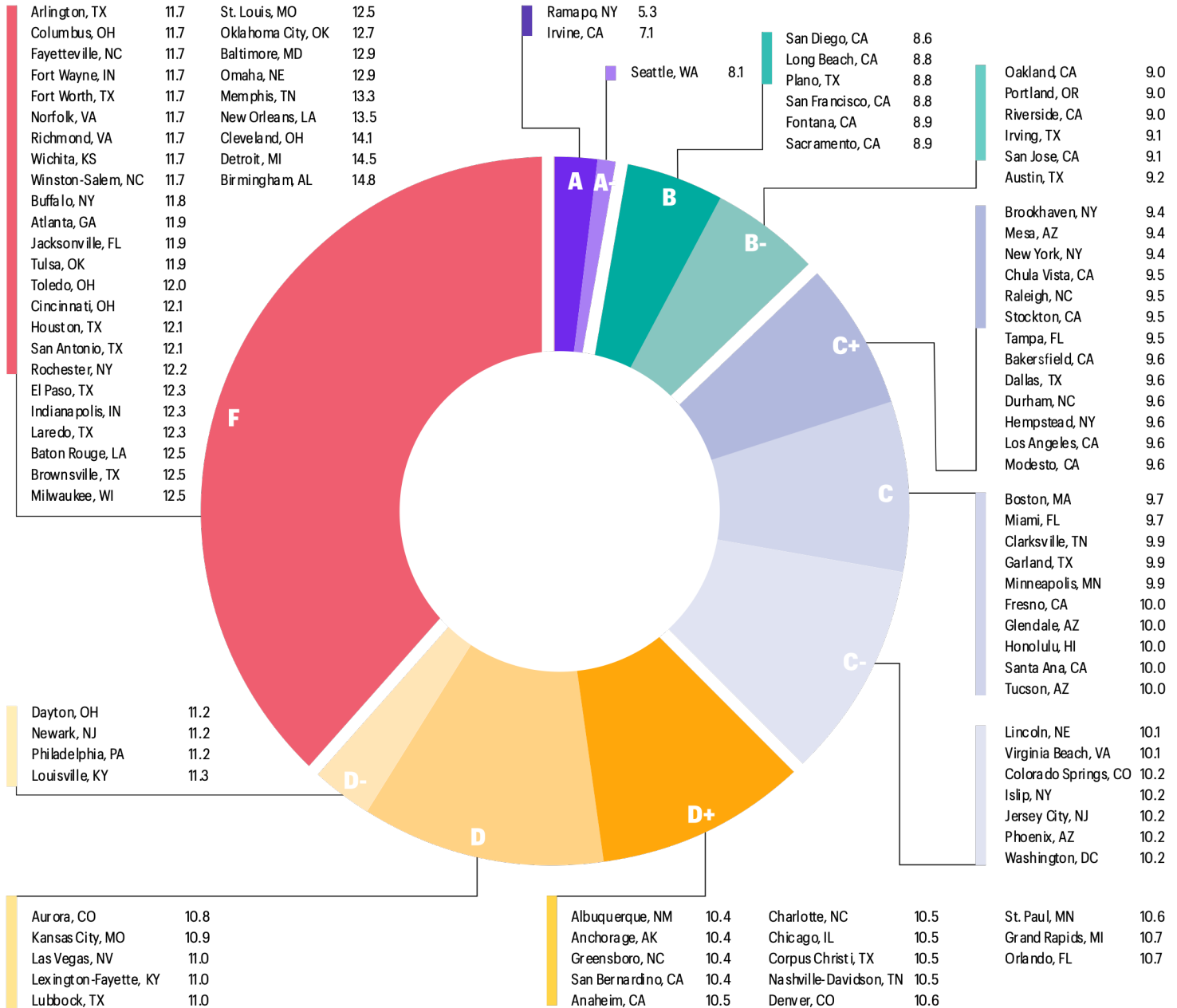
Source: National Center for Health Statistics, Natality data, 2012-2022; National Center for Health Statistics, U.S. Territories Natality data, 2022.

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



GRADE AND PRETERM BIRTH RATE

Grade	Preterm Birth Rate Range (%)
A	7.7% or less
A-	7.8 to 8.1%
B+	8.2 to 8.5%
B	8.6 to 8.9%
B-	9.0 to 9.2%
C+	9.3 to 9.6%
C	9.7 to 10.0%
C-	10.1 to 10.3%
D+	10.4 to 10.7%
D	10.8 to 11.1%
D-	11.2 to 11.4%
F	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.

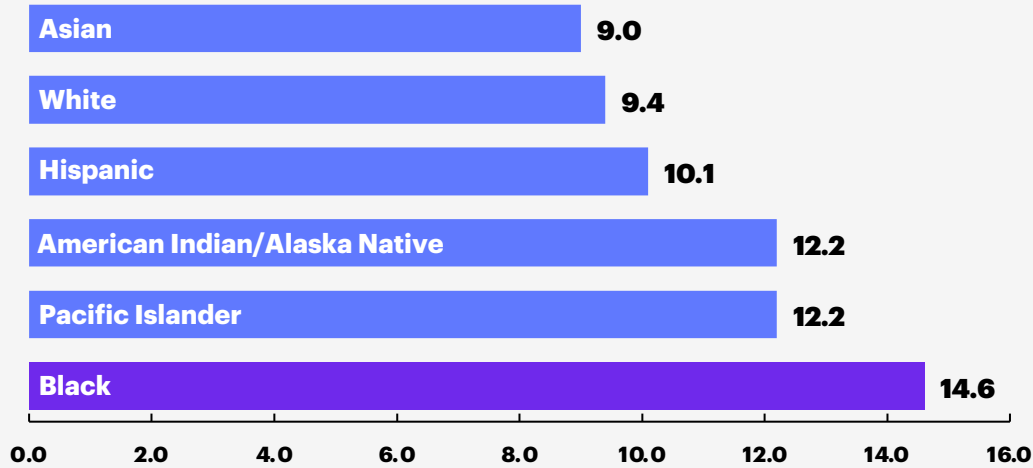
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In the U.S., the preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

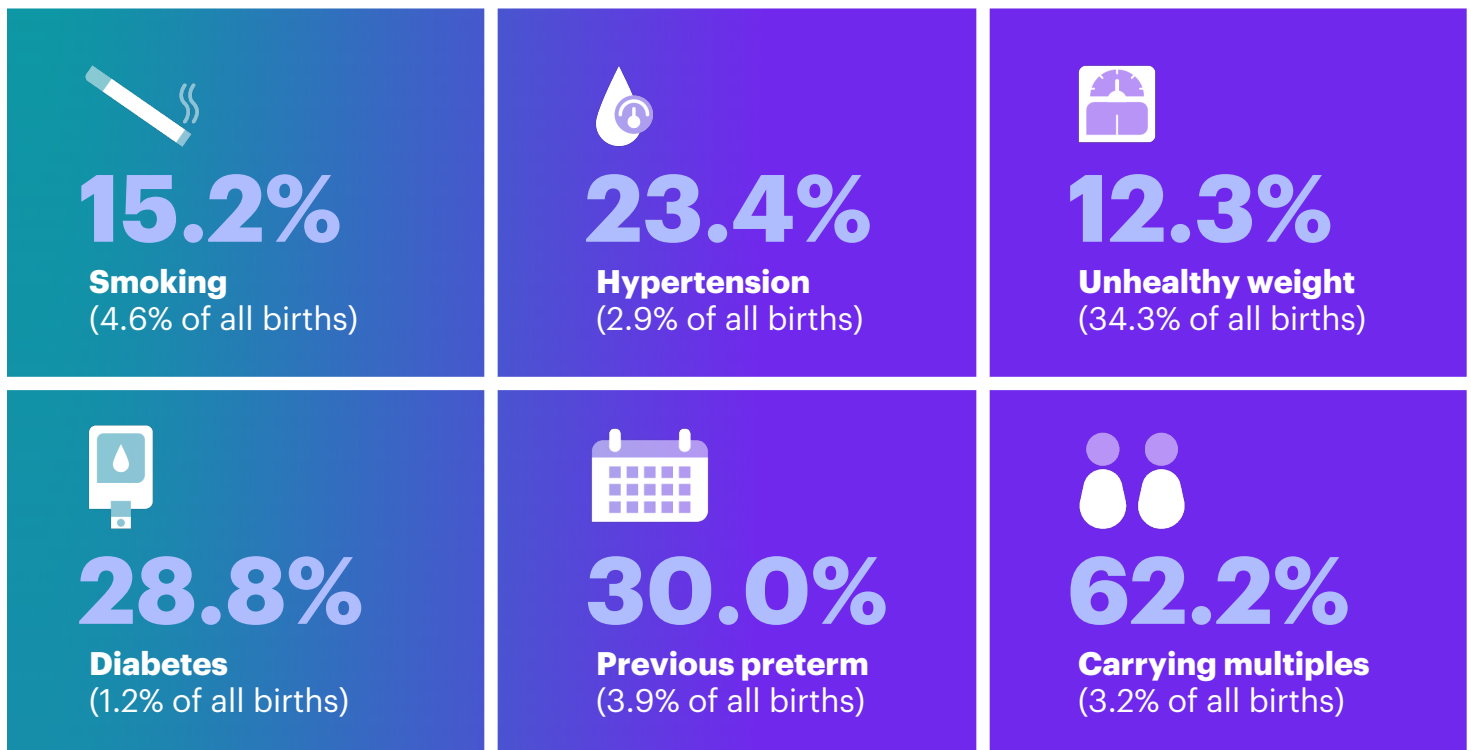
Preterm birth rate by race/ethnicity, 2020-2022



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



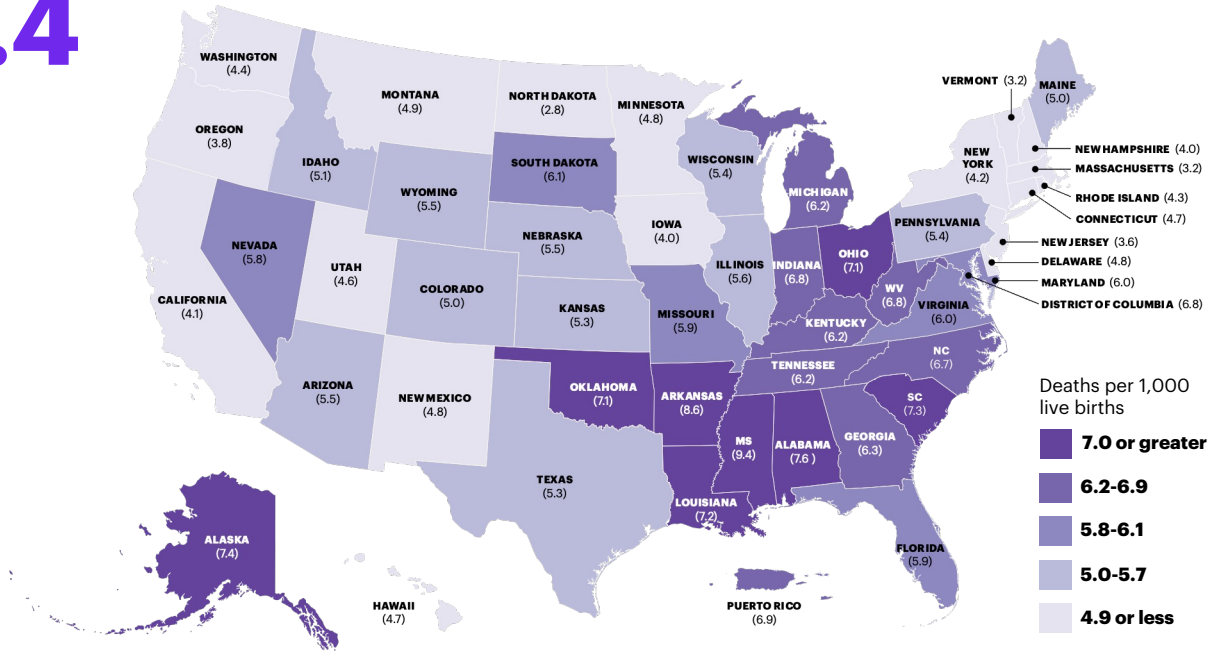
Notes: More than one factor can occur at the same time. Hypertension, diabetes, smoking and unhealthy weight occur prior to pregnancy.

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

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

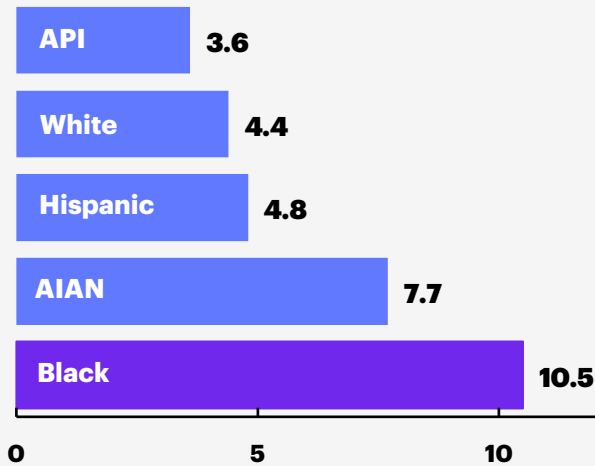


Source: National Center for Health Statistics Period Linked Birth/Infant Death File, 2021.

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

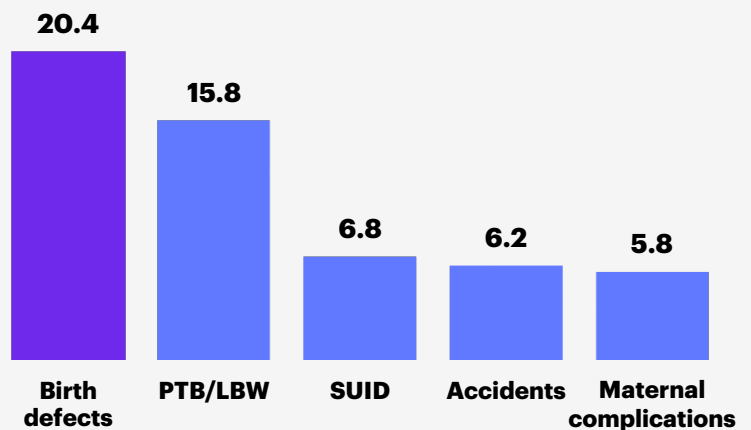
Infant mortality by race/ethnicity

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.

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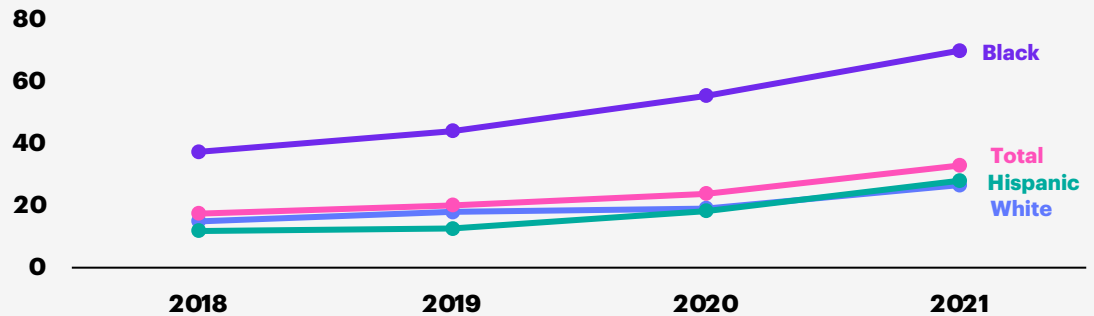
MATERNAL MORTALITY RATE

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

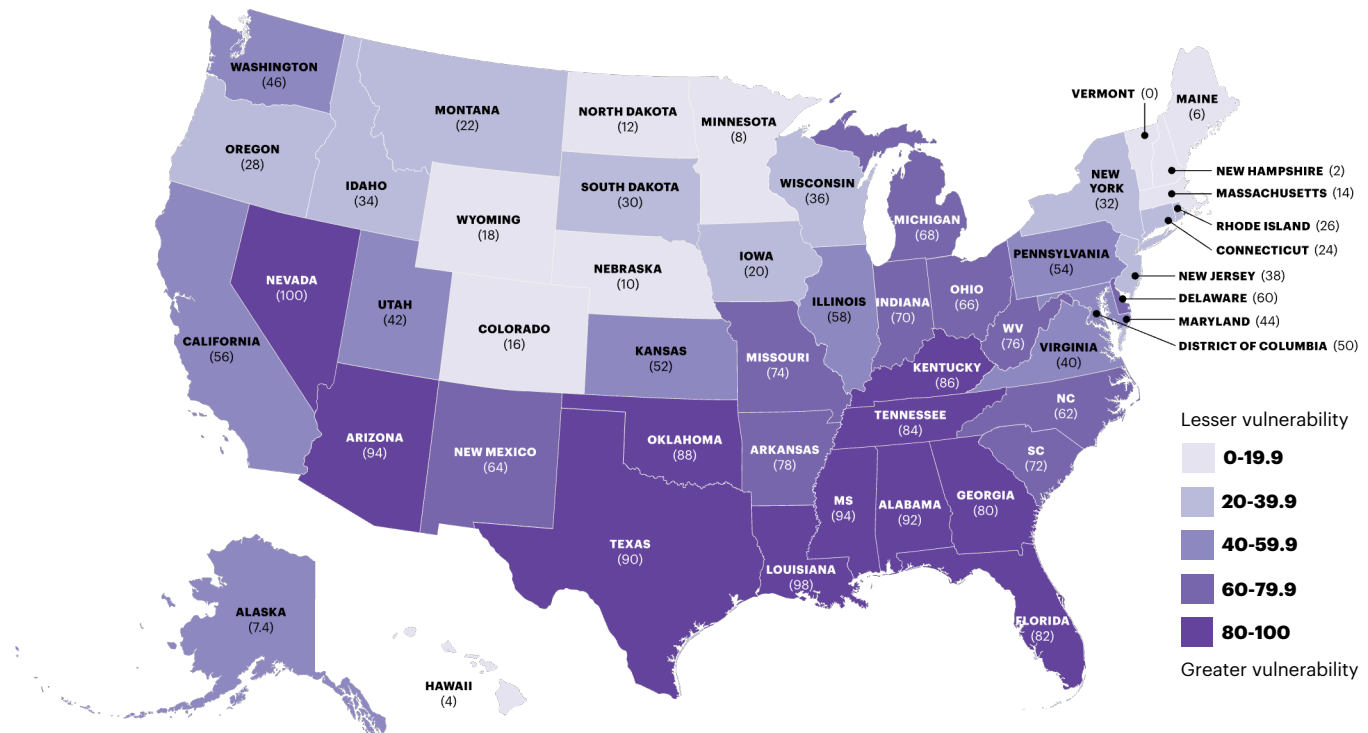


Notes: Rates for single years are only available for race groups with statistically reliable estimates and where confidentiality can be maintained. Aggregate rates for 2018-2021 for suppressed groups are as follows: American Indian/Alaska Native: 60.6; Asian: 14; Native Hawaiian or other Pacific Islander: 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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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](#).