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

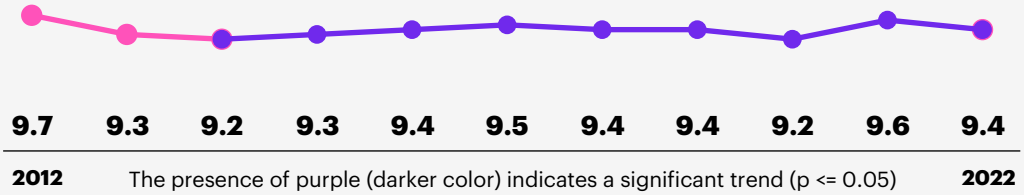
C+

U.S. RATE

10.4

CT RATE

9.4

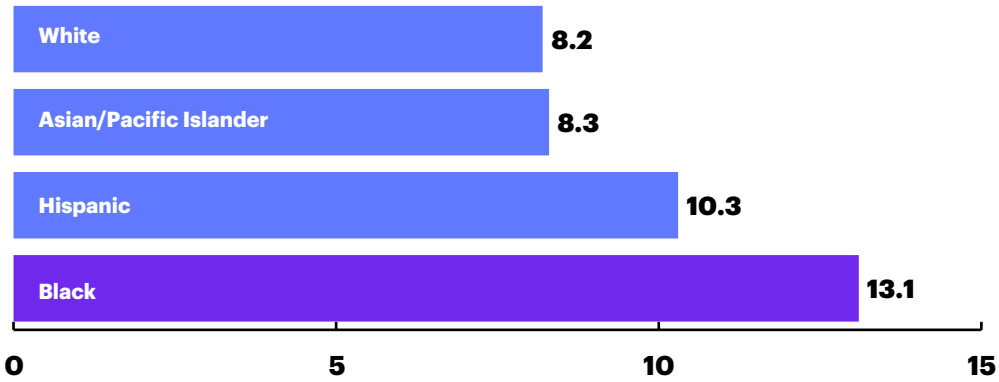


2012										2022
9.7	9.3	9.2	9.3	9.4	9.5	9.4	9.4	9.2	9.6	9.4

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

14.4% **Smoking** (3.4% of all births)

20.6% **Hypertension** (3.6% of all births)

11.6% **Unhealthy weight** (31.3% of all births)

30.9% **Diabetes** (1.1% of all births)

28.4% **Previous preterm** (3.9% of all births)

58.7% **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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For details on data sources and calculations, see Technical Notes: **www.marchofdimes.org/ reportcard-technicalnotes**

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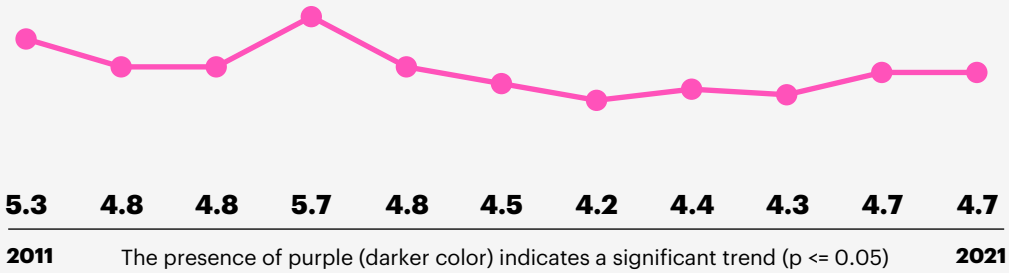
The infant mortality rate decreased in the last decade; In 2021, 166 babies died before their first birthday

INFANT MORTALITY RATE

4.7

U.S. RATE

Rate per 1,000 live births

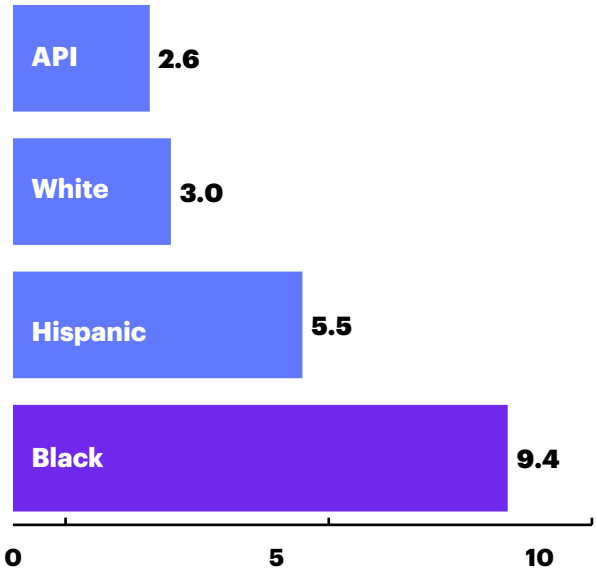


Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021.

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

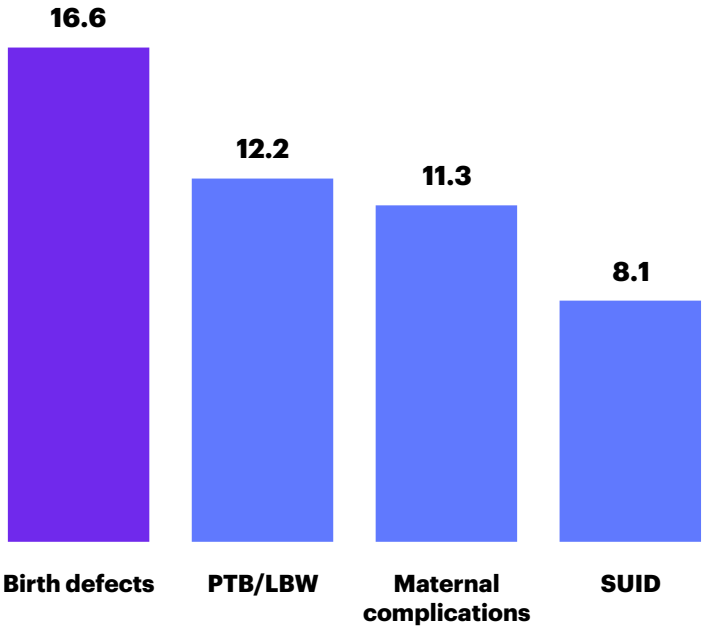
Infant mortality rate per 1,000 live births

Rate per 1,000 live births, 2019-2021



Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021

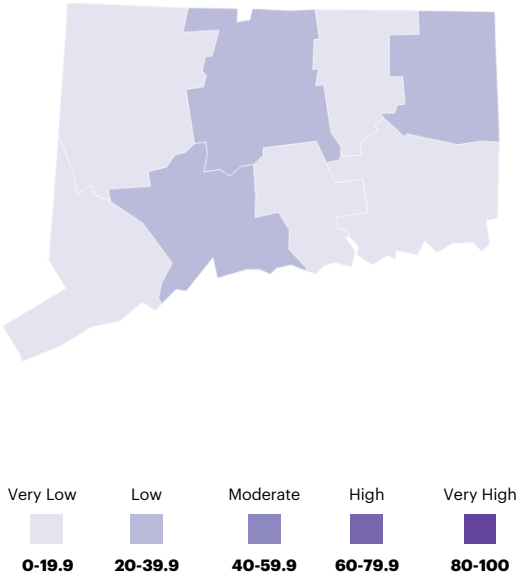


Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

CONNECTICUT

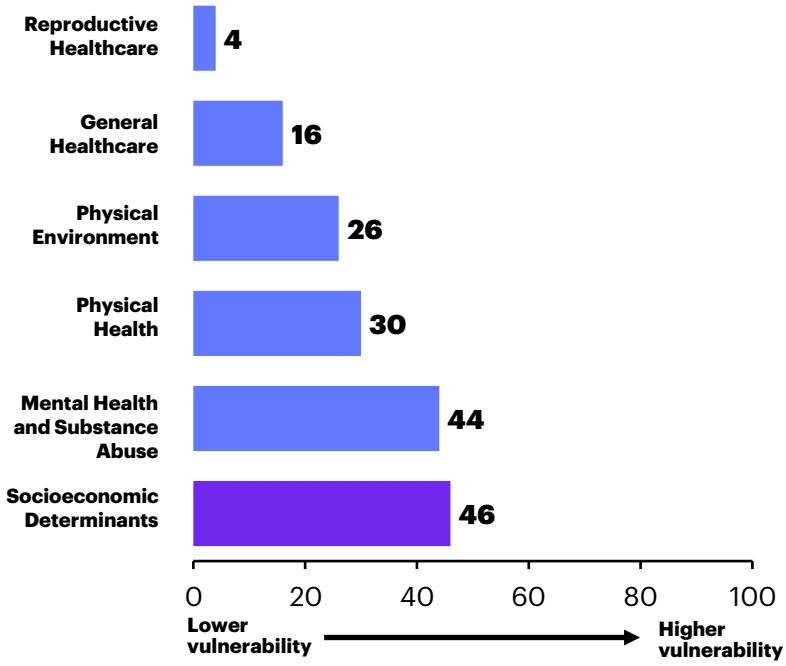
Birthing people in Connecticut have a low vulnerability to poor outcomes and are most vulnerable due to socioeconomic determinants of health

MVI by county in Connecticut



Factors related to maternal vulnerability

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 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.

CONNECTICUT

Adoption of the following policies and sufficient funding in Connecticut 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

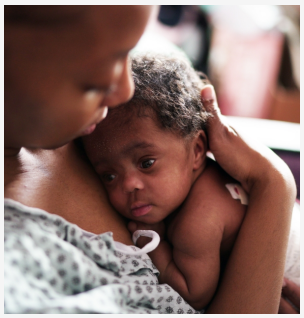
State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

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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