

**HEALTHY
MOMS.
STRONG
BABIES.**



2022 MARCH OF DIMES REPORT CARD

EVERY DAY COUNTS

Maternal Health Event – April 26, 2023 – Rayburn House Building, Washington, DC.

AGENDA

- Summary of Reports
 - Full Report Card
 - US Report Card
 - Preterm Birth - Early Preterm Birth and Late Preterm Birth
 - Disparities in Preterm Birth
 - State Report Card

SUMMARY OF KEY FINDINGS IN 2022 REPORT CARD

The U.S. earned a grade of **D+ (10.5%)**

Worsening:

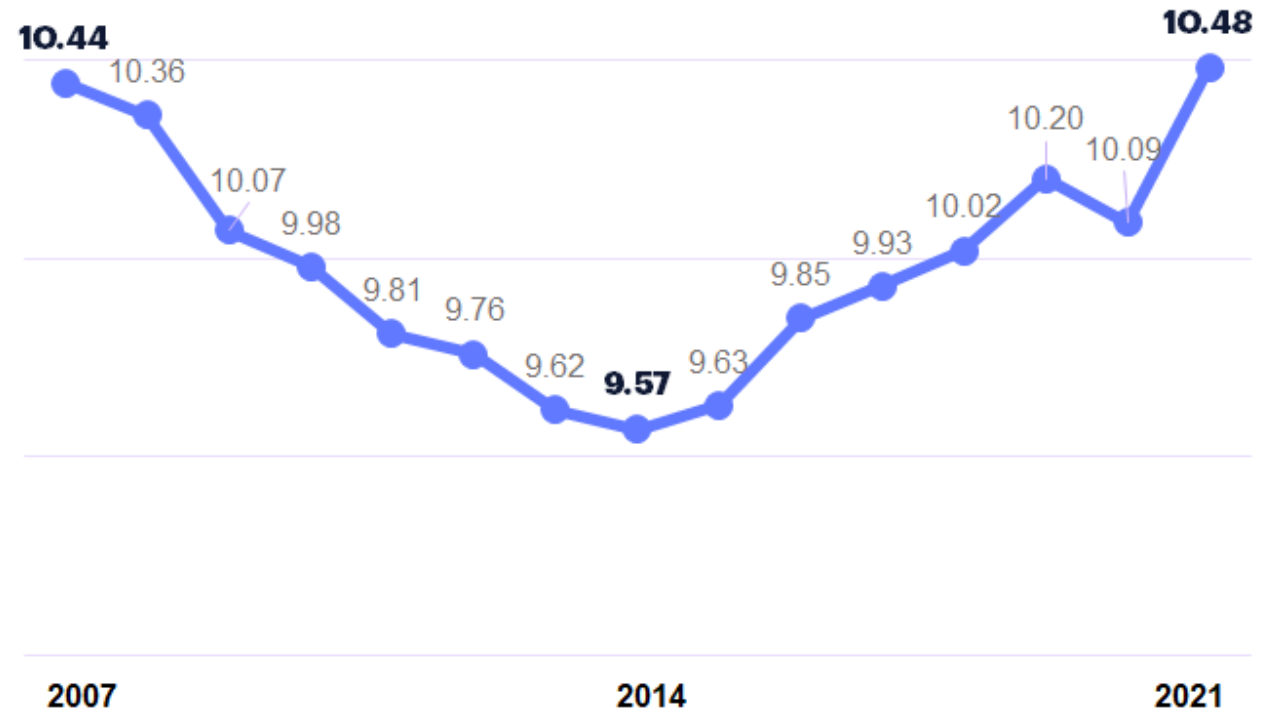
- Preterm birth rates worsened in 45 states, D.C. and Puerto Rico
- Low-risk Cesarean birth increased to 26.3% (25.9% in 2020)
- The disparity ratio for preterm birth is worsening – 1.26 for 2019-2021 (1.22 from 2012-2014)

Improving:

- Infant mortality continued to decrease to 5.4/1,000 live births (5.6/1,000 live births in 2019)
- Inadequate prenatal care decreased to 14.5% (14.9% in 2020)
- Some states are enacting policy measures that improve health
 - 26 states fully extended Medicaid in 2022 and 2 states added PQCs in 2021

NATIONAL TREND IN PRETERM BIRTH RATE

The preterm birth rate **increased** in 2021 to the highest rate since 2007.



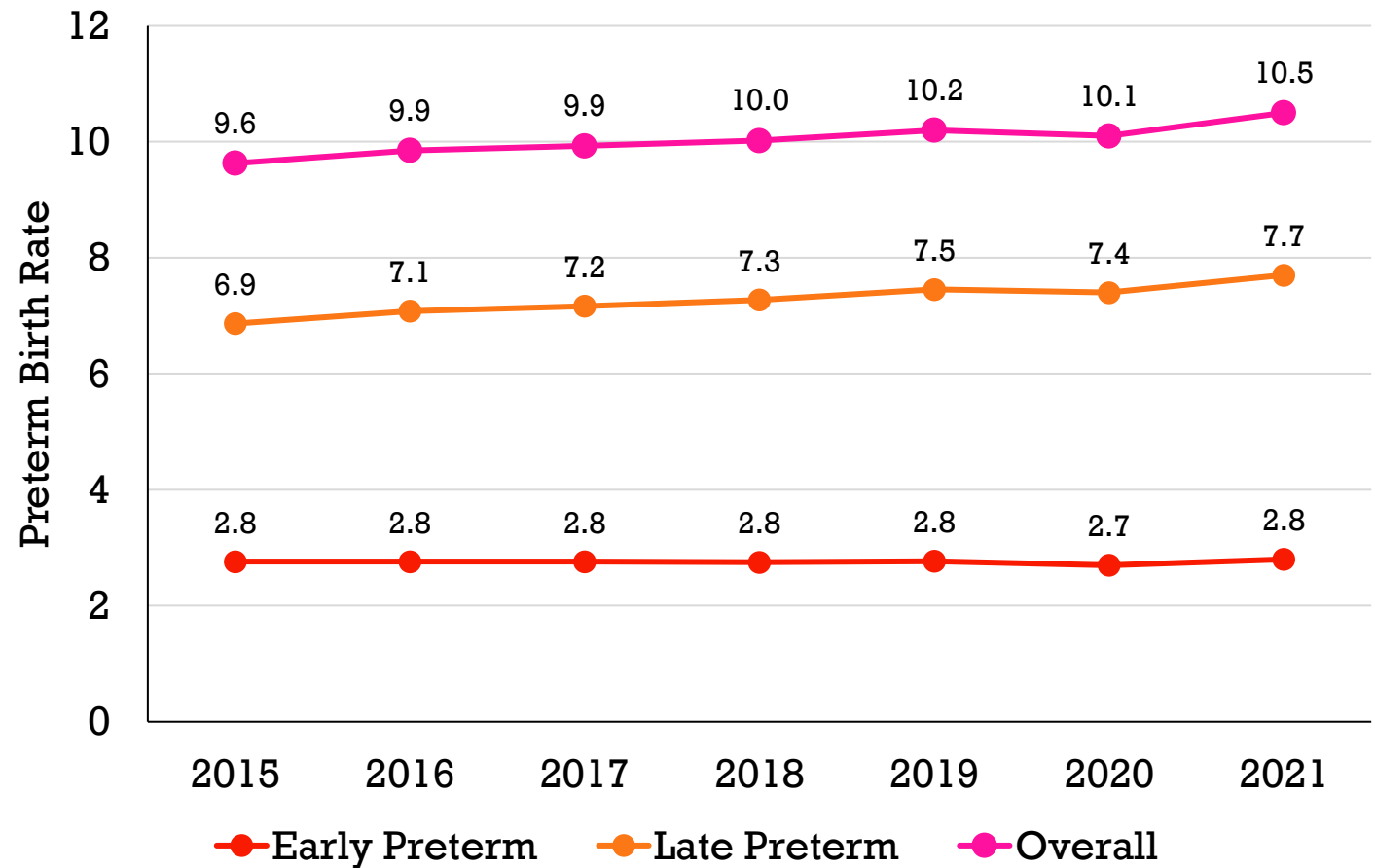
Preterm birth rate, United States, 2007-2021

EARLY PRETERM BIRTH VS. LATE PRETERM BIRTH

In the U.S., the late preterm birth rate has increased over the last 6 years.

Between 2015 and 2021 there has been an 11.6% increase in the late preterm birth rate.

The early preterm birth rate has remained the same over the last 6 years.

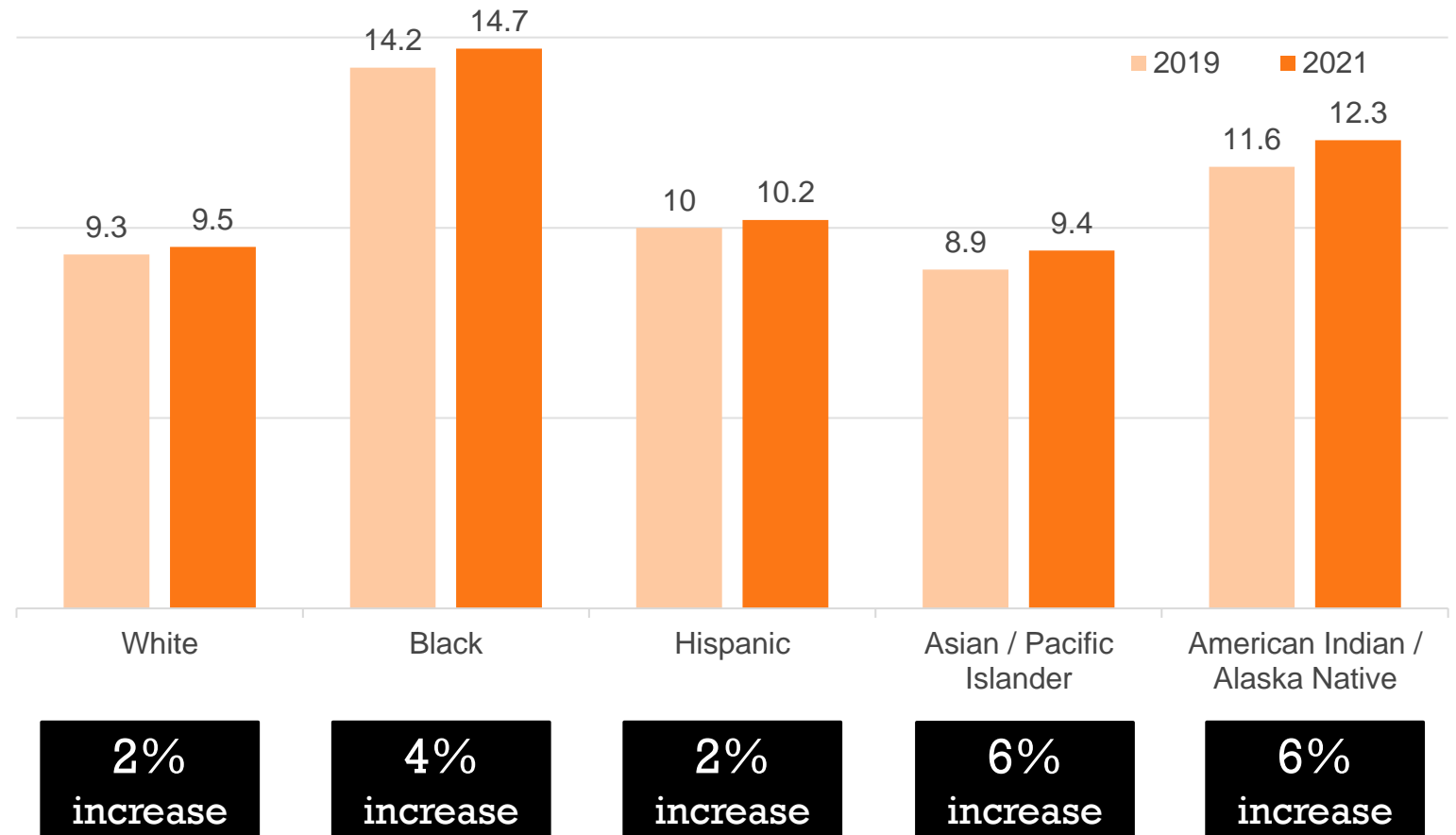


DISPARITIES IN PRETERM BIRTH, 2019-2021

Increases in preterm birth have been seen among all sub-populations.

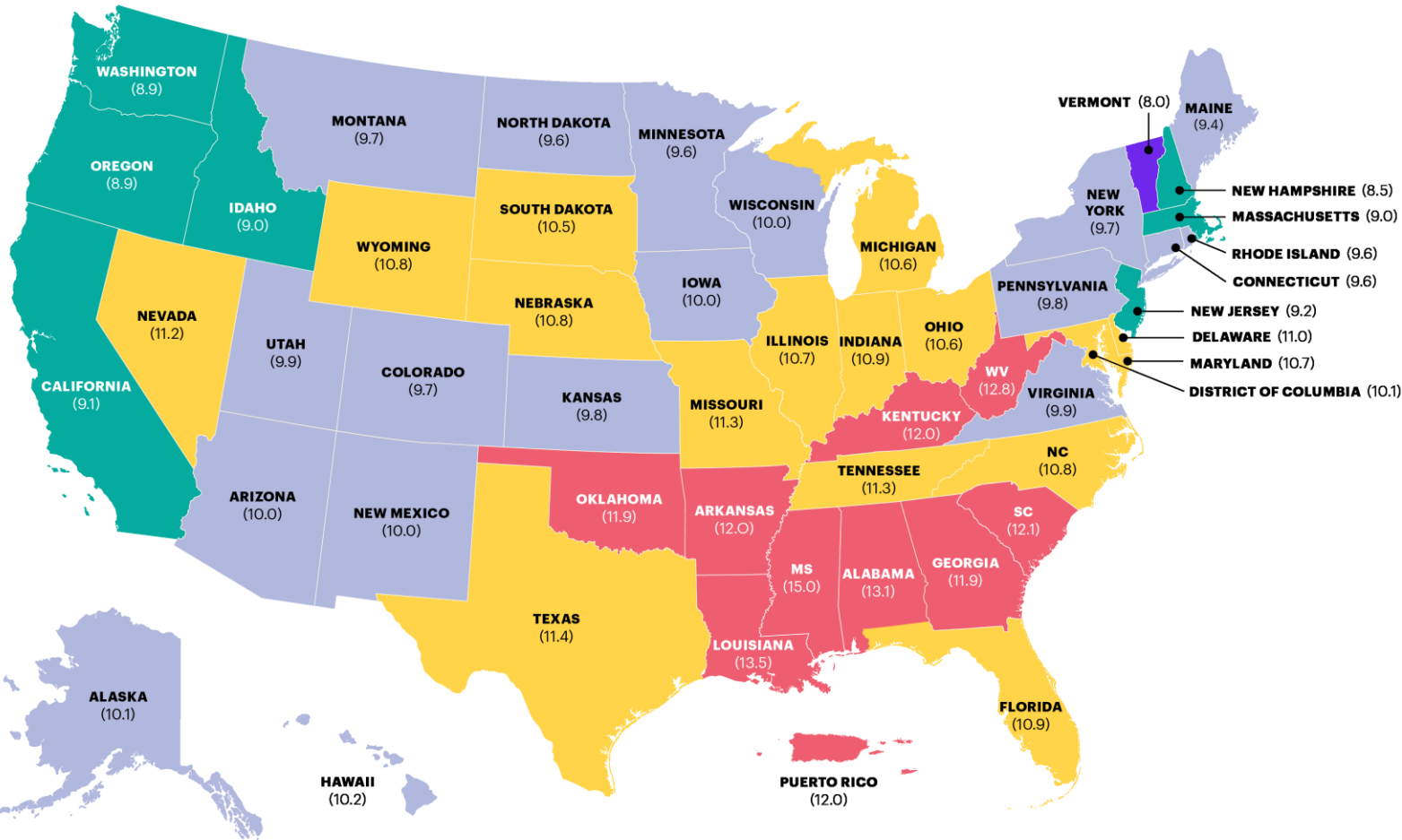
Black mothers have the highest rates of preterm birth.

Asian/Pacific Islanders and American Indian/Alaskan Native populations saw the greatest increase.



GEOGRAPHIC DISTRIBUTION

PRETERM BIRTH RATES AND GRADES BY STATE



Grade for national preterm birth rate

GRADE	PRETERM BIRTH RATE RANGE SCORING CRITERIA
A	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%.



Puerto Rico is not included in the United States total.
 Preterm is less than 37 completed weeks of gestation, based on obstetric estimate of gestational age.
 Source: Preterm birth rates are from the National Center for Health Statistics, 2021 final natality data. Grades assigned by March of Dimes Perinatal Data Center.

2022 STATE REPORT CARD

HEALTHY MOMS. STRONG BABIES.

MARCH OF DIMES

2022 MARCH OF DIMES REPORT CARD

The 2022 March of Dimes Report Card highlights the latest key indicators to describe and improve maternal and infant health. We continue to provide updated measures on preterm birth, infant mortality, low-risk Cesarean births and inadequate prenatal care. New this year is the inclusion of the Maternal Vulnerability Index (MVI), which provides county-level indicators of where women are most vulnerable to poor outcomes. Our Supplemental Report Card summarizes state-level progress towards selected Healthy People 2030 pregnancy and childbirth health objectives, outcomes by race/ethnicity and describes March of Dimes programmatic initiatives. We continue to monitor disparities in maternal and infant health. Comprehensive data collection and analysis of these measures inform the development of policies and programs that move us closer to health equity. The Report Card presents policies like Medicaid expansion and programs like Maternal Mortality Review Committees, that can help improve equitable maternal and infant health for families across the country.

CALIFORNIA

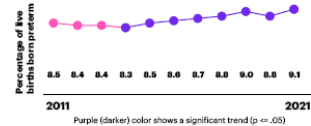
INFANT HEALTH

PRETERM BIRTH GRADE

B- 10.5

PRETERM BIRTH RATE

9.1%



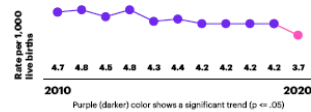
INFANT MORTALITY

5.4

Infant mortality rates are an indication of overall health. Leading causes of infant death include birth defects, prematurity, low birth weight, maternal complications and sudden infant death syndrome.

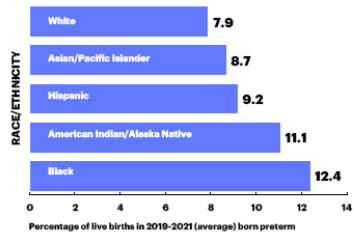
INFANT MORTALITY RATE

3.7



PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.



In California, the preterm birth rate among Black women is 43% higher than the rate among all other women.

DISPARITY RATIO: 1.31

CHANGE FROM BASELINE: No Improvement

PRETERM BIRTH RATE BY CITY

CITY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Los Angeles	C+	9.6%	Worsened

THE 2022 MARCH OF DIMES REPORT CARD: STARK AND UNACCEPTABLE DISPARITIES PERSIST ALONGSIDE A TROUBLING RISE IN PRETERM BIRTH RATES
 March of Dimes recommends state policy actions that are rooted in addressing disparities in maternal and infant health outcomes. see www.marchofdimes.org/reportcard
 For details on data sources and calculations, see Technical Notes: <https://bit.ly/TechnicalNotes-ReportCard2022>

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CALIFORNIA

MATERNAL HEALTH

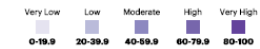
There is a critical connection between infant health, maternal health and the health of a family. All are dependent on their lived social context, the quality and accessibility of healthcare and the policies within a state. Each factor can provide insight into how a state serves its population.

MATERNAL VULNERABILITY INDEX

Where you live matters.

March of Dimes, in partnership with Surgo Ventures, examines determinants of maternal health using the **Maternal Vulnerability Index (MVI)**. The MVI is the first county-level, national-scale tool to identify where and why moms in the U.S. 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 essential influencers of health outcomes.

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.



*Visit <https://mvi.surgoventures.org/> for more information.

CLINICAL MEASURES

Your healthcare matters.

Access to and quality of healthcare before, during and after pregnancy can affect health outcomes in the future. An unnecessary Cesarean birth can lead to medical complications and inadequate prenatal care can miss important milestones in pregnancy.

24.7

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.

26.3

8.8

PERCENT

INADEQUATE PRENATAL CARE

Percent of women 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.

14.5

POLICY MEASURES

The policies in your state matter. Adoption of the following policies and organizations can help improve maternal and infant health care.



MEDICAID EXPANSION

States who have adopted this policy allow women greater access to preventative care during pregnancy.



MEDICAID EXTENSION

States have recent action to extend coverage for women beyond 60 days postpartum.



MIDWIFERY POLICY

State allows for Medicaid reimbursement at 90% and above for certified nurse midwives.



MATERNAL MORTALITY REVIEW COMMITTEE

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



PERINATAL QUALITY COLLABORATIVE

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



DOULA POLICY OR LEGISLATION

State has allowed for the passage of Medicaid coverage for doula care.

Legend ✓ State has the indicated organization/policy ✗ State does not have the indicated organization/policy * Waiver pending or planning is occurring * Has an MMRC but does not review deaths up to a year after pregnancy ends

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MATERNAL HEALTH INDICATORS AND STATE POLICIES

- Maternal Vulnerability Index (2020)
- Low-risk Cesarean birth rate (2021)
- Inadequate prenatal care (2021)
- Policy Measures
 - Medicaid expansion
 - Medicaid extension
 - Midwifery Policy
 - Maternal Mortality Review Committee
 - Perinatal Quality Collaborative
 - Doula Policy

CALIFORNIA

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- This new measure shows geographic areas.
- The Maternal Vulnerability Index (MVI) identifies **not only where, but why, women in the United States are vulnerable to poor maternal health outcomes.**
- Six MVI themes reflect 43 indicators associated with maternal health outcomes.

STATE LEVEL POLICY MEASURES

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ERIN E. JONES

EJONES2@MARCHOFDIMES.ORG

T: 202.659.1848

M: 860.810.4737