



2024 March of Dimes Report Card:

The state of maternal and infant health for American families

[MARCHOFDIMES.ORG/REPORTCARD](https://marchofdimes.org/reportcard)



ON THE COVER — ASHLEY O'NEIL

Ashley was happily pregnant, when suddenly she began experiencing vaginal bleeding. She was told to just monitor it, however, the situation rapidly worsened and Ashley went into preterm labor at 21 weeks. Her son Vinson tragically passed away shortly after birth.

Two years later, Ashley became pregnant again. Despite close monitoring, she went into preterm labor at 24 weeks and Kolin was born via emergency Cesarean section, weighing a pound and a half. The small hospital wasn't equipped to handle her baby's fragile condition, and Kolin was transferred to a neonatal intensive care unit (NICU) two hours away. He was diagnosed with multiple health issues, requiring ongoing specialized care. Unfortunately, tragedy struck again when Ashley's husband Jorge passed away just seven months after Kolin came home.

"When I reflect over the last four years, it's a mix of emotions," Ashley says. "Seeing Kolin's fight and progress, despite the struggles, gives me strength."

Preterm birth affects too many families across America. That's why March of Dimes is advocating for policy changes outlined in the 2024 March of Dimes Report Card to improve the health of all moms and babies—with a focus on addressing disparities faced by families of color.



MARCH OF DIMES REPORT CARD 2024 EXECUTIVE SUMMARY



**CINDY
RAHMAN**

INTERIM PRESIDENT
AND CEO
MARCH OF DIMES

The 2024 March of Dimes Report Card reveals that the national preterm birth rate remains unchanged at 10.4%, earning the US a D+ grade for the third consecutive year. Rates across states varied widely from 7.7% in Vermont, the only state with an A, to 15% in Mississippi, one of eight states to receive an F. Twenty states had improved rates of preterm birth with significant decreases in four states — Colorado, Kentucky, Vermont, and Wisconsin. Conversely, 24 states had worsening rates of preterm birth with significant increases in South Dakota.

The consequences of preterm birth extend far beyond prolonged hospital stays; many infants face long-term health challenges that can affect behavior, mental health, and brain development. These preterm births can lead to serious conditions such as asthma, hearing loss, and even death. While the causes of many preterm births are not fully understood, access to prenatal care, management of chronic health conditions, and preventive interventions such as low dose aspirin can reduce individual risk.

Tragically, the past year marked the first significant increase in infant deaths in decades. In 2022, over 20,000 babies did not reach their first birthday, with the increase largely attributed to preventable causes such as unsafe sleep practices and unintentional injuries. This unfortunate reality highlights the shortcomings of our systems and policies in supporting families. And while maternal mortality rates have returned to pre-pandemic levels, over 800 women died during or shortly after pregnancy in 2022. Systemic racism continues to drive disproportionate death rates, particularly among Black, American Indian/Alaska Native, and Pacific Islander birthing people. In fact, Black birthing people faced a maternal mortality rate 2.6 times higher than the rate among White individuals and their babies die at a rate almost 2 times higher than the national rate. These persistent inequities in outcomes highlight the urgent need for targeted solutions to address the root causes of these inequities.

This year's Report Card introduces data on environmental factors, including extreme heat and air pollution, which have been linked to an increased risk of preterm birth. The report also includes new state ranks, providing a clear comparison of key health indicators. As we continue to fight for all moms and babies, we've expanded racial and ethnic data to better present disparities in preterm birth and mortality. Progress in critical policy areas, such as postpartum mental health screening, paid family leave, and midwifery policies, is also presented. This work also highlights midwifery policies to strengthen and sustain the workforce, a crucial step to address the urgent crisis of declining access to care in our nation.

As one baby dies every 12 hours in our country, the time is now to make maternal and infant health a priority. We all have a role to play. March of Dimes urges healthcare professionals, researchers, policymakers, and advocates to unite and drive meaningful change for moms, babies, and families nationwide.

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POLICY

ACTIONS



MARCH OF DIMES REPORT CARD RECOMMENDED POLICY ACTIONS



REMOVING REGULATORY BARRIERS THAT RESTRICT AND LIMIT MIDWIFERY PRACTICES IS ESSENTIAL TO INTEGRATING MIDWIVES FULLY INTO THE HEALTHCARE SYSTEM

Midwives, including certified nurse-midwives (CNMs) and certified midwives (CMs), play a critical role in providing comprehensive maternal and infant healthcare in the United States (US), especially for women from underserved populations.¹ However, barriers such as limited practice authority, restricted prescriptive privileges, and unequal payment structures with physicians performing the same procedures impede their ability to deliver optimal care. Granting full independent practice authority, full prescriptive authority, payment parity (100% rate with physicians), and expanding the recognition of CMs in all states is essential to improving maternal health outcomes and addressing healthcare disparities.²



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.⁴ Medicaid finances over 40% of births in the US.⁵ However, without extension, Medicaid maternity coverage ends 60 days after giving birth, ending access to care at a time when risks of maternal complications and death persist. Under the American Rescue Plan (2021), states were given the option to extend postpartum healthcare coverage under Medicaid to 12 months.⁶ Medicaid extension to a minimum of 12 months postpartum should be required for all states in order to ensure that 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.



Four States and DC

Currently only four states (Maine, Maryland, Rhode Island, and Virginia) and Washington, DC recognize full practice authority, full prescriptive authority, 100% payment parity, and extension to CMs.³



Idaho and Iowa

Extension of postpartum Medicaid coverage has been implemented in 47 states and Washington, DC. Of the states that have not implemented Medicaid extension, Idaho and Iowa recently committed to adopting postpartum coverage extension to 12 months in the upcoming year.⁷



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

Research indicates that one of the most effective ways to ensure healthy pregnancies is by improving the health of birthing individuals before they become pregnant.⁸ Expansion of Medicaid coverage to include individuals with incomes up to 138% of the Federal Poverty Level (FPL) have demonstrated reductions in uninsured women of childbearing age, and improved maternal and child health outcomes. By providing more accessible and equitable healthcare coverage under Medicaid, more women can access essential prenatal care and preventive services, which promotes healthier pregnancies and reduces risks for both mothers and babies. Other benefits of Medicaid expansion have been seen throughout the US. A nationwide study found that among low-income women who recently gave birth, Medicaid expansion was linked to significant improvements in three key preconception health indicators: more women reported receiving preconception health counseling from a healthcare provider, an increased number reported taking folic acid before pregnancy, and more women reported using effective contraception after pregnancy.⁹



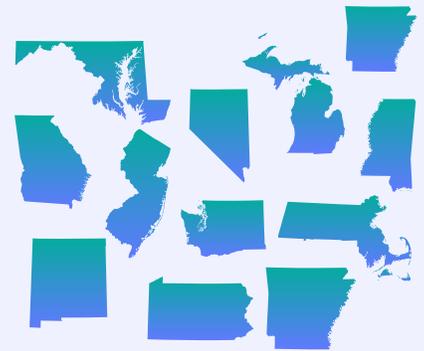
REQUIRING AND REIMBURSING FOR POSTPARTUM DEPRESSION SCREENING DURING WELL-CHILD VISITS ENSURES THAT MORE PEOPLE RECEIVE THE MENTAL HEALTH SUPPORT THEY NEED

Postpartum Depression (PPD) affects a significant percentage of new mothers, with estimates ranging from 10–20% of birthing individuals experiencing depressive symptoms during the first year after childbirth.¹¹ However, many PPD cases go undiagnosed and untreated, often due to lack of screening. Untreated PPD can have severe consequences to physical and mental health for both parents and children, such as inability of new parents to bond with or care for their child, and attachment and behavioral issues for children.¹² Medicaid serves a disproportionately large number of low-income individuals and women of color, who are already at increased risk for PPD. By requiring and reimbursing screening for PPD, Medicaid helps to reduce existing health disparities and ensures that vulnerable populations receive the support they need.



North Carolina

North Carolina recently became the 41st state (including the District of Columbia) to expand Medicaid to adults with incomes up to 138% of the FPL.¹⁰



12 States

Medicaid programs in 12 states currently require and reimburse PPD screening during well-child visits. These states include: Arizona, Arkansas, Georgia, Maryland, Massachusetts, Michigan, Mississippi, Nevada, New Jersey, New Mexico, Pennsylvania, and Washington.¹³



REIMBURSING DOULA SERVICES AT A LIVEABLE WAGE CREATES A STRONGER WORKFORCE AND INCREASES ACCESS TO 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 patient 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.¹⁴ 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 often not adequate to reimburse doula care services.¹⁵ 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.



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 US is the only industrialized nation that does not offer working parents paid time off to care for a new child or sick loved one.¹⁷ Access to paid family leave and sick day benefits fosters parent-infant attachment, creating a vital foundation for safe, stable, and nurturing relationships. These benefits also encourage parenting practices that promote optimal infant health and development, such as improving the establishment and maintenance of breastfeeding and on-time routine childhood vaccinations. Paid leave has also been associated with improved maternal health outcomes, such as reductions in depressive symptoms.¹⁸



7 States and DC

Currently, 7 states and Washington DC reimburse doula care under Medicaid at \$1,500 or more. These states include: California, Colorado, Massachusetts, Minnesota, New Hampshire, Oregon, Rhode Island, and Washington DC.¹⁶



9 States and DC

California, Colorado, Connecticut, Massachusetts, New Jersey, New York, Oregon, Rhode Island, Washington, Washington, DC have in effect paid family and medical leave laws, which 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.

Delaware, Maine, Maryland, and Minnesota have enacted paid family and medical leave laws and are set to be effective between 2025 and 2026.¹⁹



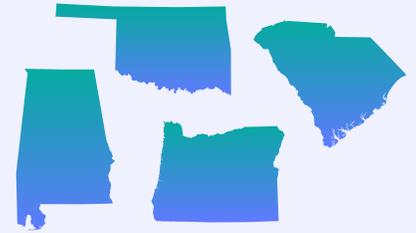
MATERNAL MORTALITY REVIEW COMMITTEES ADVANCE OUR UNDERSTANDING OF MATERNAL MORTALITY THROUGH DATA AND SURVEILLANCE

In order to implement strategies to prevent maternal death, we need to understand why moms are dying. Improving data collection and surveillance on maternal mortality and morbidity helps 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 provide recommendations to prevent future tragedies.²⁰ Continued support for state MMRCs in collecting robust and standardized data is critical in informing local and national policies that address the nation's maternal health crisis. Although many states have an MMRC, they vastly differ in resources necessary to operate effectively. March of Dimes supports federal and state funding for MMRCs to establish standardized protocols and policies; review, identify, and develop tools for training and support, and the adoption of systems for consistent data gathering and development of actionable recommendations.



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 way to address adverse infant health outcomes in response to alarming increases in the infant mortality rate in the United States.²² 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.²³ 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.



MMRC Surveillance

In 2024, the CDC increased support to MMRCs from 46 states to 52 states and US territories. Alabama, South Carolina, Oklahoma, and Oregon now receive CDC funding to support surveillance and review of pregnancy-related deaths, and for the identification of prevention opportunities.²¹



Florida

In 2022, Florida statutes required FIMR implementation in all regions of the state to improve fetal and infant mortality and morbidity. The statewide FIMR expansion more than doubled the number of fetal and infant cases reviewed from the prior year, creating a more comprehensive look into the causes of fetal and infant death and providing relevant geographically focused recommendations for prevention.²⁴



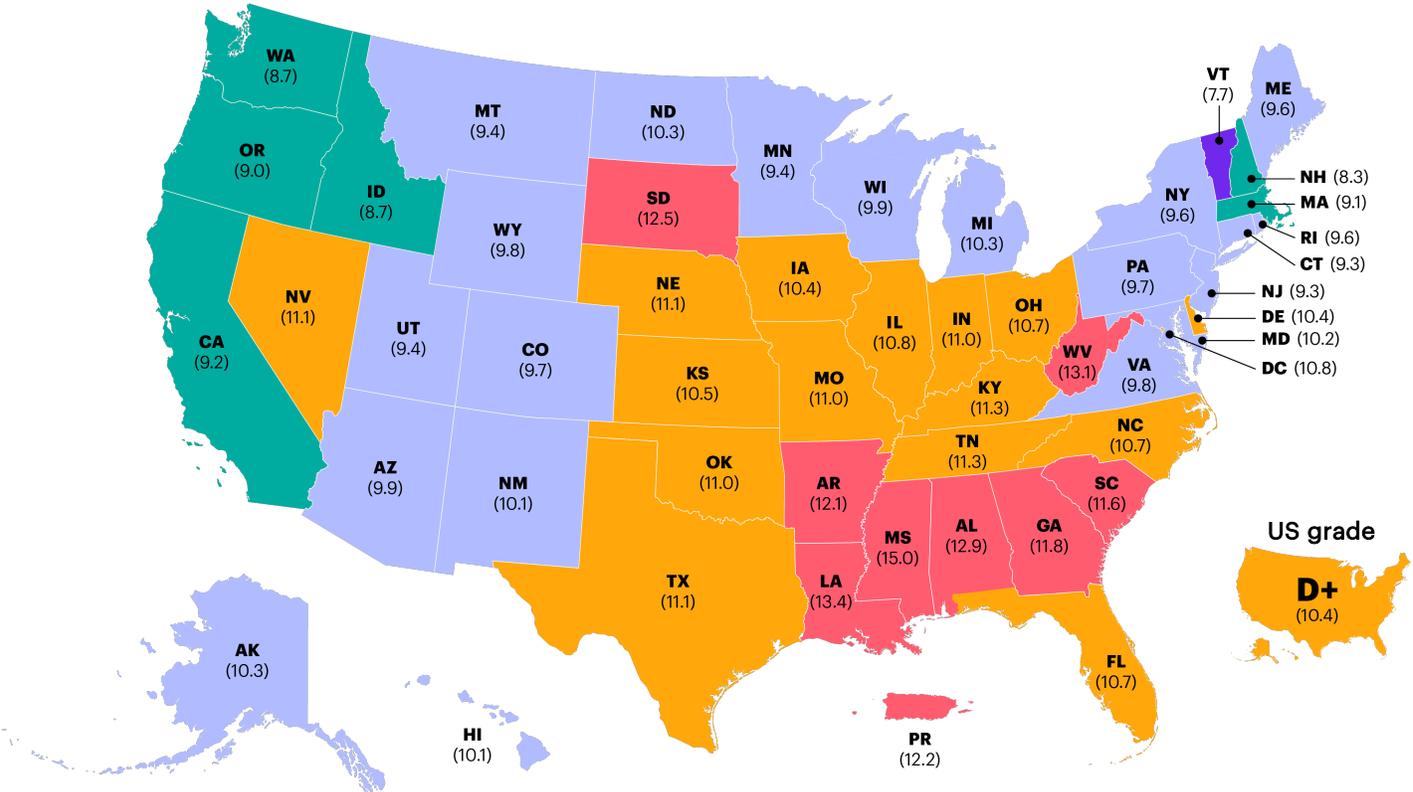
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2024 REPORT CARDS

The preterm birth grade was **D+** in 2023; the worst grades occurred in the southern region of the US

Preterm birth rate (born before 37 completed weeks gestation) and grade by state, 2023



GRADE AND PRETERM BIRTH RATE



The preterm birth rate was **10.4%** in 2023, no change from 2022

Preterm birth rate by year, 2013 to 2023

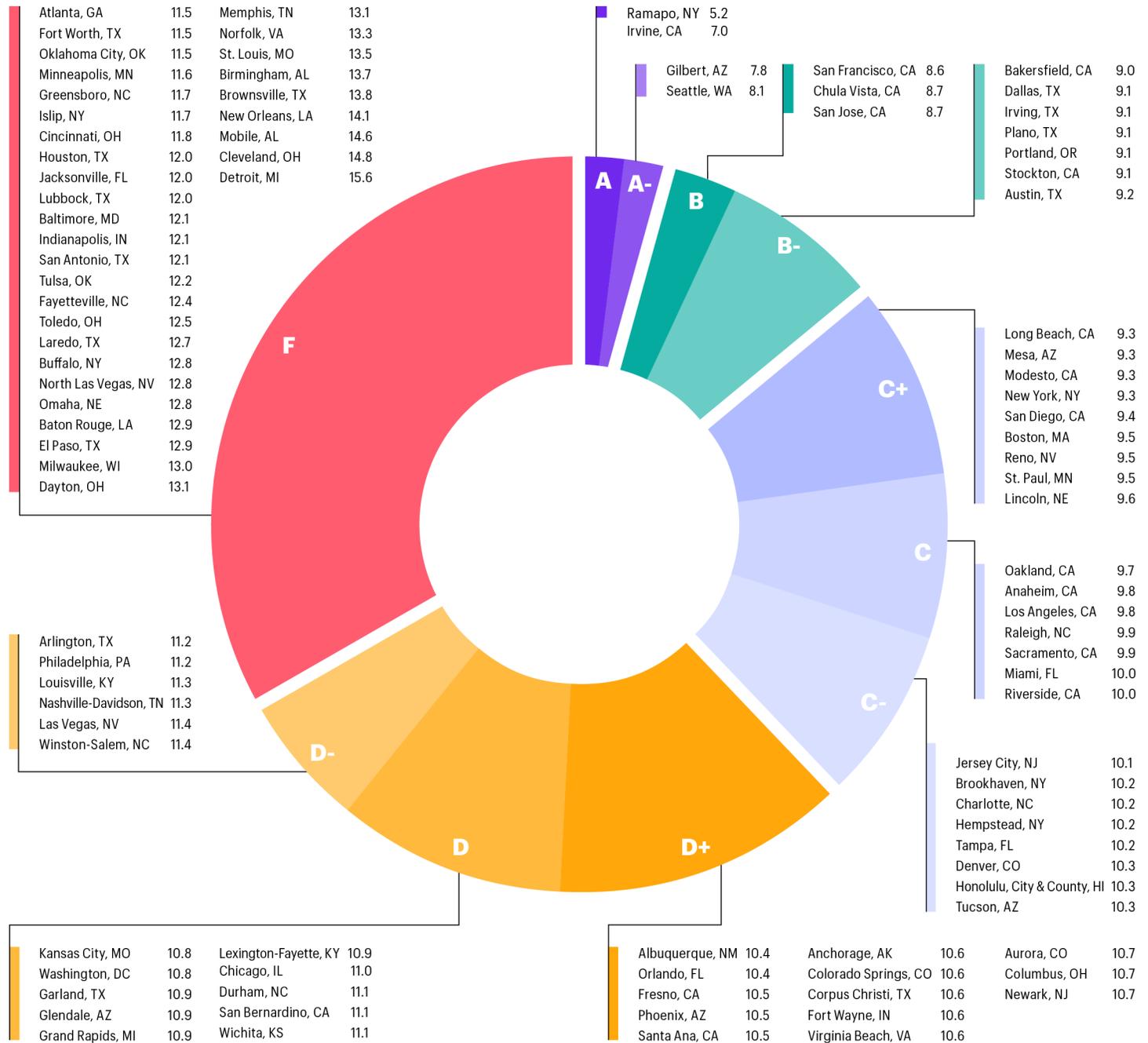


Source: National Center for Health Statistics, Natality data, 2013-2023; National Center for Health Statistics, US Territories Natality data, 2023.



2024 MARCH OF DIMES REPORT CARD PRETERM BIRTH RATE AND GRADE BY CITY

One third of the 100 US cities with the greatest number of live births had a preterm birth grade of F in 2023



GRADE AND PRETERM BIRTH RATE

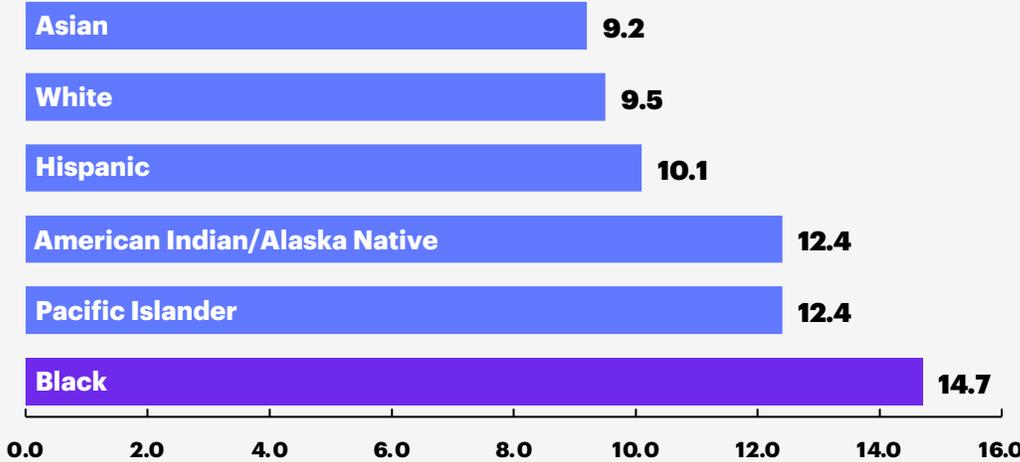
Grade	Preterm Birth Rate
A	7.7% or less
A-	7.8 to 8.1%
B+	8.2 to 8.5%
B	8.6 to 8.9%
B-	9.0 to 9.2%
C+	9.3 to 9.6%
C	9.7 to 10.0%
C-	10.1 to 10.3%
D+	10.4 to 10.7%
D	10.8 to 11.1%
D-	11.2 to 11.4%
F	11.5% or greater

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.

Source: National Center for Health Statistics, Natality data, 2023.

In the US, 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, 2021-2023



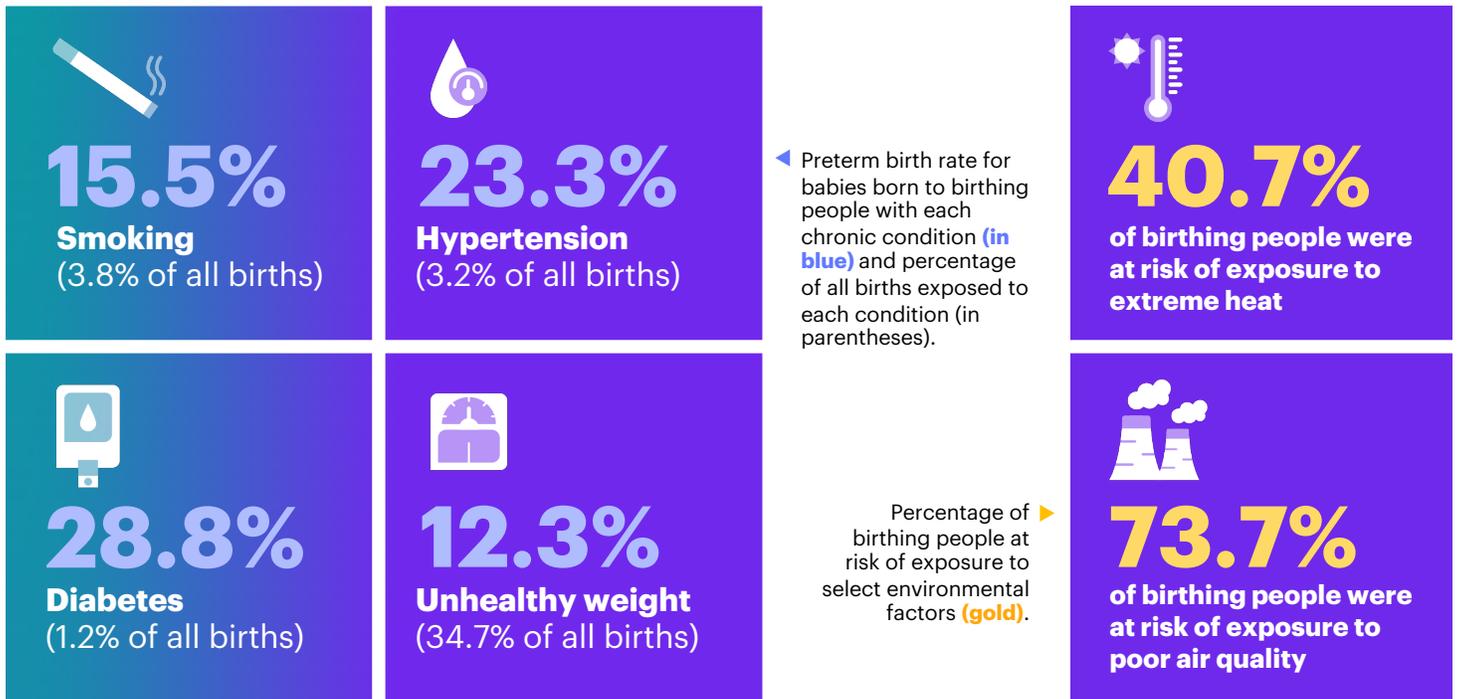
DISPARITY RATIO 1.29

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity.

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

Addressing chronic health conditions before pregnancy, educating people about the risks and management of environmental exposures, and advocating for policies that offer solutions can mitigate the risks of preterm birth and other adverse outcomes.



Note: More than one condition can occur at the same time. Hypertension, diabetes, smoking and unhealthy weight occur pre-pregnancy. Extreme heat is defined by ≥ 30 days above the 90th percentile of the heat index. Poor air quality is defined by Air Quality Index over 100 for ≥ 1 day.

Source: National Center for Health Statistics, Natality data, 2021-2023; Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023.

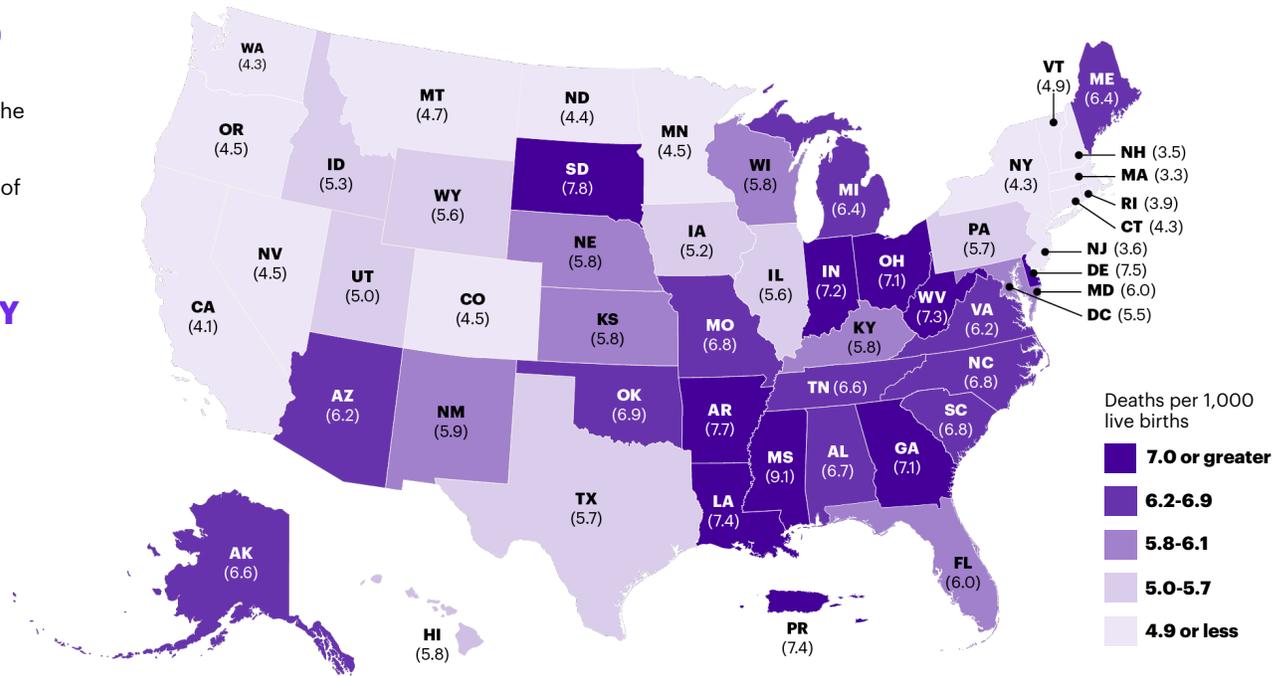
INFANT MORTALITY RATE
5.6

16 states meet the Healthy People 2030 target for infant mortality of 5.0 deaths per 1,000 births.

DISPARITY RATIO
2.11

Over 20,000 babies died before their first birthday; the greatest rates occurred in the South and Midwest regions

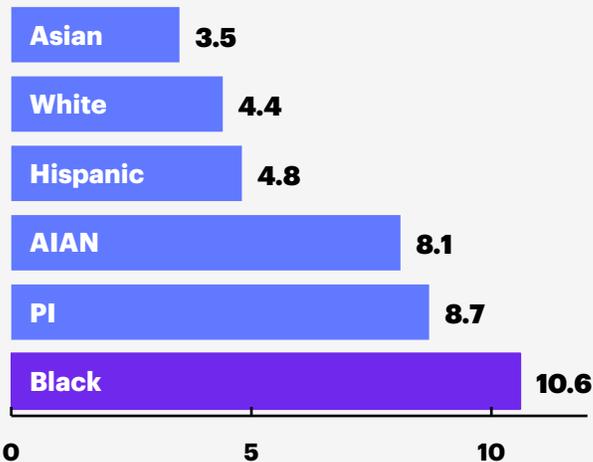
Infant mortality rate (deaths per 1,000 live births) by state, 2022



The infant mortality rate increased for the first time in two decades in 2022 and babies born to Black birthing people have a rate 1.9x the national rate

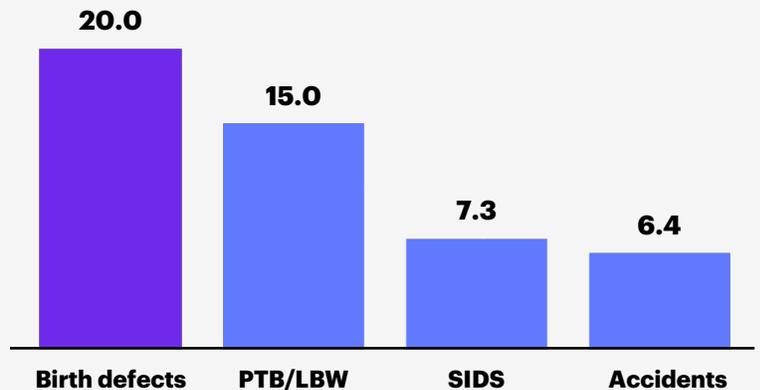
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percentage of total deaths by underlying cause, 2020-2022



Notes: AIAN = American Indian/Alaska Native, PI = Pacific Islander; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome.

Source: National Center for Health Statistics Period Linked Birth/Infant Death data, 2020-2022.

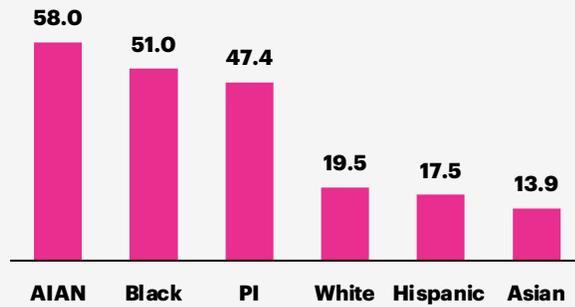
Maternal mortality has returned to pre-pandemic rates. Still, over 800 maternal deaths occurred in 2022 and disparities by race/ethnicity persist

2022 MATERNAL MORTALITY RATE

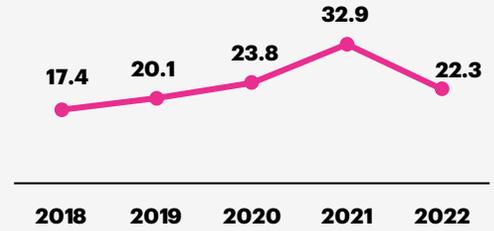
22.3

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

Maternal mortality rate (deaths per 100,000 live births) by race/ethnicity, 2018-2022



Maternal mortality rate (deaths per 100,000 live births) by year, 2018-2022

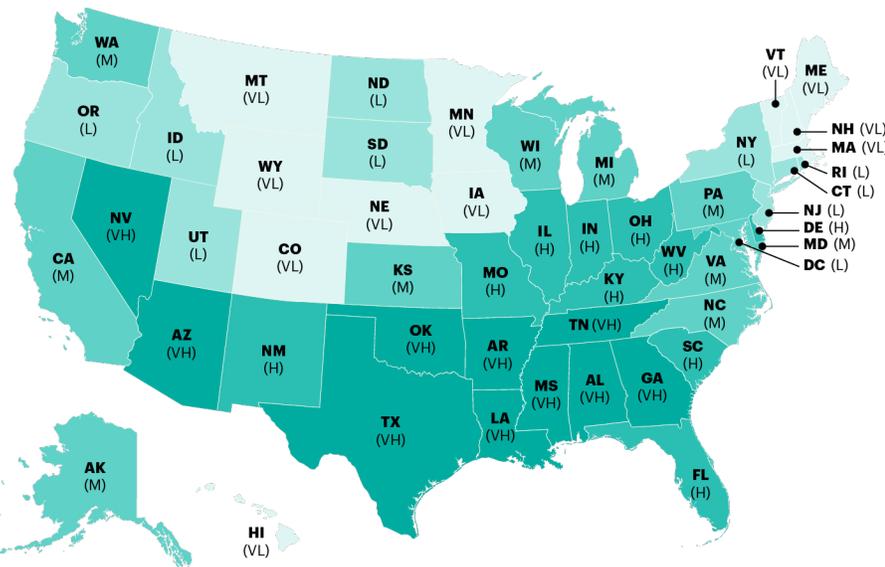


Source: National Center for Health Statistics, Mortality data, 2018-2022.

Note: AIAN = American Indian/Alaska Native, PI = Pacific Islander.

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

Maternal Vulnerability Index (MVI) by state, 2024



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

MIDWIFERY POLICY

**4 STATES & DC
HAVE ALL POLICIES IN
PLACE TO SUPPORT
MIDWIVES**



Adoption of these policies support the growth and sustainability of the midwifery workforce.

Policies include the following: independent practice, prescriptive authority, payment parity at 100%, and licensing for Certified Midwives (CMs).

MEDICAID EXPANSION AND EXTENSION

**ADOPTED in
37 STATES & DC**



Adoption of these policies allow for greater access to care before and after pregnancy.



MENTAL HEALTH SCREENING

**12 STATES
REQUIRE & REIMBURSE**

Adoption of this policy requires clinicians to screen women for postpartum depression at well-child visits and reimburse for the screening through Medicaid.



DOULA REIMBURSEMENT

**16 STATES & DC
REIMBURSE FOR
DOULA CARE**

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

PAID FAMILY LEAVE

**9 STATES & DC
PROVIDE 12 WEEKS
OF PAID LEAVE**



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

COMMITMENT TO PREVENTION

**26 STATES &
PUERTO RICO**

**HAVE A CDC FUNDED
MATERNAL MORTALITY REVIEW
COMMITTEE AND REVIEW FETAL
AND INFANT DEATHS.**



These committees review causes and circumstances of fetal, infant and maternal deaths and improve quality care issues in healthcare.

Note: All policies were assessed on October, 15, 2024. To see more information about each policy, see our Policy Booklet document [here](#).

The preterm birth rate in Alabama was **12.9%** in 2023, higher than the rate in 2022

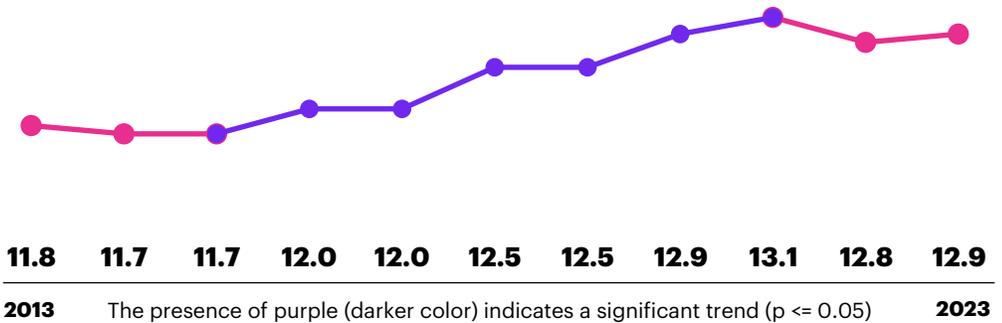
PRETERM BIRTH GRADE

F

US RATE AL RATE AL RANK

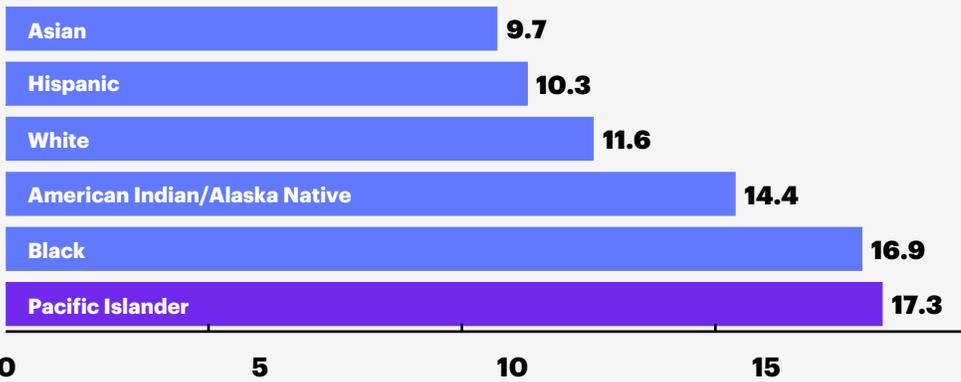


Percentage of live births born preterm



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

Preterm birth rate by race/ethnicity, 2021-2023



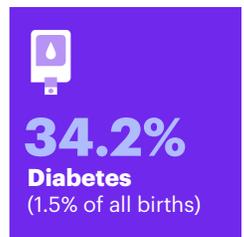
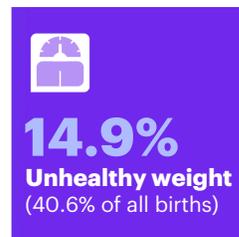
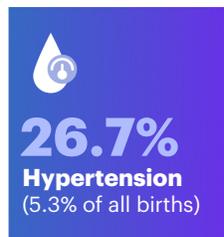
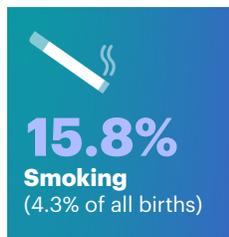
DISPARITY RATIO 1.33

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

ALABAMA

The infant mortality rate decreased in the last decade; In 2022, 389 babies died before their first birthday

INFANT MORTALITY RATE

6.7

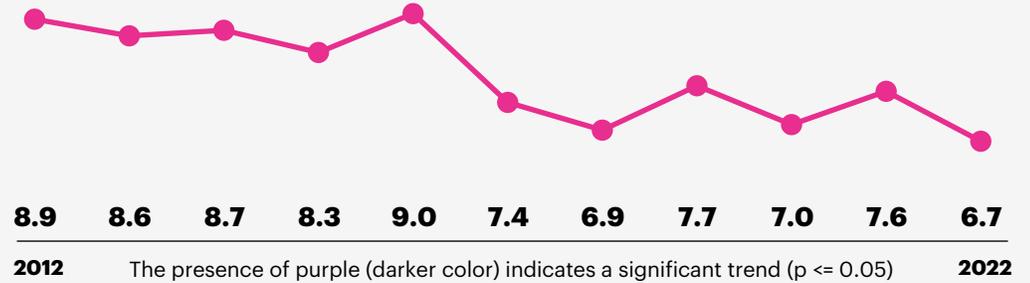
US RATE



AL RANK



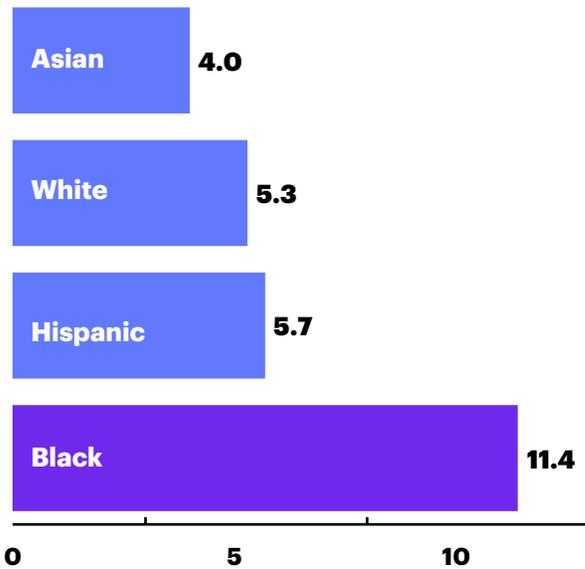
Rate per 1,000 live births



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

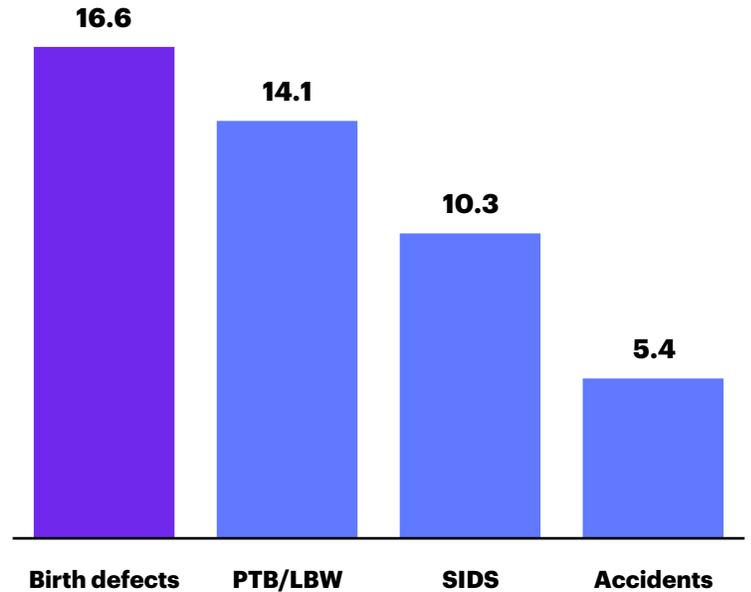
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

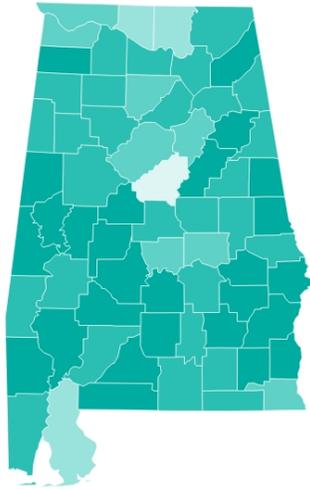


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 53.6% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

ALABAMA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Alabama are most vulnerable to poor outcomes due to the following factors:



Physical health



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at:

<http://www.cdc.gov/heatrisk>

42
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

2
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

38.6

PER 100,000 BIRTHS



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



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.

18.1

PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

ALABAMA

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



MIDWIFE POLICY

State has adopted 0 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	12.9%	1.33	6.7 deaths per 10K births	38.6 deaths per 100K births	28.3%	74.3%
Rank	49th of 52	36th of 47	38th of 52	37th of 40	41st of 52	39th of 52
Direction from prior year	Worsened	Worsened	Improved	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

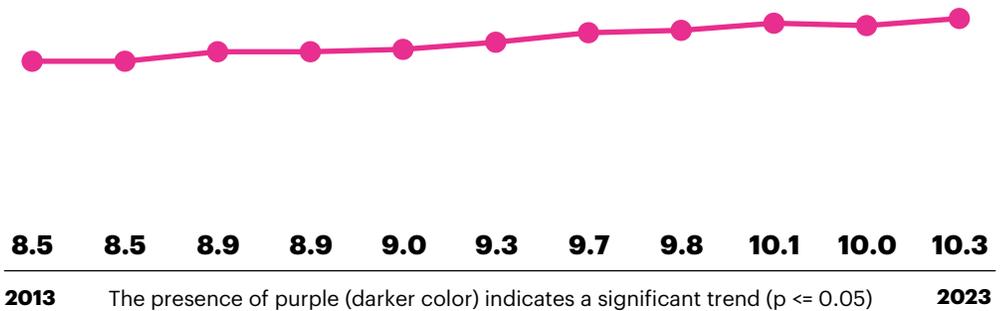
Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Alaska was **10.3%** in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE



Percentage of live births born preterm

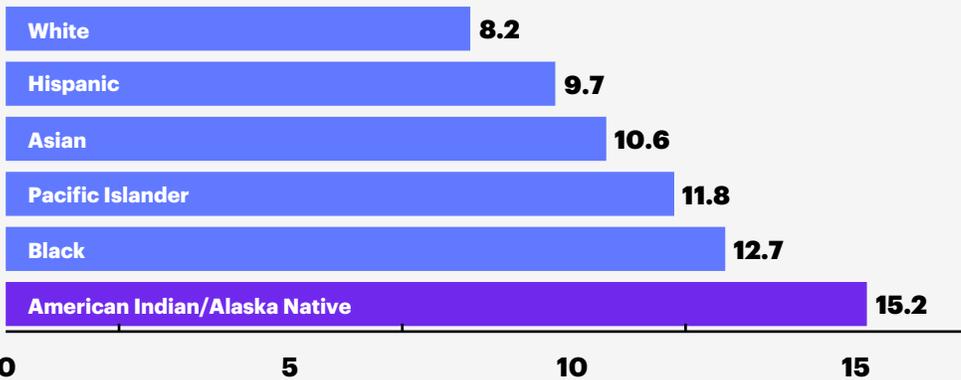


US RATE AK RATE AK RANK



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, 2021-2023



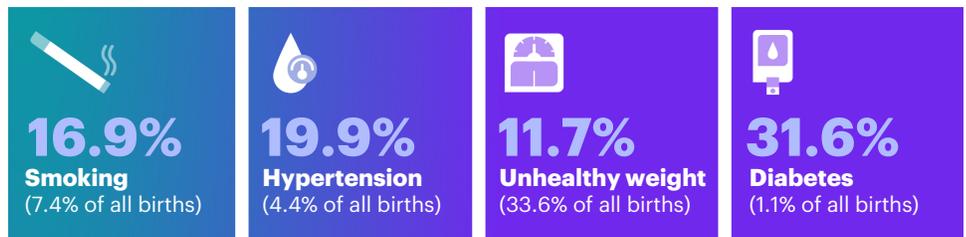
DISPARITY RATIO 1.47

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

ALASKA

The infant mortality rate increased in the last decade; In 2022, 62 babies died before their first birthday

INFANT MORTALITY RATE

6.6

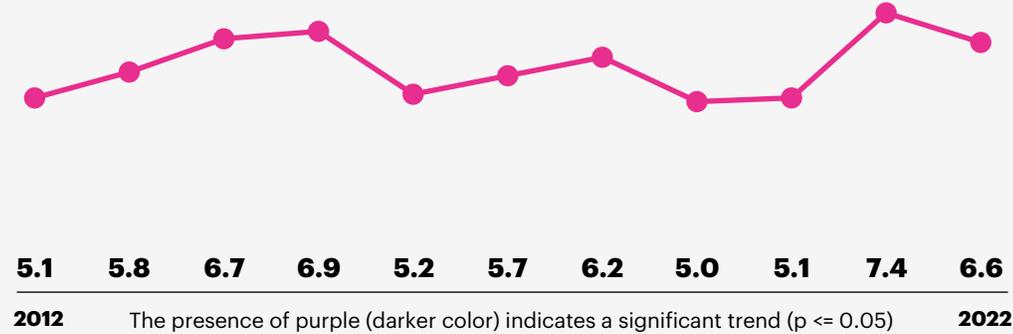
US RATE



AK RANK



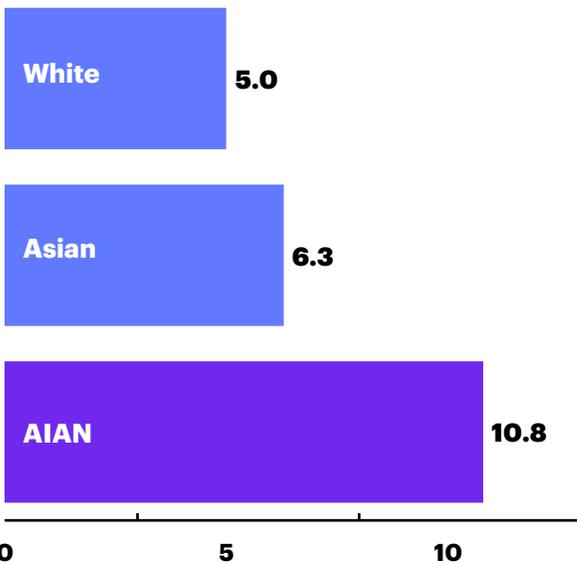
Rate per 1,000 live births



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

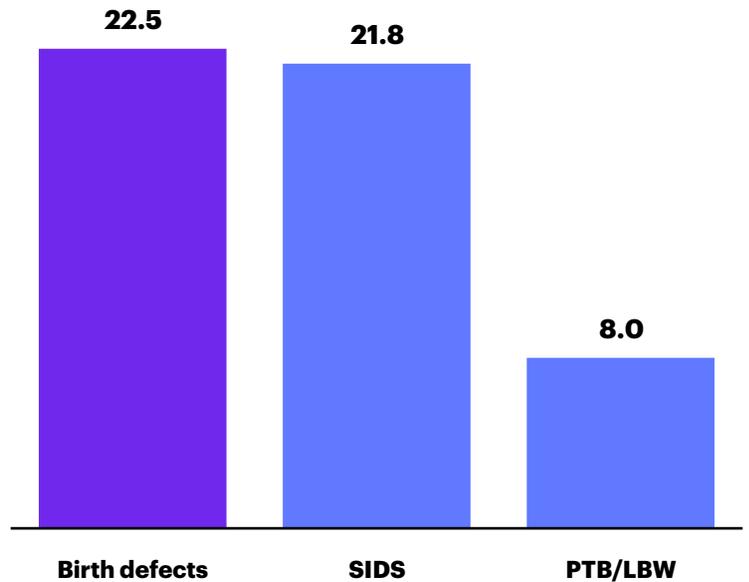
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022



Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 47.7% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

ALASKA

Maternal Vulnerability Index by borough

The Maternal Vulnerability Index is used to understand **where and why** birthing people may be more likely to have poor health outcomes

Birthing people in Alaska are most vulnerable to poor outcomes due to the following factors:



Physical environment



General healthcare



Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to **extreme heat or air pollution** can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

N/A
DAYS

EXTREME HEAT

The data source utilized does not have data on extreme heat for Alaska.

4
DAYS

POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

N/A
PER 100,000 BIRTHS

MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.



23.2

20.5
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.



26.6

18.6
PERCENT

INADEQUATE PRENATAL CARE

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



15.7

Source: National Center for Health Statistics, Mortality data, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.3%	1.47	6.6 deaths per 10K births	N/A	20.5%	66.6%
Rank	26th of 52	45th of 47	36th of 52	N/A	5th of 52	49th of 52
Direction from prior year	Worsened	Improved	Improved	N/A	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Arizona was 9.9% in 2023, higher than the rate in 2022

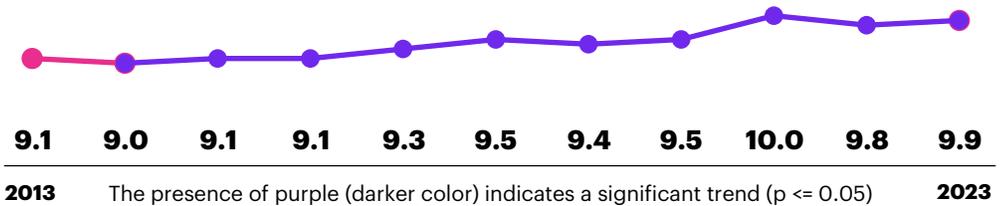
PRETERM BIRTH GRADE



US RATE AZ RATE AZ RANK

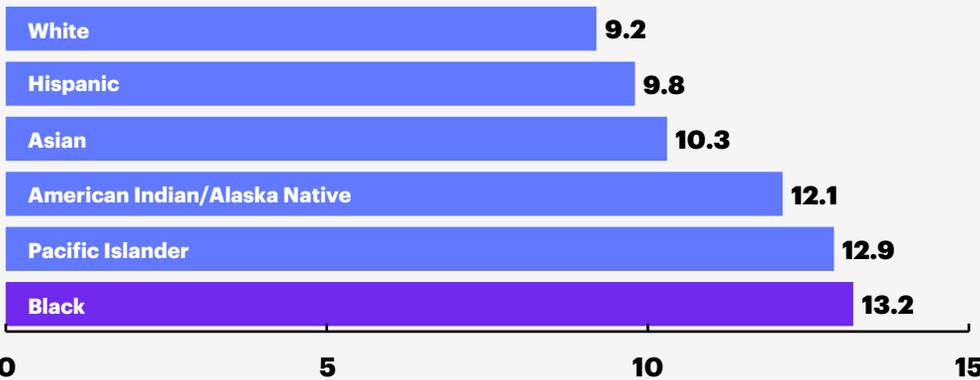


Percentage of live births born preterm



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

Preterm birth rate by race/ethnicity, 2021-2023



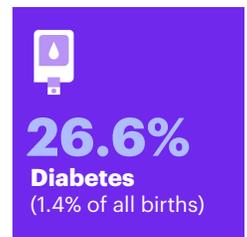
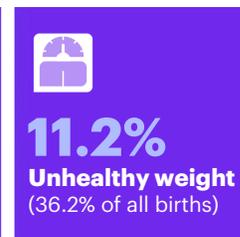
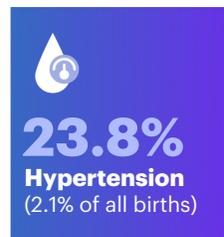
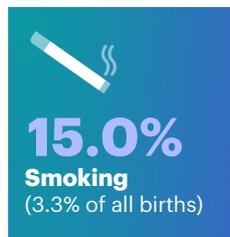
DISPARITY RATIO **1.24**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate increased in the last decade; In 2022, 485 babies died before their first birthday

INFANT MORTALITY RATE

6.2

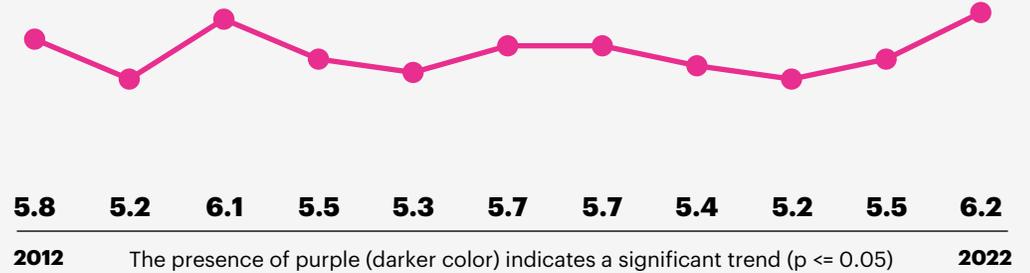
US RATE



AZ RANK



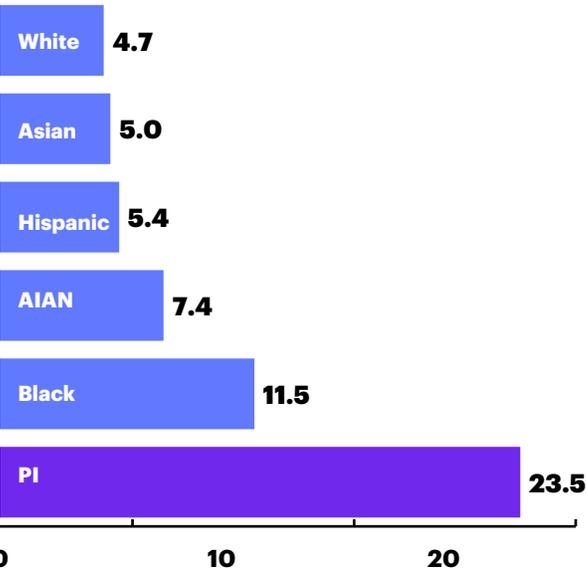
Rate per 1,000 live births



The infant mortality rate among babies born to Pacific Islander birthing people is 3.8x the state rate

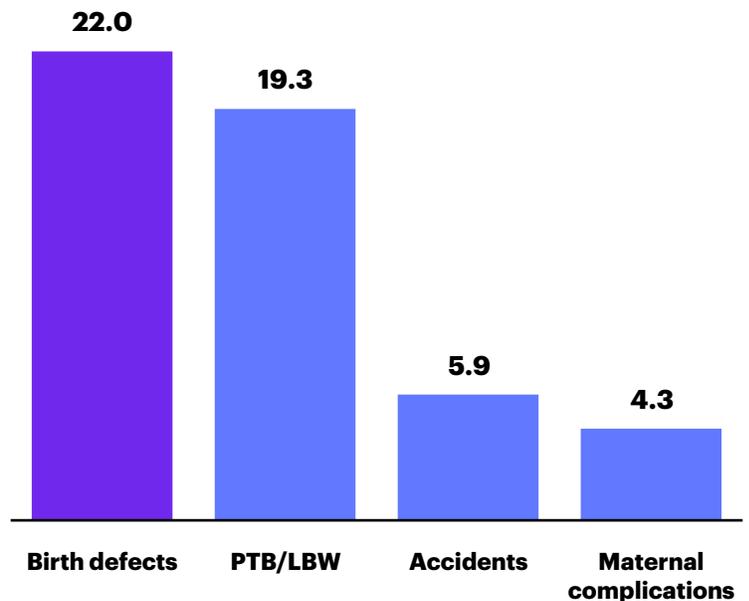
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

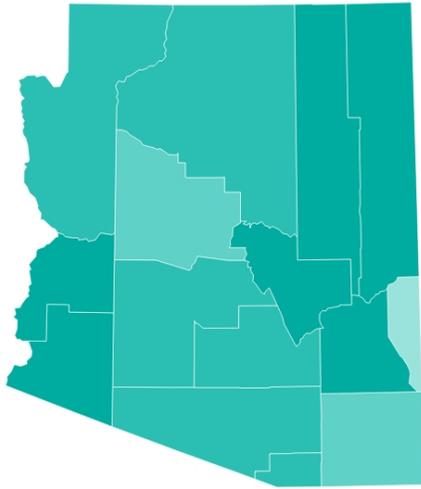


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 48.5% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

ARIZONA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Arizona are most vulnerable to poor outcomes due to the following factors:



Physical environment



Reproductive healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

38
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

12
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

30.0
PER 100,000 BIRTHS



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



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



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



State has adopted policies that support the growth and sustainability of the midwifery workforce.

MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.9%	1.24	6.2 deaths per 10K births	30 deaths per 100K births	23.4%	72.3%
Rank	20th of 52	19th of 47	32nd of 52	29th of 40	11th of 52	44th of 52
Direction from prior year	Worsened	Worsened	Worsened	Improved	No change	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Arkansas was **12.1%** in 2023, higher than the rate in 2022

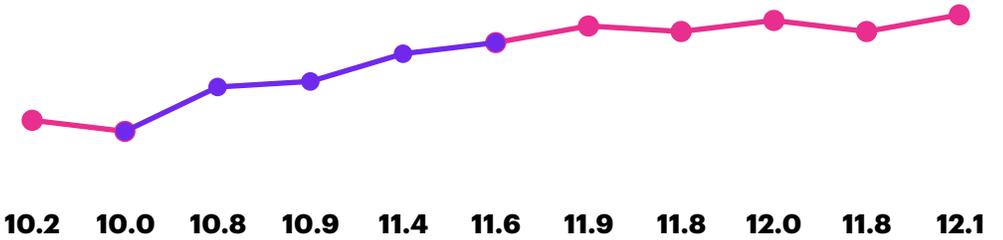
PRETERM BIRTH GRADE



US RATE AR RATE AR RANK



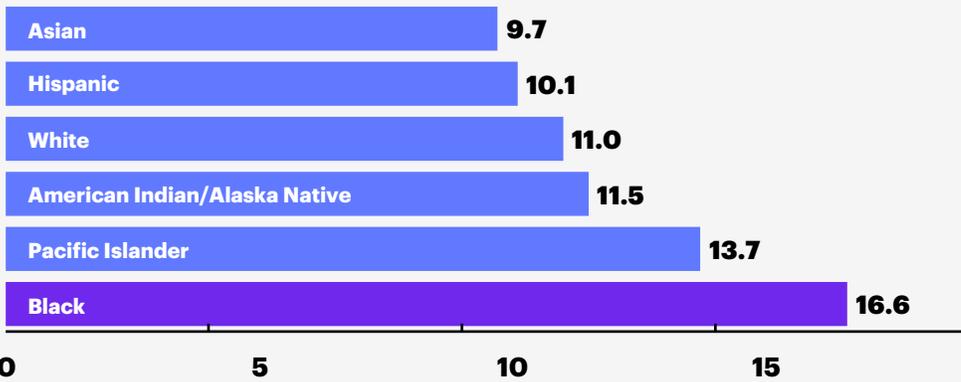
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) 2023

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, 2021-2023



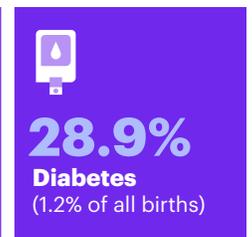
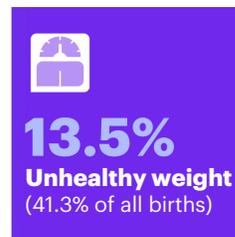
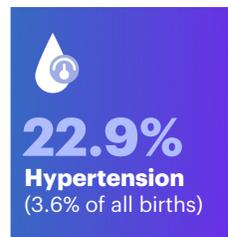
DISPARITY RATIO **1.29**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

ARKANSAS

The infant mortality rate **increased in the last decade**; In 2022, **272 babies died** before their first birthday

INFANT MORTALITY RATE

7.7

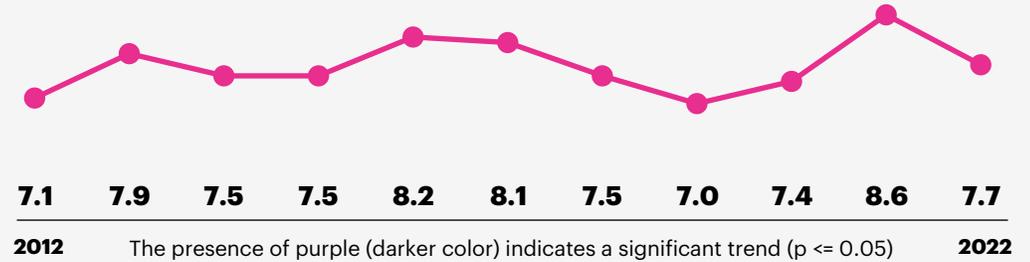
US RATE



AR RANK



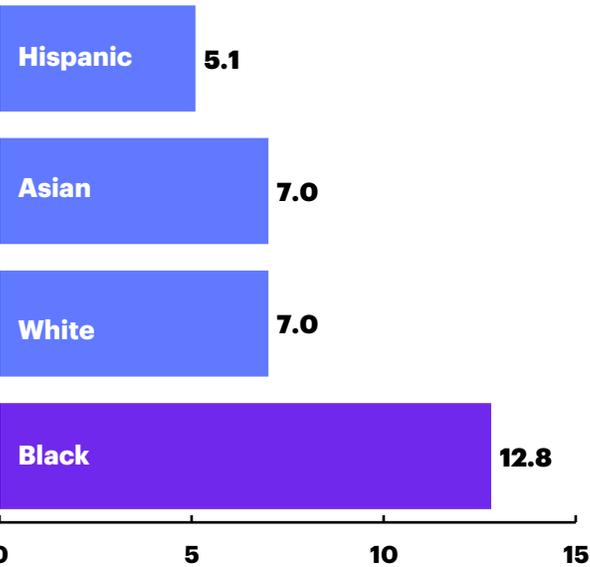
Rate per 1,000 live births



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

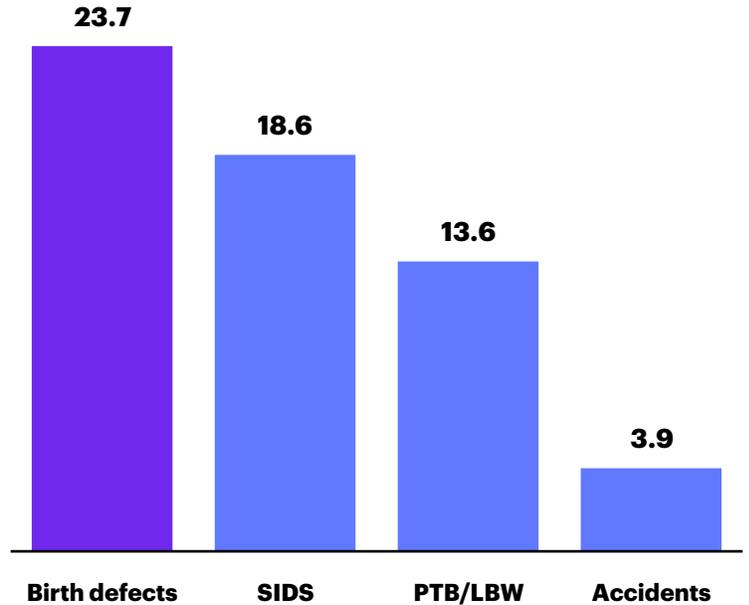
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

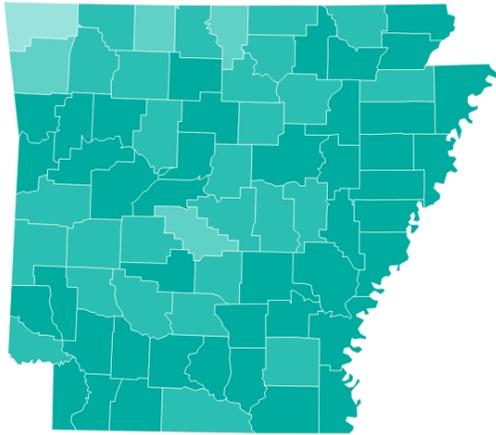


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 40.2% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

ARKANSAS

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Arkansas are most vulnerable to poor outcomes due to the following factors:



Socioeconomic determinants



Physical health

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

44
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

2
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

38.3
PER 100,000 BIRTHS



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.

26.9
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.

19.2
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



State has adopted policies that support the growth and sustainability of the midwifery workforce.

MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	12.1%	1.29	7.7 deaths per 10K births	38.3 deaths per 100K births	26.9%	74.2%
Rank	46th of 52	28th of 47	50th of 52	36th of 40	33rd of 52	40th of 52
Direction from prior year	Worsened	Worsened	Improved	Improved	Improved	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in California was 9.2% in 2023, higher than the rate in 2022

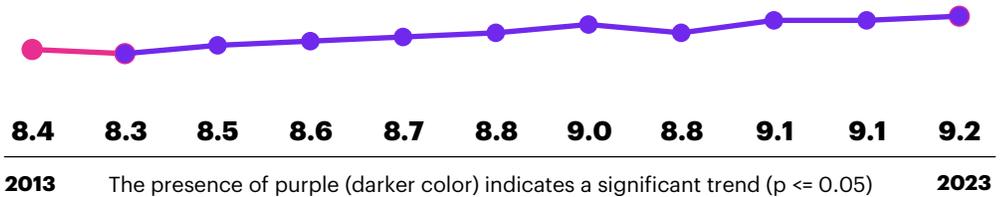
PRETERM BIRTH GRADE

B-

US RATE CA RATE CA RANK

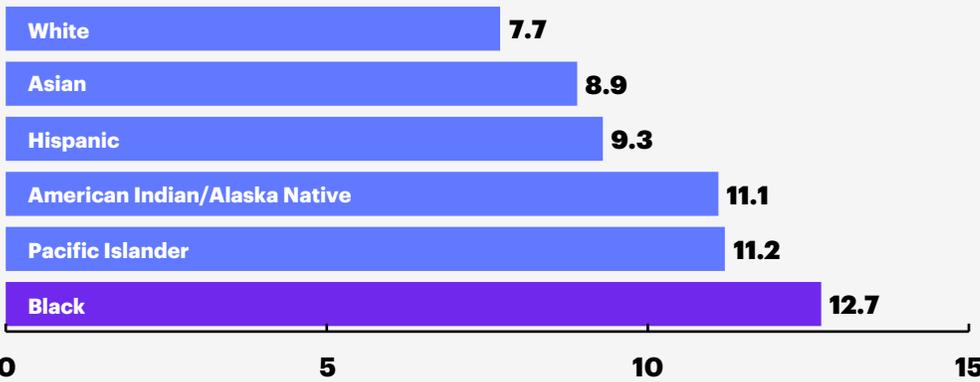


Percentage of live births born preterm



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, 2021-2023



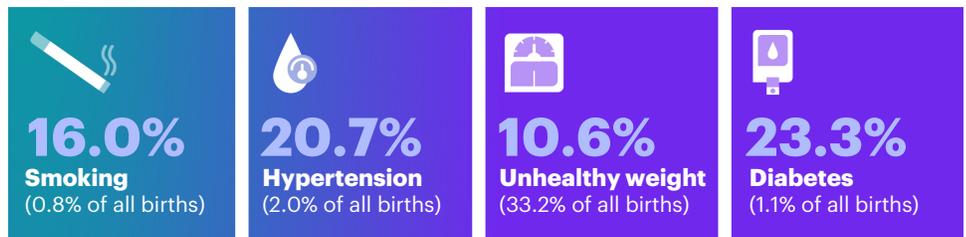
DISPARITY RATIO 1.38

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

CALIFORNIA

The infant mortality rate decreased in the last decade; In 2022, 1,724 babies died before their first birthday

INFANT MORTALITY RATE

4.1

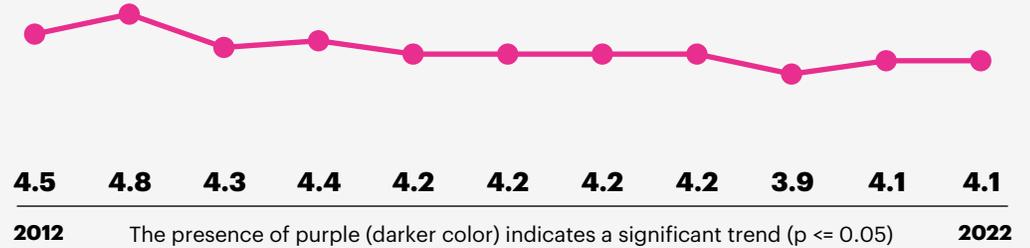
US RATE



CA RANK



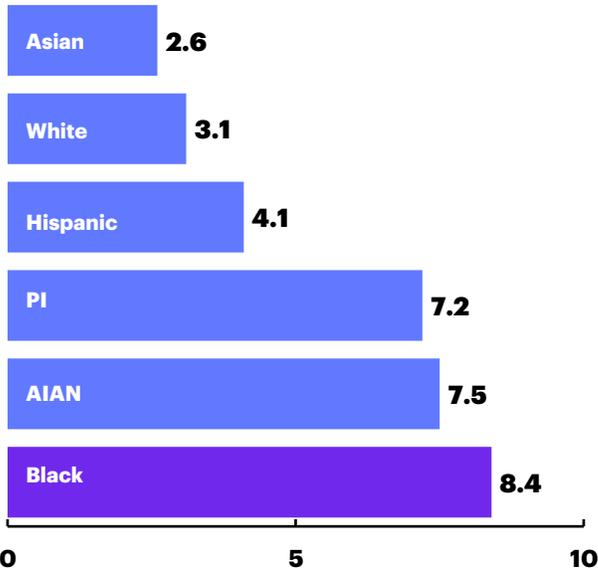
Rate per 1,000 live births



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

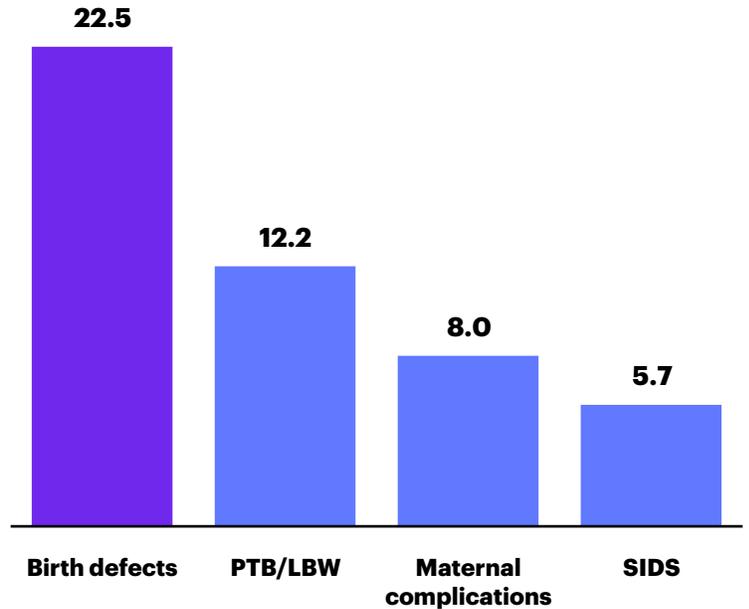
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022



Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 51.6% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

CALIFORNIA

Maternal Vulnerability Index by county



Very Low Low Moderate High Very High

The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in California are most vulnerable to poor outcomes due to the following factors:



Physical environment



Socioeconomic determinants

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

20 DAYS

EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

18 DAYS

POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

10.5

PER 100,000 BIRTHS

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.



25.9

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.



9.6

PERCENT

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.2%	1.38	4.1 deaths per 10K births	10.5 deaths per 100K births	25.9%	74.5%
Rank	7th of 52	44th of 47	5th of 52	1st of 40	28th of 52	37th of 52
Direction from prior year	Worsened	Worsened	Worsened	Worsened	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Colorado was **9.7%** in 2023, lower than the rate in 2022

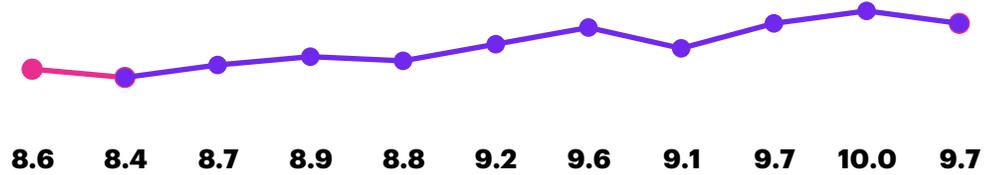
PRETERM BIRTH GRADE



US RATE CO RATE CO RANK



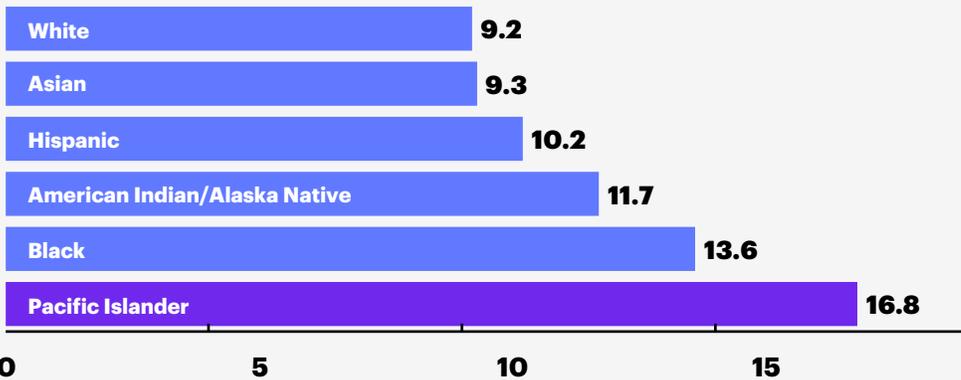
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) 2023

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

Preterm birth rate by race/ethnicity, 2021-2023



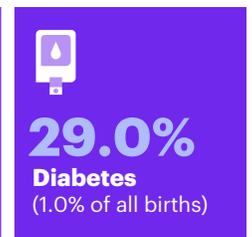
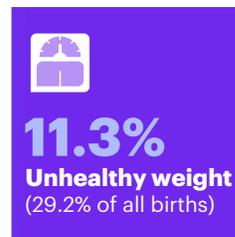
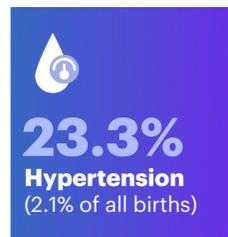
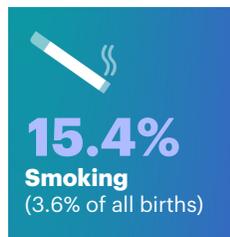
DISPARITY RATIO **1.22**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 283 babies died before their first birthday

INFANT MORTALITY RATE

4.5

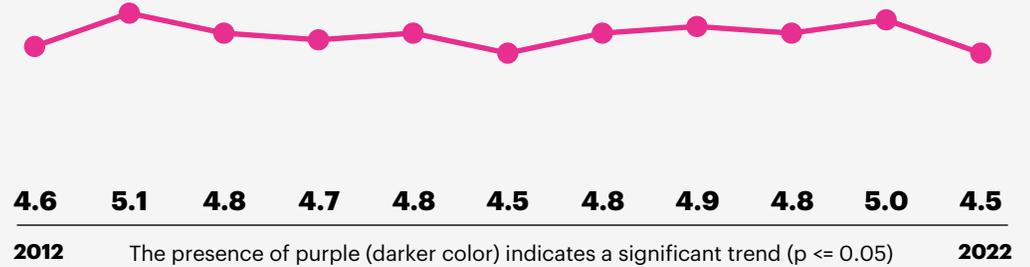
US RATE



CO RANK



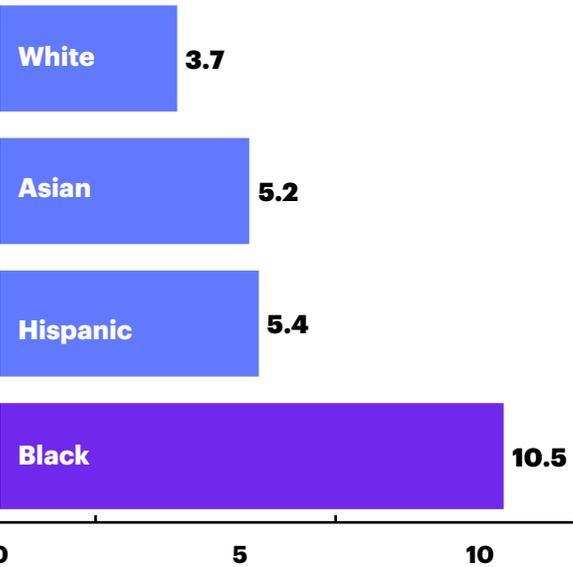
Rate per 1,000 live births



The infant mortality rate among babies born to Black birthing people is 2.3x the state rate

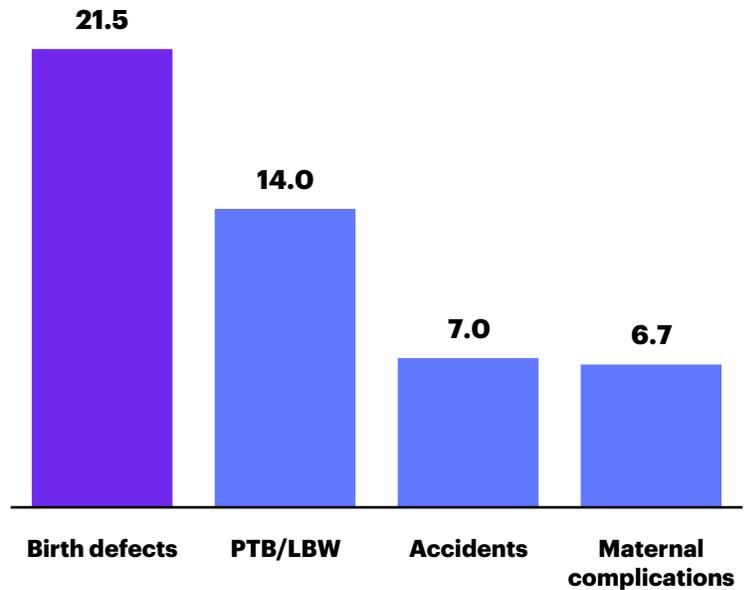
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

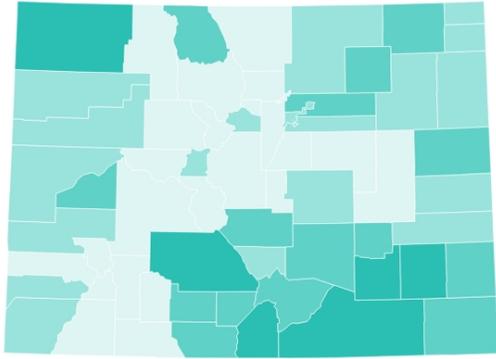


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 50.8% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

COLORADO

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Colorado are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

37
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

4
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

16.0

PER 100,000 BIRTHS



23.2

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.

23.1

PERCENT



26.6

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



15.7

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



State has adopted policies that support the growth and sustainability of the midwifery workforce.

MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.7%	1.22	4.5 deaths per 10K births	16 deaths per 100K births	23.1%	69.9%
Rank	16th of 52	14th of 47	11th of 52	6th of 40	10th of 52	46th of 52
Direction from prior year	Improved	Improved	Improved	Worsened	Worsened	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Connecticut was 9.3% in 2023, lower than the rate in 2022

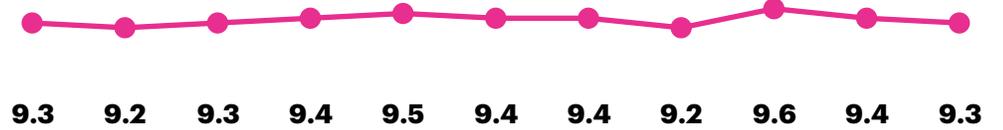
PRETERM BIRTH GRADE



US RATE CT RATE CT RANK



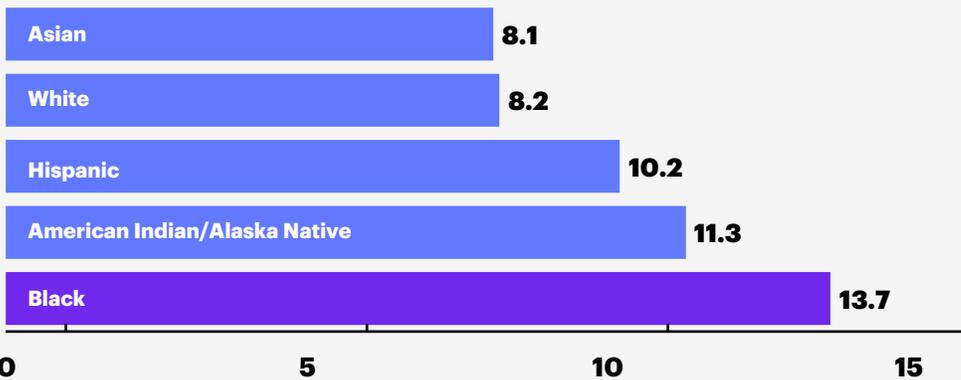
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend (p <= 0.05) 2023

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

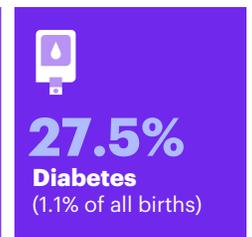
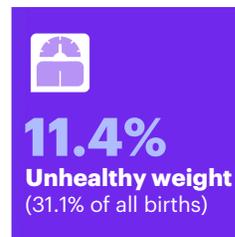
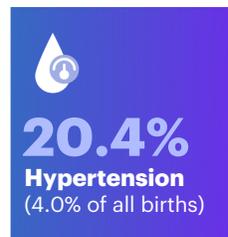
Preterm birth rate by race/ethnicity, 2021-2023



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

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

CONNECTICUT

The infant mortality rate decreased in the last decade; In 2022, 150 babies died before their first birthday

INFANT MORTALITY RATE

4.3

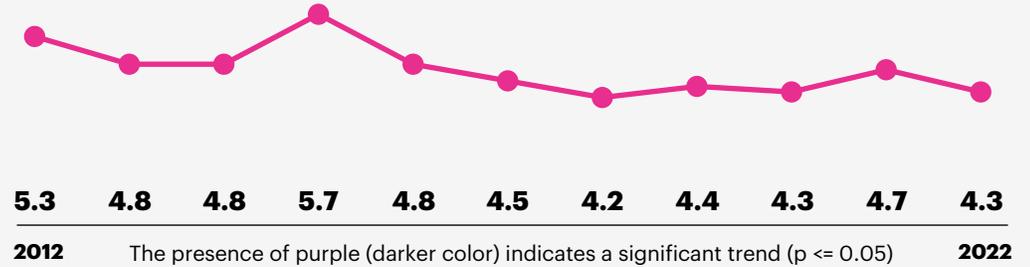
US RATE



CT RANK



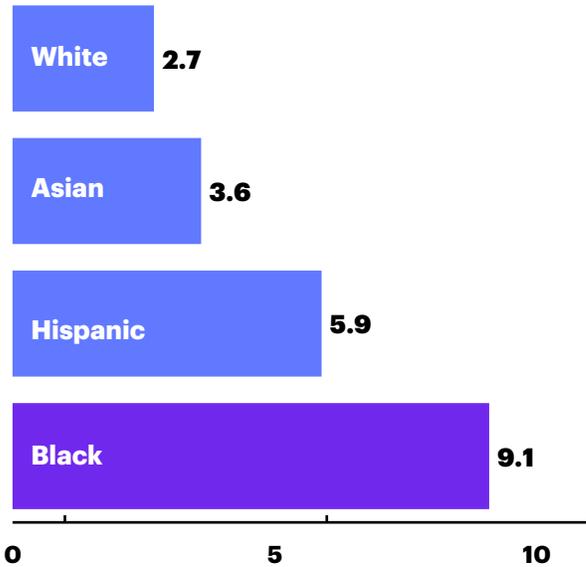
Rate per 1,000 live births



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

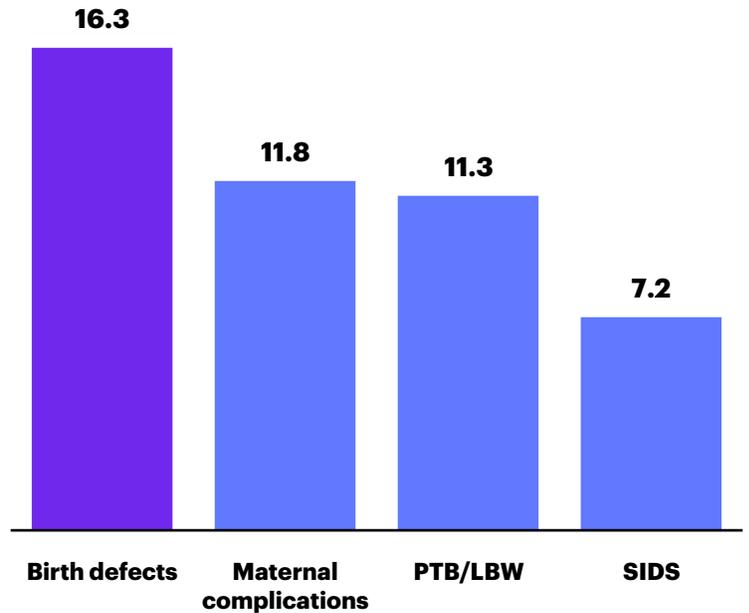
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

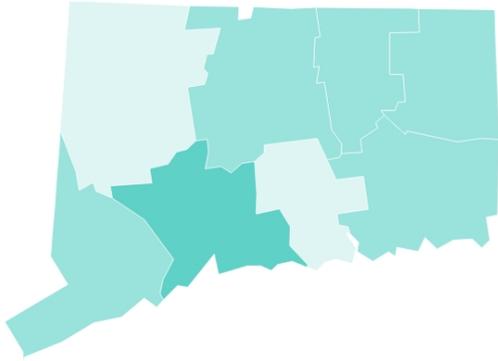


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 53.4% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

CONNECTICUT

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Connecticut are most vulnerable to poor outcomes due to the following factors:



Socioeconomic determinants



Physical environment

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

24
DAYS

EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

9
DAYS

POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

15.6

PER 100,000 BIRTHS



23.2

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



26.6

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



15.7

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

CONNECTICUT

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



MIDWIFE POLICY

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State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



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MEDICAID EXPANSION

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.3%	N/A	4.3 deaths per 10K births	15.6 deaths per 100K births	30.0%	84.2%
Rank	8th of 52	N/A	7th of 52	5th of 40	49th of 52	3rd of 52
Direction from prior year	Improved	N/A	Improved	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Delaware was **10.4%** in 2023, lower than the rate in 2022

PRETERM BIRTH GRADE

D+

Percentage of live births born preterm

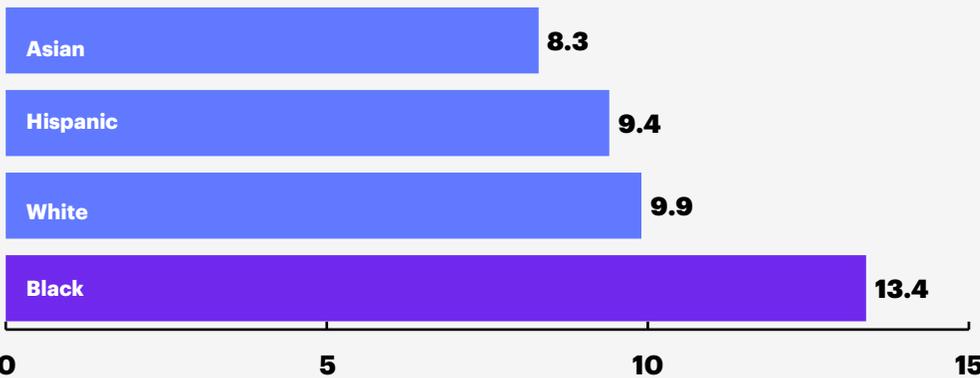
US RATE **DE RATE** **DE RANK**



2013 The presence of purple (darker color) indicates a significant trend (p <= 0.05) 2023

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, 2021-2023



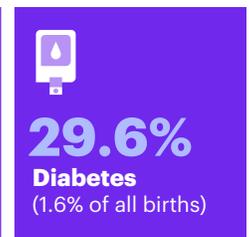
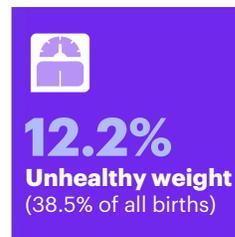
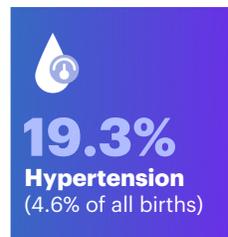
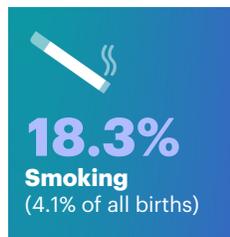
DISPARITY RATIO **1.32**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

DELAWARE

The infant mortality rate **decreased in the last decade**; In 2022, **81 babies died** before their first birthday

INFANT MORTALITY RATE

7.5

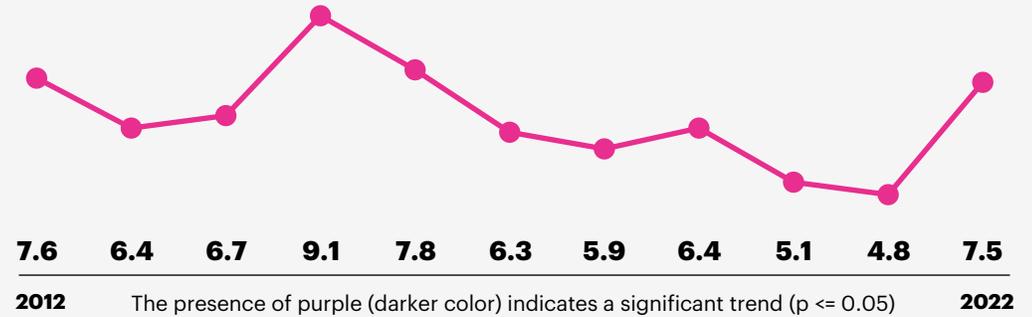
US RATE



DE RANK



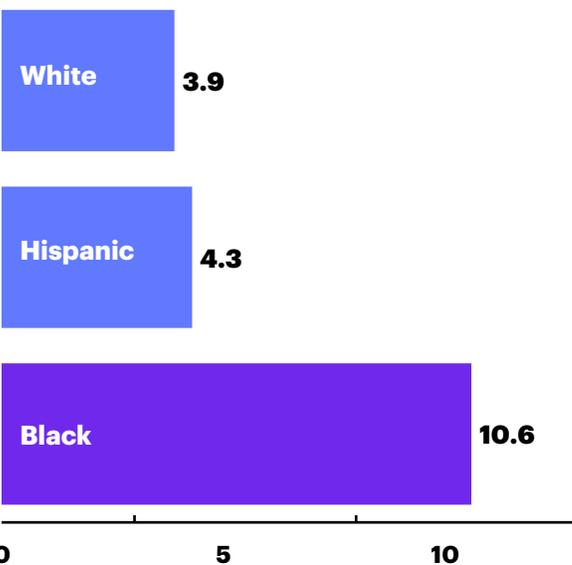
Rate per 1,000 live births



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

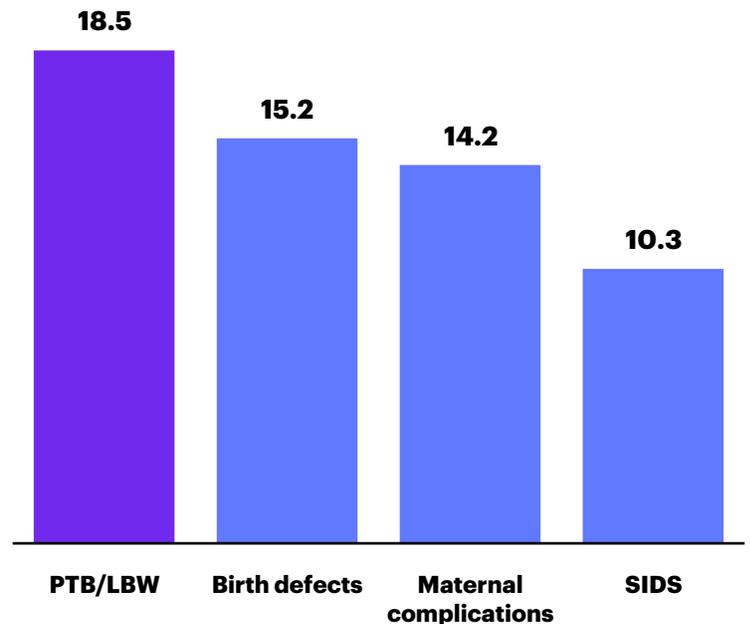
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022



Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 41.8% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

DELAWARE

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Delaware are most vulnerable to poor outcomes due to the following factors:



Physical health



Socioeconomic determinants

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

20
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

8
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

N/A
PER 100,000 BIRTHS



23.2

MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.

24.2
PERCENT



26.6

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



15.7

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

DELAWARE

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



MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.4%	1.32	7.5 deaths per 10K births	N/A	24.2%	78.6%
Rank	28th of 52	33rd of 47	49th of 52	N/A	17th of 52	25th of 52
Direction from prior year	Improved	Worsened	Worsened	N/A	Improved	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in District of Columbia was **10.8%** in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE

D

US RATE



DC



DC

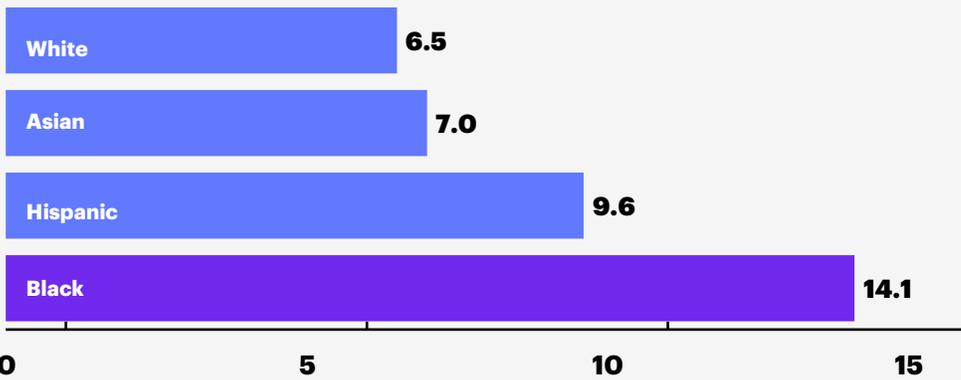


Percentage of live births born preterm



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, 2021-2023



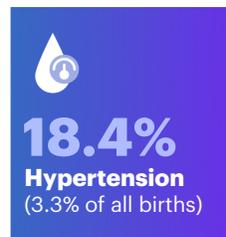
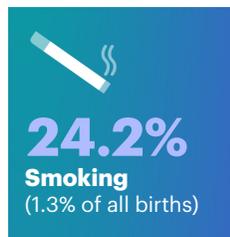
DISPARITY RATIO **1.81**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

DISTRICT OF COLUMBIA

The infant mortality rate **decreased in the last decade**; In 2022, **44 babies died** before their first birthday

INFANT MORTALITY RATE

5.5

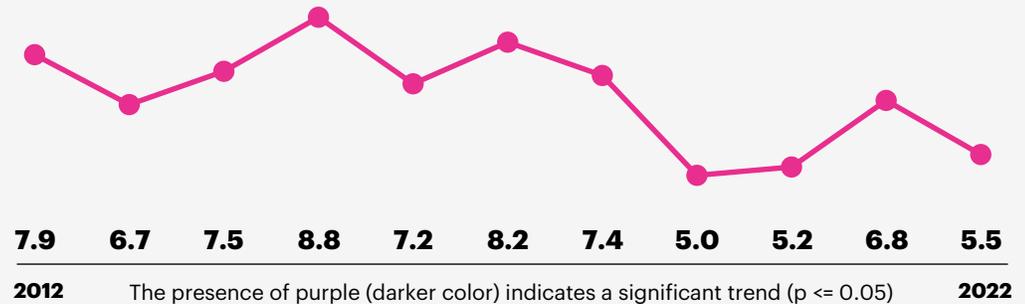
US RATE



DC



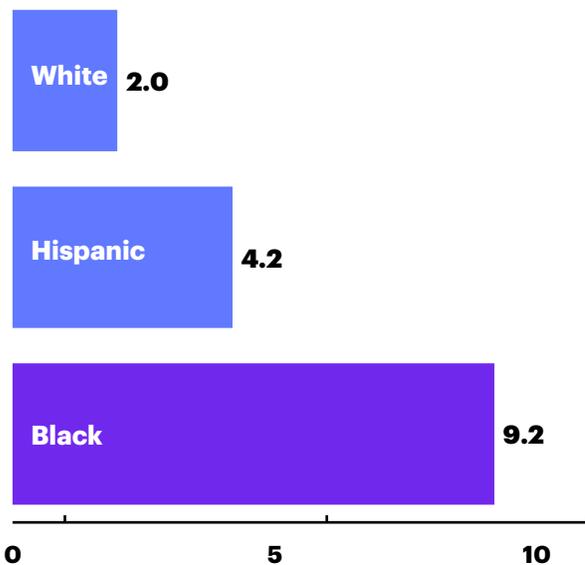
Rate per 1,000 live births



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

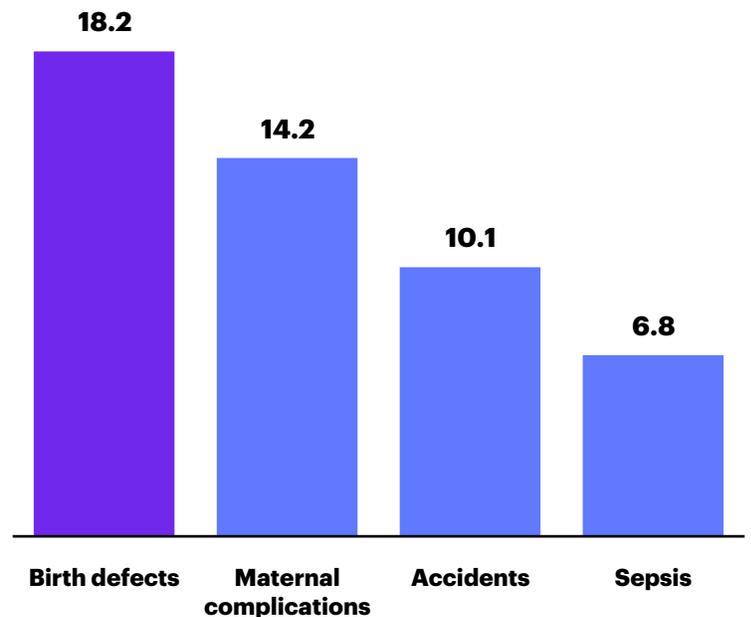
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

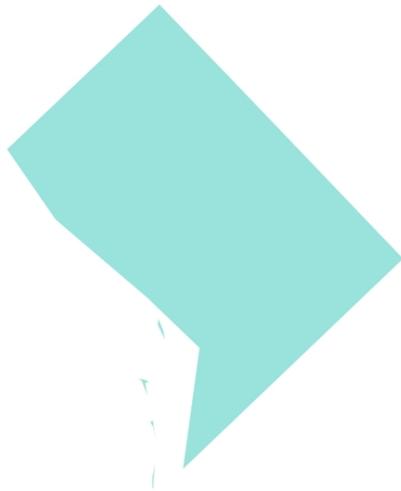


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 50.7% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

DISTRICT OF COLUMBIA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in District of Columbia are most vulnerable to poor outcomes due to the following factors:



Physical health



Physical environment

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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



MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.



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.



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 4 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.8%	1.81	5.5 deaths per 10K births	N/A	29.7%	64.8%
Rank	34th of 52	47th of 47	19th of 52	N/A	46th of 52	51st of 52
Direction from prior year	Worsened	Worsened	Improved	N/A	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

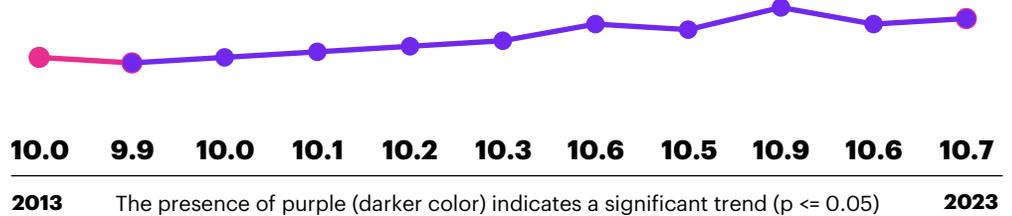
The preterm birth rate in Florida was **10.7%** in 2023, higher than the rate in 2022

**PRETERM
BIRTH
GRADE**

D+

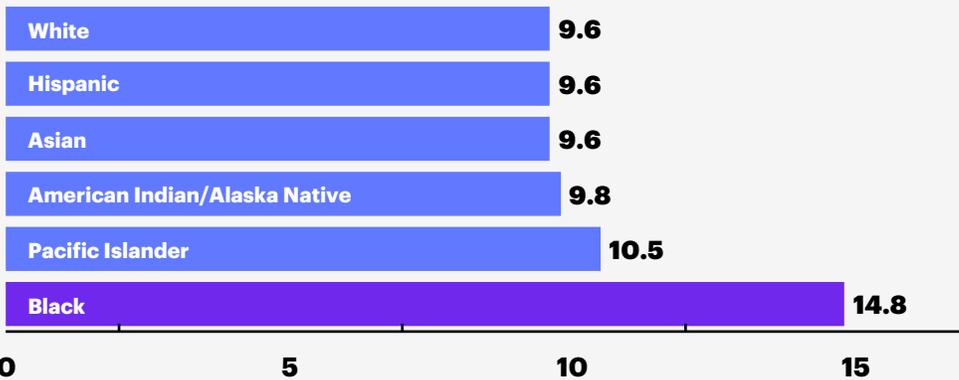
Percentage of live births born preterm

US RATE 10.4
FL RATE 10.7
FL RANK 32



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, 2021-2023



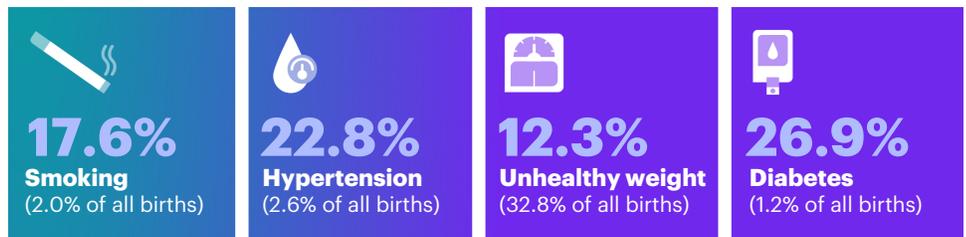
DISPARITY RATIO 1.18

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

FLORIDA

The infant mortality rate decreased in the last decade; In 2022, 1,342 babies died before their first birthday

INFANT MORTALITY RATE

6.0

US RATE



FL RANK



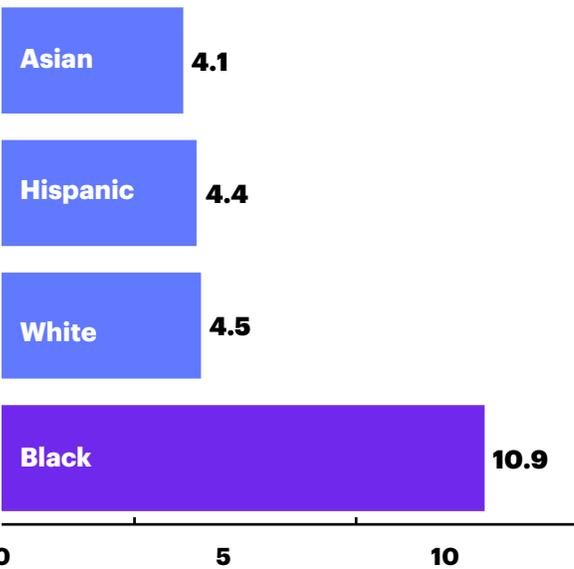
Rate per 1,000 live births



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

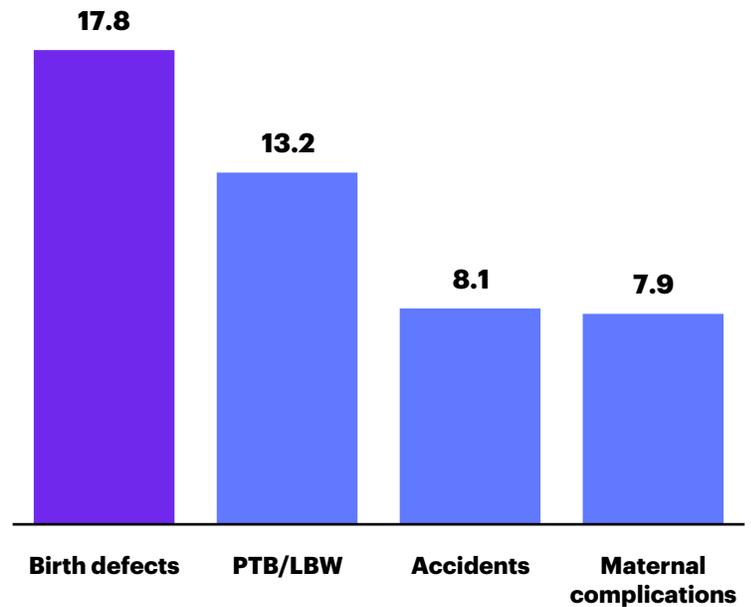
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

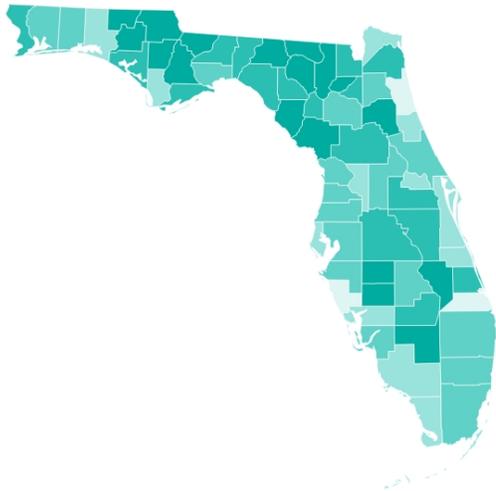


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 53.0% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

FLORIDA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Florida are most vulnerable to poor outcomes due to the following factors:



General healthcare



Reproductive healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

48
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

1
DAY



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

24.1

23.2

PER 100,000 BIRTHS

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.

29.9

26.6

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.

23.2

15.7

PERCENT

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 0 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

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



COMMITMENT TO PREVENTION

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Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.7%	1.18	6 deaths per 10K births	24.1 deaths per 100K births	29.9%	66.0%
Rank	32nd of 52	4th of 47	30th of 52	21st of 40	48th of 52	50th of 52
Direction from prior year	Worsened	Improved	Worsened	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Georgia was **11.8%** in 2023, lower than the rate in 2022

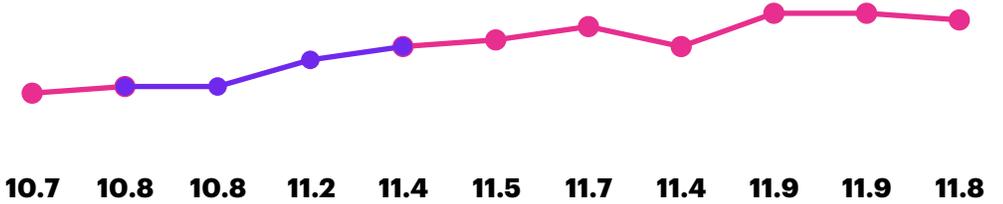
PRETERM BIRTH GRADE



US RATE GA RATE GA RANK



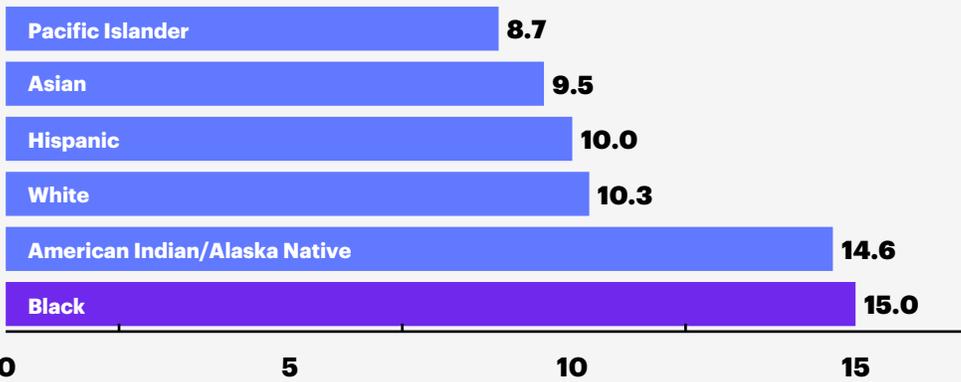
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend (p <= 0.05) 2023

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, 2021-2023



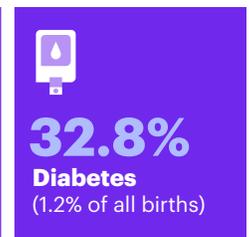
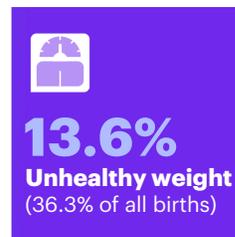
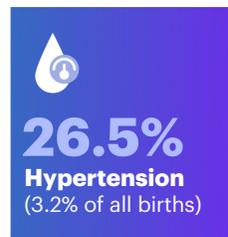
DISPARITY RATIO **1.24**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate increased in the last decade; In 2022, 893 babies died before their first birthday

INFANT MORTALITY RATE

7.1

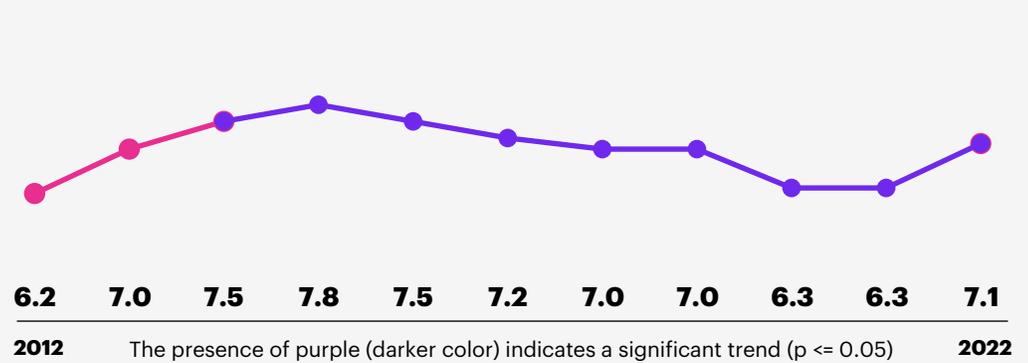
US RATE



GA RANK



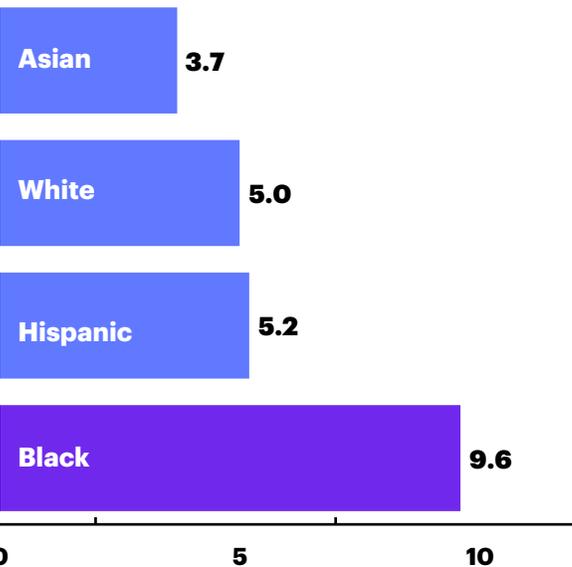
Rate per 1,000 live births



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

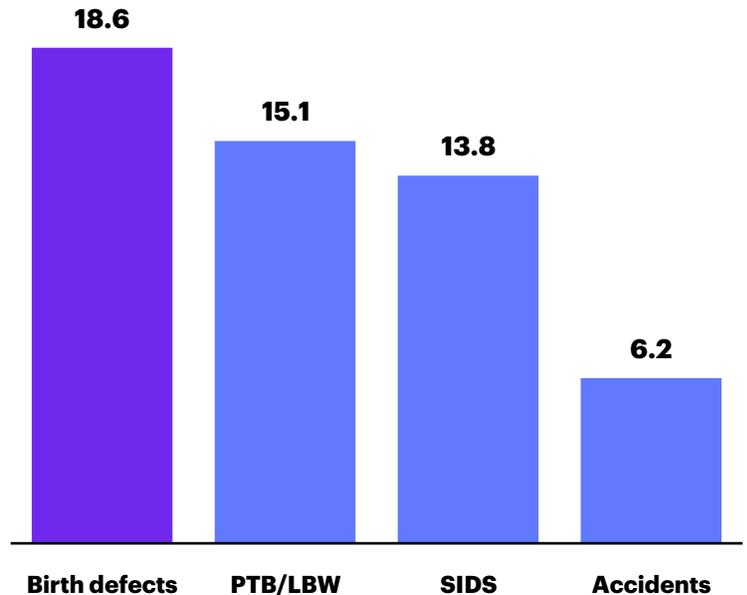
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

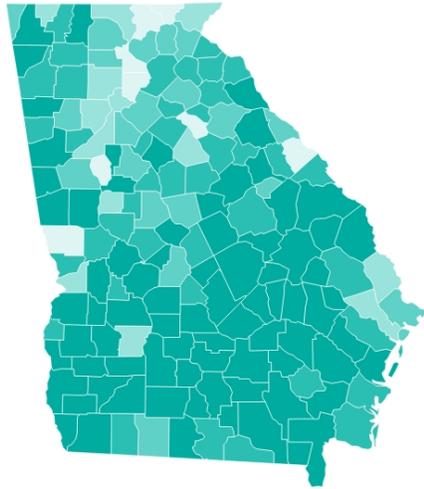


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 46.3% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

GEORGIA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand **where and why** birthing people may be more likely to have poor health outcomes

Birthing people in Georgia are most vulnerable to poor outcomes due to the following factors:



General healthcare



Physical health

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to **extreme heat or air pollution** can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

39
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

3
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

32.1

23.2

PER 100,000 BIRTHS

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.

29.8

26.6

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.

17.2

15.7

PERCENT

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.8%	1.24	7.1 deaths per 10K births	32.1 deaths per 100K births	29.8%	75.6%
Rank	45th of 52	19th of 47	43rd of 52	31st of 40	47th of 52	33rd of 52
Direction from prior year	Improved	Improved	Worsened	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Hawaii was **10.1%** in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE

C-

US RATE



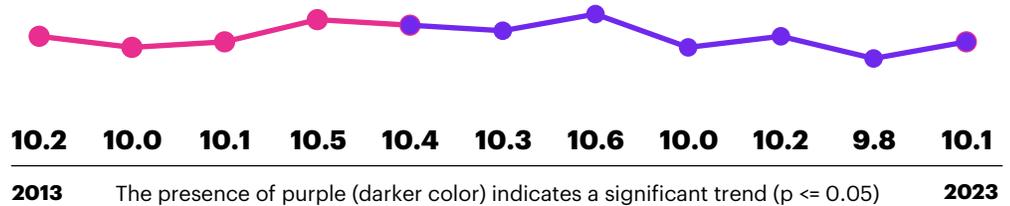
HI RATE



HI RANK

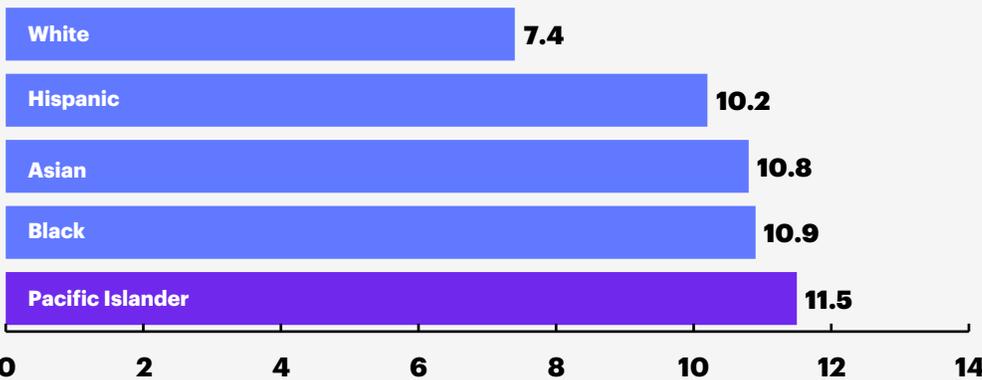


Percentage of live births born preterm



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

Preterm birth rate by race/ethnicity, 2021-2023



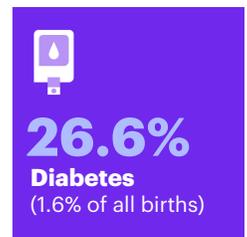
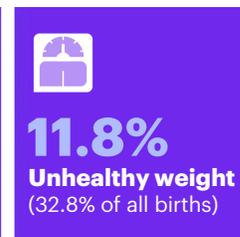
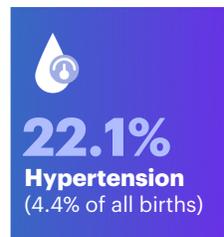
DISPARITY RATIO 1.47

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

HAWAII

The infant mortality rate increased in the last decade; In 2022, 90 babies died before their first birthday

INFANT MORTALITY RATE

5.8

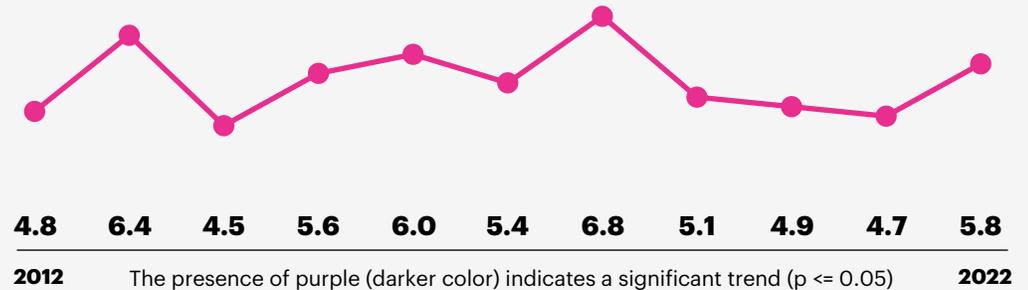
US RATE



HI RANK



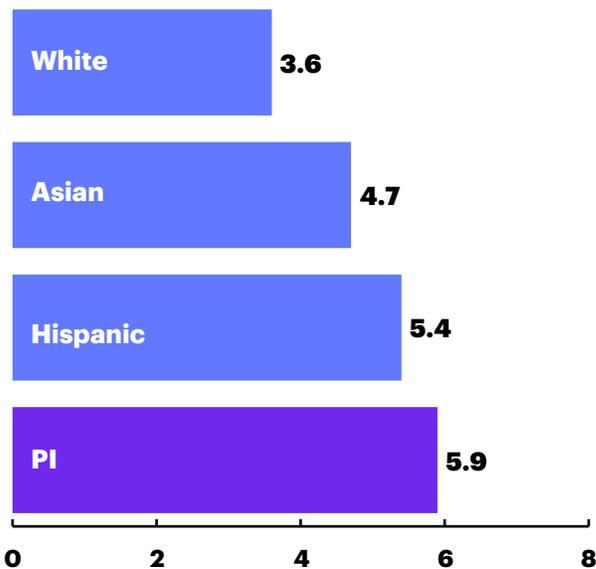
Rate per 1,000 live births



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

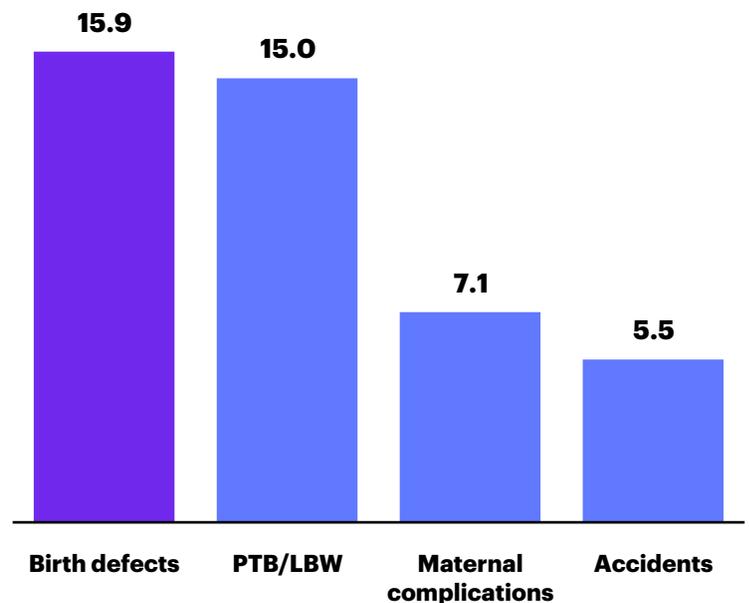
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022



Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 56.5% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

HAWAII

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Hawaii are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



Socioeconomic determinants

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

N/A
DAYS

EXTREME HEAT

The data source utilized does not have data on extreme heat for Hawaii.

1
DAY



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

N/A
PER 100,000 BIRTHS

MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.



23.2

23.7
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.



26.6

25.9
PERCENT

INADEQUATE PRENATAL CARE

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



15.7

Source: National Center for Health Statistics, Mortality data, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.1%	1.47	5.8 deaths per 10K births	N/A	23.7%	62.4%
Rank	22nd of 52	45th of 47	26th of 52	N/A	13th of 52	52nd of 52
Direction from prior year	Worsened	Worsened	Worsened	N/A	Improved	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Idaho was **8.7%** in 2023, lower than the rate in 2022

Percentage of live births born preterm

**PRETERM
BIRTH
GRADE**

B

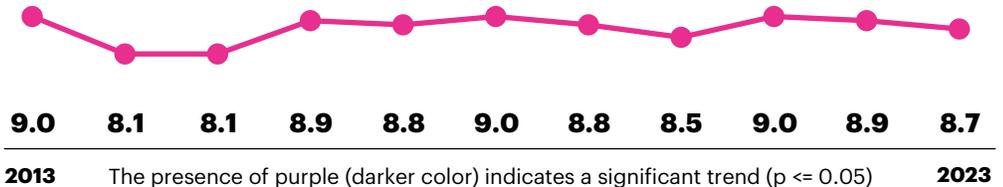
US RATE



ID RATE

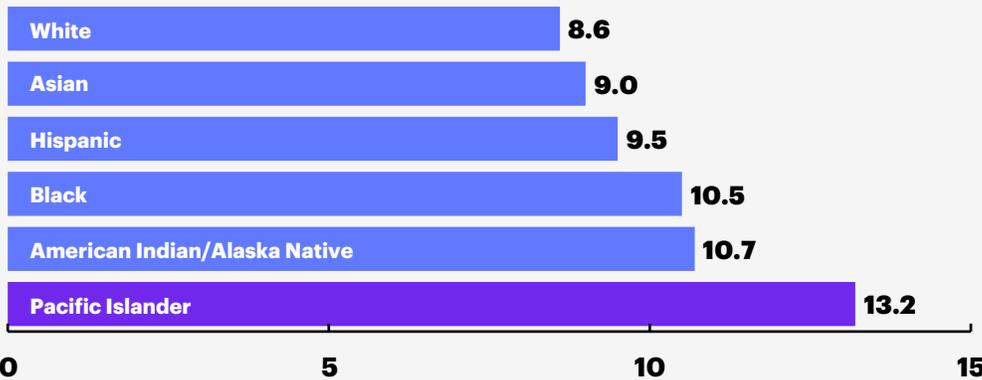


ID RANK



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

Preterm birth rate by race/ethnicity, 2021-2023



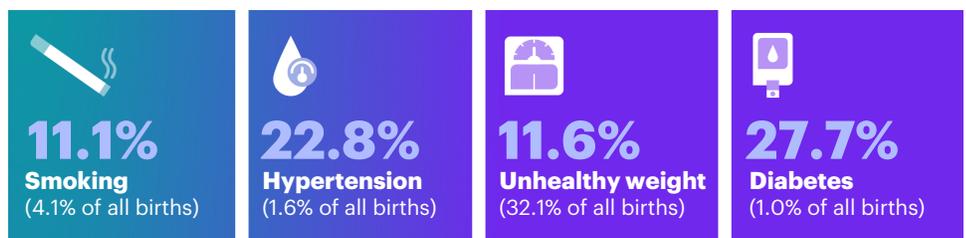
DISPARITY RATIO 1.01

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 118 babies died before their first birthday

INFANT MORTALITY RATE

5.3

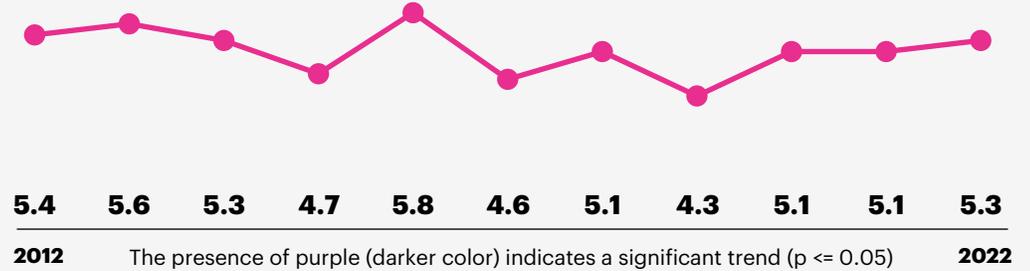
US RATE



ID RANK



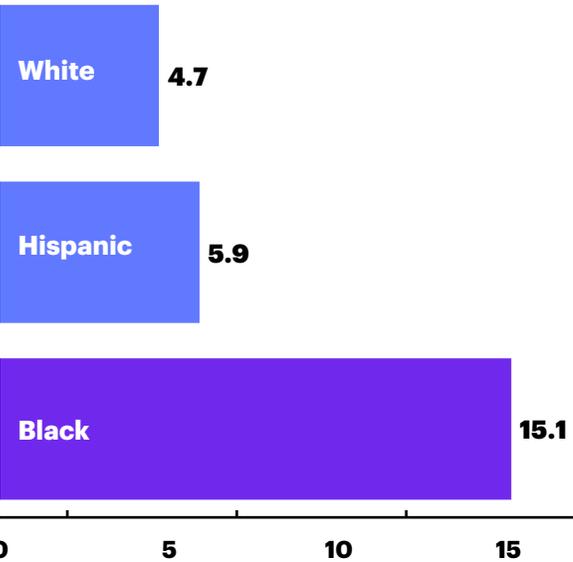
Rate per 1,000 live births



The infant mortality rate among babies born to Black birthing people is 2.9x the state rate

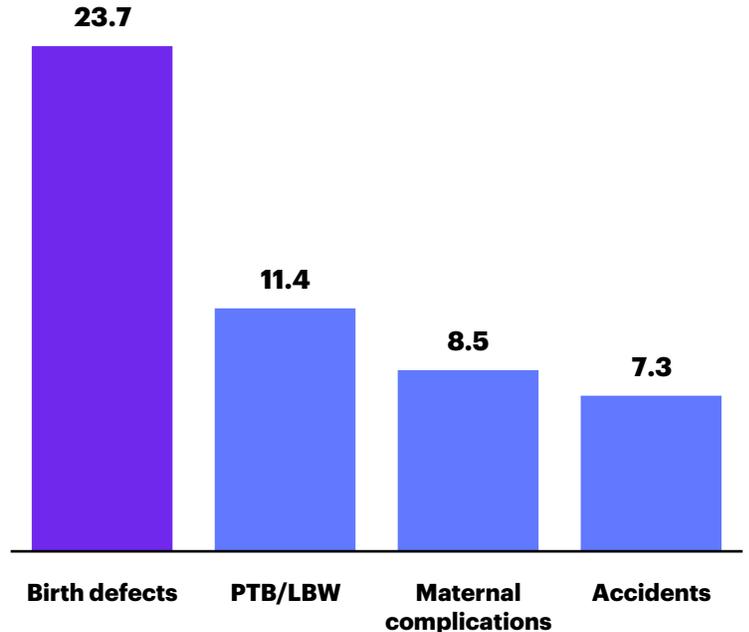
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

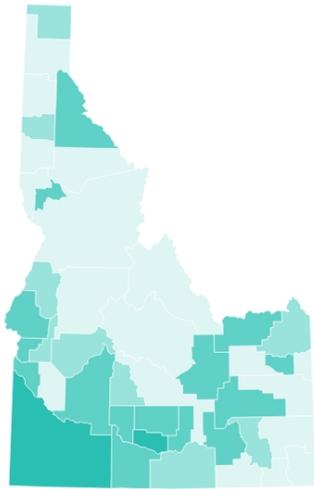


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 49.1% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

IDAHO

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Idaho are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

25
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

3
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

20.0
PER 100,000 BIRTHS



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.

19.8
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.

10.0
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	8.7%	1.01	5.3 deaths per 10K births	20 deaths per 100K births	19.8%	82.8%
Rank	3rd of 52	1st of 47	18th of 52	14th of 40	3rd of 52	9th of 52
Direction from prior year	Improved	Improved	Worsened	Worsened	Improved	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Illinois was **10.8%** in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE

D

US RATE



10.4

IL RATE



10.8

IL RANK



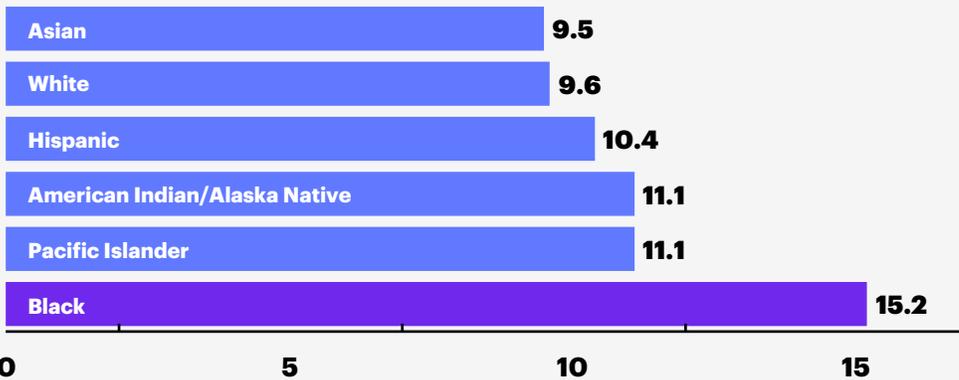
34

Percentage of live births born preterm



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, 2021-2023



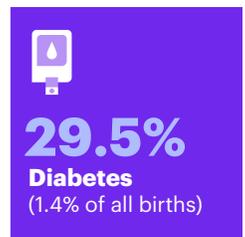
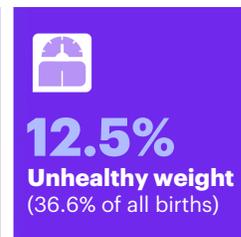
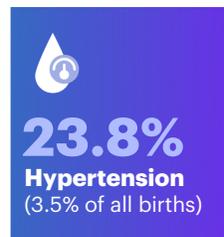
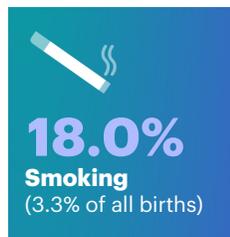
DISPARITY RATIO 1.23

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 718 babies died before their first birthday

INFANT MORTALITY RATE

5.6

US RATE



IL RANK



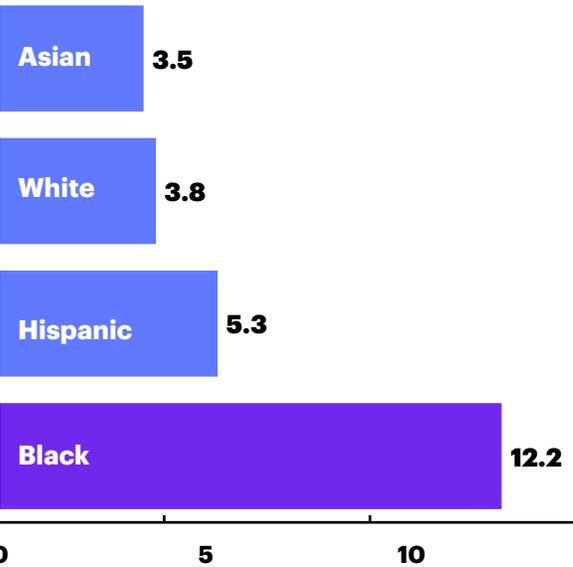
Rate per 1,000 live births



The infant mortality rate among babies born to Black birthing people is 2.2x the state rate

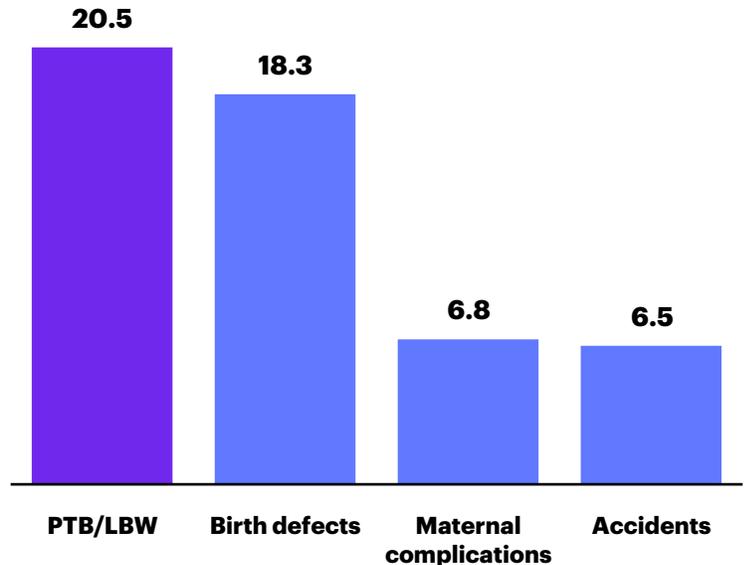
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

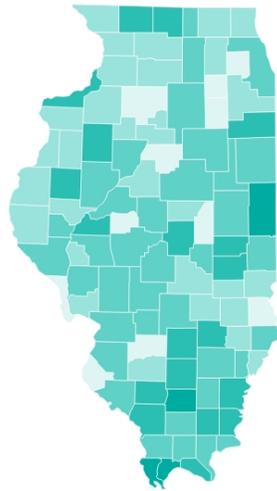


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 47.9% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

ILLINOIS

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Illinois are most vulnerable to poor outcomes due to the following factors:



Physical environment



Socioeconomic determinants

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

23
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

17
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

18.1

PER 100,000 BIRTHS

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.



24.2

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.



14.8

PERCENT

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.8%	1.23	5.6 deaths per 10K births	18.1 deaths per 100K births	24.2%	78.1%
Rank	34th of 52	17th of 47	20th of 52	11th of 40	18th of 52	27th of 52
Direction from prior year	Worsened	Improved	Improved	Worsened	Improved	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Indiana was **11.0%** in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE

D

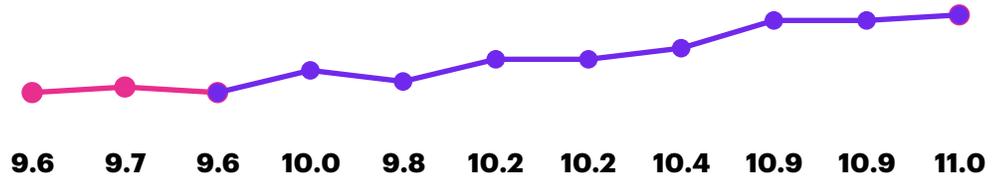
US RATE IN RATE IN RANK

10.4

11.0

37

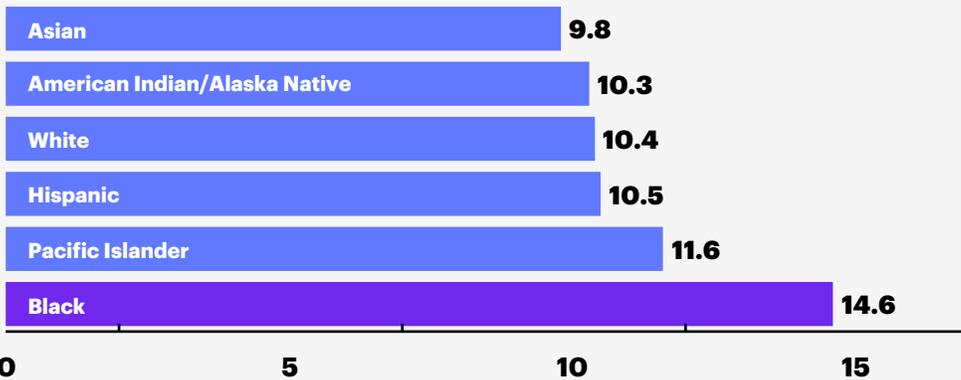
Percentage of live births born preterm



The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$)

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, 2021-2023



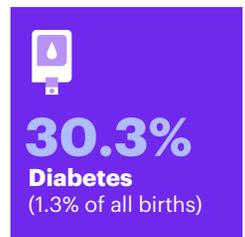
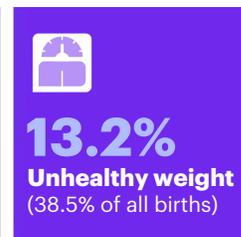
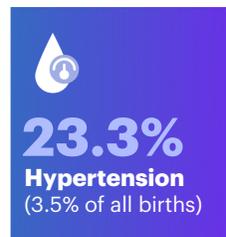
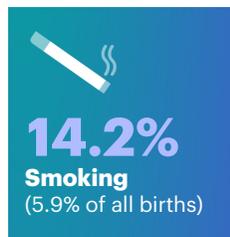
DISPARITY RATIO 1.20

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

INDIANA

The infant mortality rate increased in the last decade; In 2022, 570 babies died before their first birthday

INFANT MORTALITY RATE

7.2

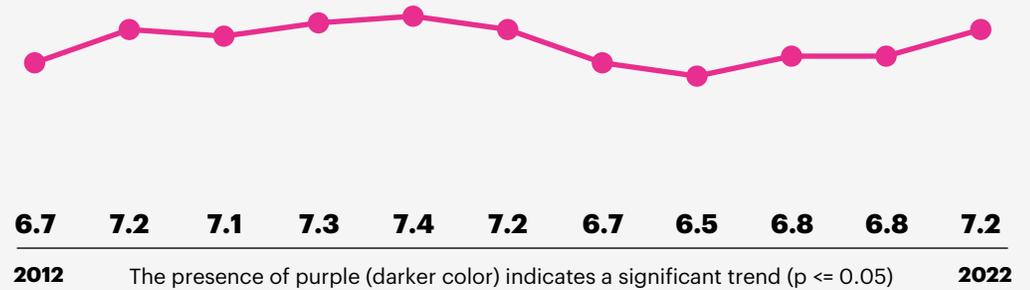
US RATE



IN RANK



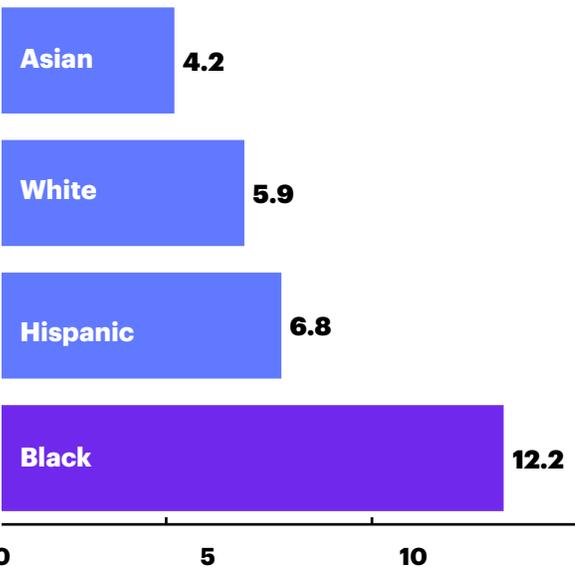
Rate per 1,000 live births



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

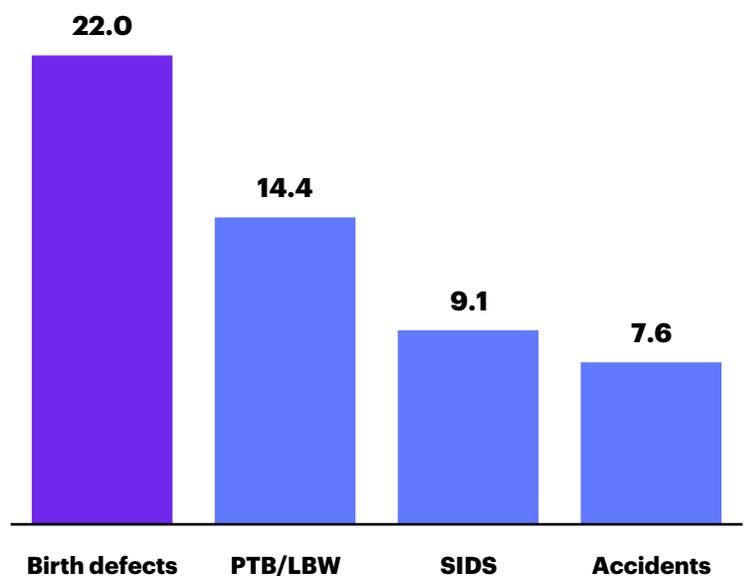
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

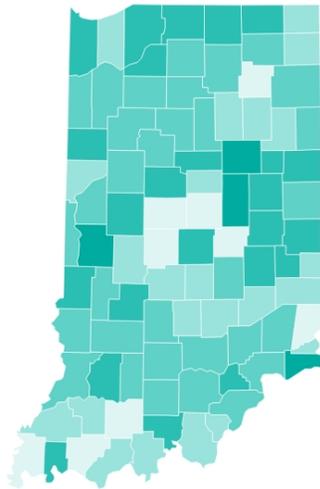


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 46.9% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

INDIANA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Indiana are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



Mental health and substance use

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

21
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

8
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

30.9
PER 100,000 BIRTHS



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.

25.0
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.

15.8
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 0 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.0%	1.20	7.2 deaths per 10K births	30.9 deaths per 100K births	25.0%	79.2%
Rank	37th of 52	9th of 47	45th of 52	30th of 40	22nd of 52	20th of 52
Direction from prior year	Worsened	Improved	Worsened	Improved	Worsened	No change
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

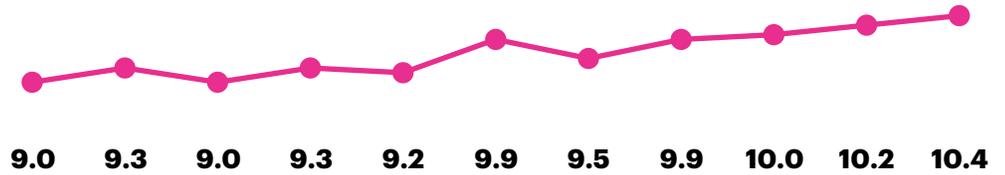
The preterm birth rate in Iowa was **10.4%** in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE

D+

Percentage of live births born preterm

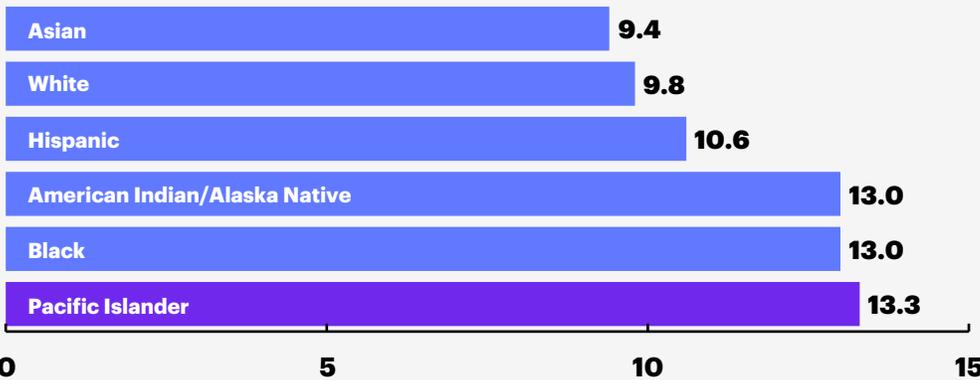
US RATE 10.4 **IA RATE** 10.4 **IA RANK** 28



2013 The presence of purple (darker color) indicates a significant trend (p <= 0.05) 2023

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

Preterm birth rate by race/ethnicity, 2021-2023



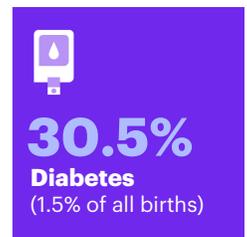
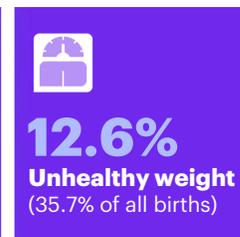
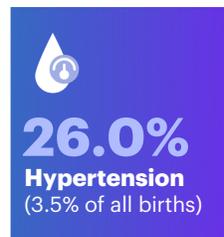
DISPARITY RATIO **1.18**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 190 babies died before their first birthday

INFANT MORTALITY RATE

5.2

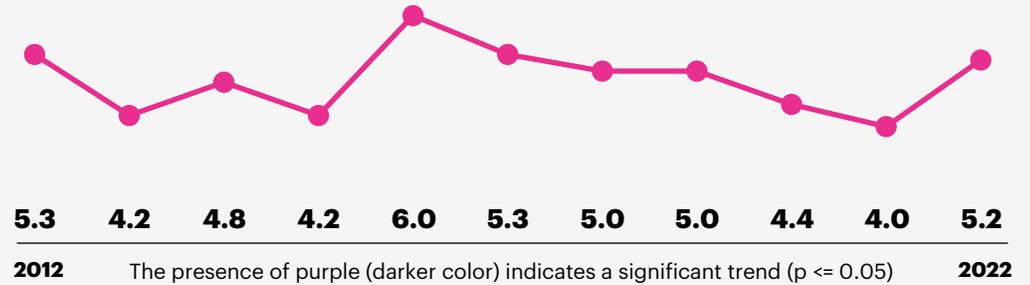
US RATE



IA RANK



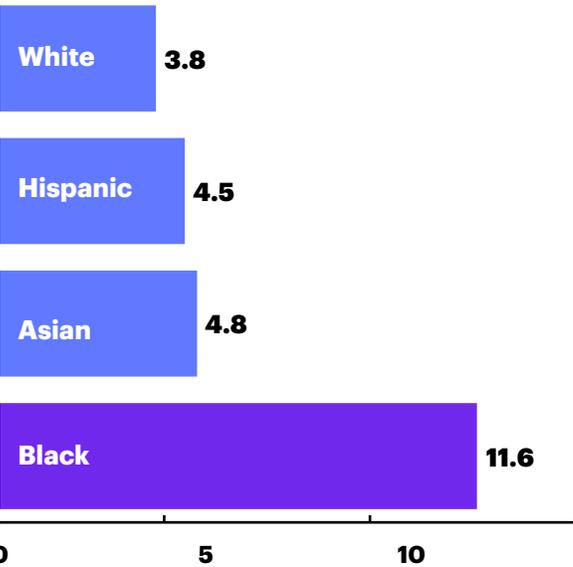
Rate per 1,000 live births



The infant mortality rate among babies born to Black birthing people is 2.2x the state rate

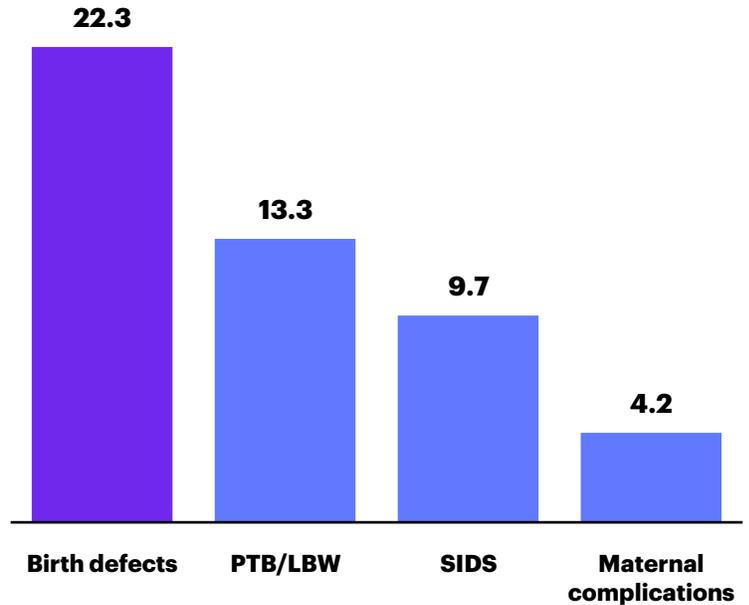
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

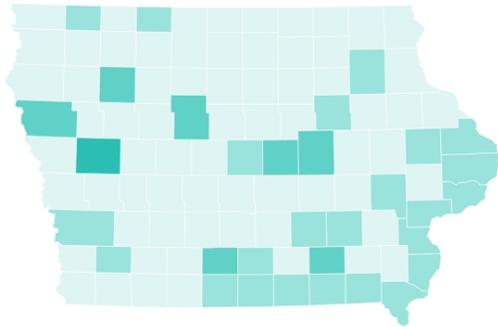


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 50.5% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

IOWA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Iowa are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

20
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

11
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

19.5
PER 100,000 BIRTHS



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



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



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.4%	1.18	5.2 deaths per 10K births	19.5 deaths per 100K births	24.5%	84.1%
Rank	28th of 52	4th of 47	17th of 52	13th of 40	19th of 52	5th of 52
Direction from prior year	Worsened	Worsened	Worsened	Improved	Worsened	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Kansas was **10.5%** in 2023, the same as the rate in 2022

PRETERM BIRTH GRADE

D+

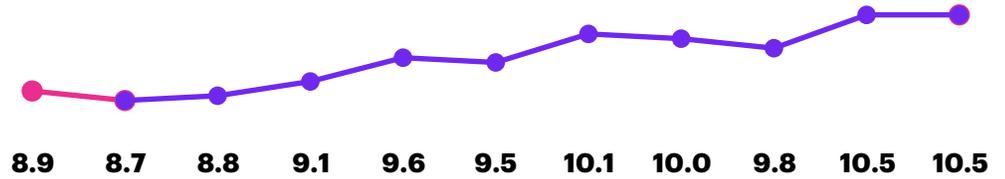
US RATE **KS RATE** **KS RANK**

10.4

10.5

30

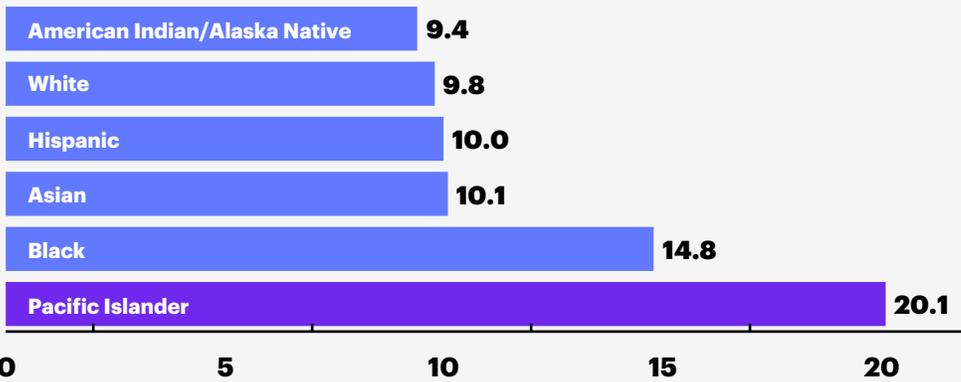
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) 2023

The preterm birth rate among babies born to Pacific Islander birthing people is **1.9x higher** than the rate among all other babies

Preterm birth rate by race/ethnicity, 2021-2023



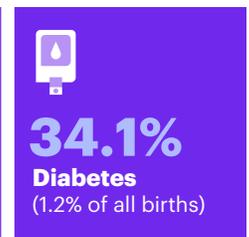
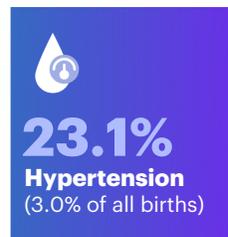
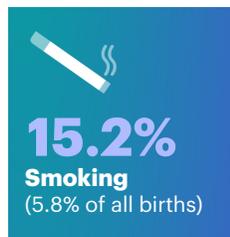
DISPARITY RATIO 1.15

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Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

KANSAS

The infant mortality rate decreased in the last decade; In 2022, 200 babies died before their first birthday

INFANT MORTALITY RATE

5.8

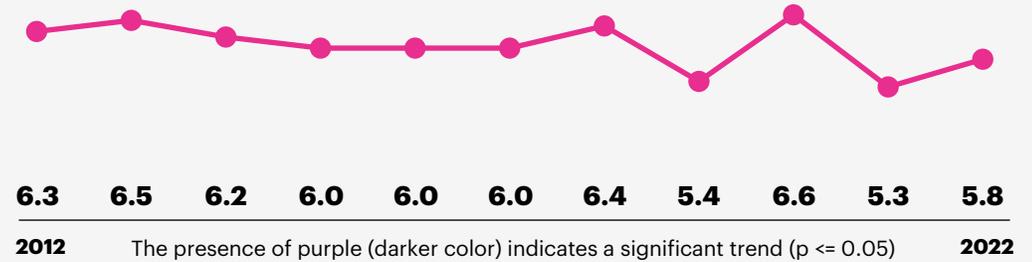
US RATE



KS RANK



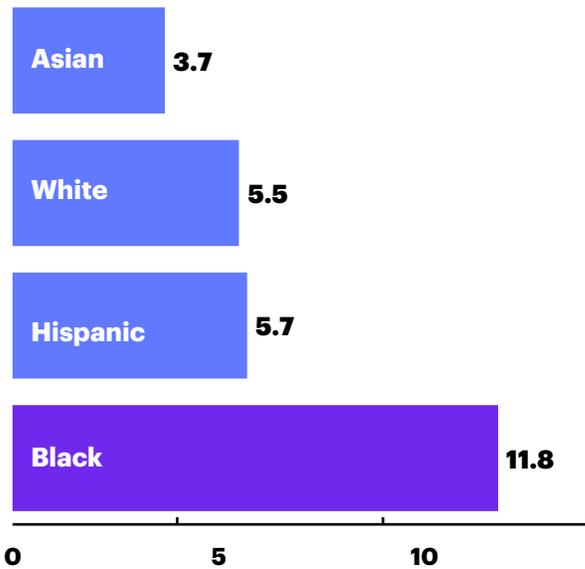
Rate per 1,000 live births



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

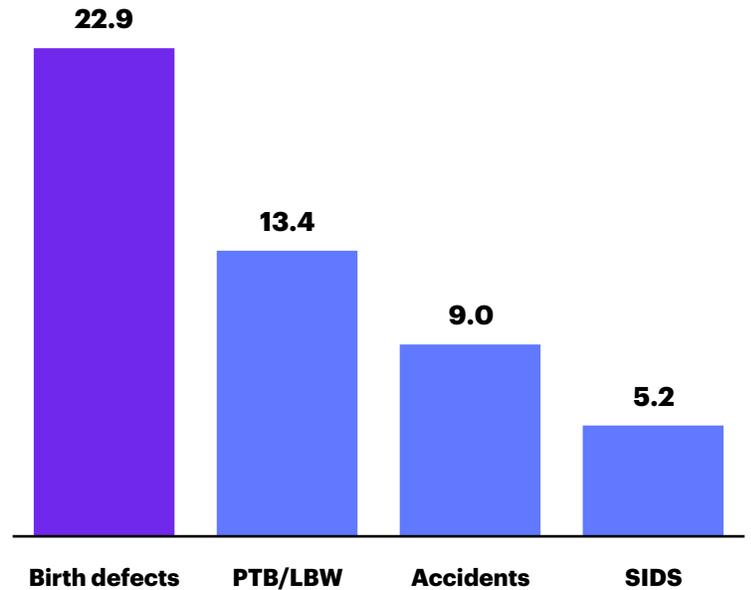
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

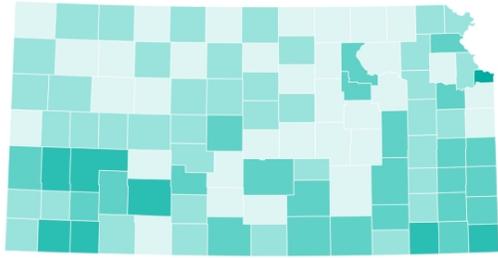


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 49.5% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

KANSAS

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Kansas are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



Physical environment

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

30
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

6
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

22.8
PER 100,000 BIRTHS



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.

24.8
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.

10.6
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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MIDWIFE POLICY

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INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



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MEDICAID EXPANSION

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Legend



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State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.5%	1.15	5.8 deaths per 10K births	22.8 deaths per 100K births	24.8%	83.3%
Rank	30th of 52	3rd of 47	26th of 52	18th of 40	20th of 52	8th of 52
Direction from prior year	No change	Improved	Worsened	Worsened	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Kentucky was **11.3%** in 2023, lower than the rate in 2022

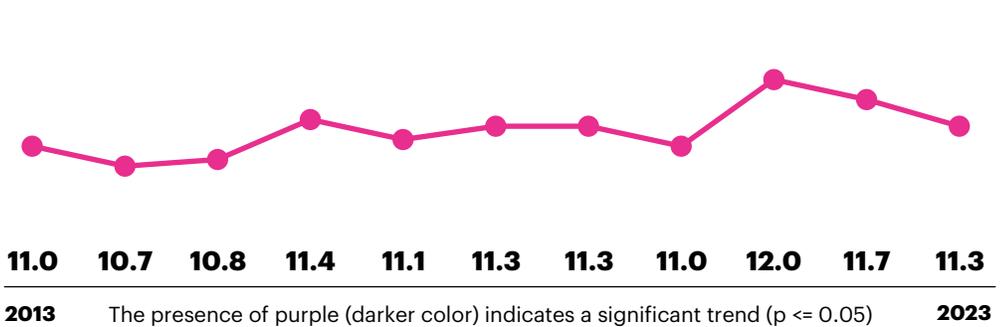
PRETERM BIRTH GRADE

D-

US RATE KY RATE KY RANK

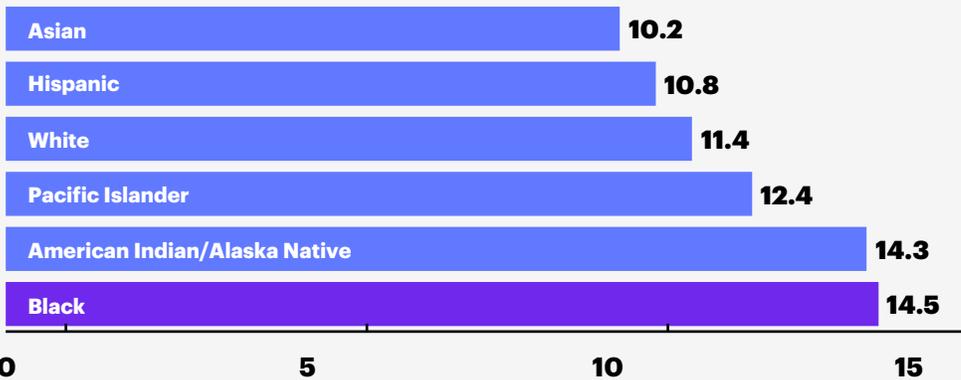


Percentage of live births born preterm



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

Preterm birth rate by race/ethnicity, 2021-2023



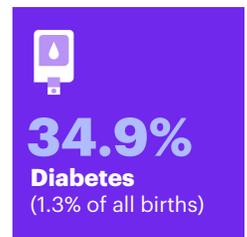
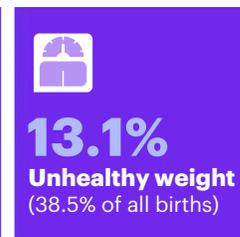
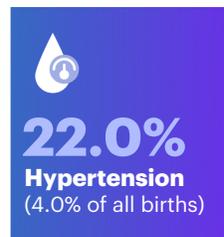
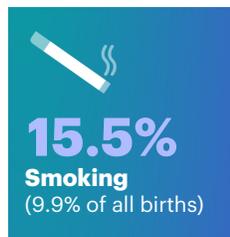
DISPARITY RATIO 1.20

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

KENTUCKY

The infant mortality rate decreased in the last decade; In 2022, 302 babies died before their first birthday

INFANT MORTALITY RATE

5.8

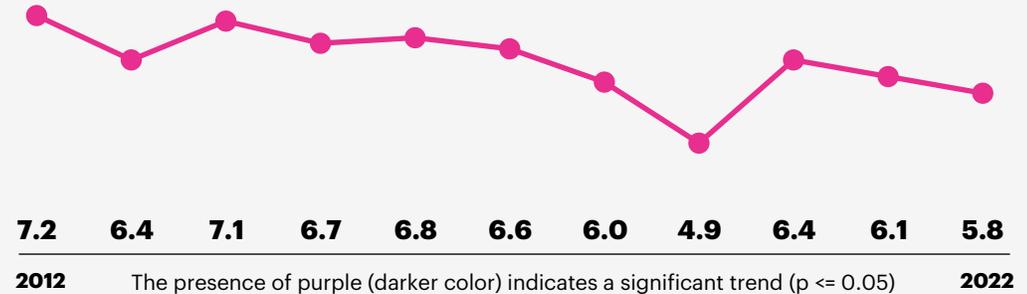
US RATE



KY RANK



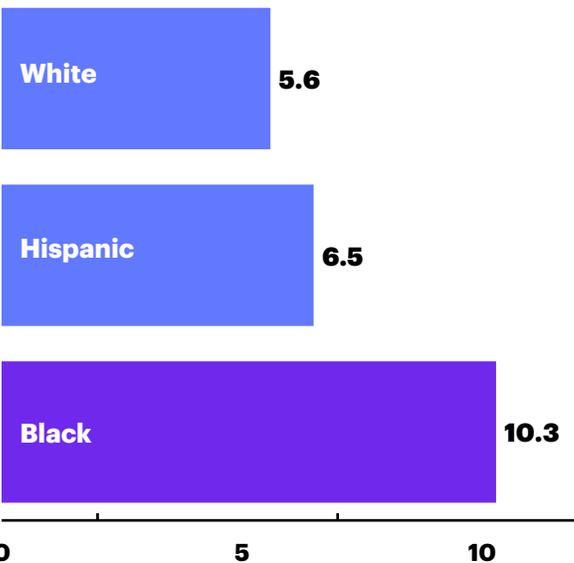
Rate per 1,000 live births



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

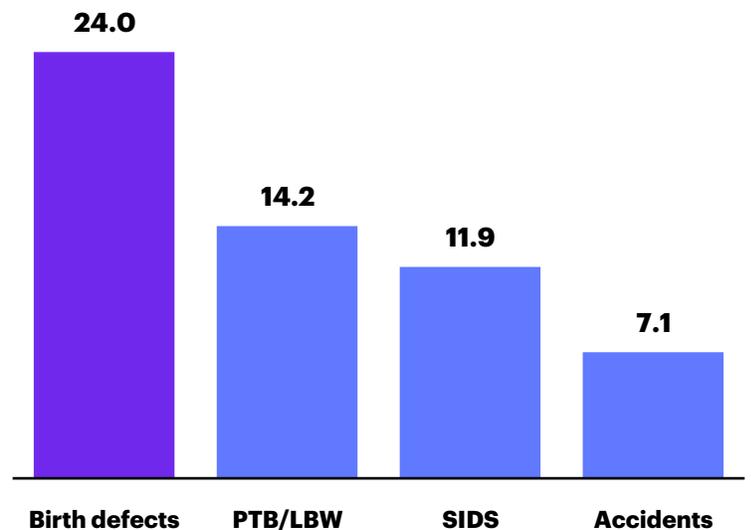
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

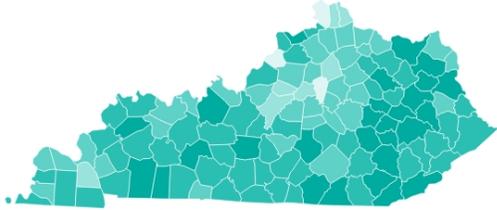


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 42.8% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

KENTUCKY

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Kentucky are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



Physical health



Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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



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.



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.



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.3%	1.20	5.8 deaths per 10K births	34.6 deaths per 100K births	27.2%	79.0%
Rank	42nd of 52	9th of 47	26th of 52	34th of 40	34th of 52	22nd of 52
Direction from prior year	Improved	Improved	Improved	Improved	Improved	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Louisiana was **13.4%** in 2023, higher than the rate in 2022

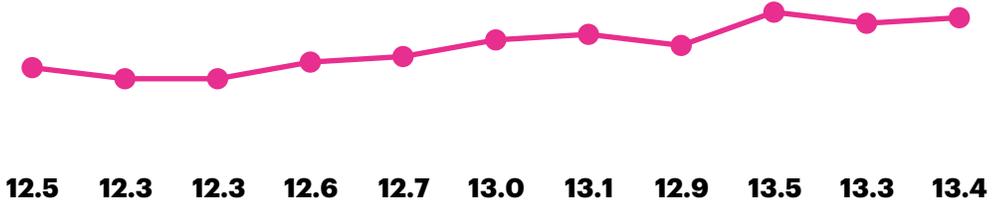
**PRETERM
BIRTH
GRADE**

F

US RATE LA RATE LA RANK



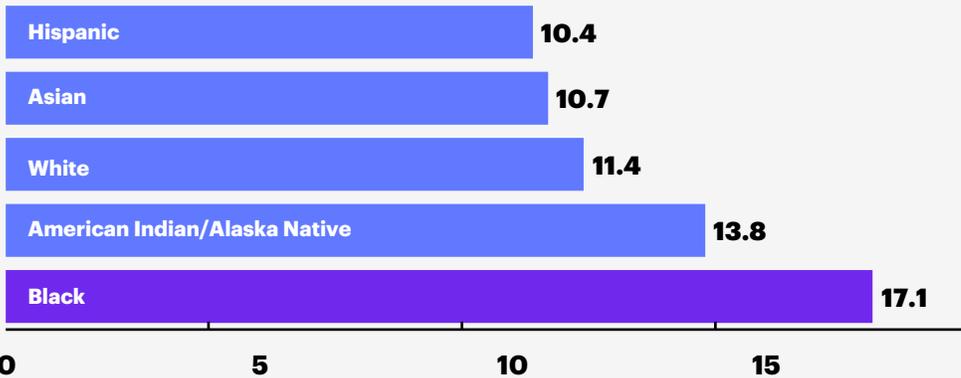
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) 2023

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, 2021-2023



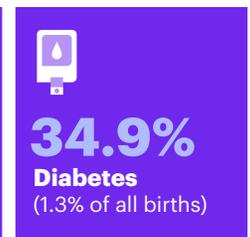
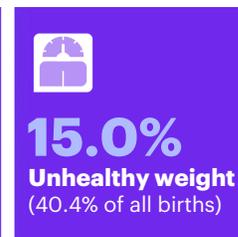
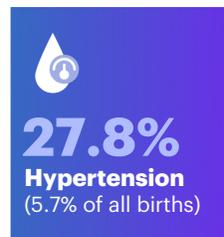
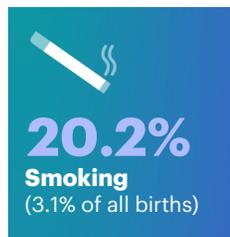
DISPARITY RATIO 1.27

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

LOUISIANA

The infant mortality rate decreased in the last decade; In 2022, 416 babies died before their first birthday

INFANT MORTALITY RATE

7.4

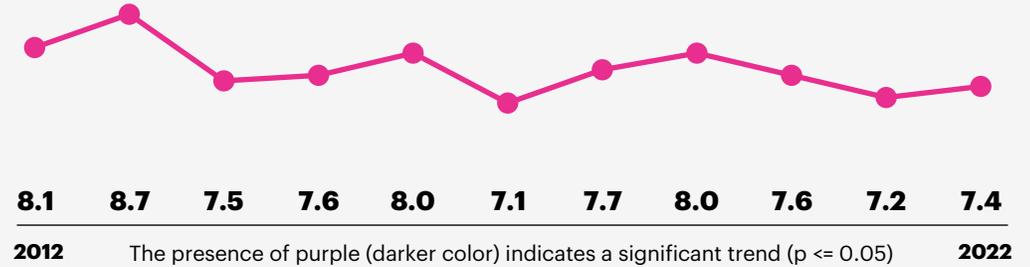
US RATE



LA RANK



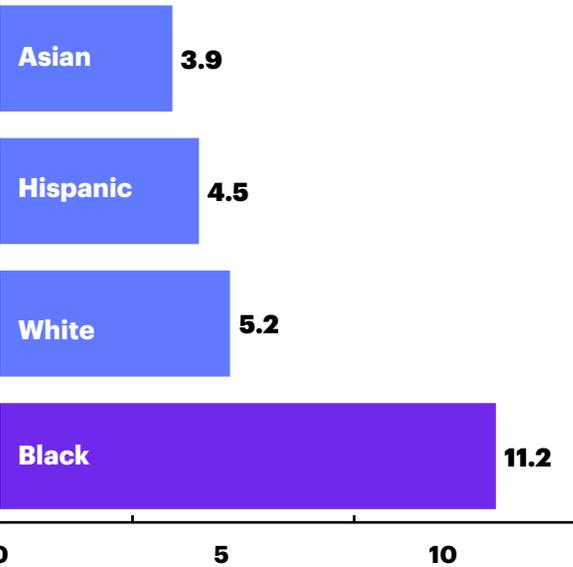
Rate per 1,000 live births



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

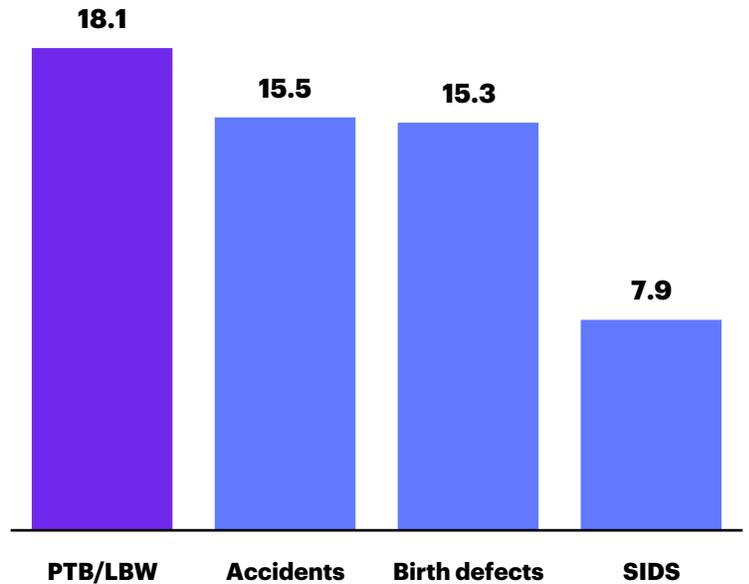
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

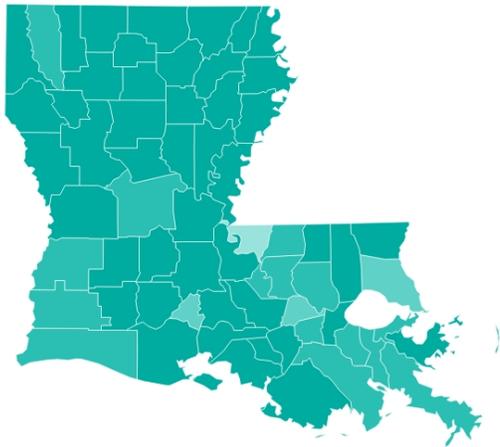


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 43.2% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

LOUISIANA

Maternal Vulnerability Index by parish



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Louisiana are most vulnerable to poor outcomes due to the following factors:



Socioeconomic determinants



Physical health

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

37.3

PER 100,000 BIRTHS



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



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.

16.9

PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 0 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	13.4%	1.27	7.4 deaths per 10K births	37.3 deaths per 100K births	28.3%	75.1%
Rank	51st of 52	25th of 47	47th of 52	35th of 40	42nd of 52	35th of 52
Direction from prior year	Worsened	Improved	Worsened	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Maine was **9.6%** in 2023, higher than the rate in 2022

Percentage of live births born preterm

**PRETERM
BIRTH
GRADE**

C+

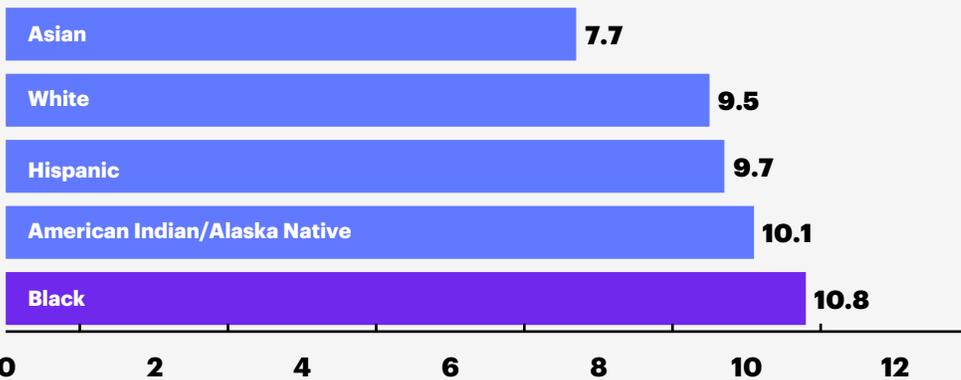
US RATE **ME RATE** **ME RANK**



2013 The presence of purple (darker color) indicates a significant trend (p <= 0.05) 2023

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

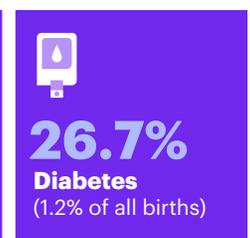
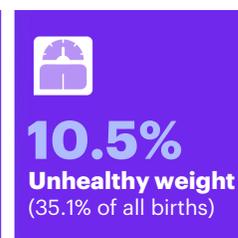
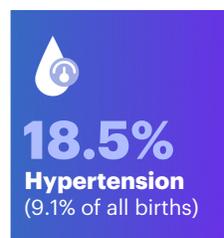
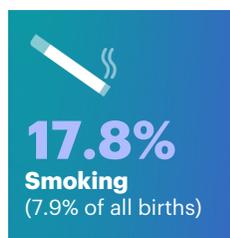
Preterm birth rate by race/ethnicity, 2021-2023



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

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 77 babies died before their first birthday

INFANT MORTALITY RATE

6.4

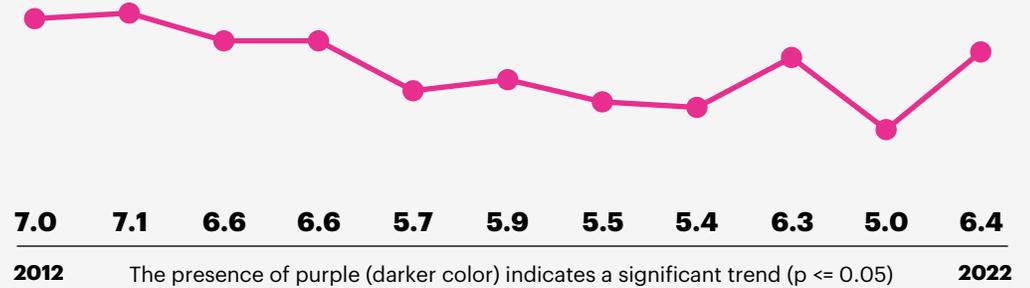
US RATE



ME RANK



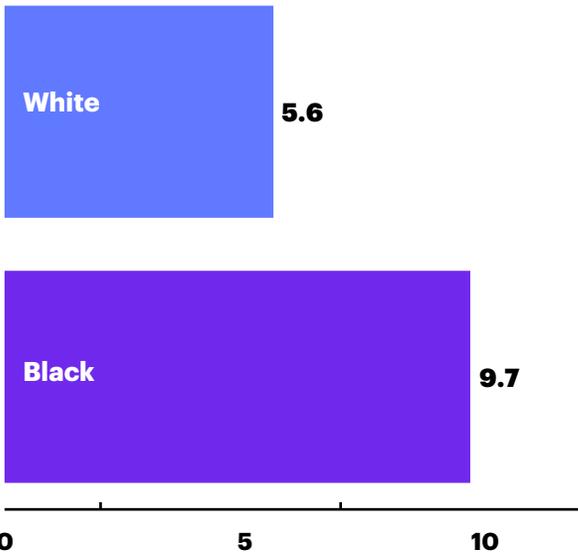
Rate per 1,000 live births



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

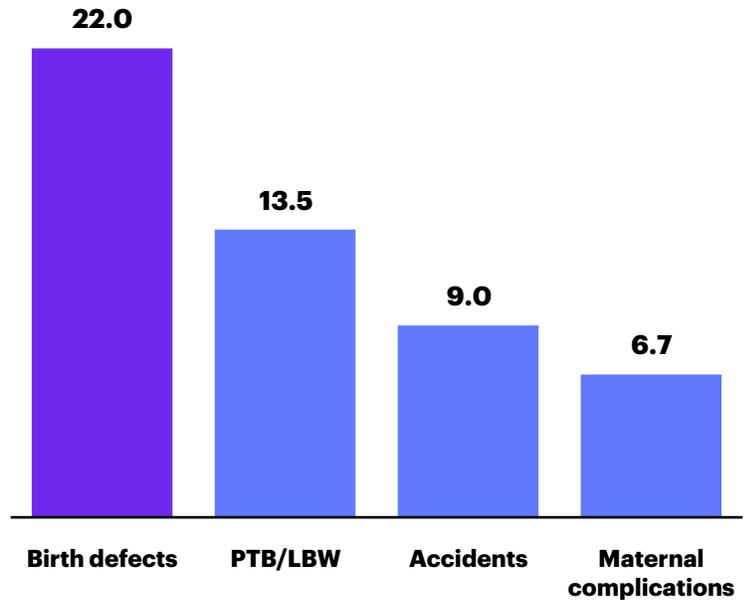
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

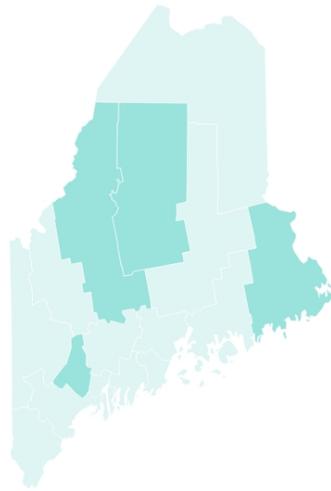


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 48.8% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

MAINE

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Maine are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



Physical health

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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



MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.



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.



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 4 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



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State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



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COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.6%	N/A	6.4 deaths per 10K births	N/A	25.5%	84.0%
Rank	14th of 52	N/A	34th of 52	N/A	24th of 52	6th of 52
Direction from prior year	Worsened	N/A	Worsened	N/A	Improved	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Maryland was **10.2%** in 2023, lower than the rate in 2022

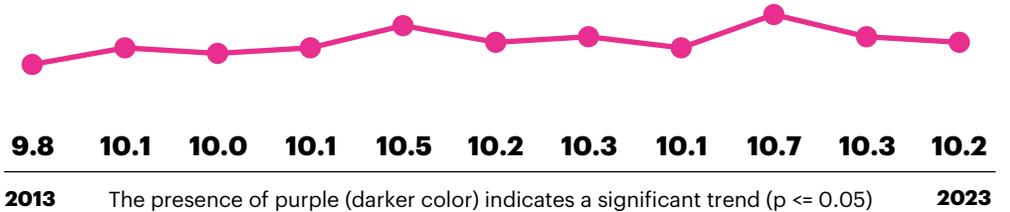
PRETERM BIRTH GRADE

C-

US RATE MD RATE MD RANK

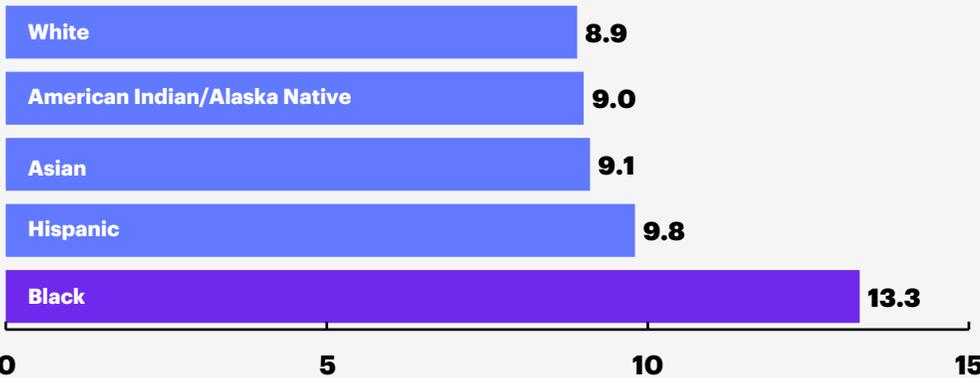


Percentage of live births born preterm



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, 2021-2023



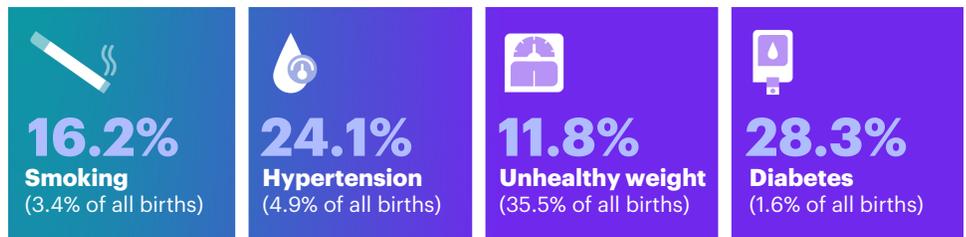
DISPARITY RATIO 1.21

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

MARYLAND

The infant mortality rate **decreased in the last decade**; In 2022, **415 babies died** before their first birthday

INFANT MORTALITY RATE

6.0

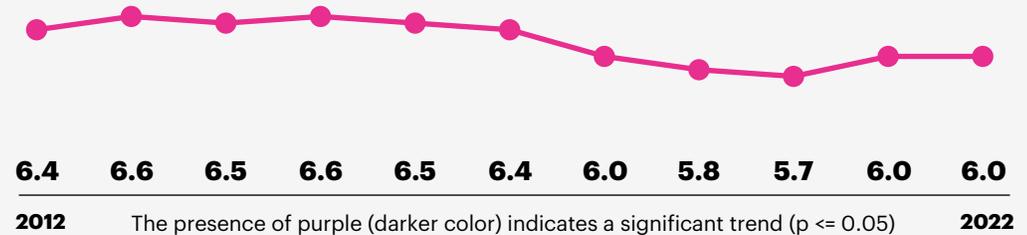
US RATE



MD RANK



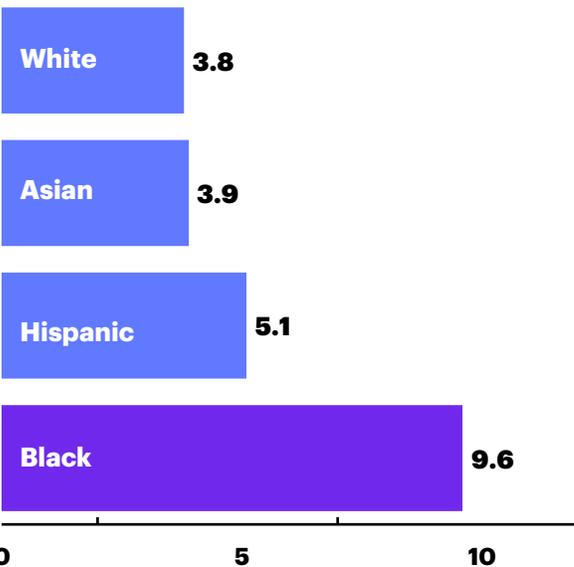
Rate per 1,000 live births



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

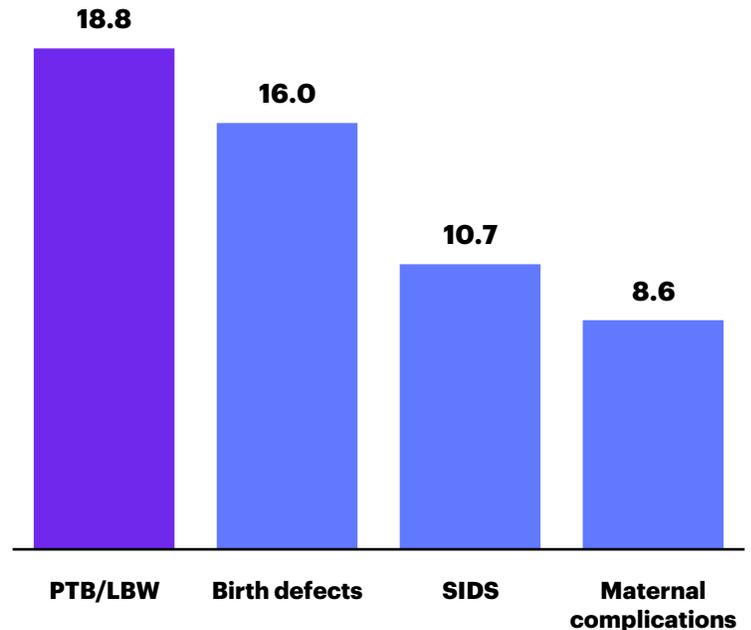
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

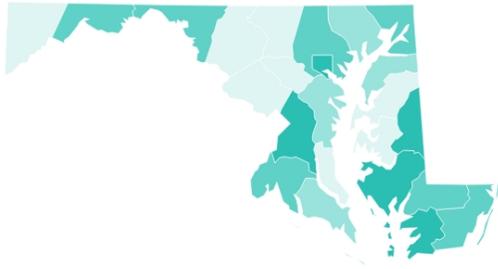


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 45.9% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

MARYLAND

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Maryland are most vulnerable to poor outcomes due to the following factors:



Physical environment



Physical health

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

26
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

6
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

21.3

PER 100,000 BIRTHS

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

30.3

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.



26.6

16.6

PERCENT

INADEQUATE PRENATAL CARE

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



15.7

Source: National Center for Health Statistics, Mortality data, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 4 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.2%	1.21	6 deaths per 10K births	21.3 deaths per 100K births	30.3%	74.5%
Rank	24th of 52	11th of 47	30th of 52	16th of 40	51st of 52	37th of 52
Direction from prior year	Improved	Worsened	Worsened	Worsened	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Massachusetts was **9.1%** in 2023, the same as the rate in 2022

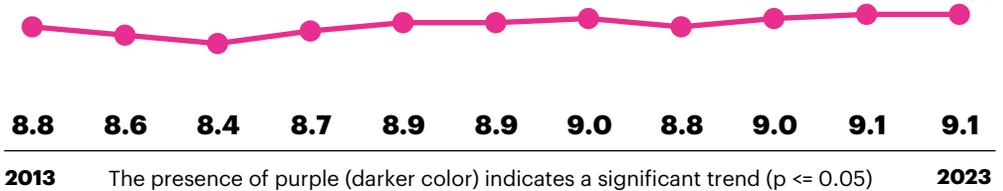
PRETERM BIRTH GRADE

B-

US RATE MA RATE MA RANK

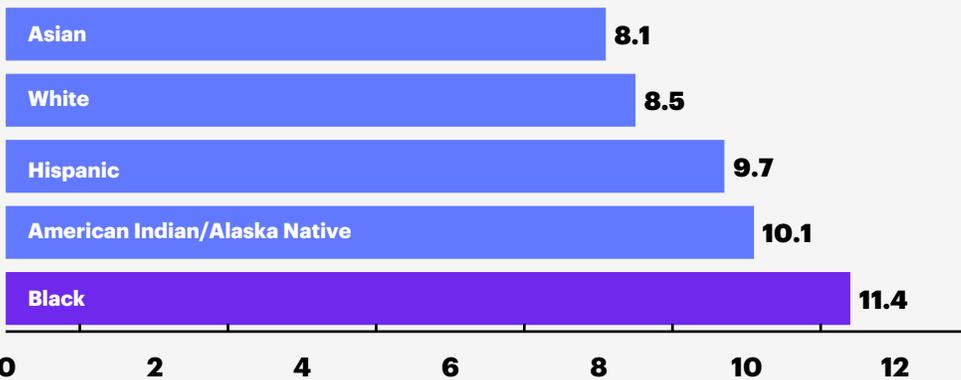


Percentage of live births born preterm



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, 2021-2023



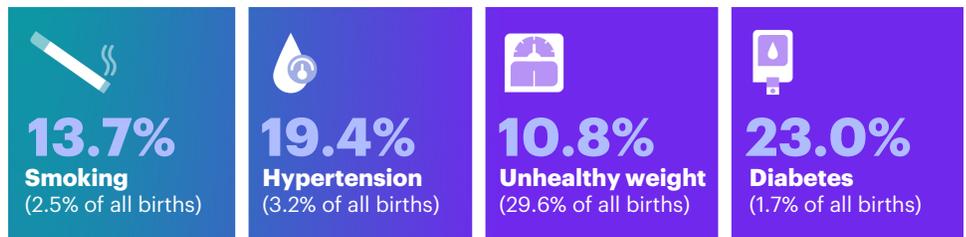
DISPARITY RATIO 1.22

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

MASSACHUSETTS

The infant mortality rate decreased in the last decade; In 2022, 228 babies died before their first birthday

INFANT MORTALITY RATE

3.3

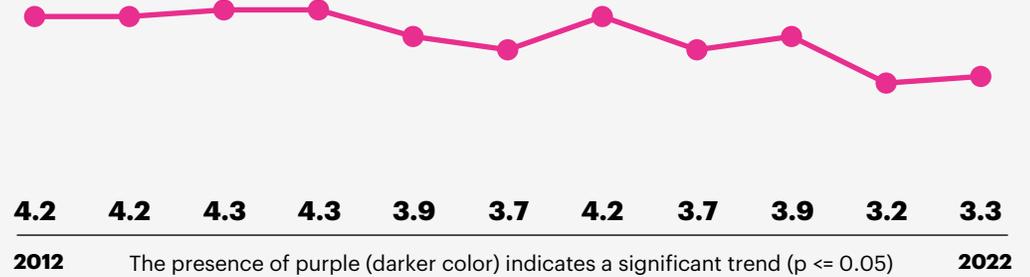
US RATE



MA RANK



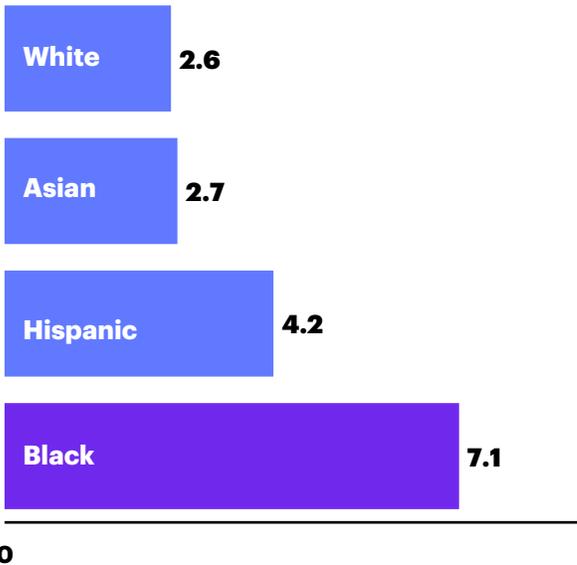
Rate per 1,000 live births



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

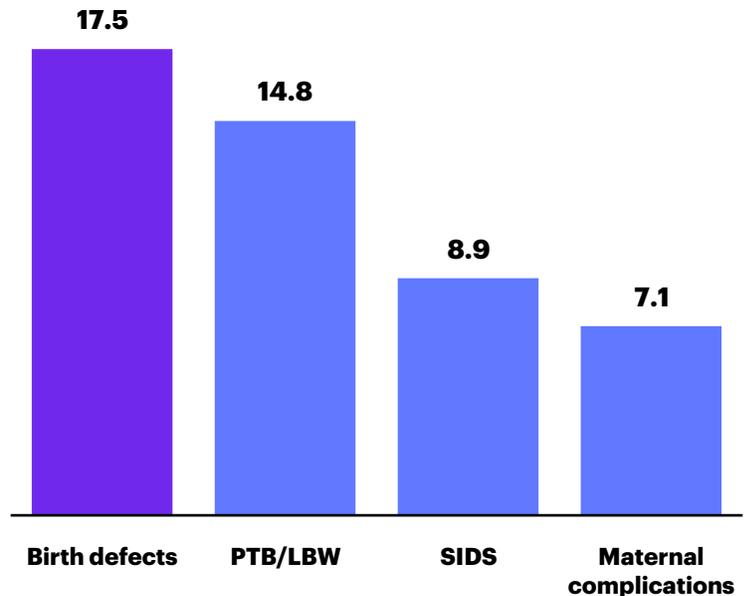
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

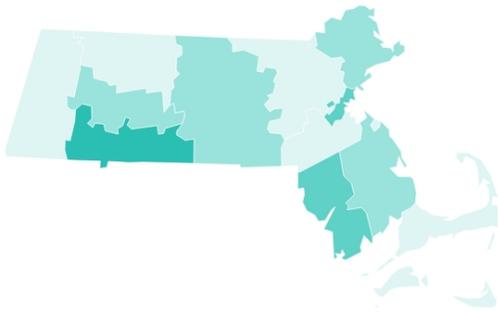


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 51.7% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

MASSACHUSETTS

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Massachusetts are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



Socioeconomic determinants

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

26
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

4
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

16.4
PER 100,000 BIRTHS



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.

27.5
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.

11.1
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

MASSACHUSETTS

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.1%	1.22	3.3 deaths per 10K births	16.4 deaths per 100K births	27.5%	81.6%
Rank	6th of 52	14th of 47	1st of 52	7th of 40	36th of 52	12th of 52
Direction from prior year	No change	Worsened	Worsened	Worsened	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Michigan was **10.3%** in 2023, lower than the rate in 2022

PRETERM BIRTH GRADE

C-

US RATE MI RATE MI RANK



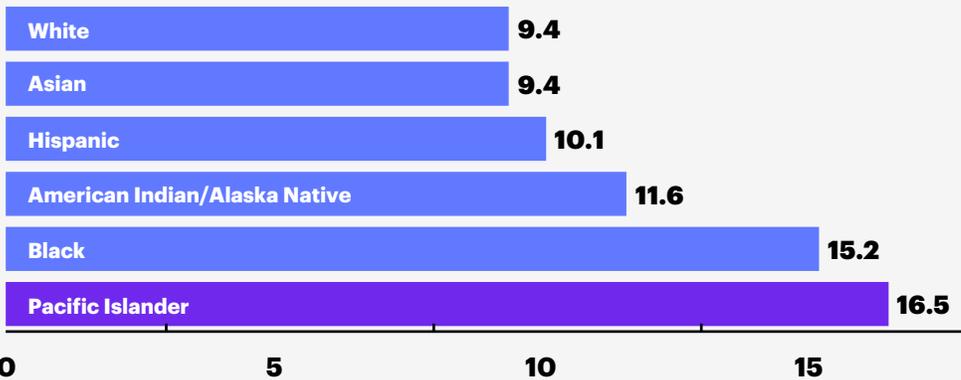
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) 2023

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

Preterm birth rate by race/ethnicity, 2021-2023



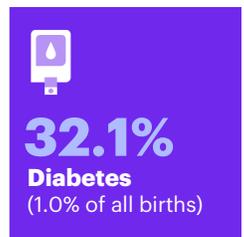
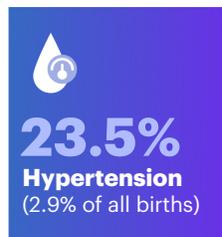
DISPARITY RATIO 1.23

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

MICHIGAN

The infant mortality rate decreased in the last decade; In 2022, 657 babies died before their first birthday

INFANT MORTALITY RATE

6.4

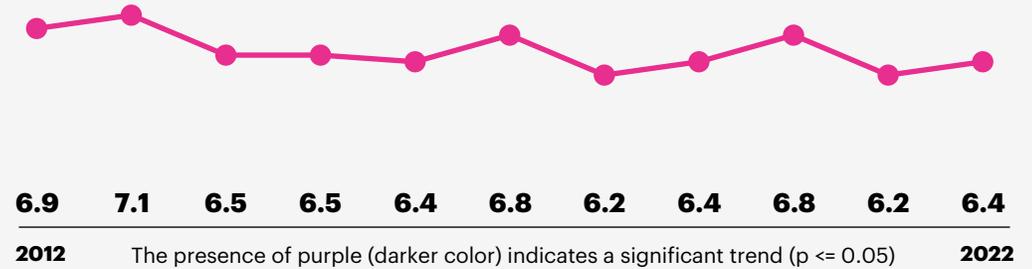
US RATE



MI RANK



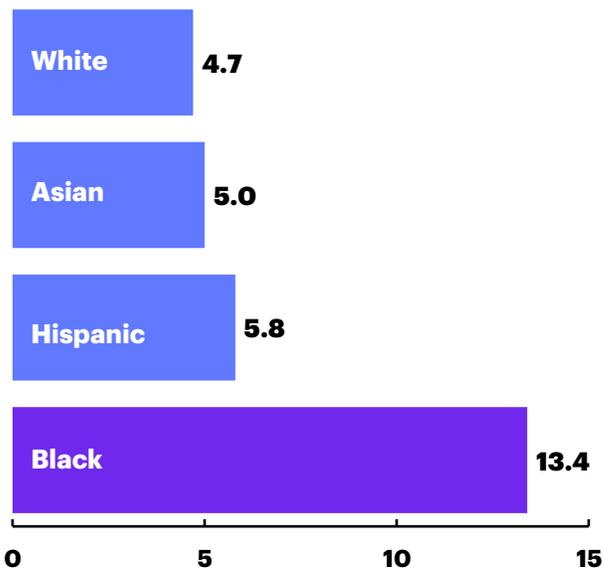
Rate per 1,000 live births



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

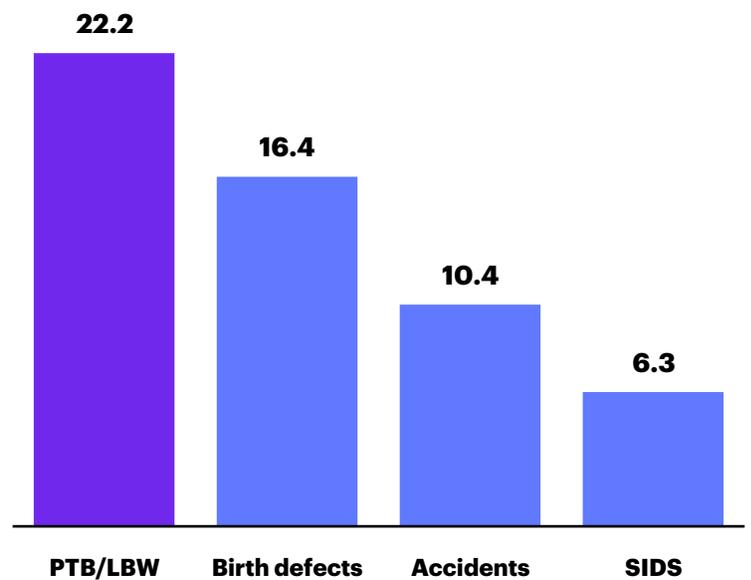
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

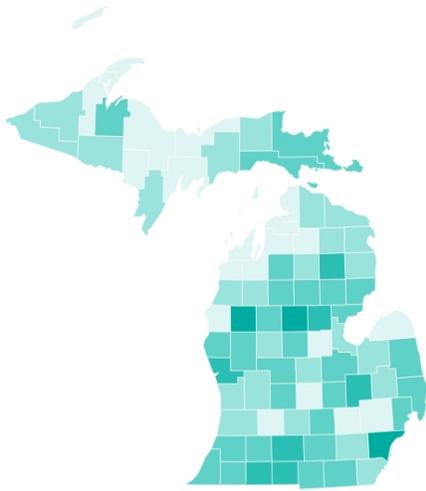


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 44.7% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

MICHIGAN

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Michigan are most vulnerable to poor outcomes due to the following factors:



Socioeconomic determinants



Physical environment

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

19.1

PER 100,000 BIRTHS

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.



28.4

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.



13.9

PERCENT

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 0 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.3%	1.23	6.4 deaths per 10K births	19.1 deaths per 100K births	28.4%	77.6%
Rank	26th of 52	17th of 47	34th of 52	12th of 40	43rd of 52	29th of 52
Direction from prior year	Improved	Improved	Worsened	Improved	Worsened	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Minnesota was **9.4%** in 2023, lower than the rate in 2022

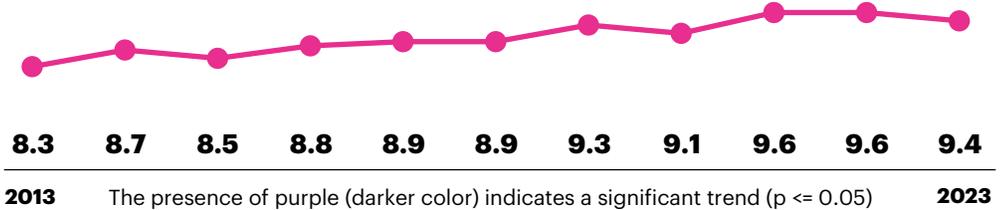
PRETERM BIRTH GRADE



US RATE MN RATE MN RANK

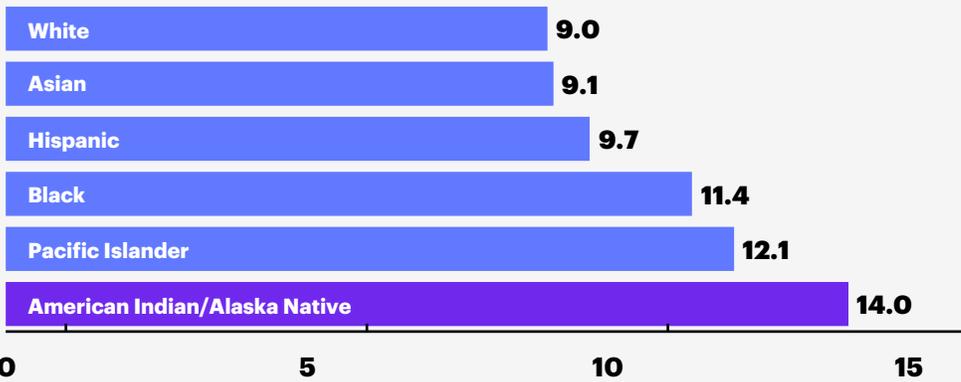


Percentage of live births born preterm



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, 2021-2023



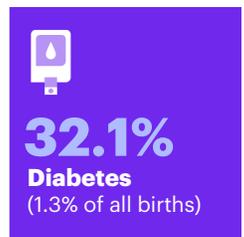
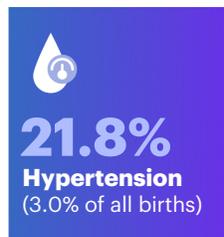
DISPARITY RATIO **1.22**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

MINNESOTA

The infant mortality rate decreased in the last decade; In 2022, 288 babies died before their first birthday

INFANT MORTALITY RATE

4.5

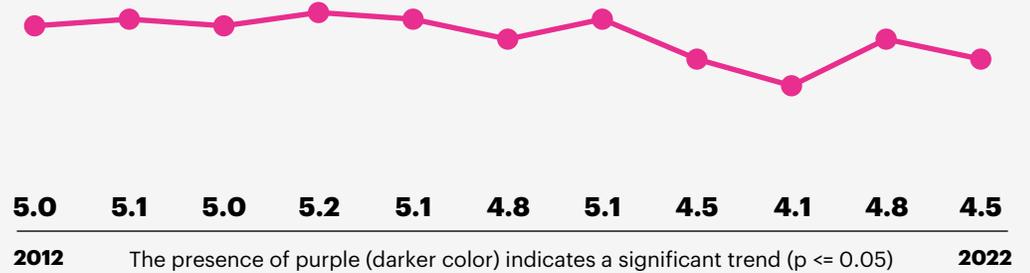
US RATE



MN RANK



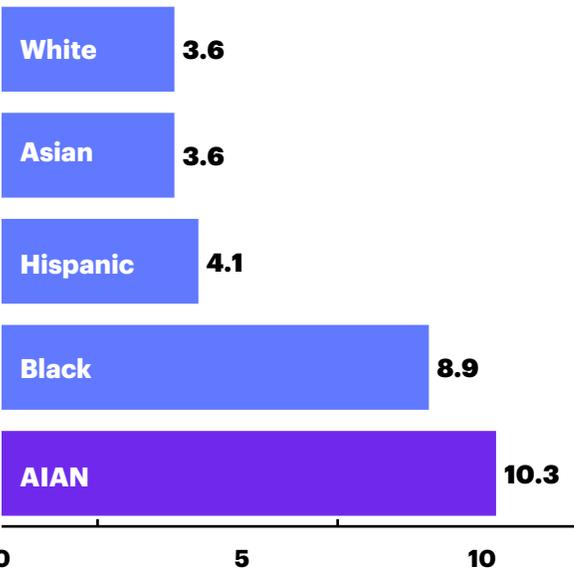
Rate per 1,000 live births



The infant mortality rate among babies born to AIAN birthing people is 2.3x the state rate

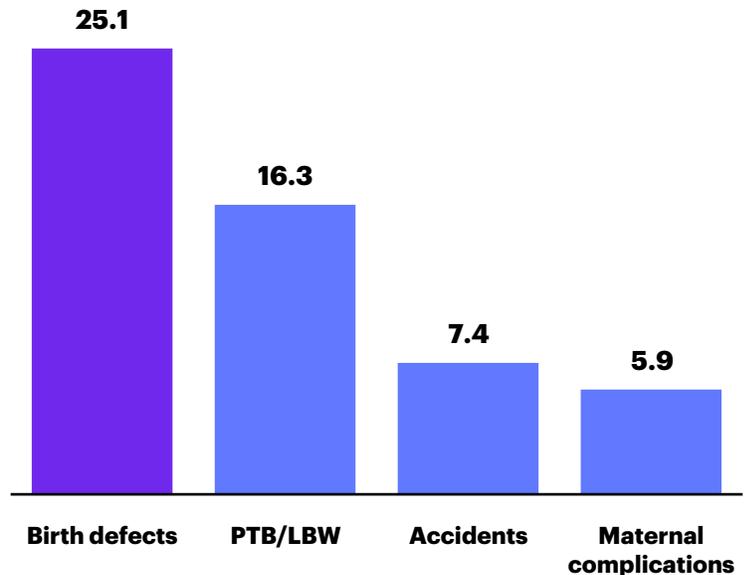
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

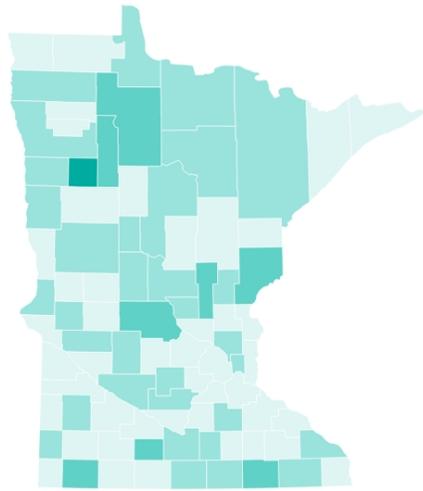


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 45.3% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

MINNESOTA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Minnesota are most vulnerable to poor outcomes due to the following factors:



Physical environment



Reproductive healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

28
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

10
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

12.3

PER 100,000 BIRTHS



23.2

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



26.6

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.

10.5

PERCENT



15.7

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



State has adopted policies that support the growth and sustainability of the midwifery workforce.

MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.4%	1.22	4.5 deaths per 10K births	12.3 deaths per 100K births	26.6%	80.4%
Rank	11th of 52	14th of 47	11th of 52	2nd of 40	32nd of 52	15th of 52
Direction from prior year	Improved	Improved	Improved	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Mississippi was **15.0%** in 2023, higher than the rate in 2022

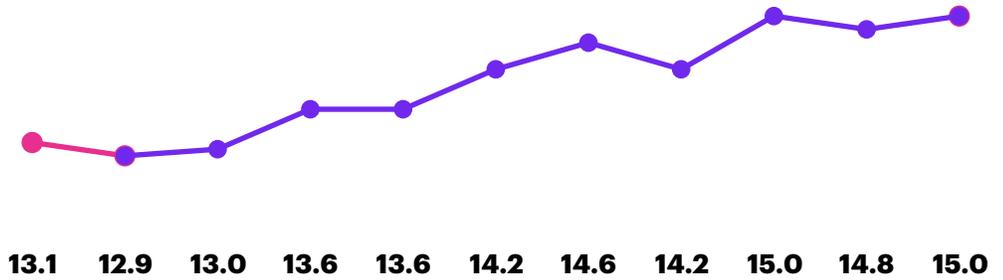
PRETERM BIRTH GRADE

F

US RATE MS RATE MS RANK



Percentage of live births born preterm

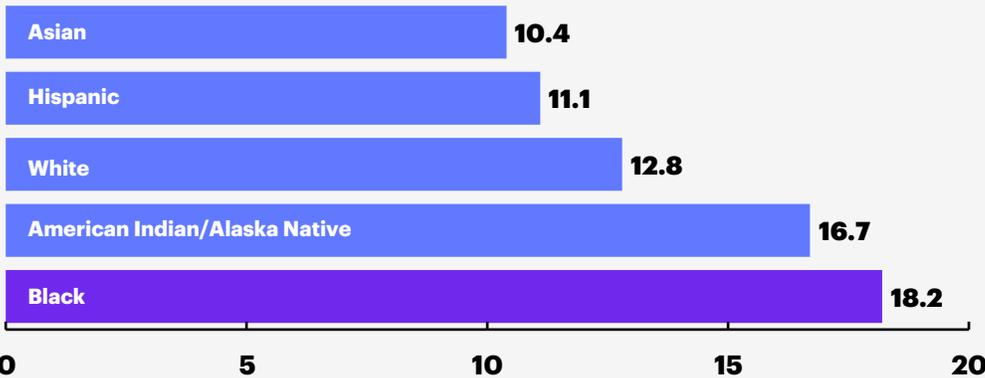


2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$)

2023

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, 2021-2023



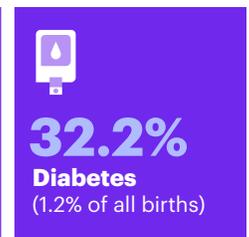
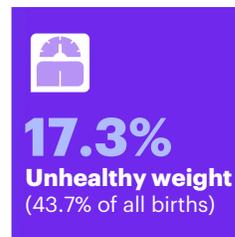
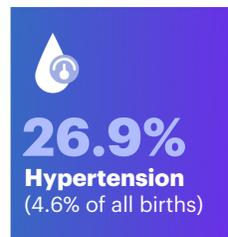
DISPARITY RATIO 1.31

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

MISSISSIPPI

The infant mortality rate increased in the last decade; In 2022, 316 babies died before their first birthday

INFANT MORTALITY RATE

9.1

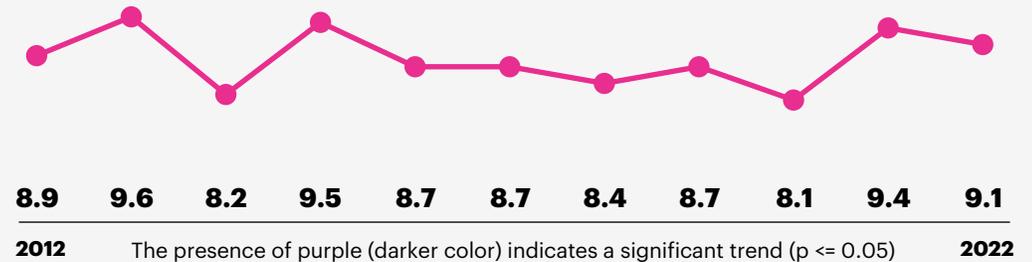
US RATE



MS RANK



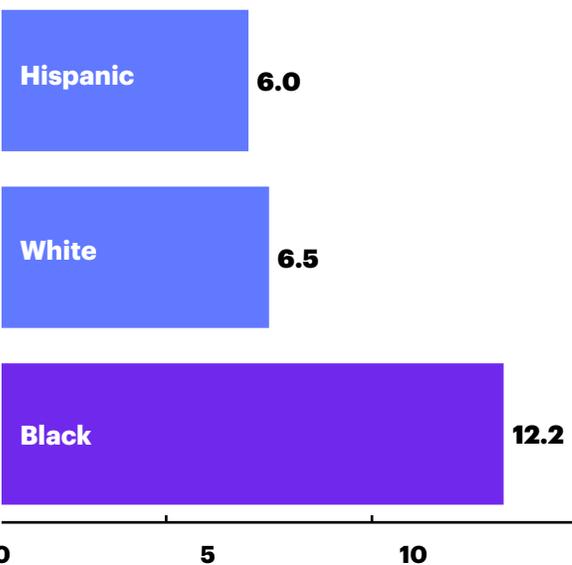
Rate per 1,000 live births



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

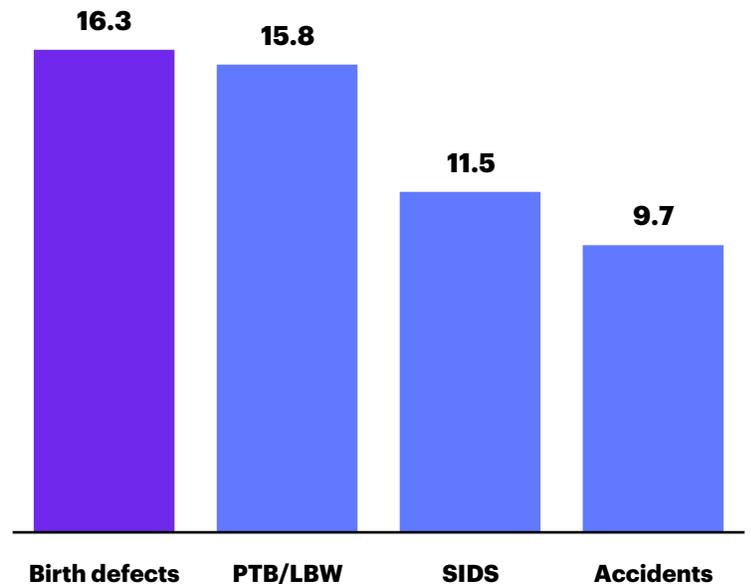
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

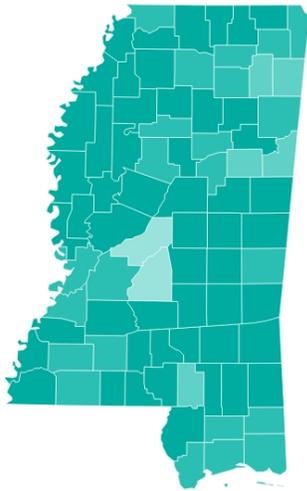


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 46.7% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

MISSISSIPPI

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Mississippi are most vulnerable to poor outcomes due to the following factors:



Physical health



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

49
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

2
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

39.1
PER 100,000 BIRTHS



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.

30.1
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.

13.6
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 0 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	15.0%	1.31	9.1 deaths per 10K births	39.1 deaths per 100K births	30.1%	80.9%
Rank	52nd of 52	32nd of 47	52nd of 52	38th of 40	50th of 52	13th of 52
Direction from prior year	Worsened	Improved	Improved	Improved	Improved	No change
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

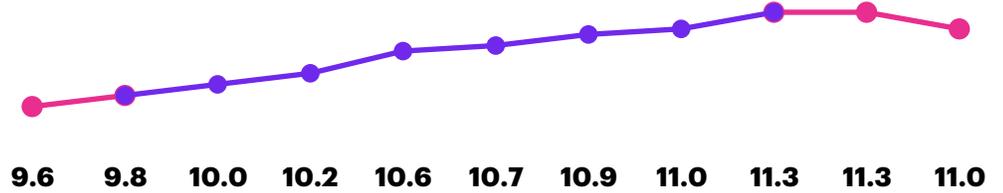
The preterm birth rate in Missouri was **11.0%** in 2023, lower than the rate in 2022

PRETERM BIRTH GRADE



Percentage of live births born preterm

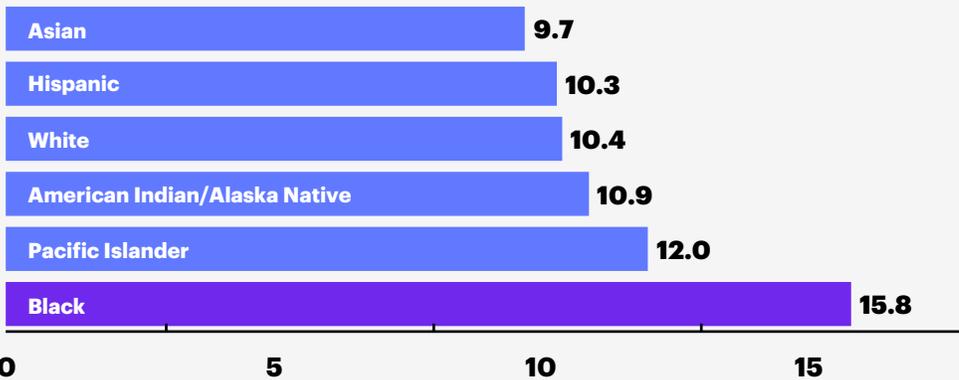
US RATE MO RATE MO RANK



The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$)

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, 2021-2023



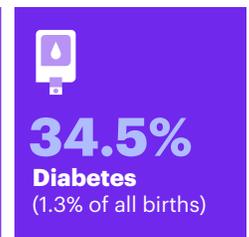
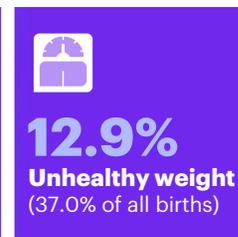
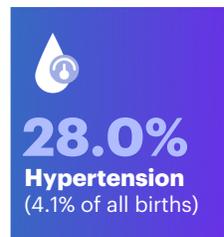
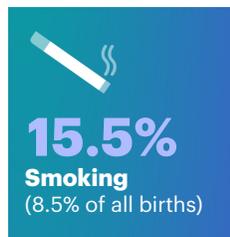
DISPARITY RATIO **1.26**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

MISSOURI

The infant mortality rate **increased in the last decade**; In 2022, **467 babies died** before their first birthday

INFANT MORTALITY RATE

6.8

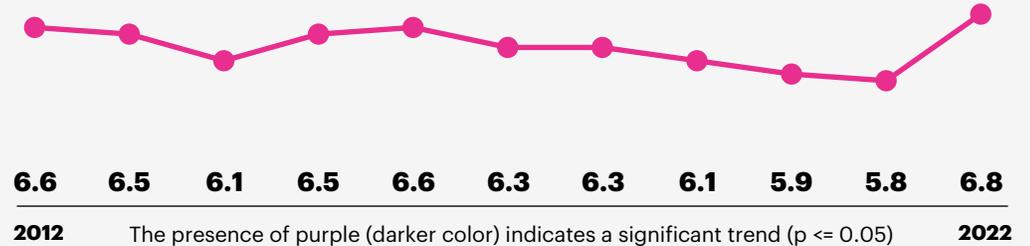
US RATE



MO RANK



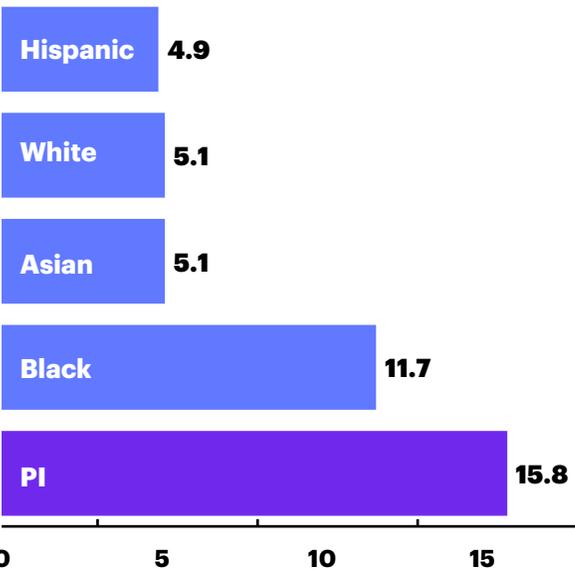
Rate per 1,000 live births



The infant mortality rate among babies born to **Pacific Islander birthing people** is **2.3x** the state rate

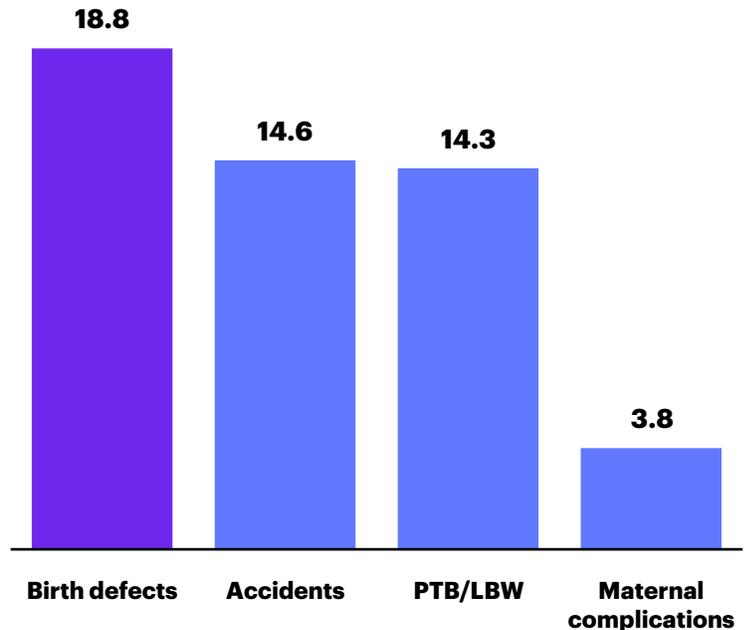
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

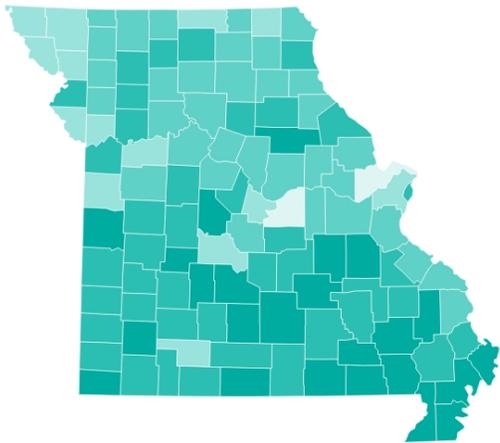


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 48.5% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

MISSOURI

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Missouri are most vulnerable to poor outcomes due to the following factors:



Physical health



Mental health and substance use

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

28
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

10
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

23.8
PER 100,000 BIRTHS



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.

24.0
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.

15.6
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.0%	1.26	6.8 deaths per 10K births	23.8 deaths per 100K births	24.0%	78.0%
Rank	37th of 52	24th of 47	40th of 52	19th of 40	15th of 52	28th of 52
Direction from prior year	Improved	Worsened	Worsened	Improved	Improved	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Montana was 9.4% in 2023, lower than the rate in 2022

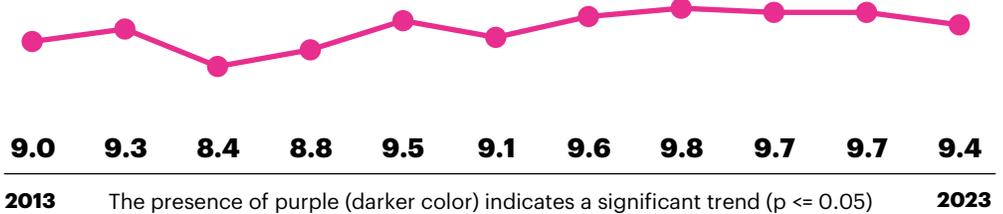
PRETERM BIRTH GRADE

C+

US RATE MT RATE MT RANK



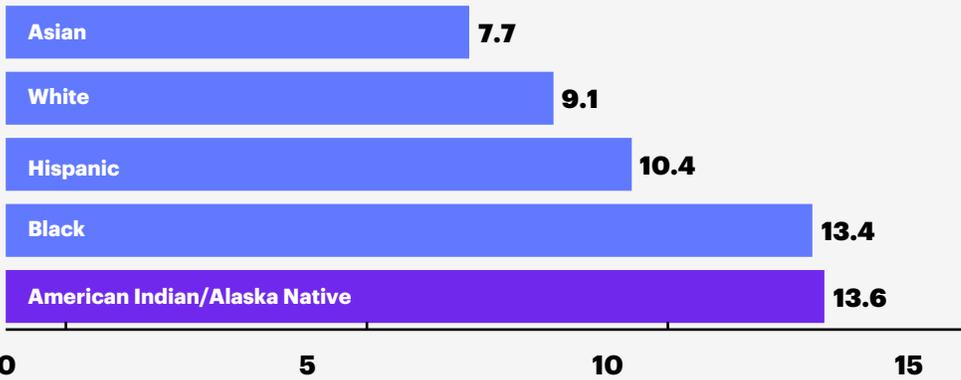
Percentage of live births born preterm



The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$)

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, 2021-2023



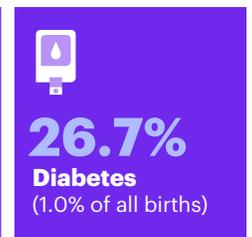
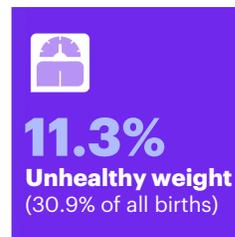
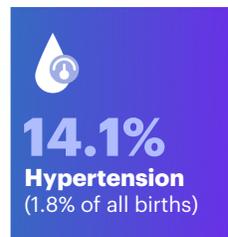
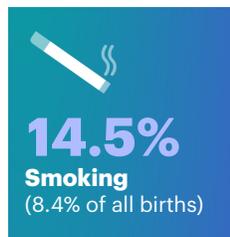
DISPARITY RATIO 1.32

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

MONTANA

The infant mortality rate decreased in the last decade; In 2022, 52 babies died before their first birthday

INFANT MORTALITY RATE

4.7

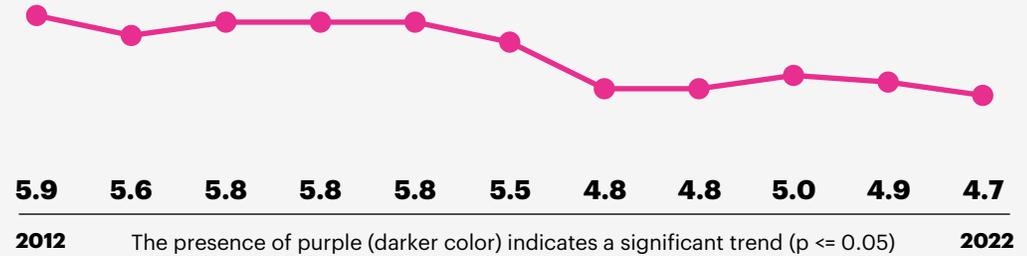
US RATE



MT RANK



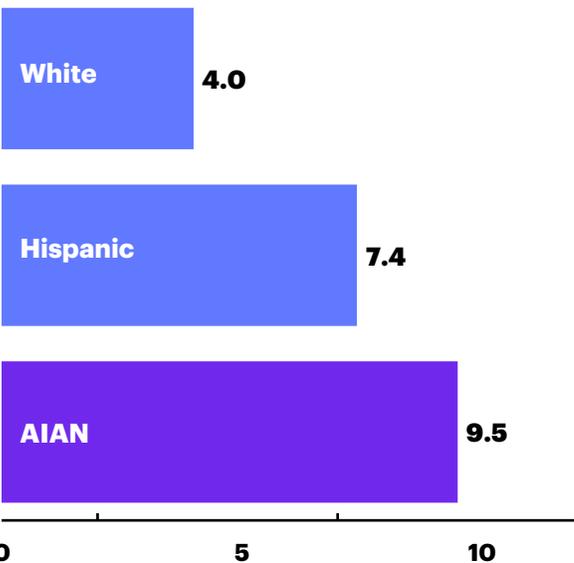
Rate per 1,000 live births



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

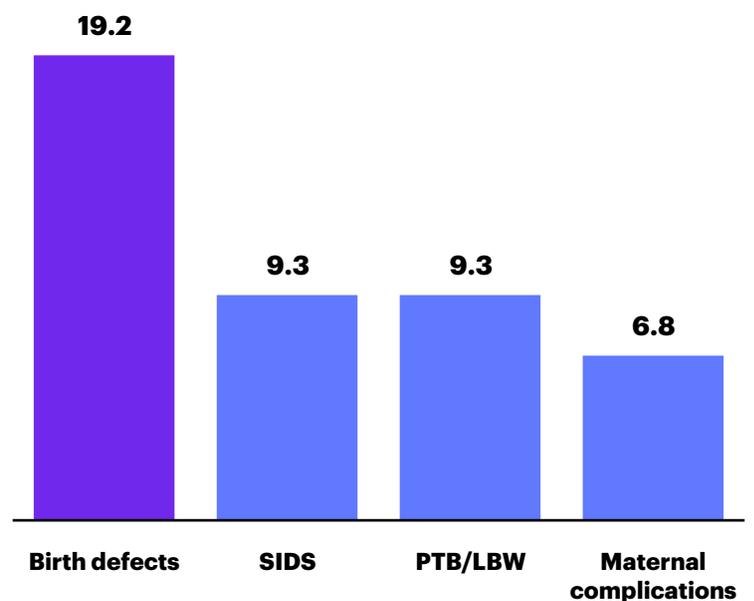
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

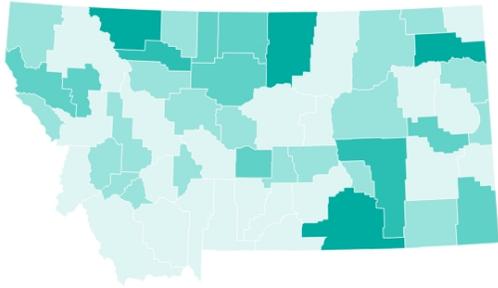


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 55.4% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

MONTANA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Montana are most vulnerable to poor outcomes due to the following factors:



General healthcare



Reproductive healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

22
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

6
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

N/A
PER 100,000 BIRTHS



MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.

21.5
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.

13.4
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

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MEDICAID EXPANSION

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MENTAL HEALTH

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DOULA REIMBURSEMENT

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PAID FAMILY LEAVE

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COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.4%	1.32	4.7 deaths per 10K births	N/A	21.5%	78.8%
Rank	11th of 52	33rd of 47	14th of 52	N/A	6th of 52	23rd of 52
Direction from prior year	Improved	Improved	Improved	N/A	Worsened	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Nebraska was **11.1%** in 2023, lower than the rate in 2022

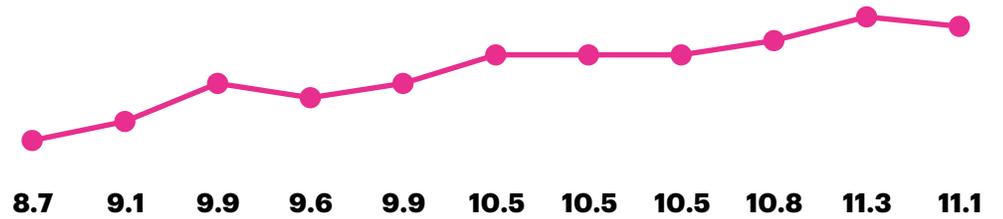
PRETERM BIRTH GRADE

D

US RATE NE RATE NE RANK



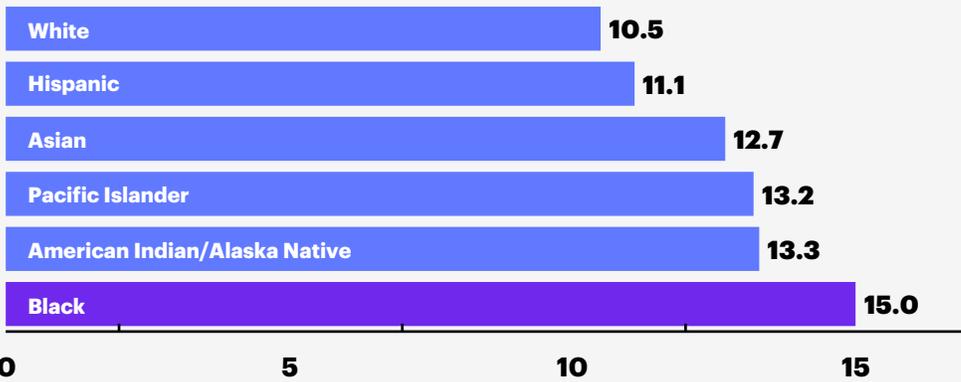
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) 2023

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

Preterm birth rate by race/ethnicity, 2021-2023



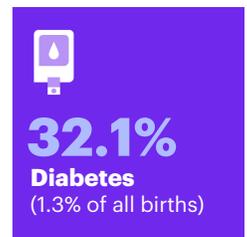
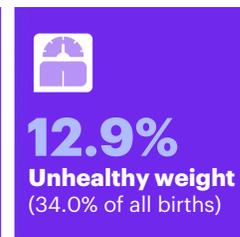
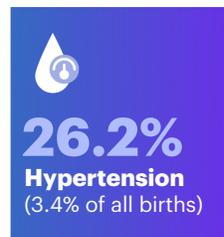
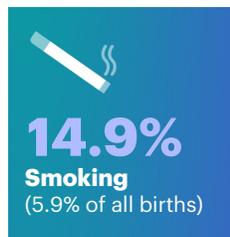
DISPARITY RATIO 1.25

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

NEBRASKA

The infant mortality rate increased in the last decade; In 2022, 142 babies died before their first birthday

INFANT MORTALITY RATE

5.8

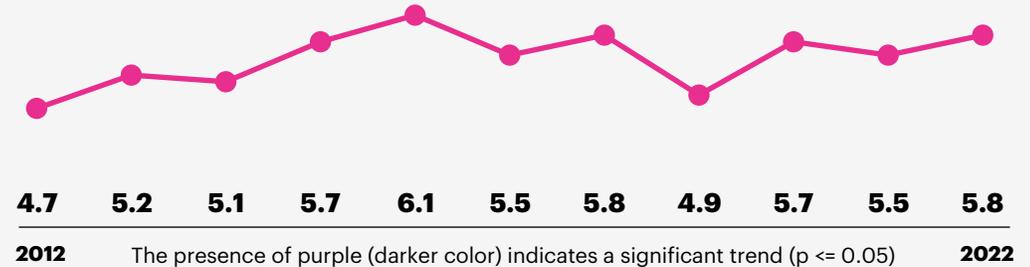
US RATE



NE RANK



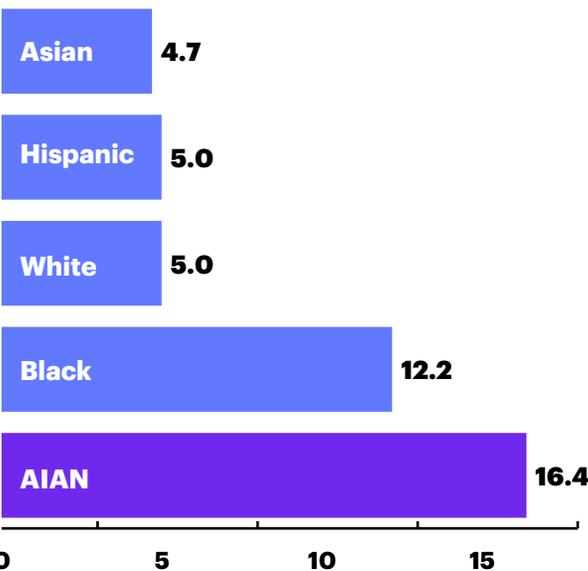
Rate per 1,000 live births



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

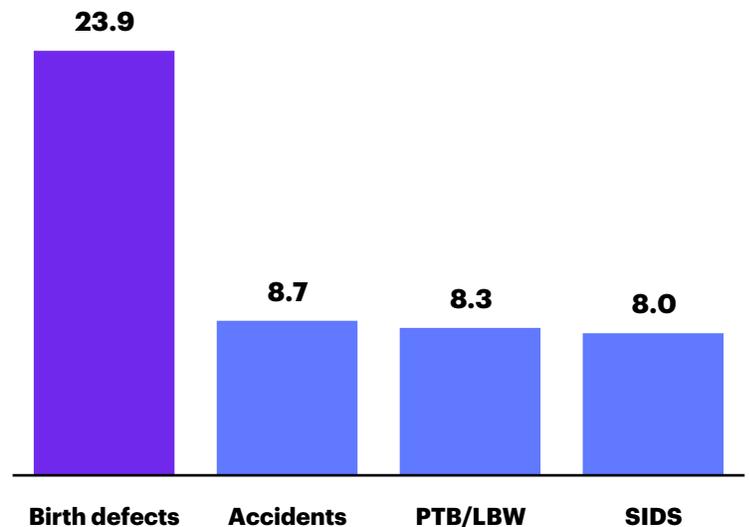
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

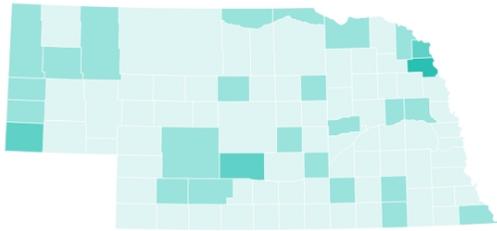


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 51.1% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

NEBRASKA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Nebraska are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

25.1



PER 100,000 BIRTHS

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.

22.9



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.

12.6



PERCENT

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.1%	1.25	5.8 deaths per 10K births	25.1 deaths per 100K births	22.9%	80.1%
Rank	40th of 52	22nd of 47	26th of 52	23rd of 40	9th of 52	16th of 52
Direction from prior year	Improved	Improved	Worsened	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Nevada was **11.1%** in 2023, higher than the rate in 2022

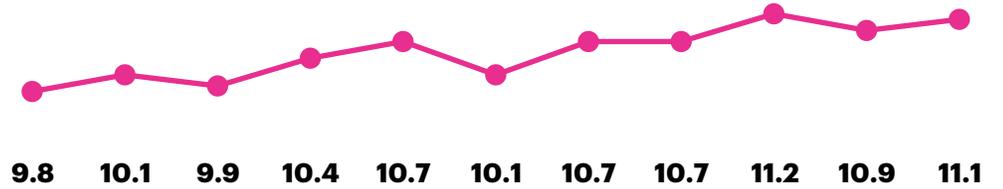
PRETERM BIRTH GRADE

D

US RATE NV RATE NV RANK



Percentage of live births born preterm

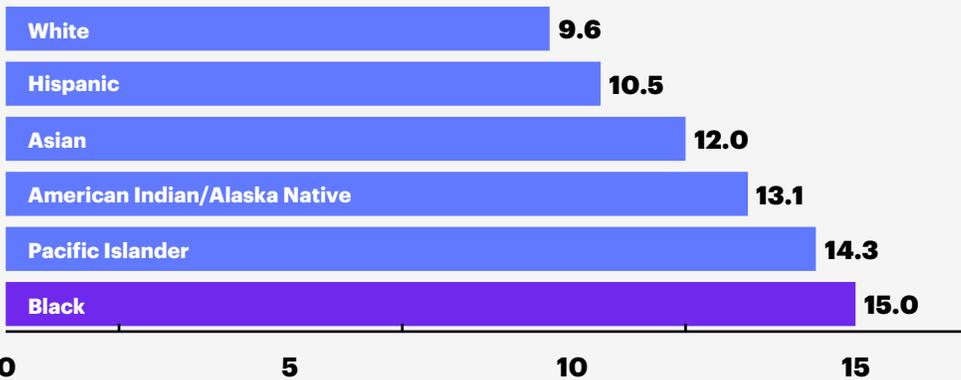


2013 The presence of purple (darker color) indicates a significant trend (p <= 0.05)

2023

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, 2021-2023



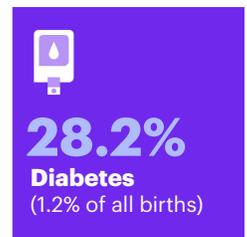
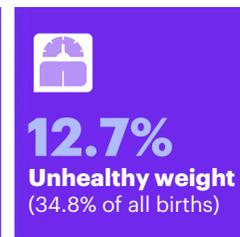
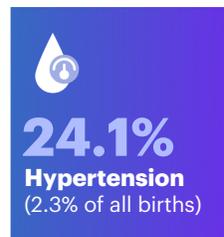
DISPARITY RATIO 1.36

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

NEVADA

The infant mortality rate decreased in the last decade; In 2022, 149 babies died before their first birthday

INFANT MORTALITY RATE

4.5

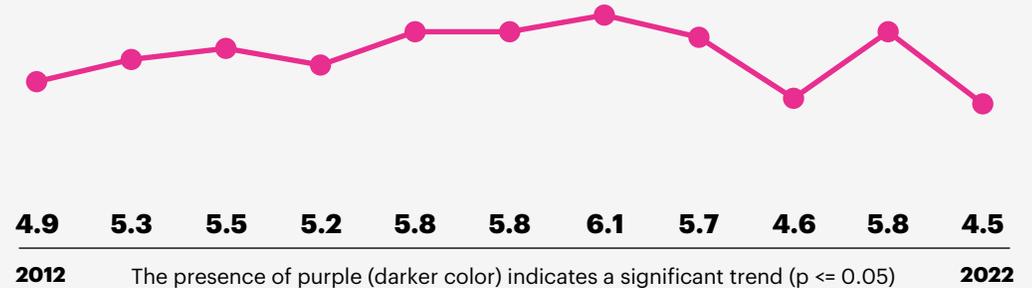
US RATE



NV RANK



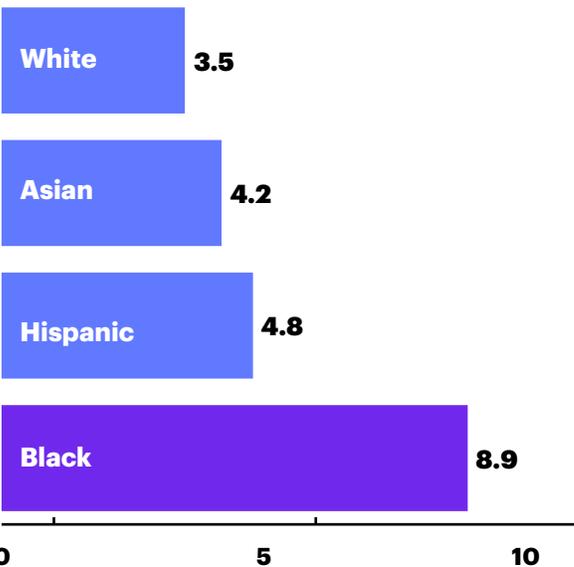
Rate per 1,000 live births



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

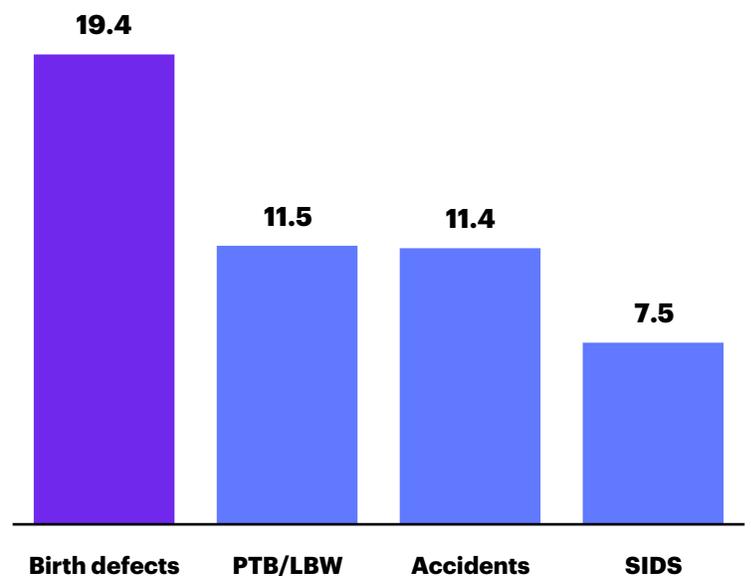
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

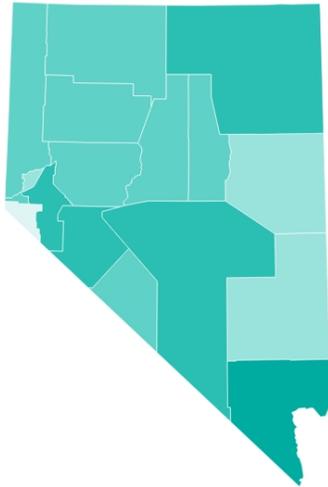


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 50.2% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

NEVADA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Nevada are most vulnerable to poor outcomes due to the following factors:



Physical environment



Reproductive healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

21
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

4
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

20.4
PER 100,000 BIRTHS



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.

28.1
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.

16.3
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



State has adopted policies that support the growth and sustainability of the midwifery workforce.

MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.1%	1.36	4.5 deaths per 10K births	20.4 deaths per 100K births	28.1%	73.3%
Rank	40th of 52	42nd of 47	11th of 52	15th of 40	40th of 52	43rd of 52
Direction from prior year	Worsened	Worsened	Improved	Improved	Worsened	No change
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

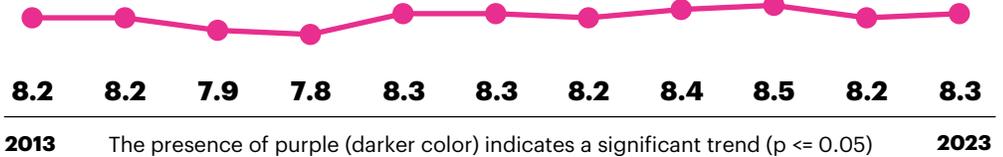
The preterm birth rate in New Hampshire was **8.3%** in 2023, higher than the rate in 2022

**PRETERM
BIRTH
GRADE**

B+

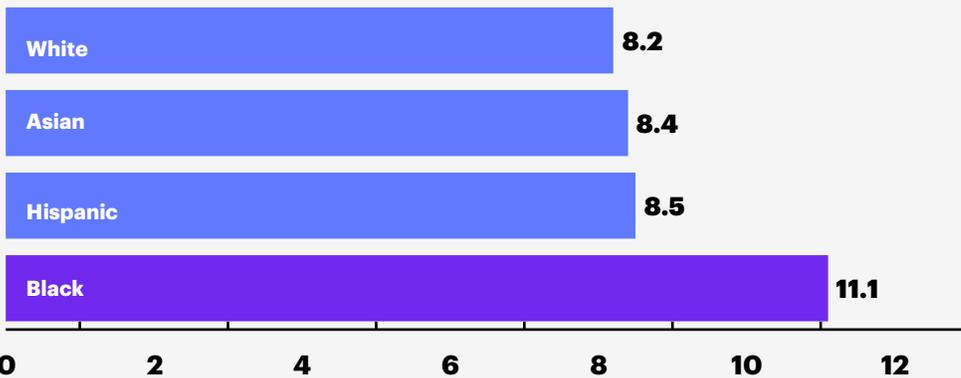
Percentage of live births born preterm

US RATE 10.4
NH RATE 8.3
NH RANK 2



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, 2021-2023



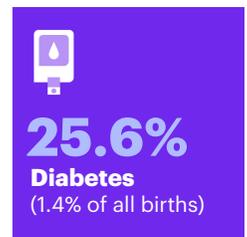
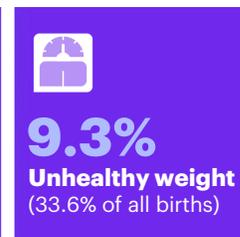
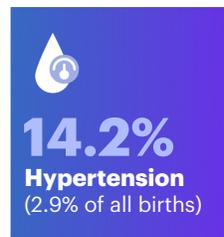
DISPARITY RATIO 1.03

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

NEW HAMPSHIRE

The infant mortality rate decreased in the last decade; In 2022, 42 babies died before their first birthday

INFANT MORTALITY RATE

3.5

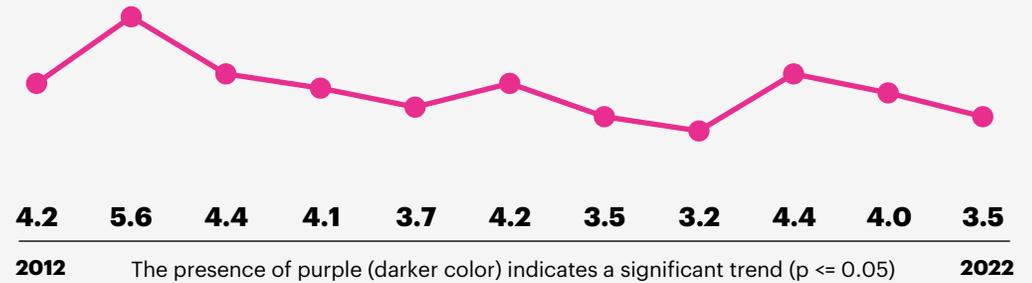
US RATE



NH RANK



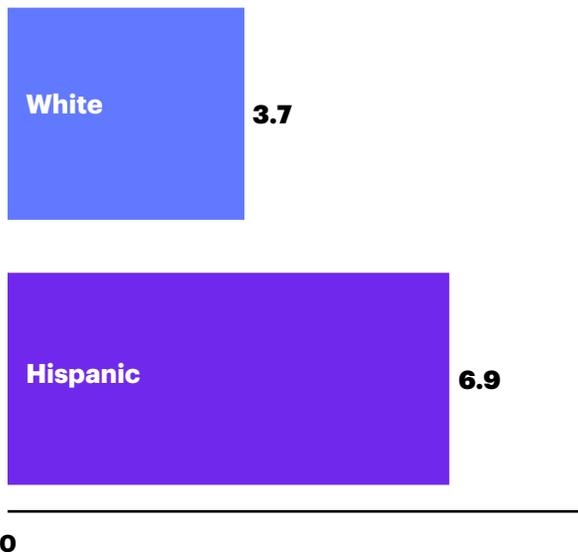
Rate per 1,000 live births



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

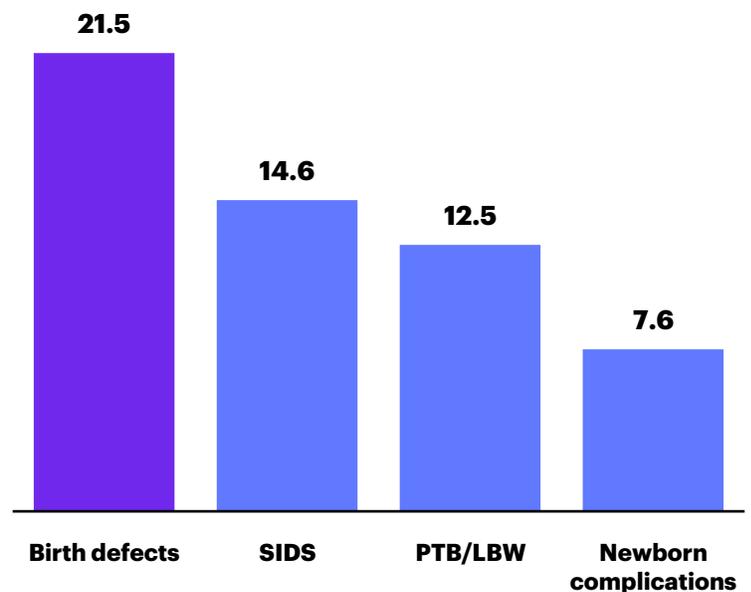
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022



Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 43.8% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

NEW HAMPSHIRE

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in New Hampshire are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

24
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

2
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

N/A
PER 100,000 BIRTHS



MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.

27.5
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.

9.0
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

NEW HAMPSHIRE

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



MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	8.3%	1.03	3.5 deaths per 10K births	N/A	27.5%	84.2%
Rank	2nd of 52	2nd of 47	2nd of 52	N/A	37th of 52	3rd of 52
Direction from prior year	Worsened	Worsened	Improved	N/A	Improved	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in New Jersey was **9.3%** in 2023, the same as the rate in 2022

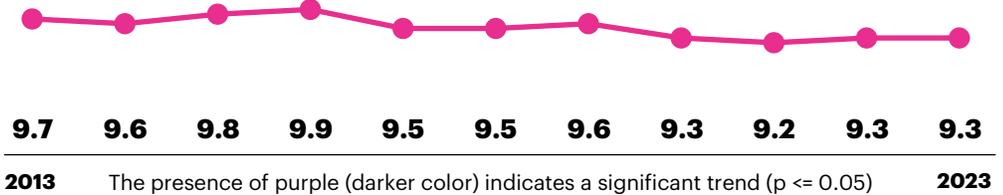
PRETERM BIRTH GRADE



US RATE NJ RATE NJ RANK

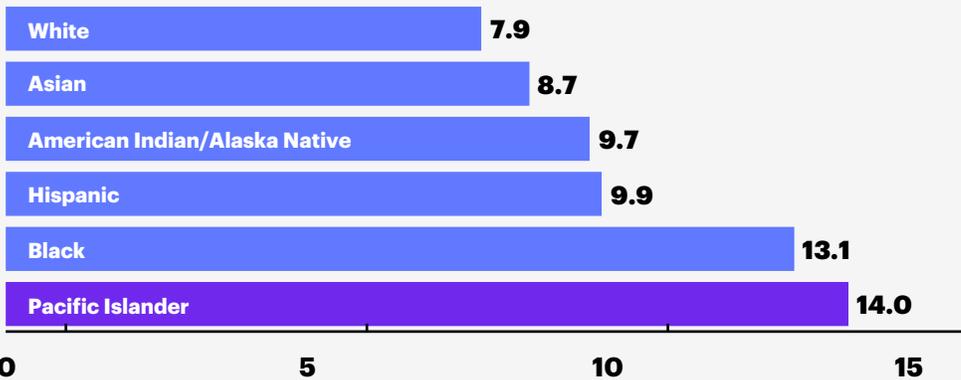


Percentage of live births born preterm



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

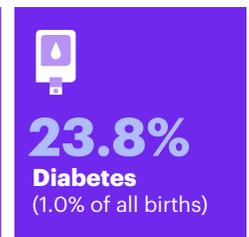
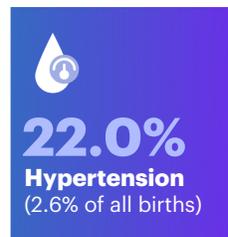
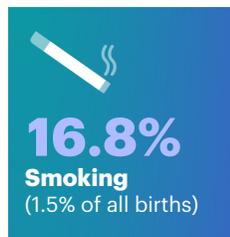
Preterm birth rate by race/ethnicity, 2021-2023



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

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 367 babies died before their first birthday

INFANT MORTALITY RATE

3.6

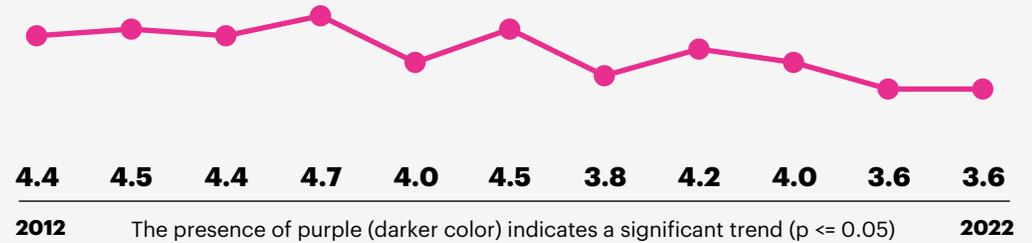
US RATE



NJ RANK



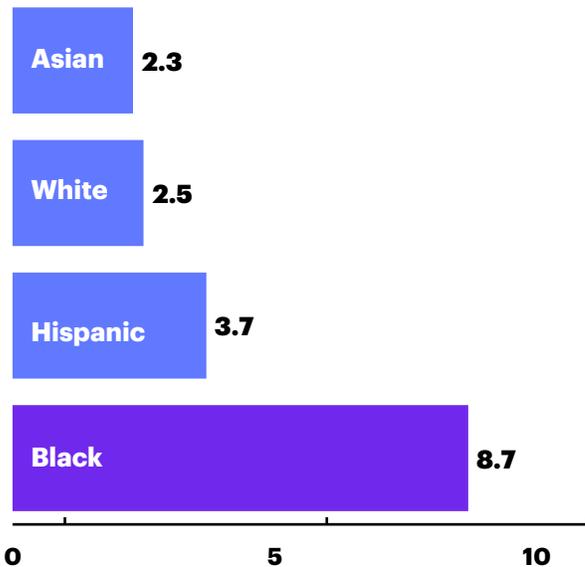
Rate per 1,000 live births



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

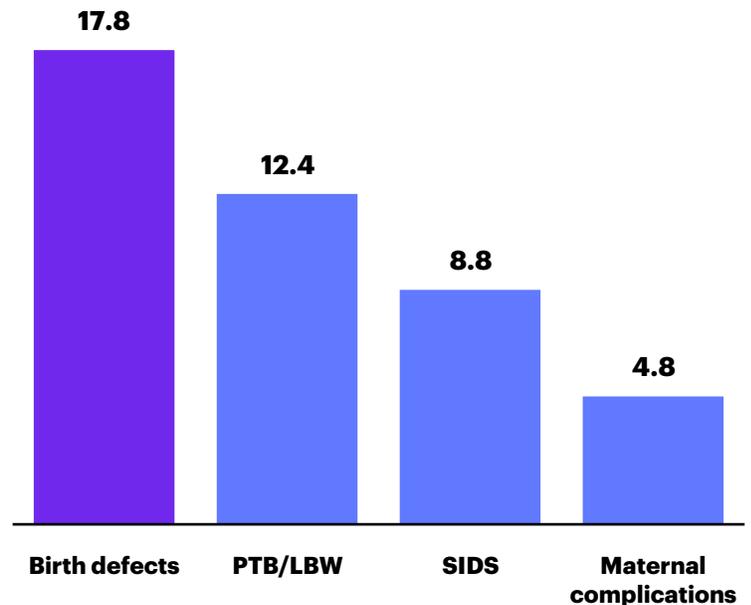
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

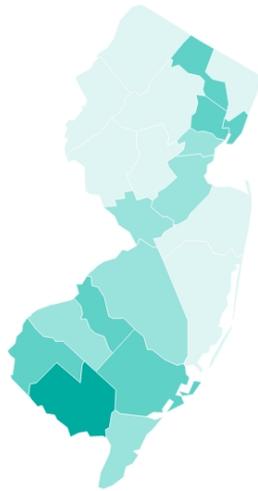


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 56.2% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

NEW JERSEY

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in New Jersey are most vulnerable to poor outcomes due to the following factors:



Socioeconomic determinants



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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



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.



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.



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.3%	N/A	3.6 deaths per 10K births	26 deaths per 100K births	27.4%	73.5%
Rank	8th of 52	N/A	3rd of 52	24th of 40	35th of 52	42nd of 52
Direction from prior year	No change	N/A	No change	Worsened	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in New Mexico was **10.1%** in 2023, lower than the rate in 2022

PRETERM BIRTH GRADE

C-

US RATE NM RATE NM RANK



Percentage of live births born preterm

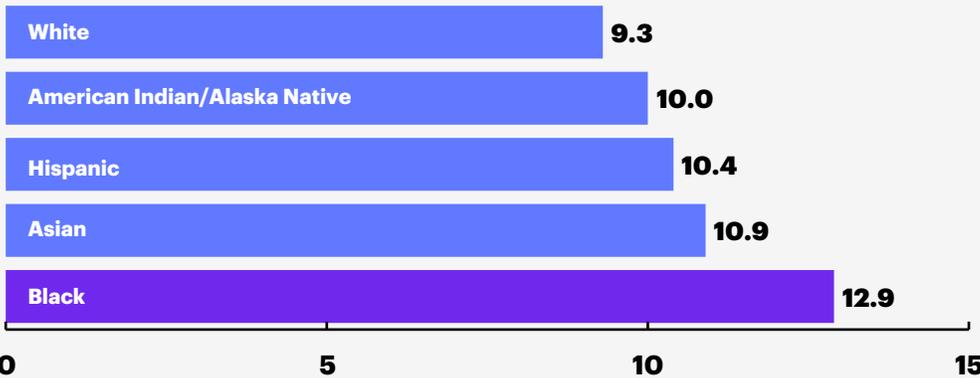


2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$)

2023

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, 2021-2023



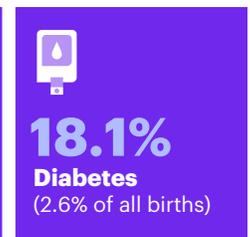
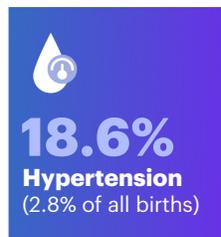
DISPARITY RATIO **1.19**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

NEW MEXICO

The infant mortality rate **decreased in the last decade**; In **2022, 127 babies died** before their first birthday

INFANT MORTALITY RATE

5.9

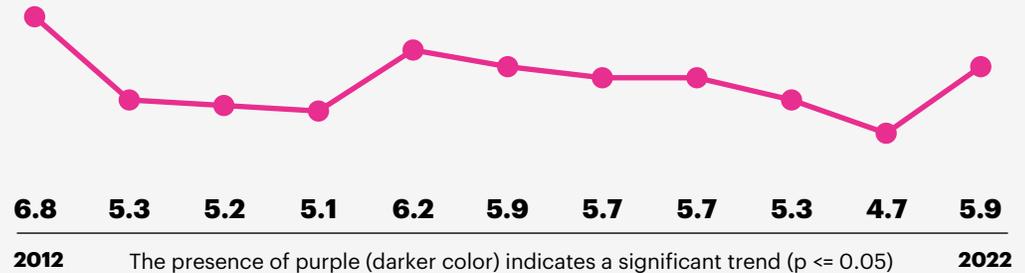
US RATE



NM RANK



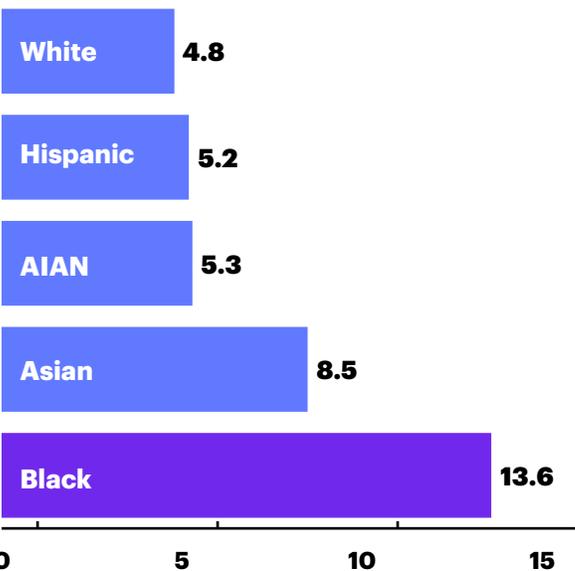
Rate per 1,000 live births



The infant mortality rate among babies born to **Black birthing people is 2.3x** the state rate

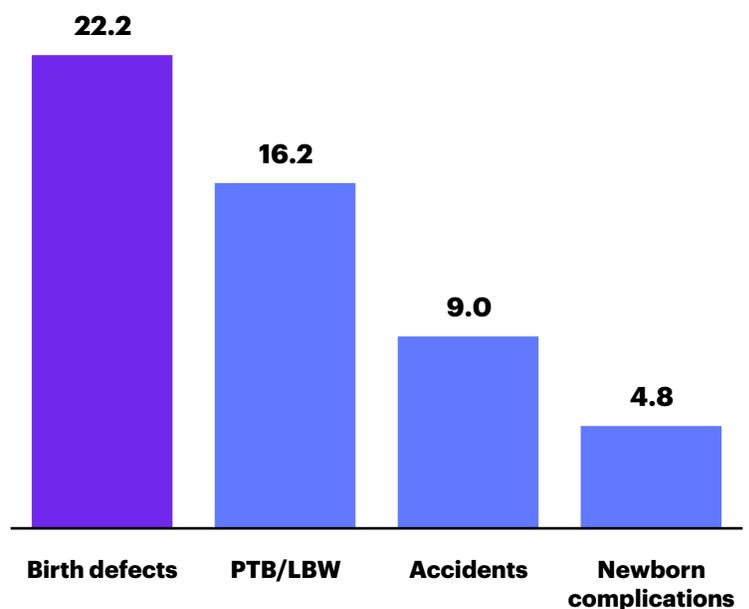
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

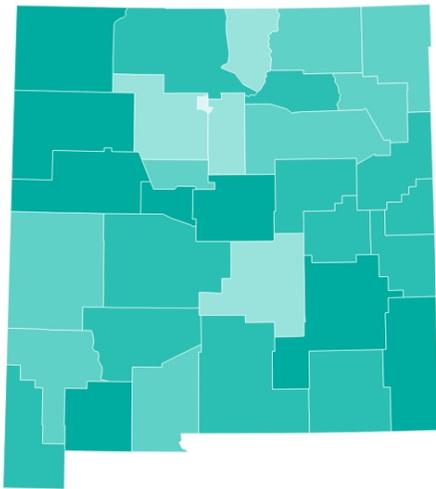


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 47.8% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

NEW MEXICO

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in New Mexico are most vulnerable to poor outcomes due to the following factors:



Socioeconomic determinants



Mental health and substance use

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

44
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

3
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

28.0
PER 100,000 BIRTHS



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.

23.6
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.

22.8
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.1%	1.19	5.9 deaths per 10K births	28 deaths per 100K births	23.6%	67.3%
Rank	22nd of 52	6th of 47	29th of 52	26th of 40	12th of 52	48th of 52
Direction from prior year	Improved	Worsened	Worsened	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in New York was **9.6%** in 2023, higher than the rate in 2022

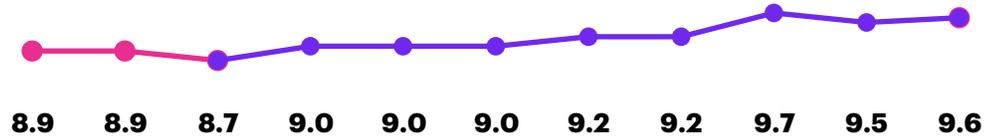
PRETERM BIRTH GRADE



US RATE NY RATE NY RANK



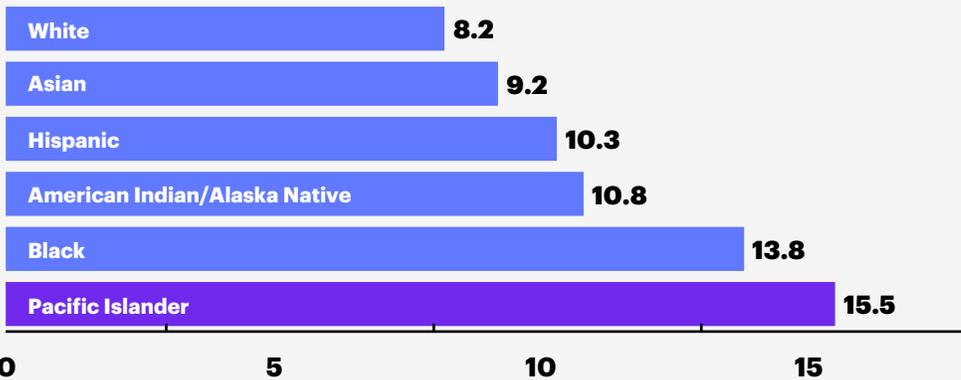
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) 2023

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

Preterm birth rate by race/ethnicity, 2021-2023



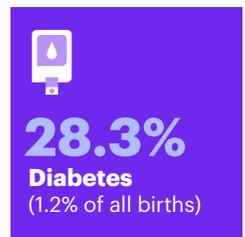
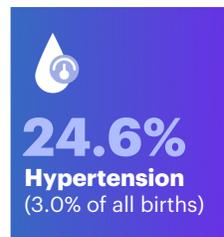
DISPARITY RATIO 1.35

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 885 babies died before their first birthday

INFANT MORTALITY RATE

4.3

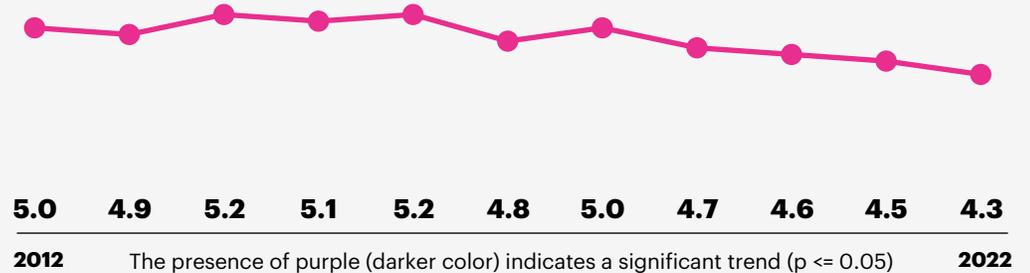
US RATE



NY RANK



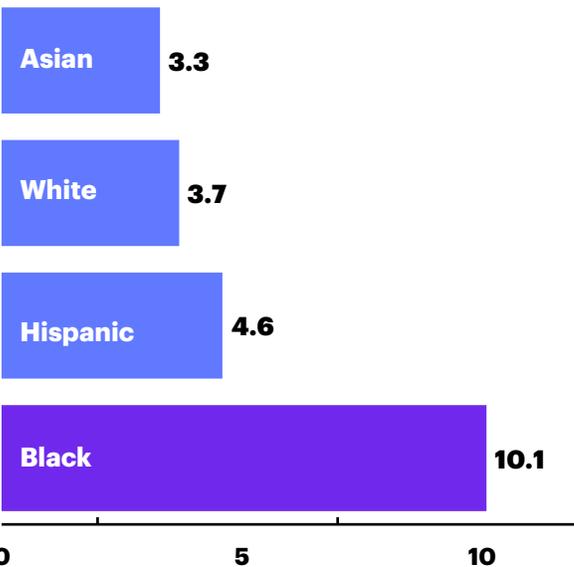
Rate per 1,000 live births



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

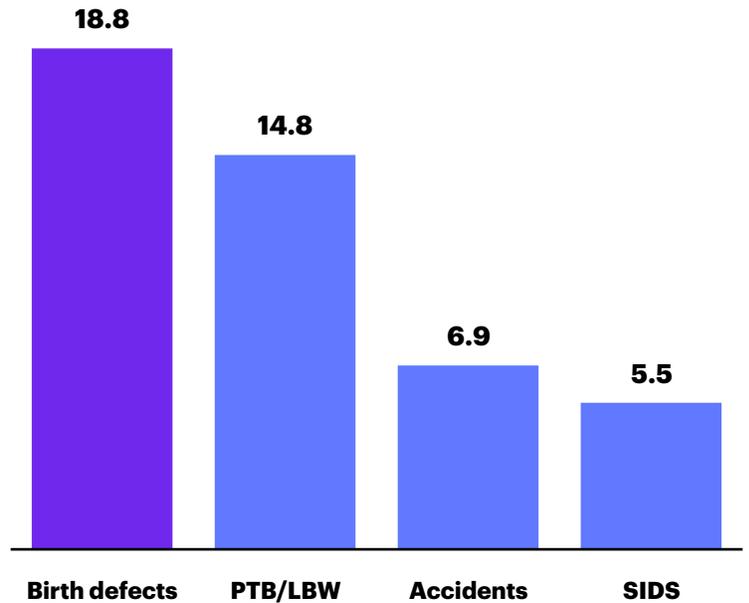
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

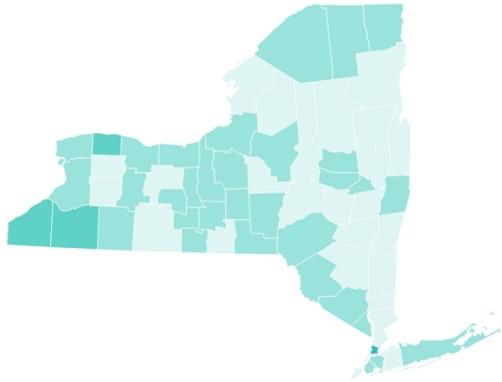


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 54.0% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

NEW YORK

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in New York are most vulnerable to poor outcomes due to the following factors:



Socioeconomic determinants



Physical health

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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



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.



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.



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.6%	1.35	4.3 deaths per 10K births	22.4 deaths per 100K births	29.6%	75.7%
Rank	14th of 52	41st of 47	7th of 52	17th of 40	45th of 52	32nd of 52
Direction from prior year	Worsened	No change	Improved	Worsened	Worsened	No change
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

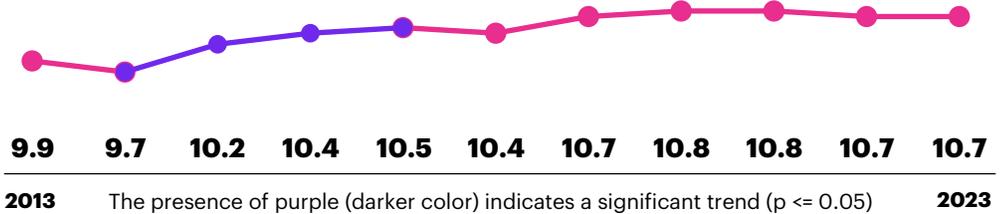
The preterm birth rate in North Carolina was **10.7%** in 2023, the same as the rate in 2022

PRETERM BIRTH GRADE

D+

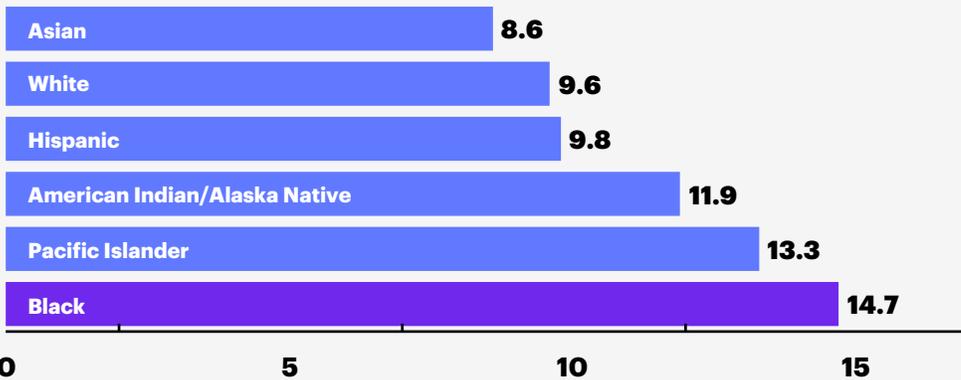
Percentage of live births born preterm

US RATE 10.4 **NC RATE** 10.7 **NC RANK** 32



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, 2021-2023



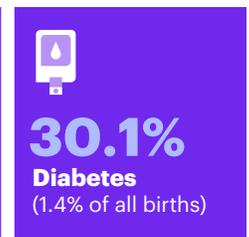
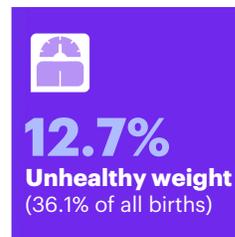
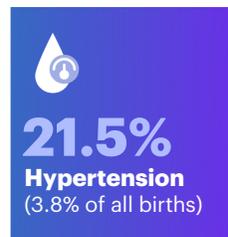
DISPARITY RATIO 1.34

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

NORTH CAROLINA

The infant mortality rate decreased in the last decade; In 2022, 825 babies died before their first birthday

INFANT MORTALITY RATE

6.8

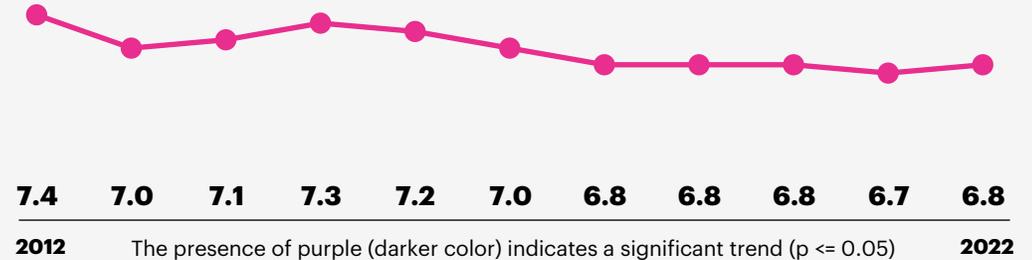
US RATE



NC RANK



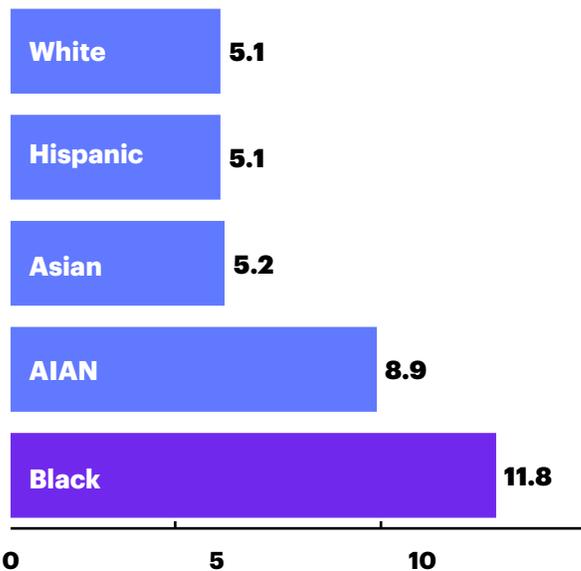
Rate per 1,000 live births



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

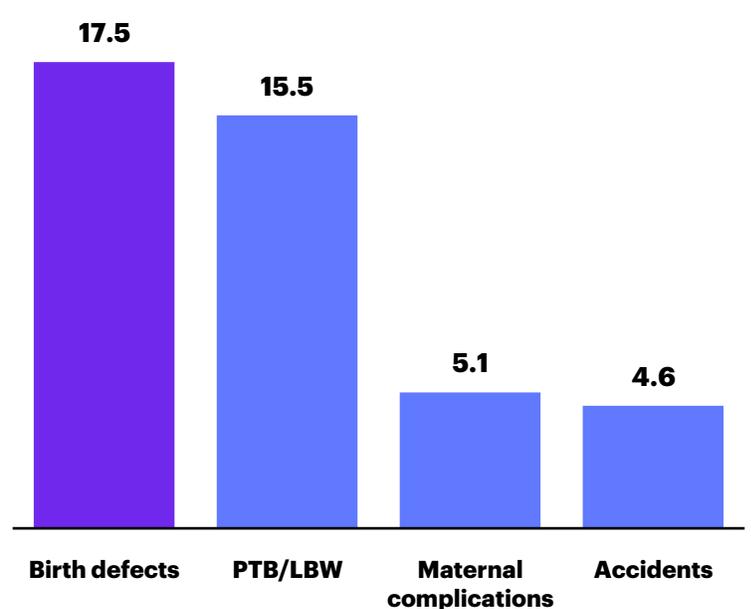
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

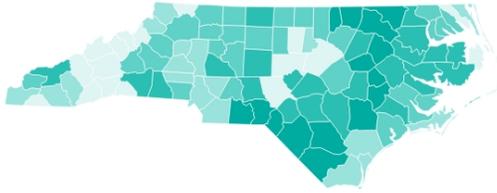


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 57.3% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

NORTH CAROLINA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in North Carolina are most vulnerable to poor outcomes due to the following factors:



General healthcare



Socioeconomic determinants

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

30
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

2
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

26.7
PER 100,000 BIRTHS



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



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.

18.0
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

NORTH CAROLINA

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



MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

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MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



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State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

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PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.7%	1.34	6.8 deaths per 10K births	26.7 deaths per 100K births	24.9%	77.5%
Rank	32nd of 52	39th of 47	40th of 52	25th of 40	21st of 52	30th of 52
Direction from prior year	No change	No change	Improved	Worsened	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in North Dakota was **10.3%** in 2023, the same as the rate in 2022

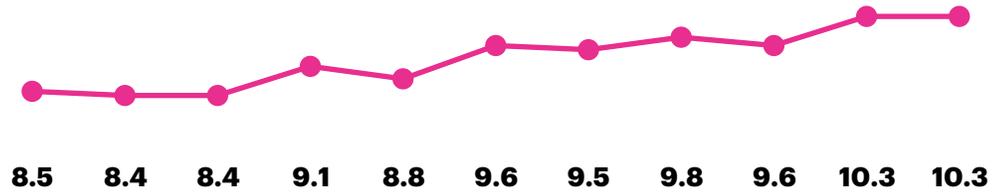
PRETERM BIRTH GRADE



US RATE ND RATE ND RANK



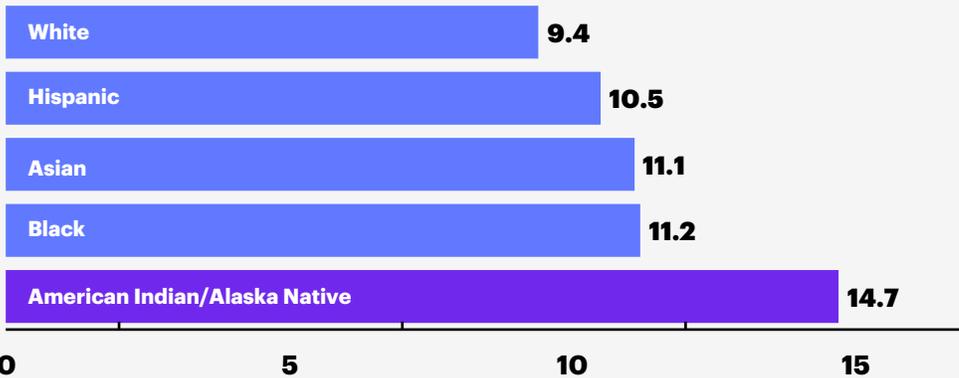
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) 2023

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, 2021-2023



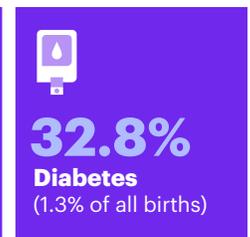
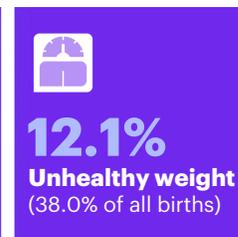
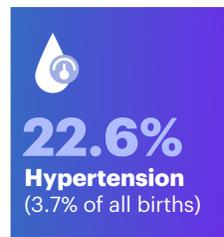
DISPARITY RATIO **1.30**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

NORTH DAKOTA

The infant mortality rate **decreased in the last decade**; In 2022, **42 babies died** before their first birthday

INFANT MORTALITY RATE

4.4

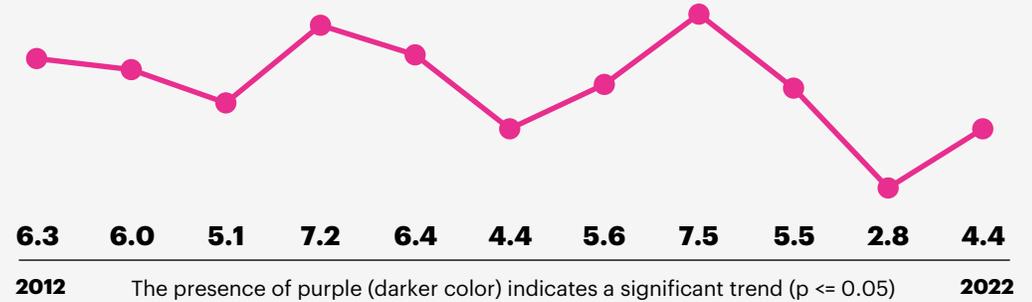
US RATE



ND RANK



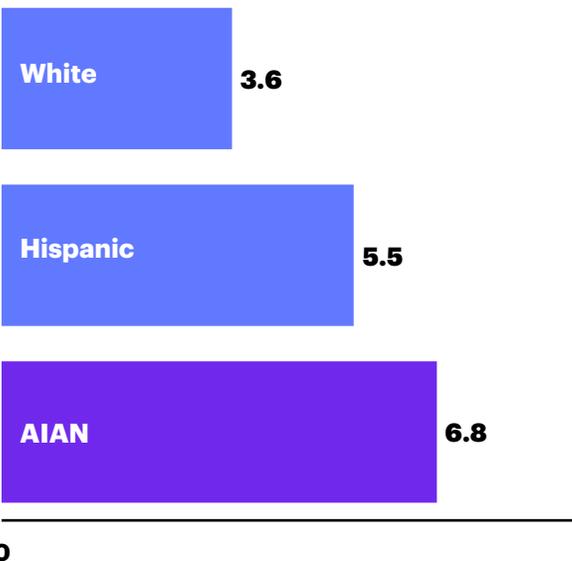
Rate per 1,000 live births



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

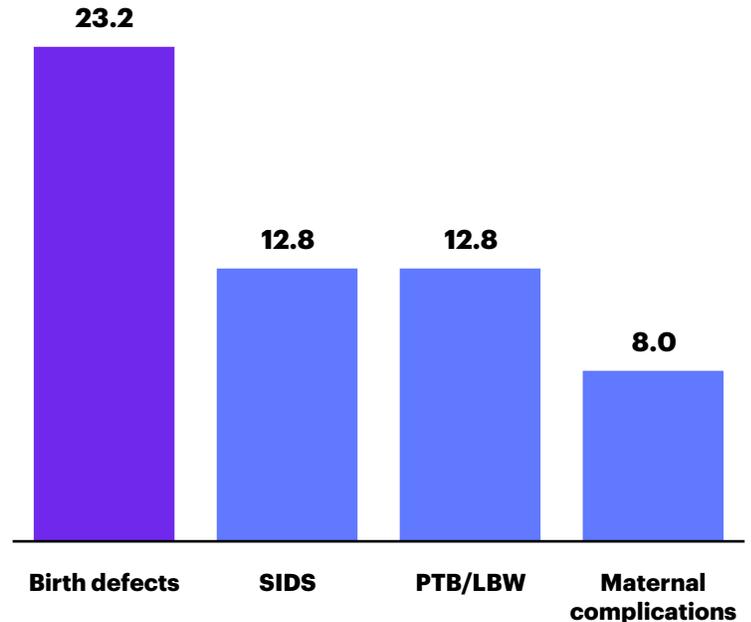
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

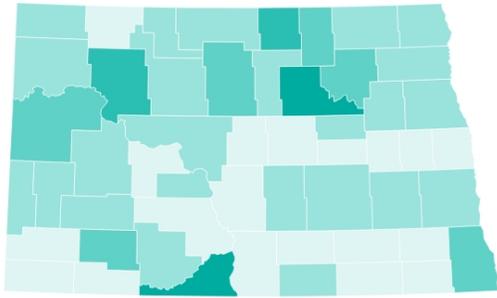


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 43.2% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

NORTH DAKOTA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in North Dakota are most vulnerable to poor outcomes due to the following factors:



General healthcare



Physical environment

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

27
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

17
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

N/A
PER 100,000 BIRTHS



23.2

MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.

19.7
PERCENT



26.6

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.

13.0
PERCENT



15.7

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

NORTH DAKOTA

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



MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.3%	1.30	4.4 deaths per 10K births	N/A	19.7%	79.2%
Rank	26th of 52	30th of 47	9th of 52	N/A	2nd of 52	20th of 52
Direction from prior year	No change	Worsened	Worsened	N/A	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

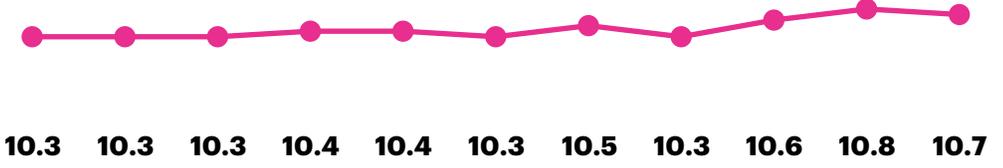
The preterm birth rate in Ohio was **10.7%** in 2023, lower than the rate in 2022

Percentage of live births born preterm

PRETERM BIRTH GRADE

D+

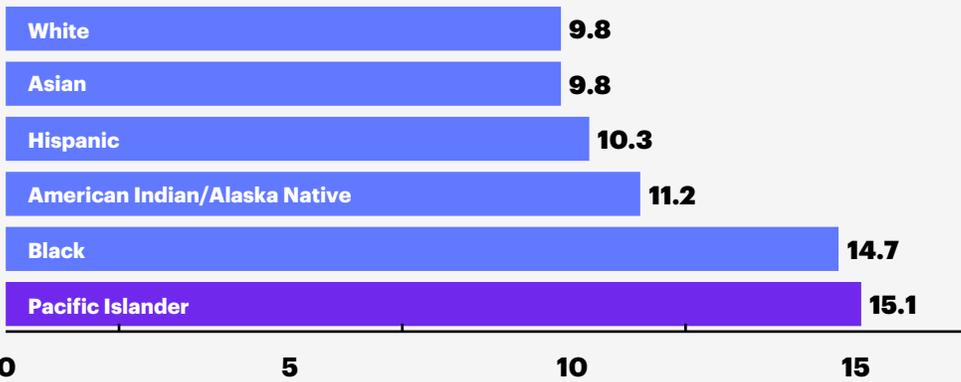
US RATE OH RATE OH RANK



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) **2023**

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

Preterm birth rate by race/ethnicity, 2021-2023



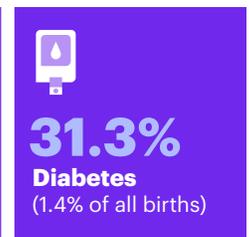
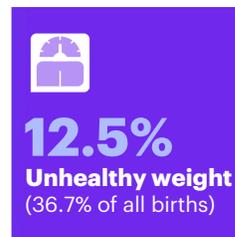
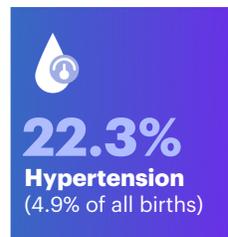
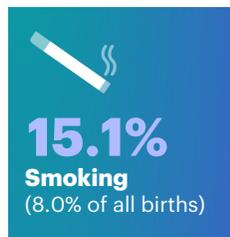
DISPARITY RATIO 1.19

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 912 babies died before their first birthday

INFANT MORTALITY RATE

7.1

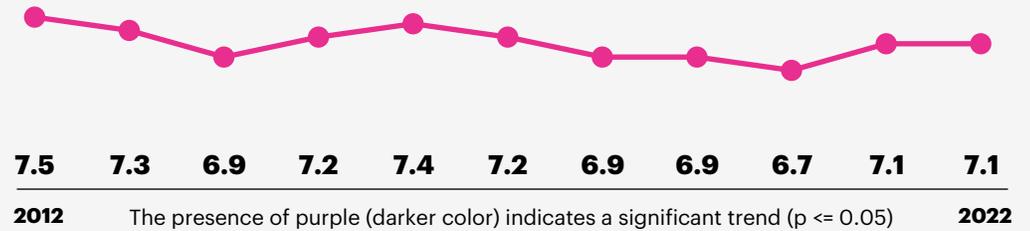
US RATE



OH RANK



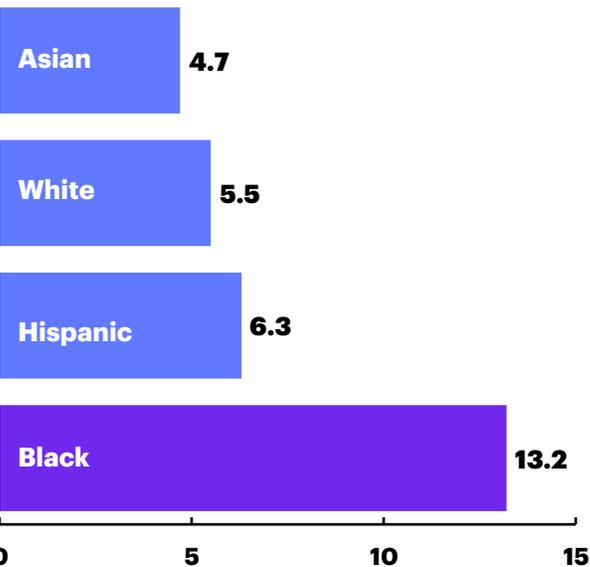
Rate per 1,000 live births



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

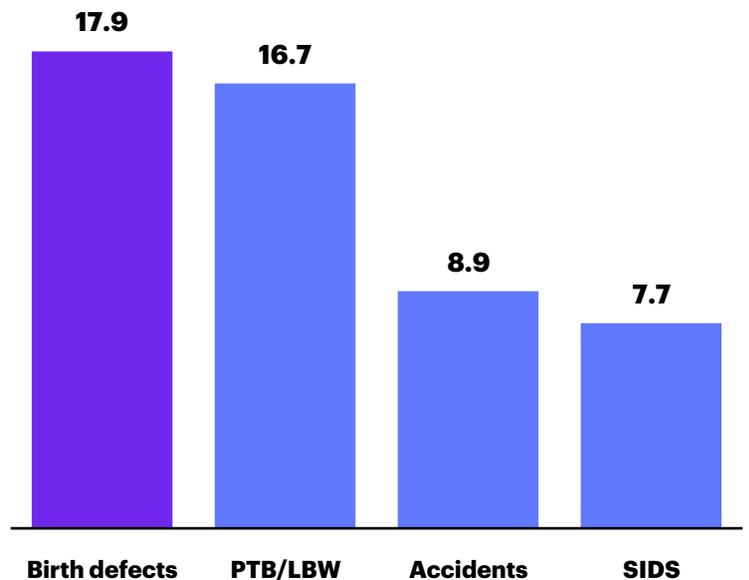
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

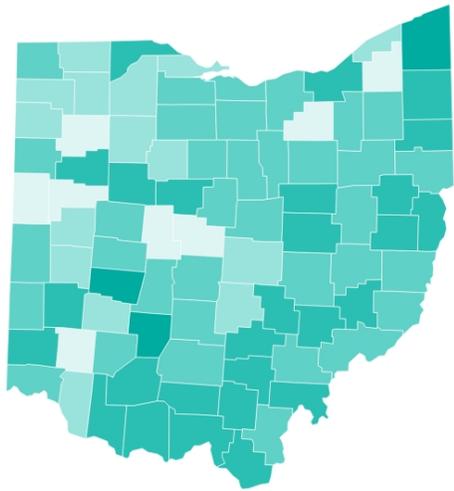


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 48.8% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

OHIO

Maternal Vulnerability Index by county



Very Low Low Moderate High Very High

The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Ohio are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



Physical health

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

20
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

6
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

24.5
PER 100,000 BIRTHS



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.

25.7
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.

14.7
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	10.7%	1.19	7.1 deaths per 10K births	24.5 deaths per 100K births	25.7%	79.5%
Rank	32nd of 52	6th of 47	43rd of 52	22nd of 40	26th of 52	18th of 52
Direction from prior year	Improved	Improved	Worsened	Worsened	Improved	No change
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Oklahoma was **11.0%** in 2023, lower than the rate in 2022

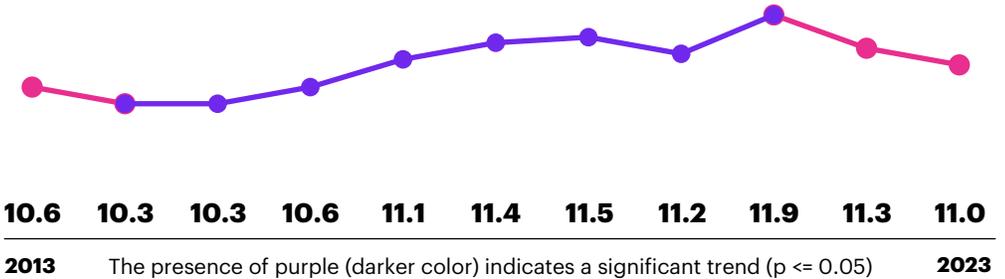
PRETERM BIRTH GRADE

D

US RATE OK RATE OK RANK

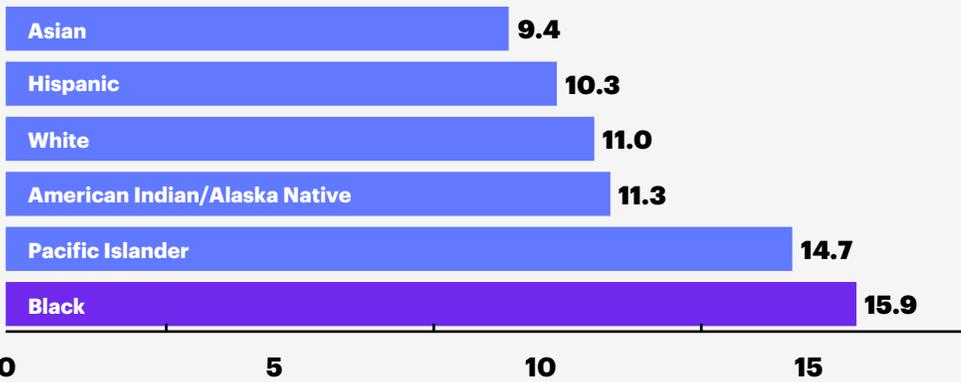


Percentage of live births born preterm



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, 2021-2023



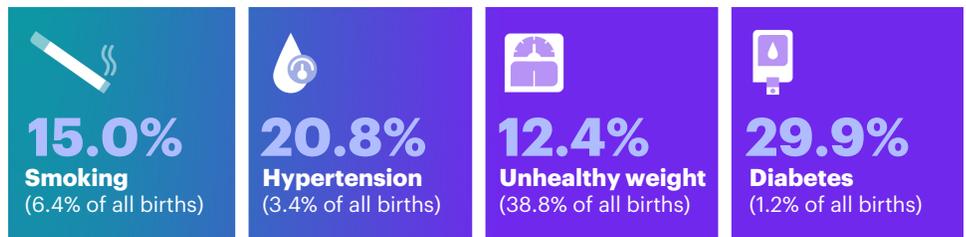
DISPARITY RATIO 1.29

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 333 babies died before their first birthday

INFANT MORTALITY RATE

6.9

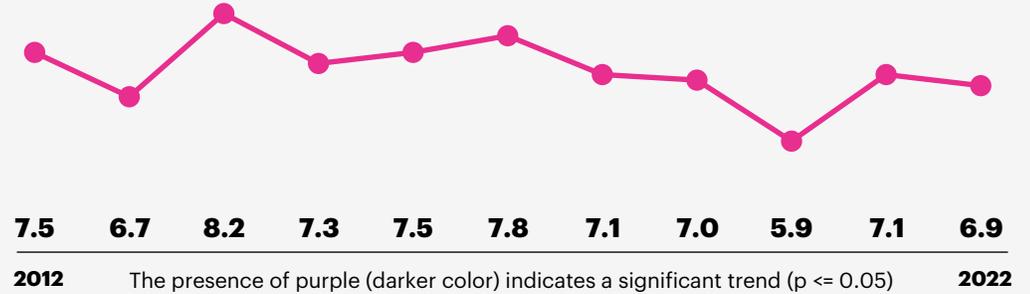
US RATE



OK RANK



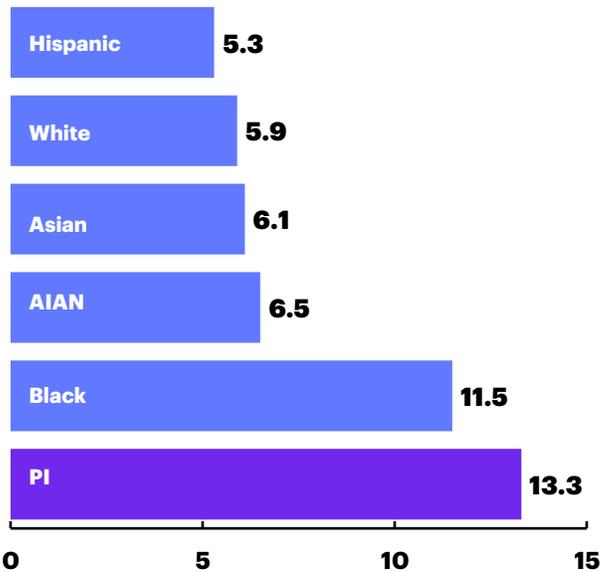
Rate per 1,000 live births



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

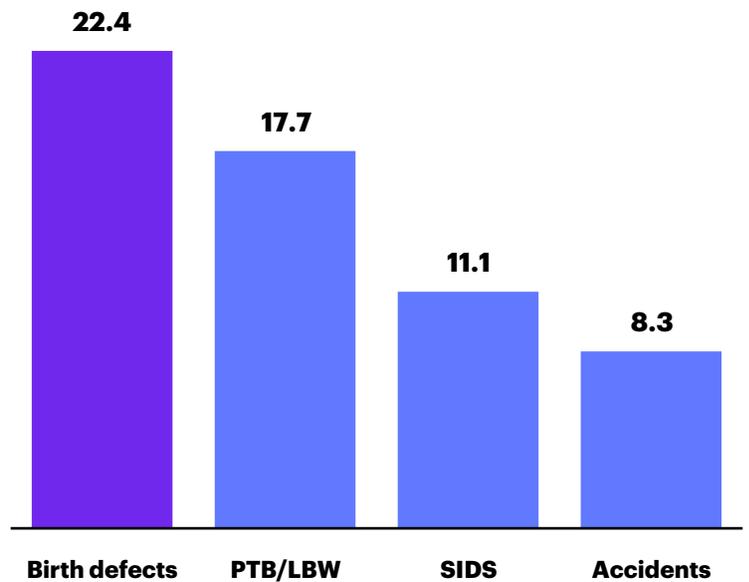
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

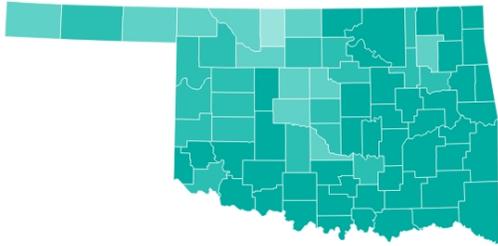


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 40.5% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

OKLAHOMA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Oklahoma are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



Physical health

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

40
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

6
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

29.6
PER 100,000 BIRTHS



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.

25.7
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.

14.5
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

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MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



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COMMITMENT TO PREVENTION

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Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.0%	1.29	6.9 deaths per 10K births	29.6 deaths per 100K births	25.7%	78.6%
Rank	37th of 52	28th of 47	42nd of 52	28th of 40	27th of 52	25th of 52
Direction from prior year	Improved	Worsened	Improved	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Oregon was **9.0%** in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE

B-

US RATE OR RATE OR RANK

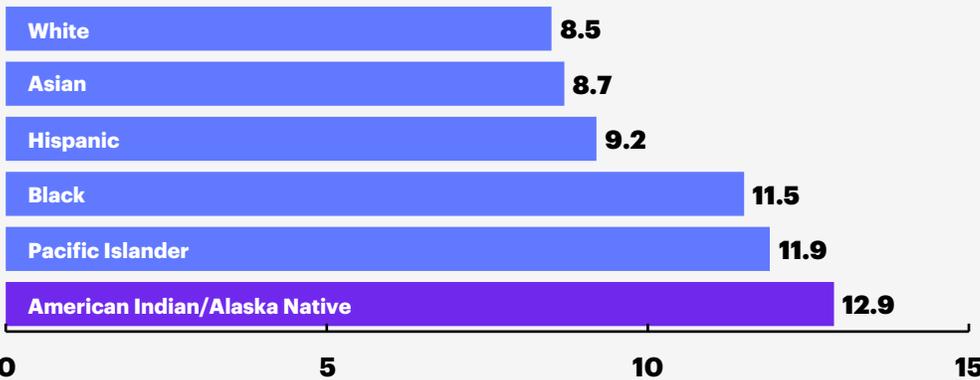


Percentage of live births born preterm



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, 2021-2023



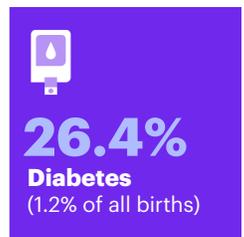
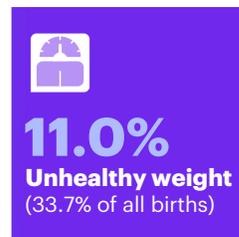
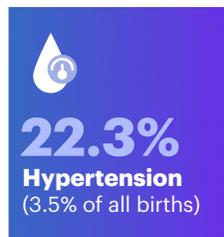
DISPARITY RATIO 1.29

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 177 babies died before their first birthday

INFANT MORTALITY RATE

4.5

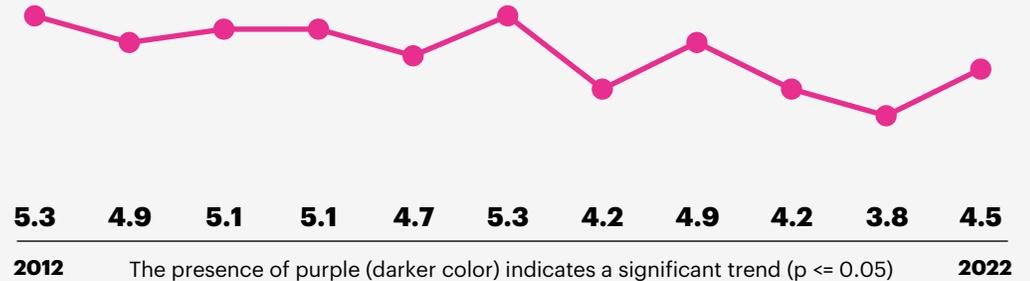
US RATE



OR RANK



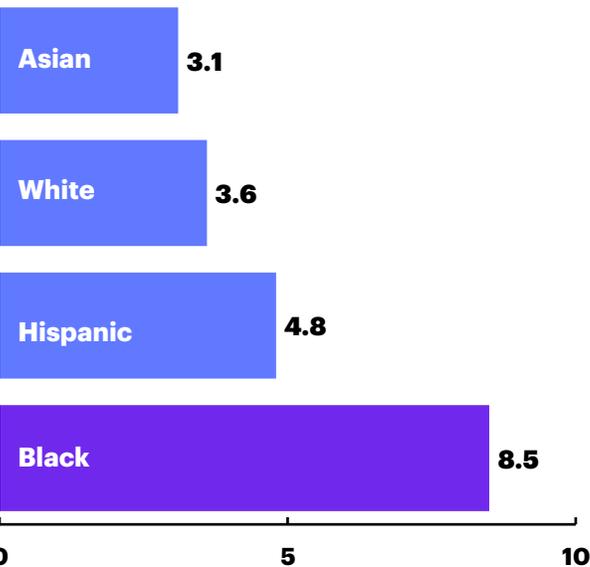
Rate per 1,000 live births



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

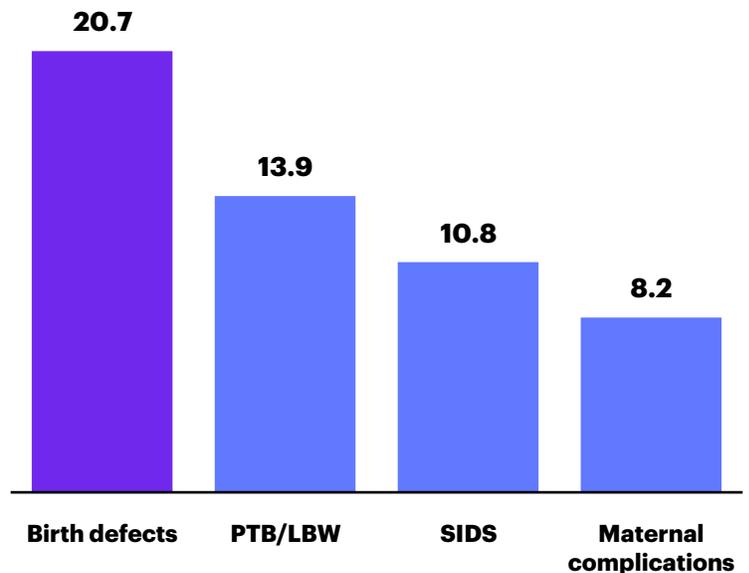
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

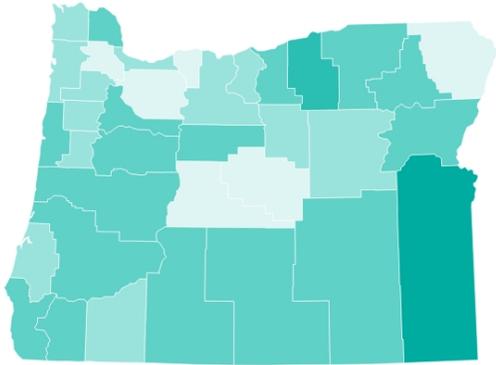


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 46.4% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

OREGON

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Oregon are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



Socioeconomic determinants

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

27
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

7
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

16.6

PER 100,000 BIRTHS



23.2

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.

24.0

PERCENT



26.6

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



15.7

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.0%	1.29	4.5 deaths per 10K births	16.6 deaths per 100K births	24.0%	78.8%
Rank	5th of 52	28th of 47	11th of 52	8th of 40	15th of 52	23rd of 52
Direction from prior year	Worsened	No change	Worsened	Worsened	Improved	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Pennsylvania was **9.7%** in 2023, higher than the rate in 2022

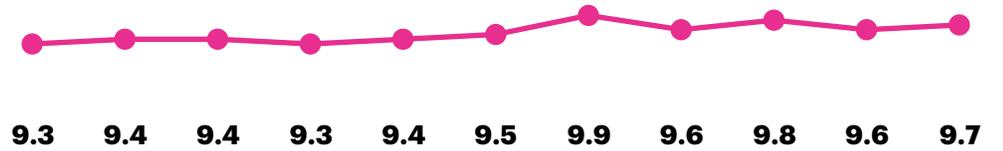
PRETERM BIRTH GRADE



US RATE PA RATE PA RANK



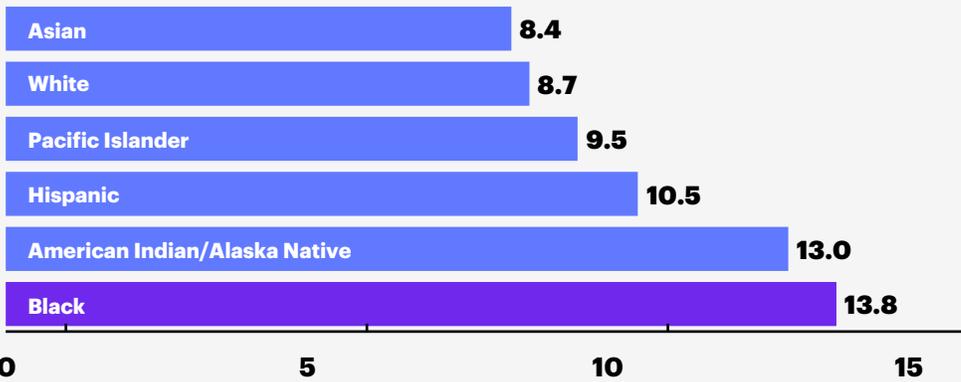
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) 2023

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, 2021-2023



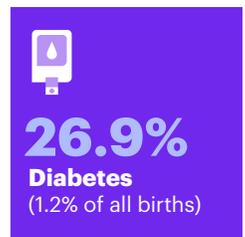
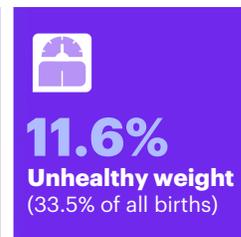
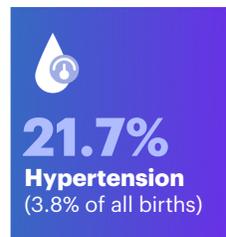
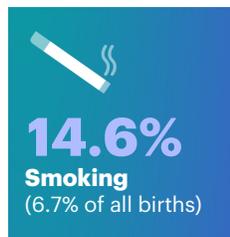
DISPARITY RATIO **1.30**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

PENNSYLVANIA

The infant mortality rate decreased in the last decade; In 2022, 741 babies died before their first birthday

INFANT MORTALITY RATE

5.7

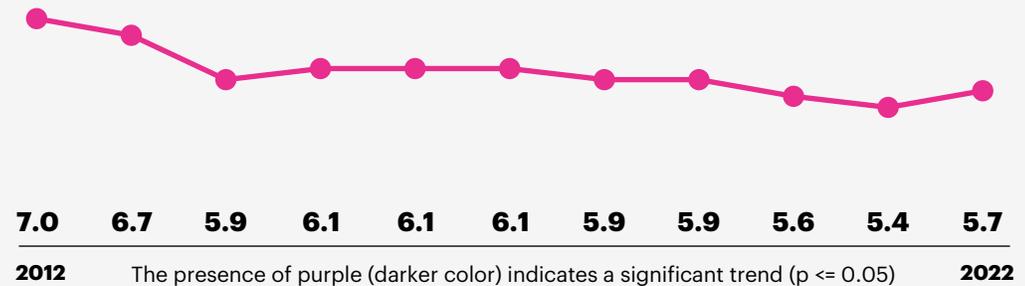
US RATE



PA RANK



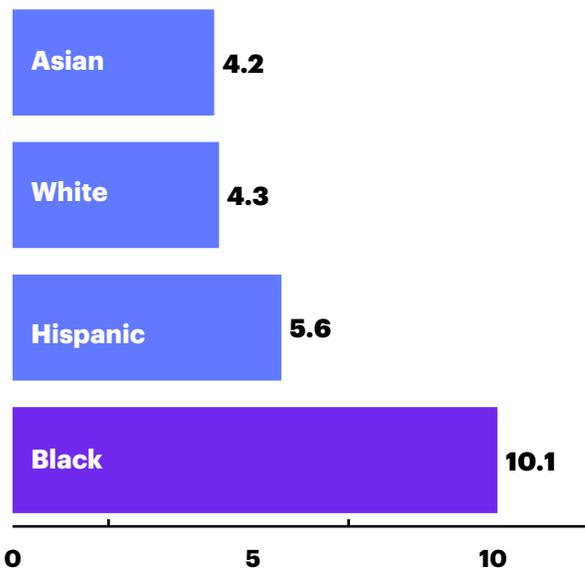
Rate per 1,000 live births



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

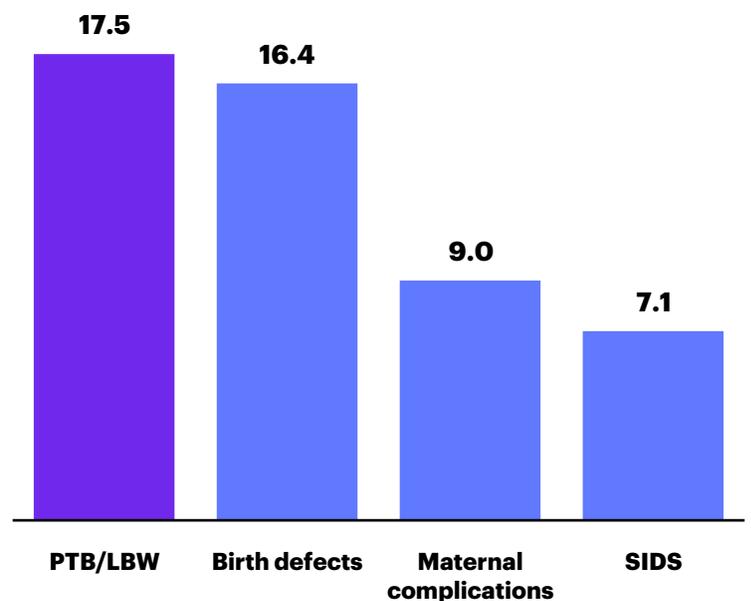
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

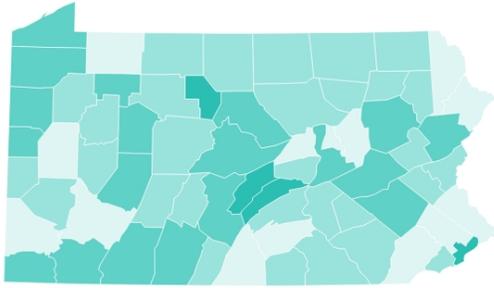


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 50.0% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

PENNSYLVANIA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Pennsylvania are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



Reproductive healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

17.5

PER 100,000 BIRTHS

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

25.6

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.



26.6

16.2

PERCENT

INADEQUATE PRENATAL CARE

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



15.7

Source: National Center for Health Statistics, Mortality data, 2018-2022. National Center for Health Statistics, Natality data, 2023.

PENNSYLVANIA

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



MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.7%	1.30	5.7 deaths per 10K births	17.5 deaths per 100K births	25.6%	74.5%
Rank	16th of 52	30th of 47	22nd of 52	9th of 40	25th of 52	37th of 52
Direction from prior year	Worsened	Worsened	Worsened	Worsened	Improved	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Rhode Island was **9.6%** in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE



US RATE



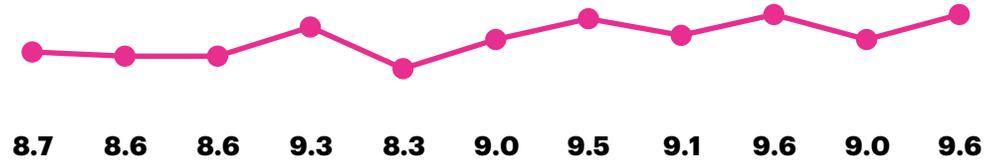
RI RATE



RI RANK



Percentage of live births born preterm

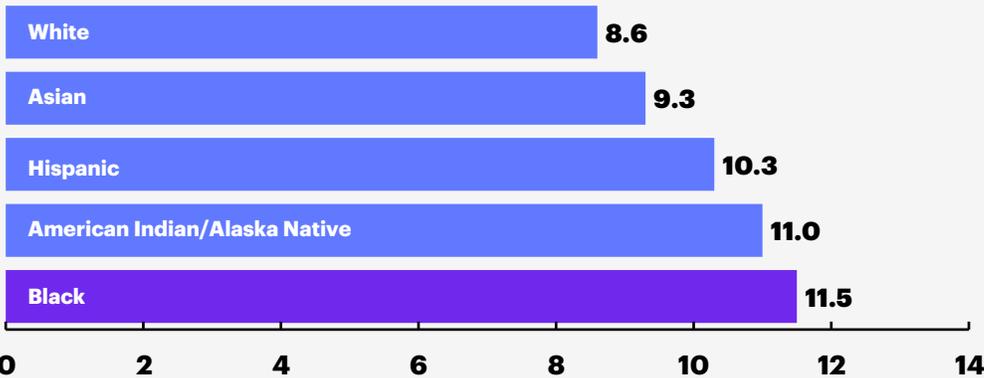


2013 The presence of purple (darker color) indicates a significant trend (p <= 0.05)

2023

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

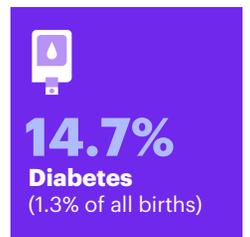
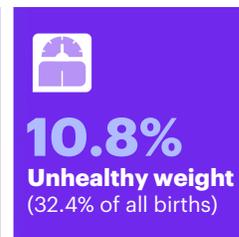
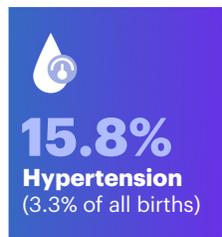
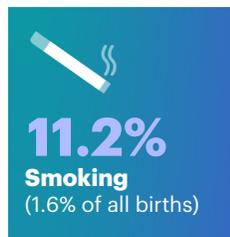
Preterm birth rate by race/ethnicity, 2021-2023



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

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

RHODE ISLAND

The infant mortality rate decreased in the last decade; In 2022, 40 babies died before their first birthday

INFANT MORTALITY RATE

3.9

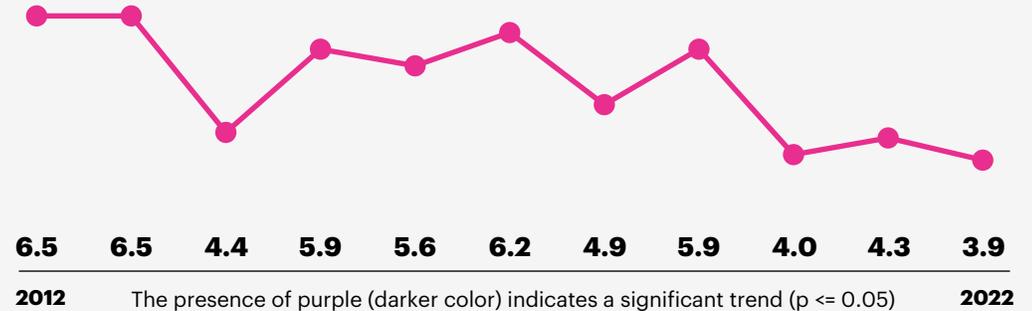
US RATE



RI RANK



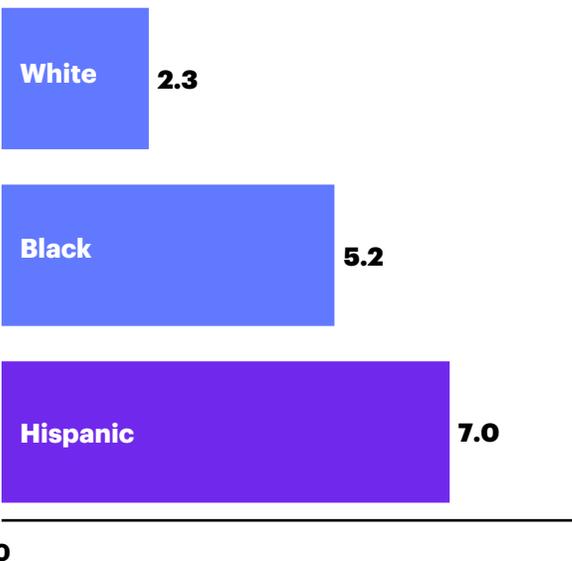
Rate per 1,000 live births



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

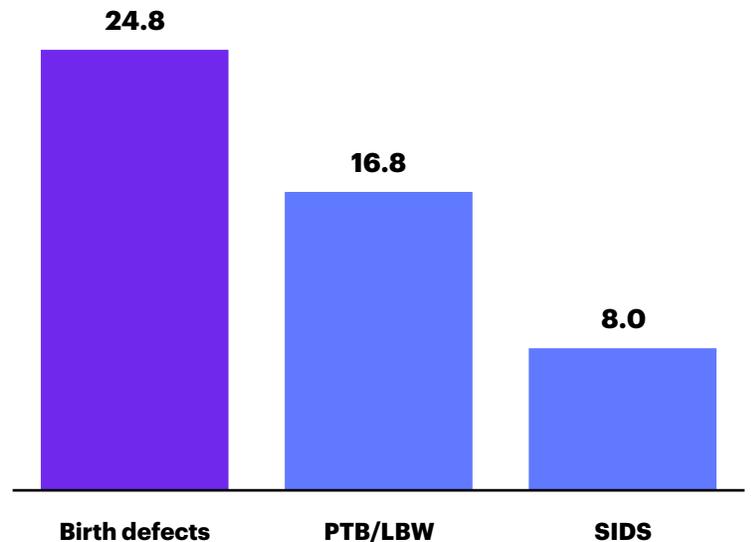
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022



Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 50.4% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

RHODE ISLAND

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Rhode Island are most vulnerable to poor outcomes due to the following factors:



Socioeconomic determinants



Mental health and substance use

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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



MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.



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.



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 4 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.6%	1.20	3.9 deaths per 10K births	N/A	28.0%	83.9%
Rank	14th of 52	9th of 47	4th of 52	N/A	39th of 52	7th of 52
Direction from prior year	Worsened	Worsened	Improved	N/A	Improved	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

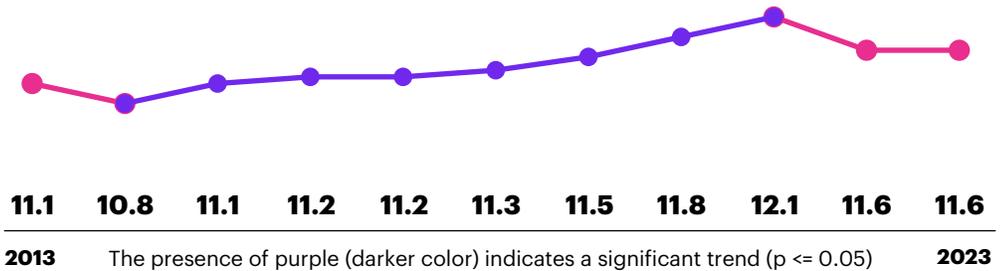
Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in South Carolina was **11.6%** in 2023, the same as the rate in 2022

PRETERM BIRTH GRADE



Percentage of live births born preterm

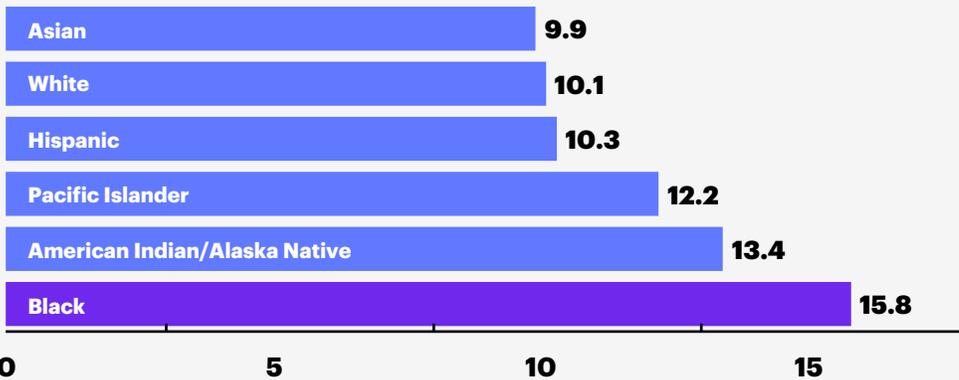


US RATE SC RATE SC RANK



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, 2021-2023



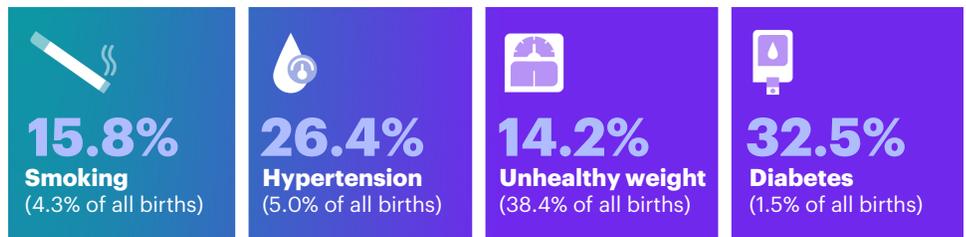
DISPARITY RATIO **1.22**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

SOUTH CAROLINA

The infant mortality rate decreased in the last decade; In 2022, 391 babies died before their first birthday

INFANT MORTALITY RATE

6.8

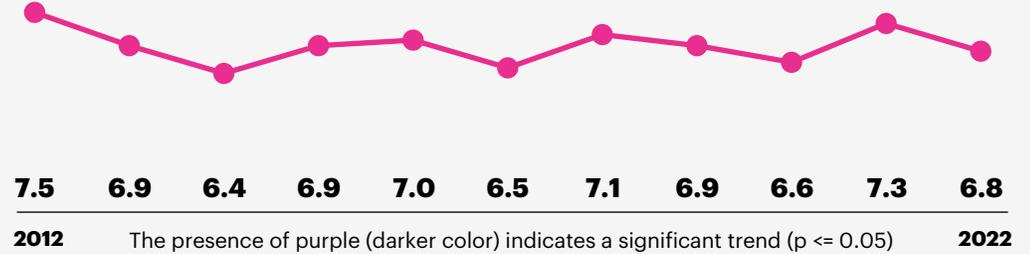
US RATE



SC RANK



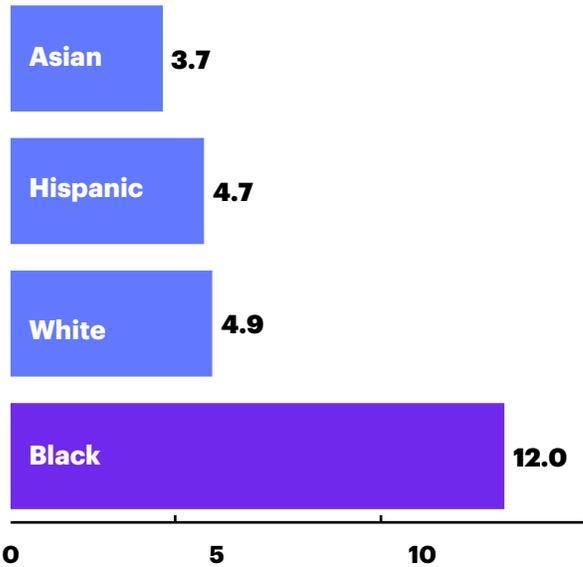
Rate per 1,000 live births



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

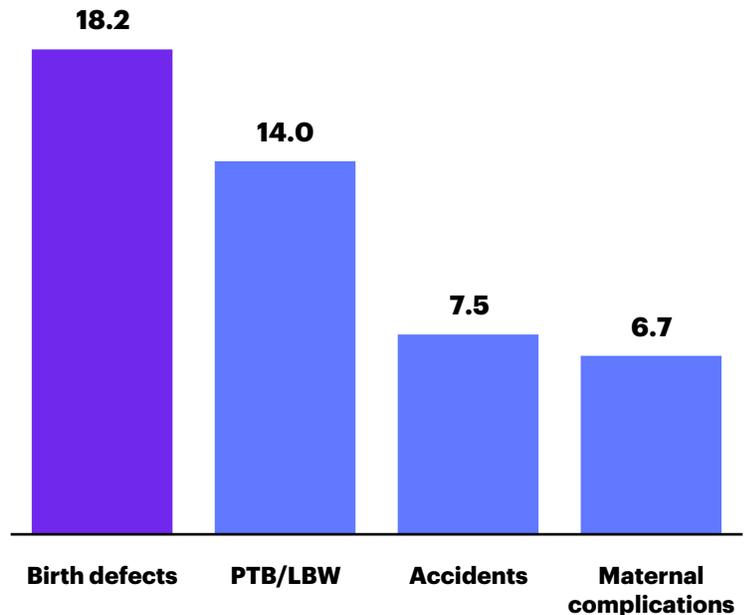
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

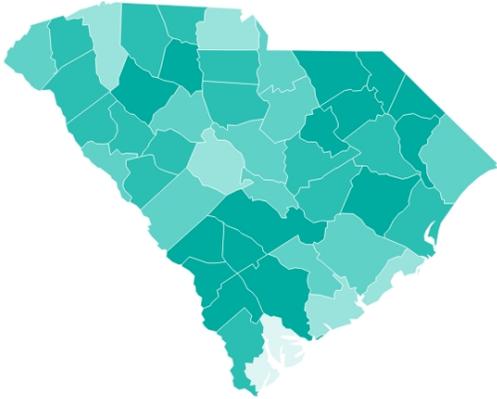


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 53.6% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

SOUTH CAROLINA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand **where and why** birthing people may be more likely to have poor health outcomes

Birthing people in South Carolina are most vulnerable to poor outcomes due to the following factors:



Physical health



Socioeconomic determinants

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to **extreme heat or air pollution** can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

32
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

1
DAY



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

32.3
PER 100,000 BIRTHS



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.

25.2
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.

16.1
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

SOUTH CAROLINA

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



MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.6%	1.22	6.8 deaths per 10K births	32.3 deaths per 100K births	25.2%	79.5%
Rank	44th of 52	14th of 47	40th of 52	32nd of 40	23rd of 52	18th of 52
Direction from prior year	No change	Improved	Improved	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in South Dakota was **12.5%** in 2023, higher than the rate in 2022

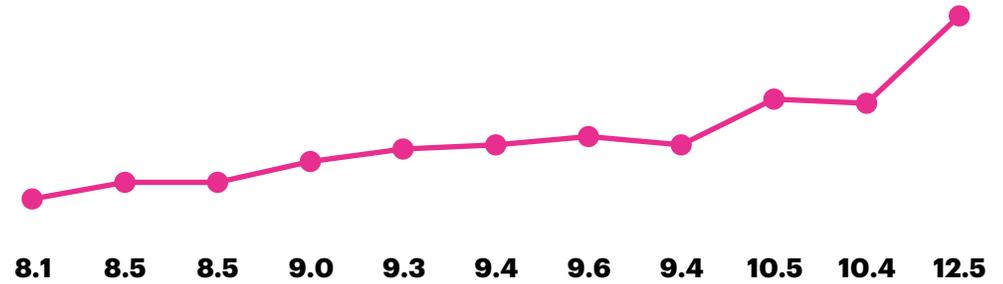
PRETERM BIRTH GRADE



US RATE SD RATE SD RANK



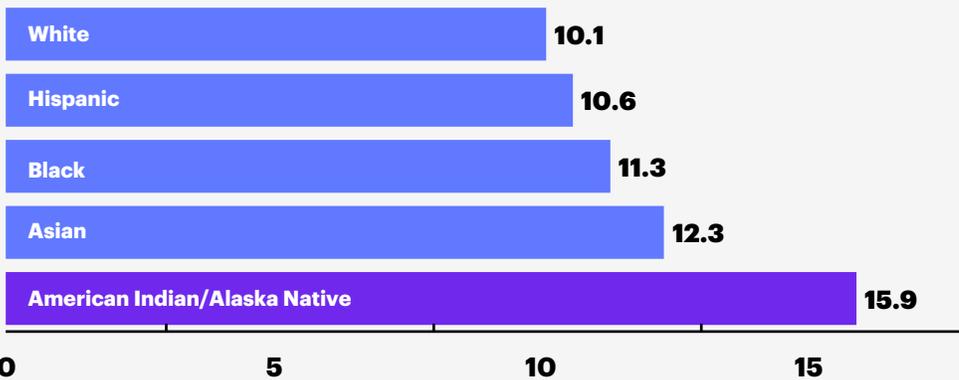
Percentage of live births born preterm



The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$)

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, 2021-2023



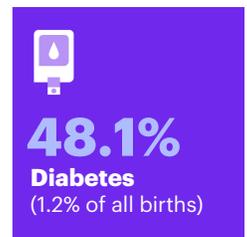
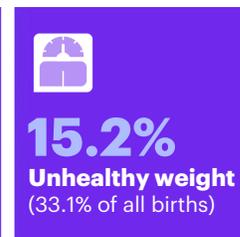
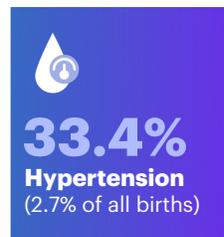
DISPARITY RATIO **1.25**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

SOUTH DAKOTA

The infant mortality rate **decreased in the last decade**; In **2022, 87 babies died** before their first birthday

INFANT MORTALITY RATE

7.8

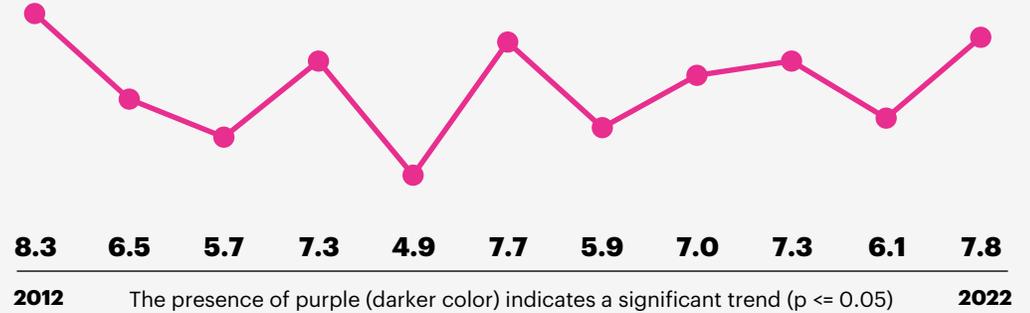
US RATE



SD RANK



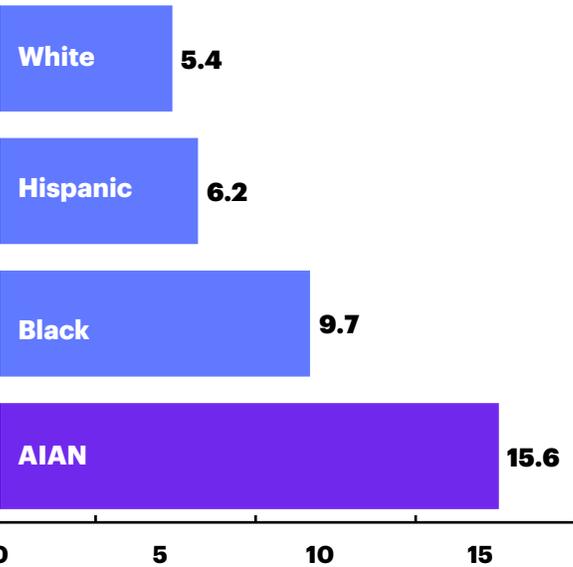
Rate per 1,000 live births



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

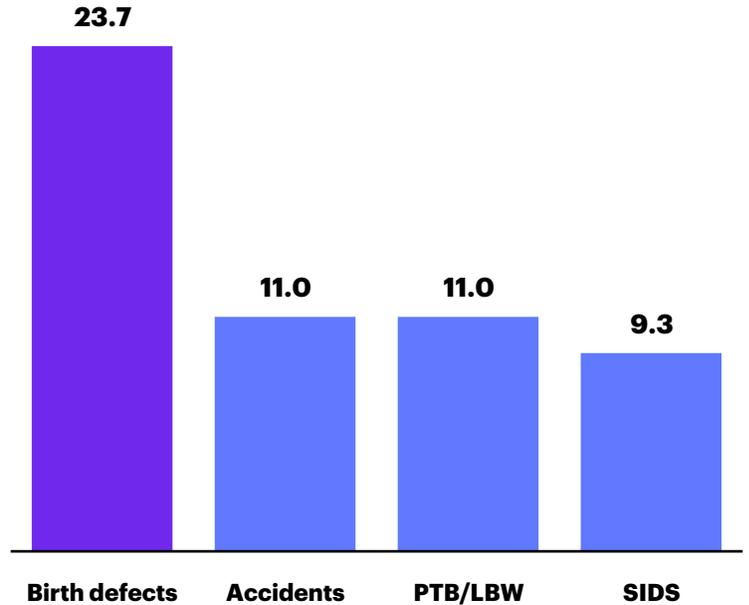
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

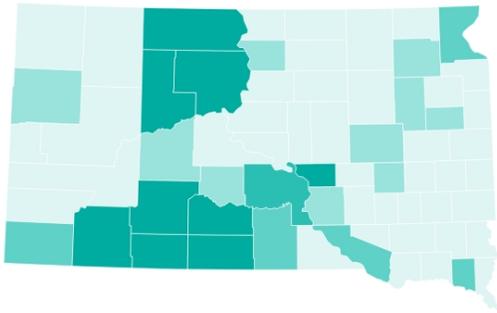


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 45.0% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

SOUTH DAKOTA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in South Dakota are most vulnerable to poor outcomes due to the following factors:



General healthcare



Physical health

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at:

<http://www.cdc.gov/heatrisk>

21
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

11
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

N/A
PER 100,000 BIRTHS



23.2

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.

19.1
PERCENT



26.6

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.

16.2
PERCENT



15.7

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

SOUTH DAKOTA

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



MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	12.5%	1.25	7.8 deaths per 10K births	N/A	19.1%	76.5%
Rank	48th of 52	22nd of 47	51st of 52	N/A	1st of 52	31st of 52
Direction from prior year	Worsened	No change	Worsened	N/A	Worsened	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Tennessee was **11.3%** in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE

D-

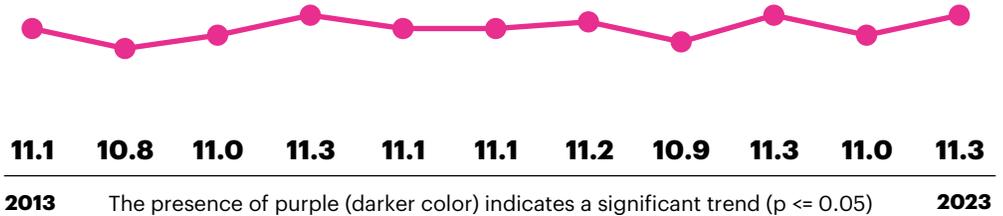
US RATE

TN RATE

TN RANK

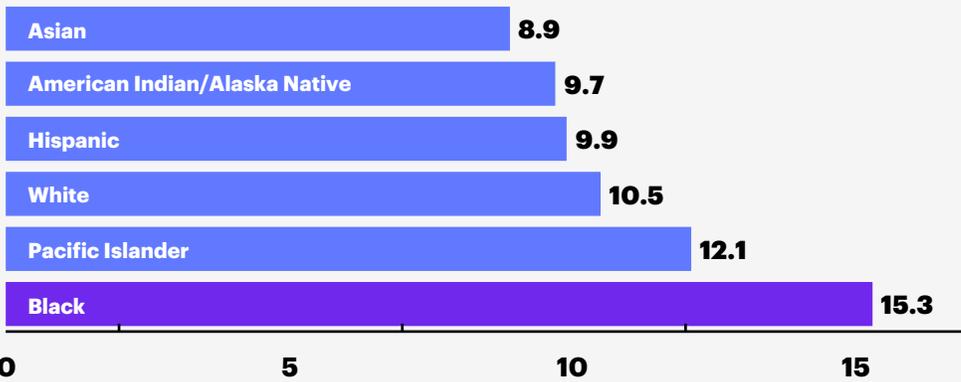


Percentage of live births born preterm



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, 2021-2023



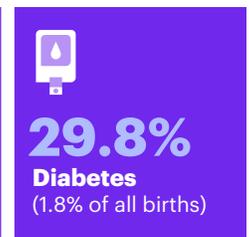
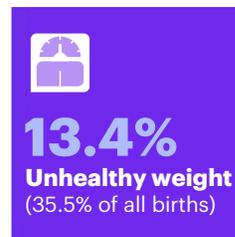
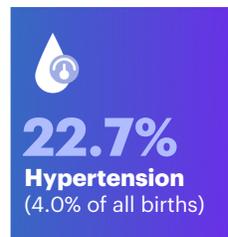
DISPARITY RATIO 1.33

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

TENNESSEE

The infant mortality rate decreased in the last decade; In 2022, 544 babies died before their first birthday

INFANT MORTALITY RATE

6.6

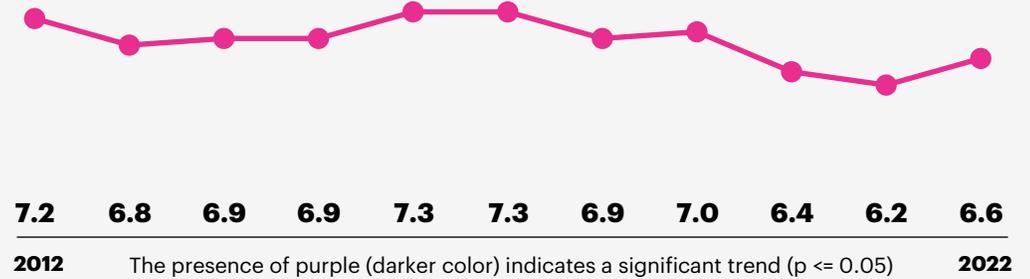
US RATE



TN RANK



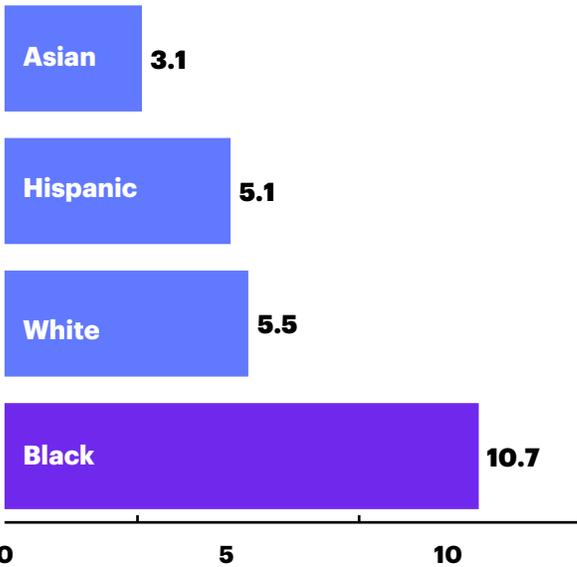
Rate per 1,000 live births



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

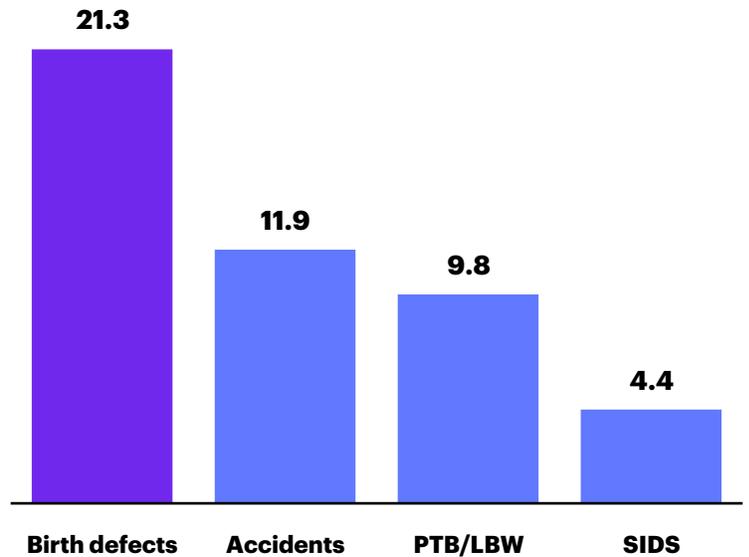
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022



Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 52.6% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

TENNESSEE

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Tennessee are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



Physical health



Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

30
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

3
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

41.1

PER 100,000 BIRTHS



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.

26.5

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.

18.4

PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

TENNESSEE

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.3%	1.33	6.6 deaths per 10K births	41.1 deaths per 100K births	26.5%	73.7%
Rank	42nd of 52	36th of 47	36th of 52	39th of 40	31st of 52	41st of 52
Direction from prior year	Worsened	Worsened	Worsened	Improved	Worsened	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

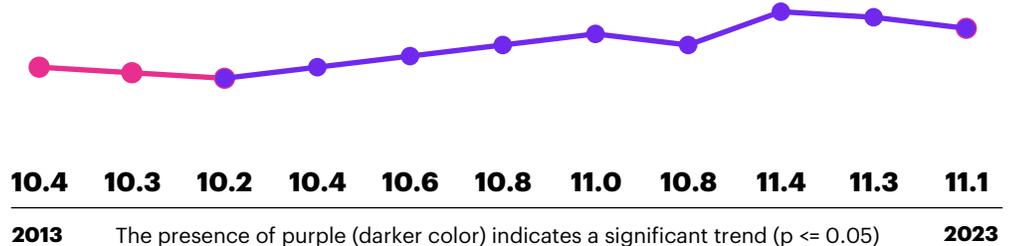
The preterm birth rate in Texas was **11.1%** in 2023, lower than the rate in 2022

PRETERM BIRTH GRADE



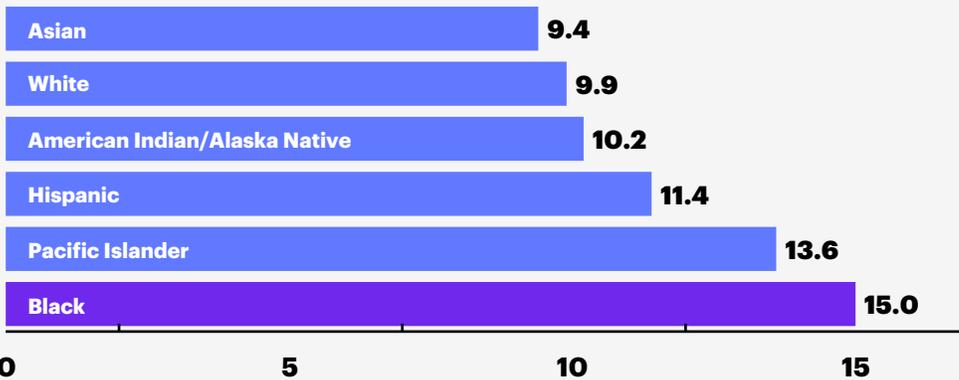
Percentage of live births born preterm

US RATE	TX RATE	TX RANK
10.4	11.1	40



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, 2021-2023



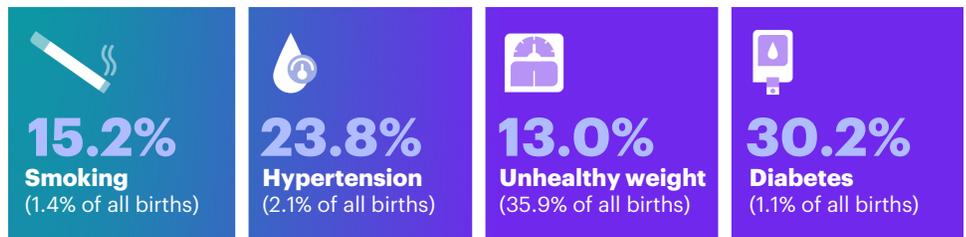
DISPARITY RATIO 1.28

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 2,228 babies died before their first birthday

INFANT MORTALITY RATE

5.7

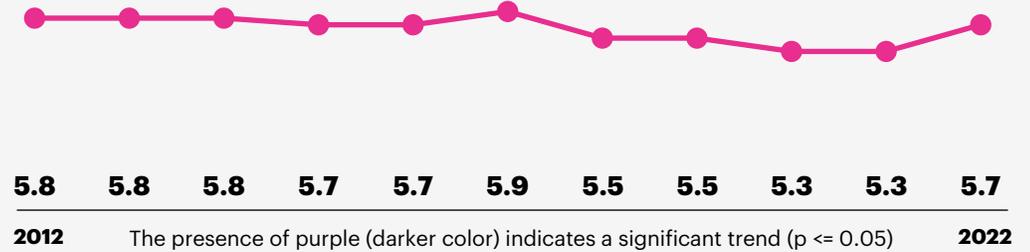
US RATE



TX RANK



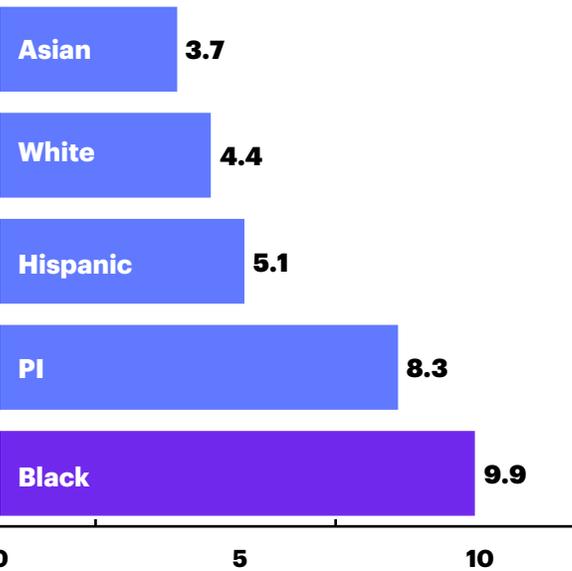
Rate per 1,000 live births



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

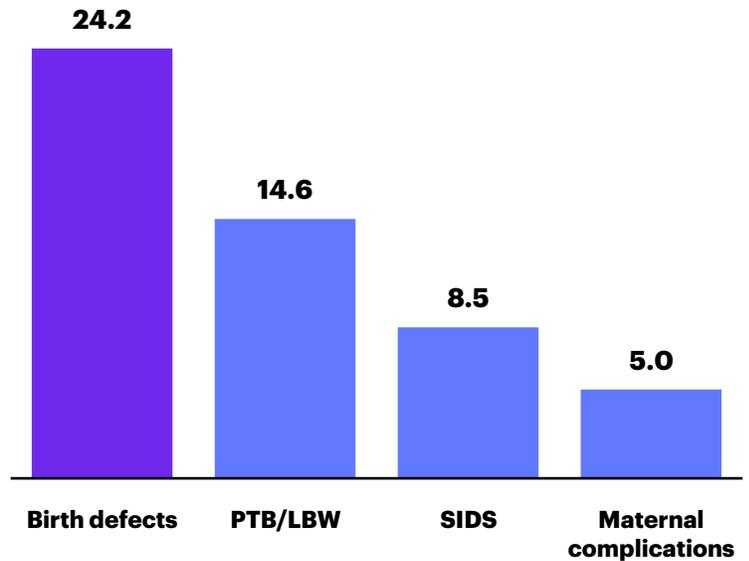
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

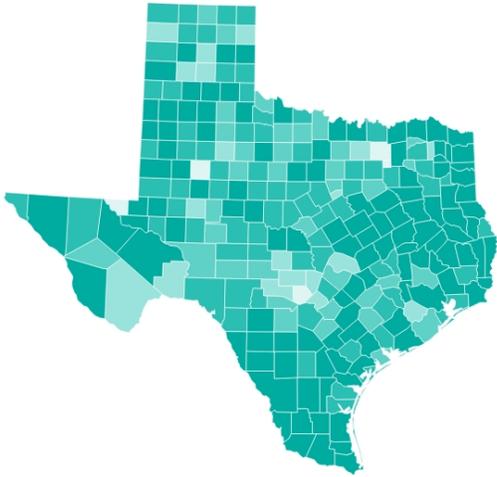


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 47.7% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

TEXAS

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Texas are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

62
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

7
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

28.2
PER 100,000 BIRTHS



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.

27.8
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.

22.0
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 0 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.1%	1.28	5.7 deaths per 10K births	28.2 deaths per 100K births	27.8%	68.8%
Rank	40th of 52	26th of 47	22nd of 52	27th of 40	38th of 52	47th of 52
Direction from prior year	Improved	Worsened	Worsened	Worsened	Worsened	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Utah was **9.4%** in 2023, the same as the rate in 2022

Percentage of live births born preterm

PRETERM BIRTH GRADE

C+

US RATE



UT RATE



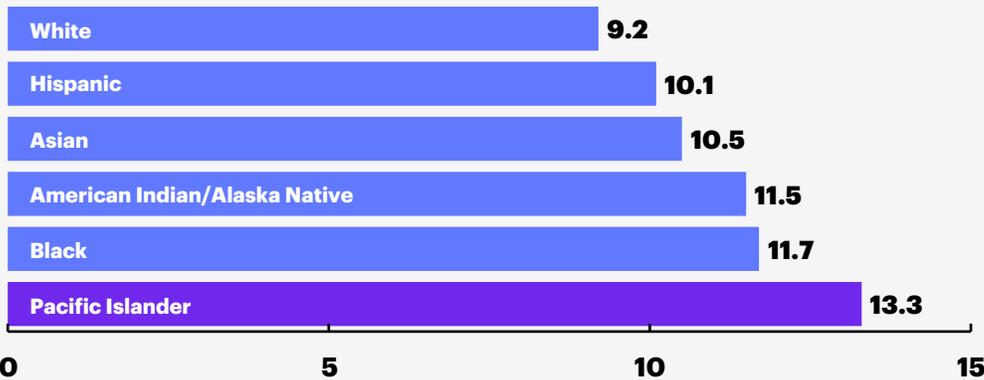
UT RANK



2013 The presence of purple (darker color) indicates a significant trend (p <= 0.05) 2023

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

Preterm birth rate by race/ethnicity, 2021-2023



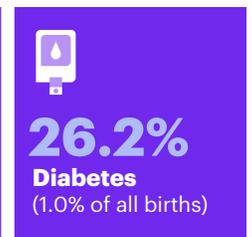
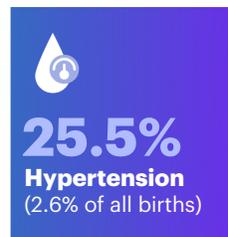
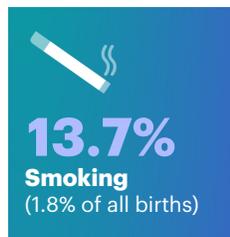
DISPARITY RATIO 1.25

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate increased in the last decade; In 2022, 230 babies died before their first birthday

INFANT MORTALITY RATE

5.0

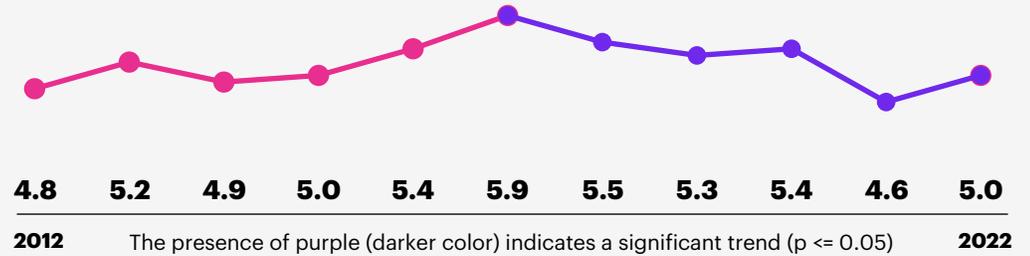
US RATE



UT RANK



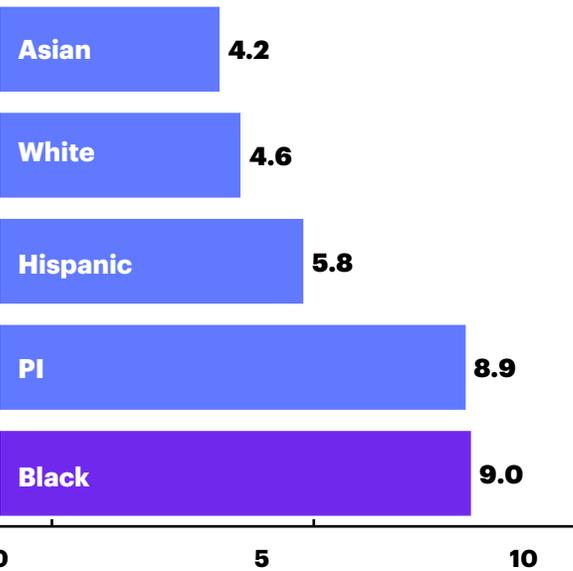
Rate per 1,000 live births



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

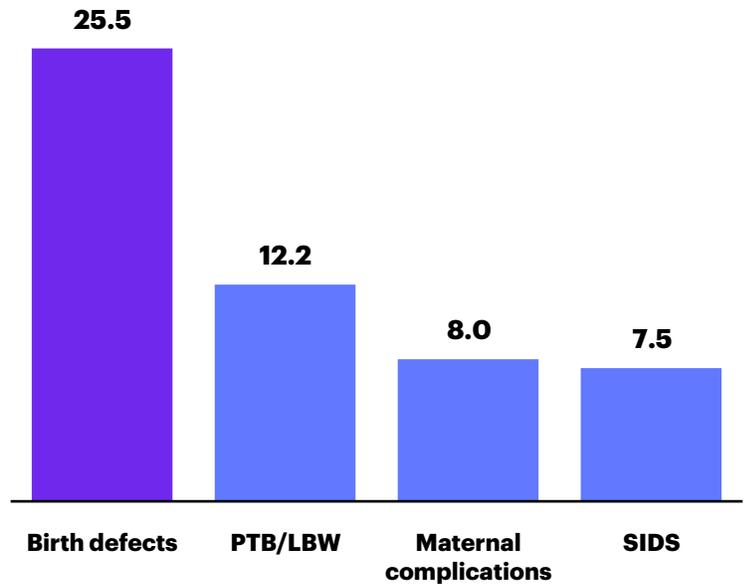
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

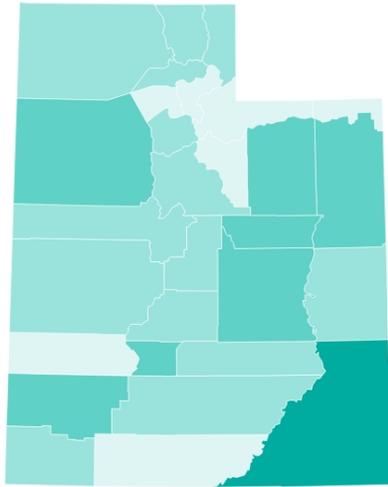


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 46.8% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

UTAH

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Utah are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

31
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

7
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

15.5

PER 100,000 BIRTHS



MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.

20.5

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.

12.7

PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.4%	1.25	5 deaths per 10K births	15.5 deaths per 100K births	20.5%	80.8%
Rank	11th of 52	22nd of 47	16th of 52	4th of 40	4th of 52	14th of 52
Direction from prior year	No change	No change	Worsened	Improved	Worsened	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Vermont was **7.7%** in 2023, lower than the rate in 2022

PRETERM BIRTH GRADE

A

US RATE



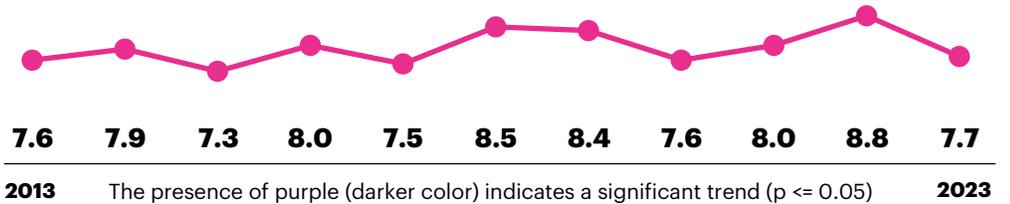
VT RATE



VT RANK

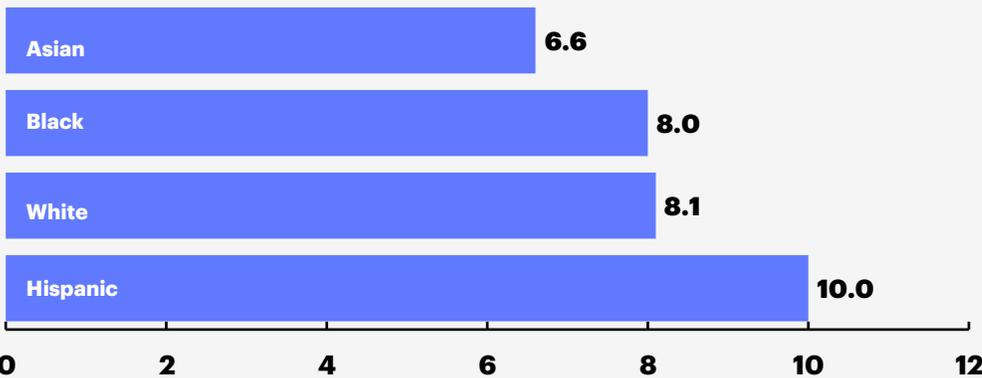


Percentage of live births born preterm



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

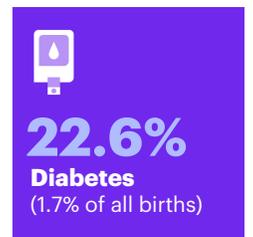
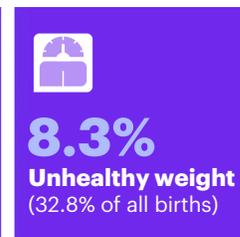
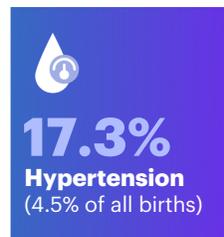
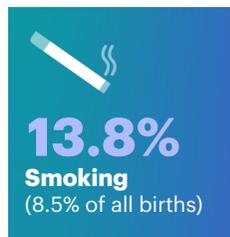
Preterm birth rate by race/ethnicity, 2021-2023



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

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

VERMONT

The infant mortality rate **increased in the last decade; In 2022, 26 babies died** before their first birthday

INFANT MORTALITY RATE

4.9

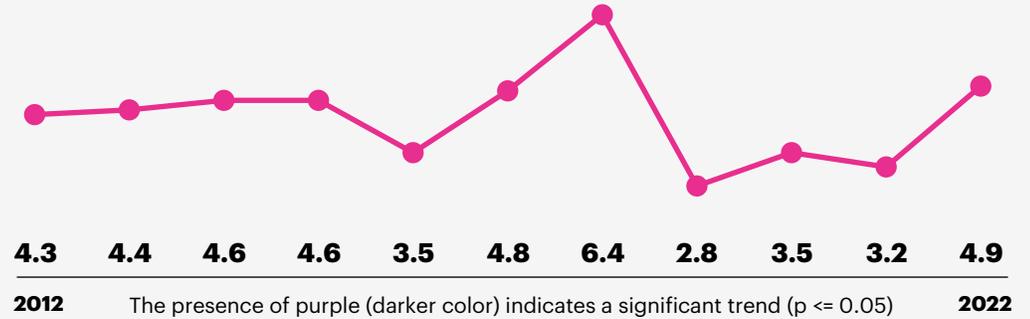
US RATE



VT RANK



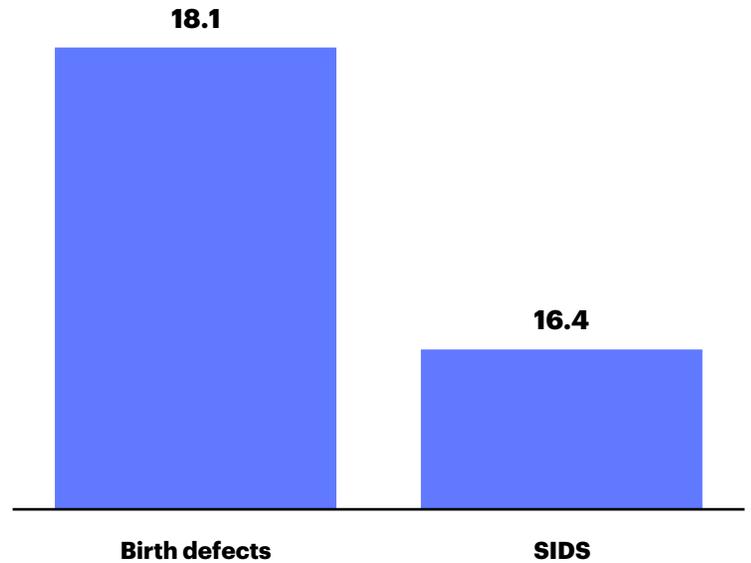
Rate per 1,000 live births



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 underlying cause, 2020-2022

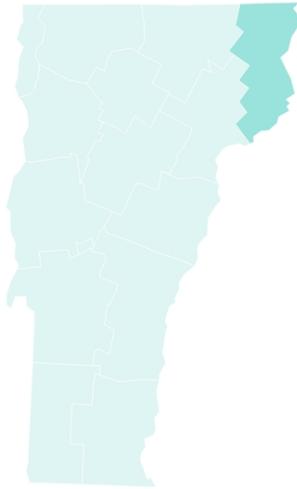


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 65.5% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

VERMONT

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Vermont are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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



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.



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.



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



State has adopted policies that support the growth and sustainability of the midwifery workforce.

MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	7.7%	N/A	4.9 deaths per 10K births	N/A	23.7%	87.5%
Rank	1st of 52	N/A	15th of 52	N/A	14th of 52	1st of 52
Direction from prior year	Improved	N/A	Worsened	N/A	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Virginia was 9.8% in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE



US RATE VA RATE VA RANK

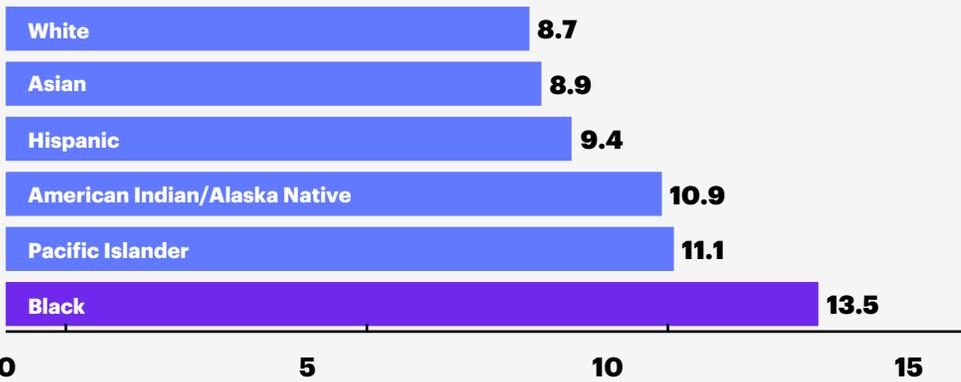


Percentage of live births born preterm



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, 2021-2023



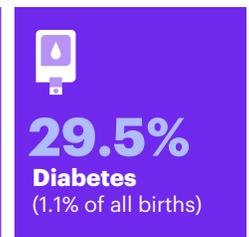
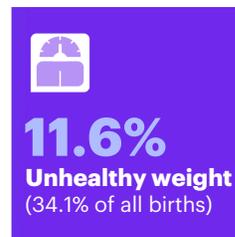
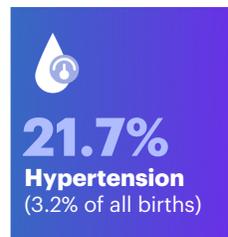
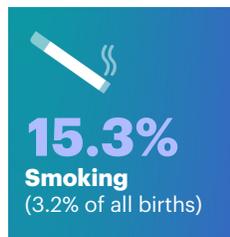
DISPARITY RATIO **1.22**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

VIRGINIA

The infant mortality rate decreased in the last decade; In 2022, 594 babies died before their first birthday

INFANT MORTALITY RATE

6.2

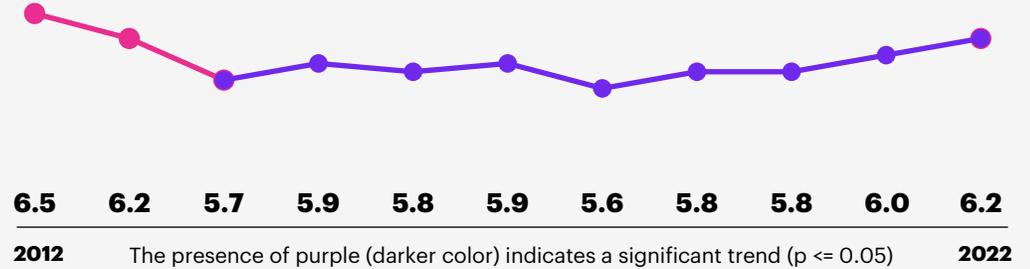
US RATE



VA RANK



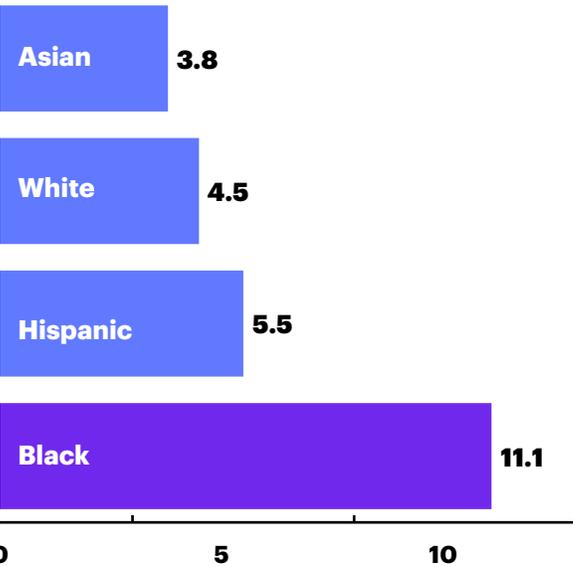
Rate per 1,000 live births



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

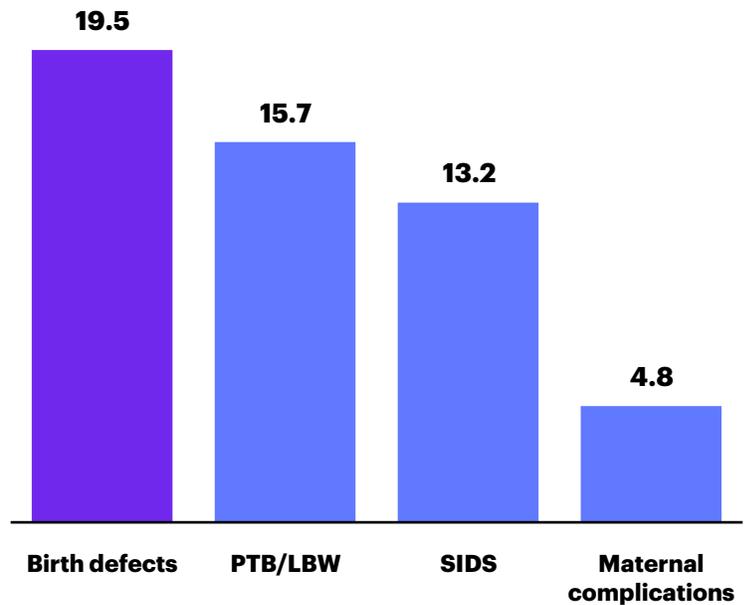
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

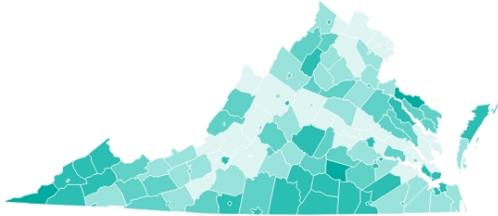


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 46.8% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

VIRGINIA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand **where and why** birthing people may be more likely to have poor health outcomes

Birthing people in Virginia are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



Physical health



Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to **extreme heat or air pollution** can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

27
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

3
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

32.7
PER 100,000 BIRTHS



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



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



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 4 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



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State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.8%	1.22	6.2 deaths per 10K births	32.7 deaths per 100K births	26.3%	79.5%
Rank	18th of 52	14th of 47	32nd of 52	33rd of 40	30th of 52	18th of 52
Direction from prior year	Worsened	Worsened	Worsened	Worsened	Improved	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Washington was **8.7%** in 2023, lower than the rate in 2022

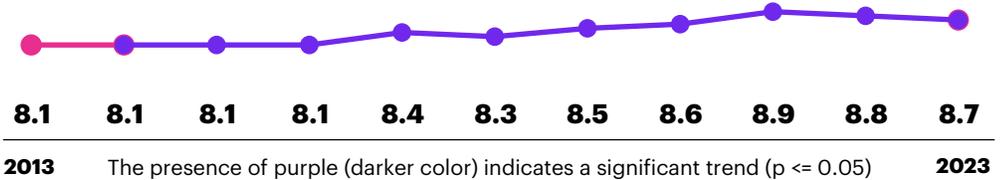
PRETERM BIRTH GRADE

B

US RATE WA RATE WA RANK

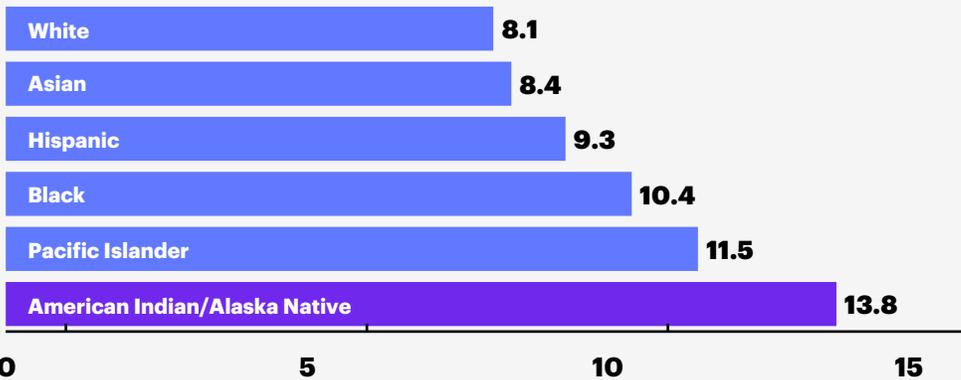


Percentage of live births born preterm



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, 2021-2023



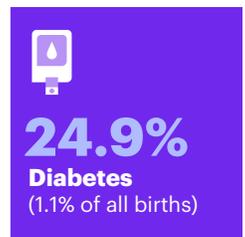
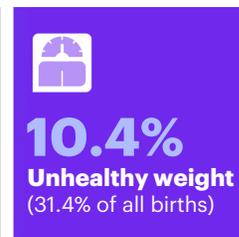
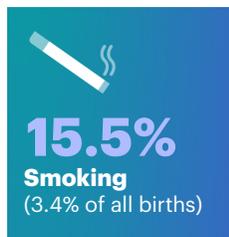
DISPARITY RATIO **1.33**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 362 babies died before their first birthday

INFANT MORTALITY RATE

4.3

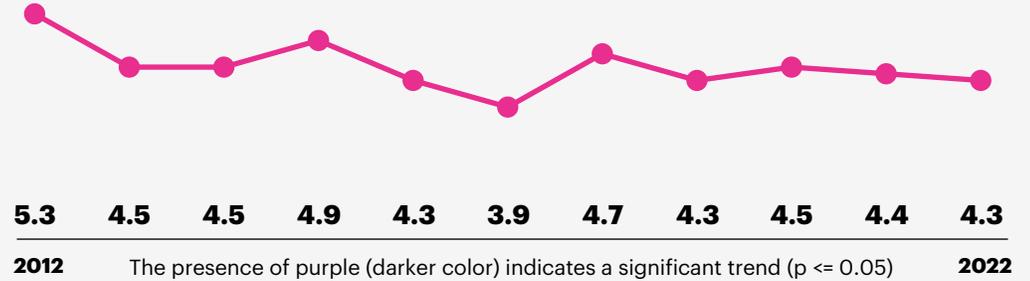
US RATE



WA RANK



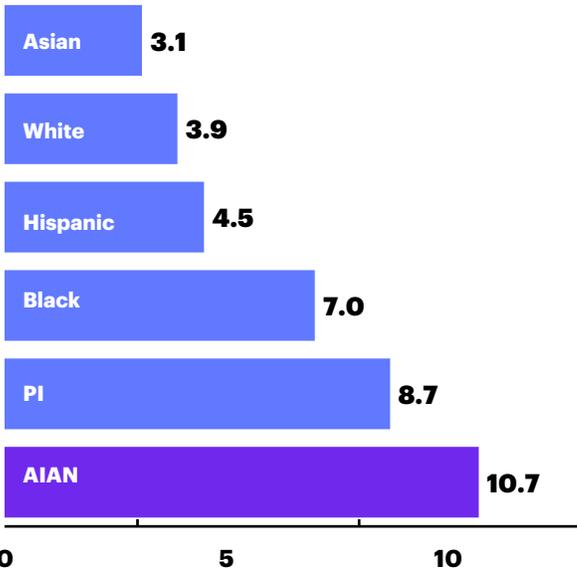
Rate per 1,000 live births



The infant mortality rate among babies born to AIAN birthing people is 2.5x the state rate

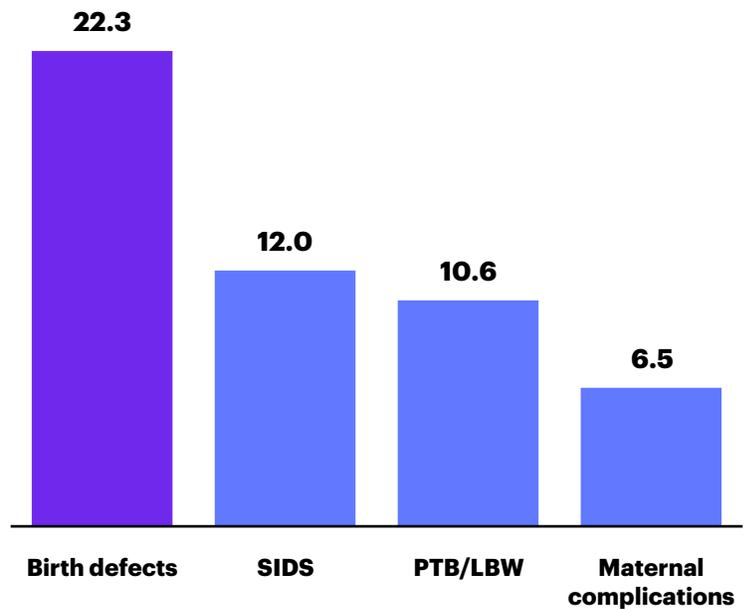
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

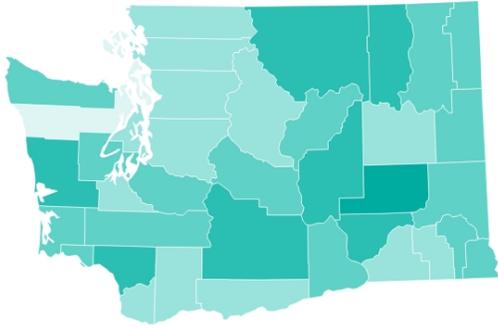


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 48.6% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

WASHINGTON

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Washington are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



Reproductive healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

26
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

3
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

18.0
PER 100,000 BIRTHS



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.

26.2
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.

17.0
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	8.7%	1.33	4.3 deaths per 10K births	18 deaths per 100K births	26.2%	71.1%
Rank	3rd of 52	36th of 47	7th of 52	10th of 40	29th of 52	45th of 52
Direction from prior year	Improved	Worsened	Improved	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

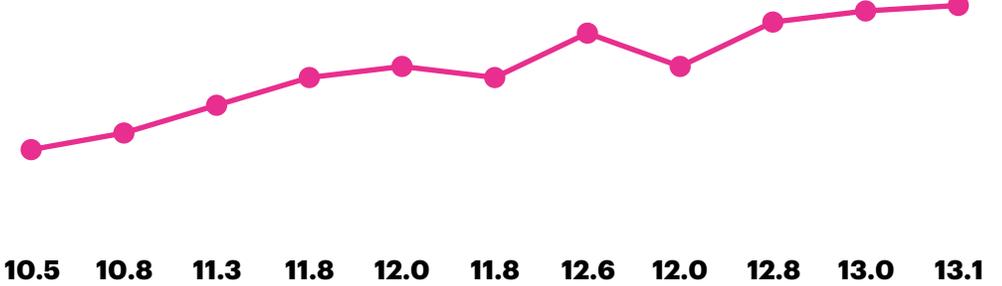
Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in West Virginia was **13.1%** in 2023, higher than the rate in 2022

PRETERM BIRTH GRADE

F

Percentage of live births born preterm



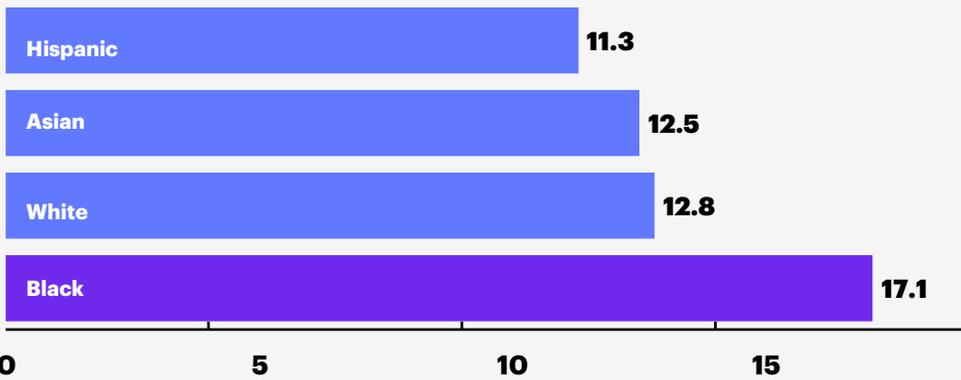
US RATE **WV RATE** **WV RANK**



2013 The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$) 2023

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, 2021-2023



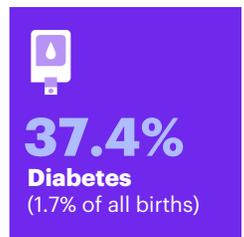
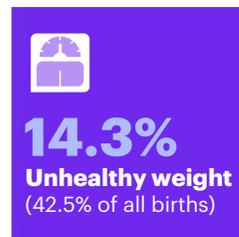
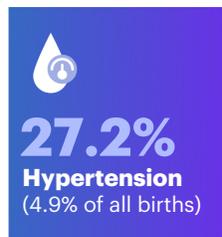
DISPARITY RATIO **1.33**

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

WEST VIRGINIA

The infant mortality rate **increased in the last decade; In 2022, 124 babies died** before their first birthday

INFANT MORTALITY RATE

7.3

US RATE



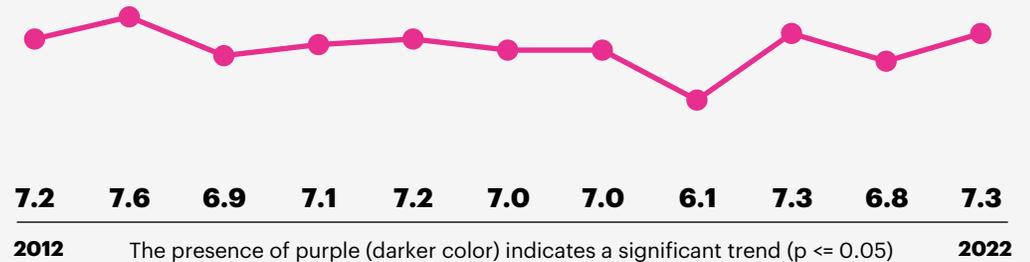
5.6

WV RANK



46

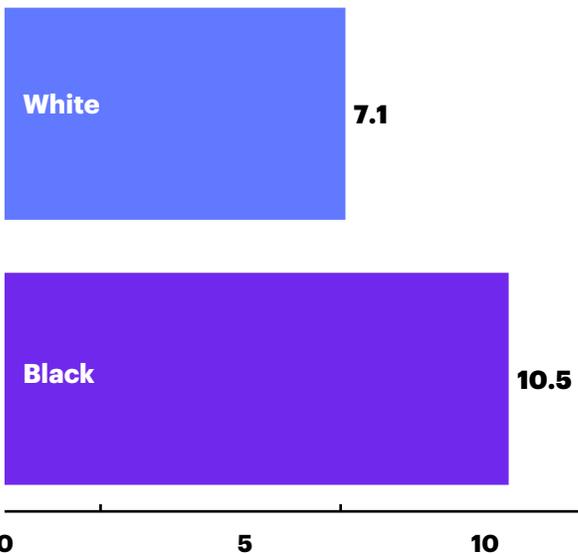
Rate per 1,000 live births



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

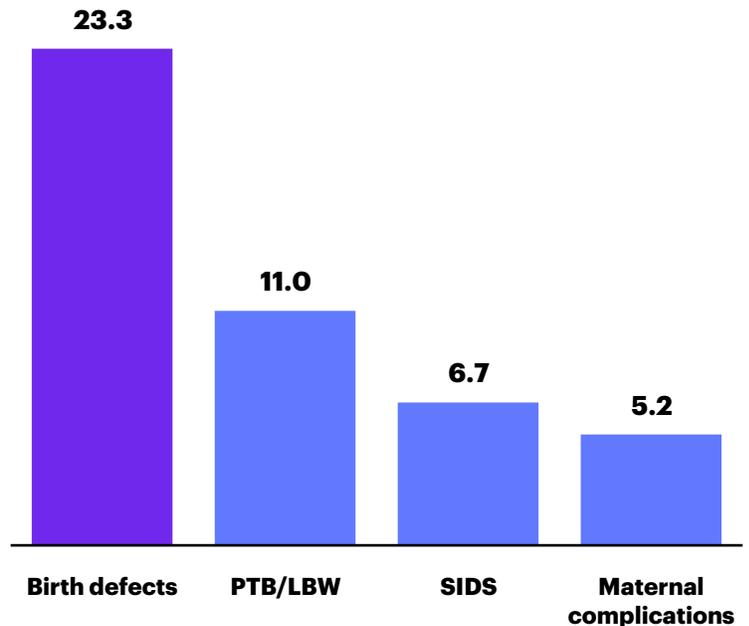
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

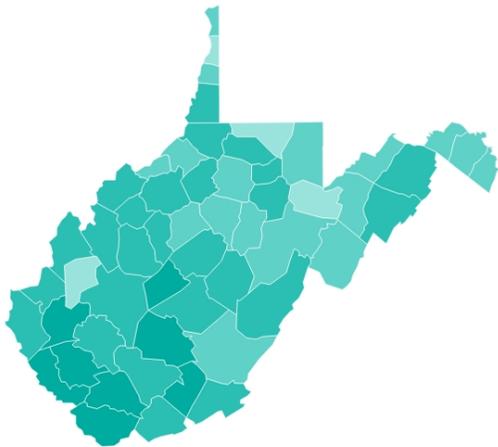


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 53.8% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

WEST VIRGINIA

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand **where and why** birthing people may be more likely to have poor health outcomes

Birthing people in West Virginia are most vulnerable to poor outcomes due to the following factors:



Mental health and substance use



Physical health

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to **extreme heat or air pollution** can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

25
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

3
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

23.9
PER 100,000 BIRTHS



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



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.

12.6
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	13.1%	1.33	7.3 deaths per 10K births	23.9 deaths per 100K births	29.2%	82.1%
Rank	50th of 52	36th of 47	46th of 52	20th of 40	44th of 52	11th of 52
Direction from prior year	Worsened	N/A	Worsened	Improved	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Wisconsin was **9.9%** in 2023, lower than the rate in 2022

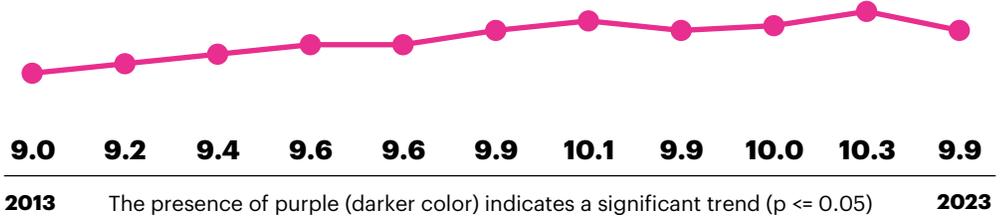
PRETERM BIRTH GRADE



US RATE WI RATE WI RANK

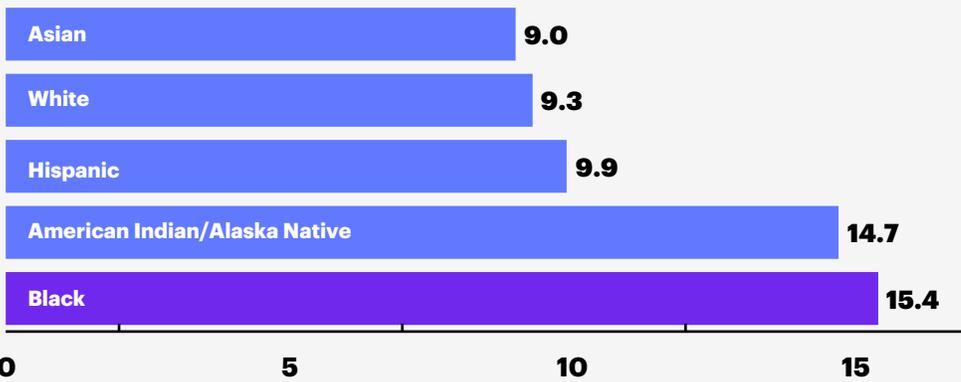


Percentage of live births born preterm



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, 2021-2023



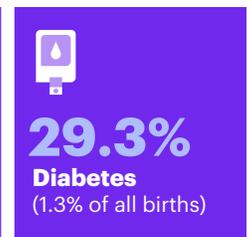
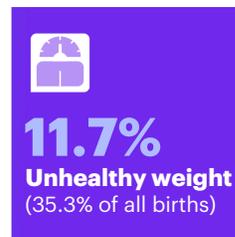
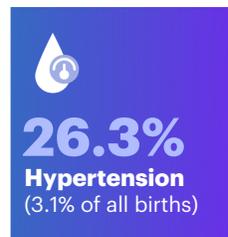
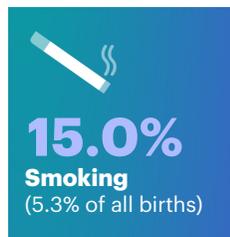
DISPARITY RATIO 1.37

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

Note: The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate **increased in the last decade; In 2022, 348 babies died** before their first birthday

INFANT MORTALITY RATE

5.8

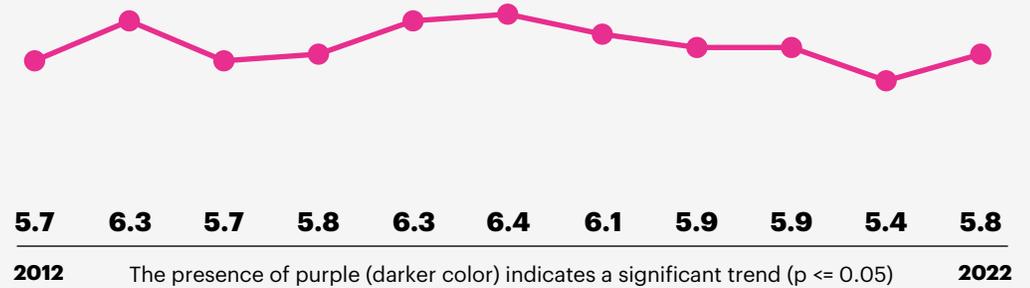
US RATE



WI RANK



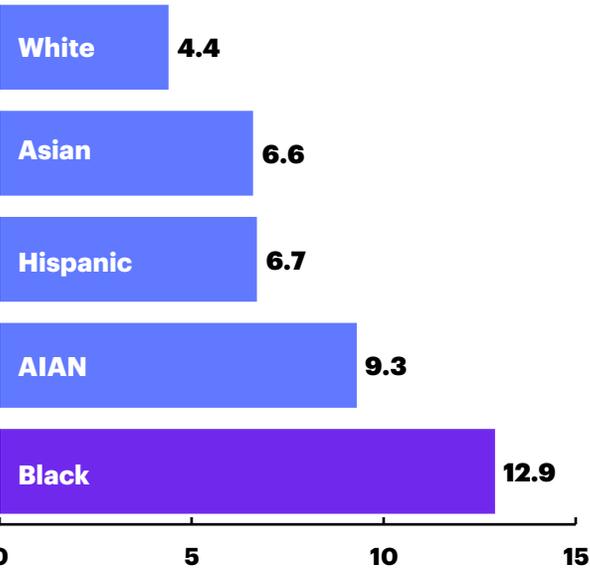
Rate per 1,000 live births



The infant mortality rate among babies born to **Black birthing people is 2.2x** the state rate

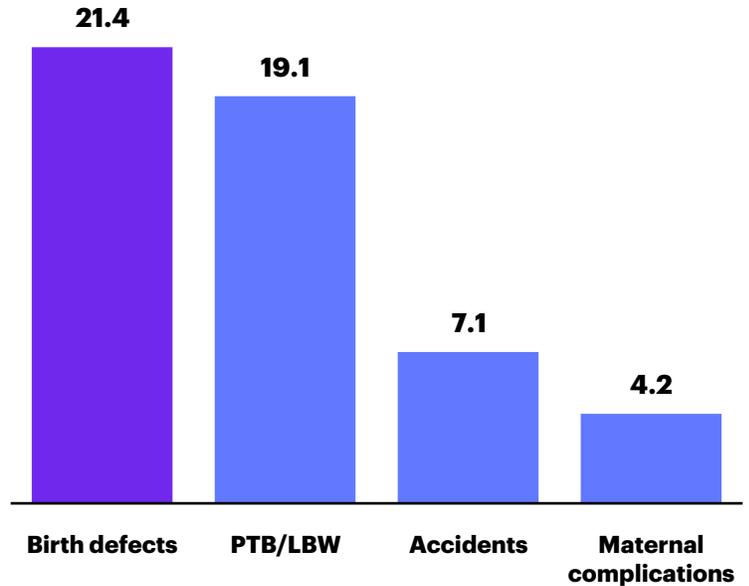
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

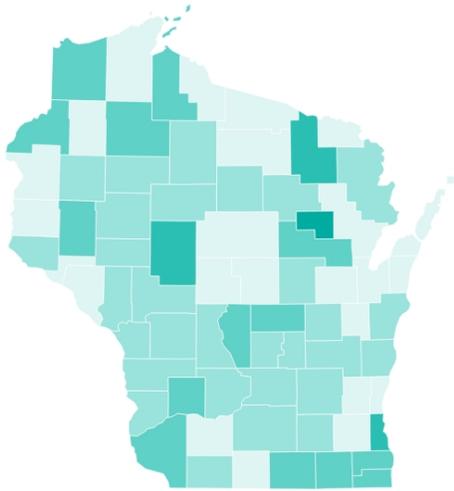


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 48.2% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

WISCONSIN

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Wisconsin are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



Physical environment

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

23
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

18
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

13.2
PER 100,000 BIRTHS



MATERNAL MORTALITY

The maternal mortality rate cannot be shown due to unreliable estimates and concerns with confidentiality.

22.6
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.

10.9
PERCENT



INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



State has adopted policies that support the growth and sustainability of the midwifery workforce.

MIDWIFE POLICY

State has adopted 1 of 4 supportive midwifery policies.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.9%	1.37	5.8 deaths per 10K births	13.2 deaths per 100K births	22.6%	82.2%
Rank	20th of 52	43rd of 47	26th of 52	3rd of 40	7th of 52	10th of 52
Direction from prior year	Improved	Improved	Worsened	Worsened	Improved	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Wyoming was 9.8% in 2023, lower than the rate in 2022

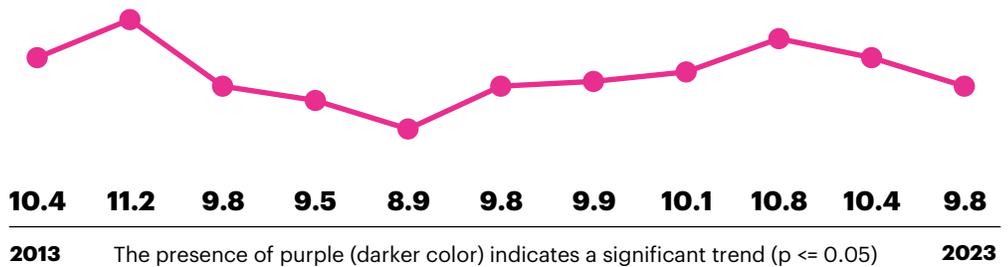
PRETERM BIRTH GRADE



US RATE WY RATE WY RANK

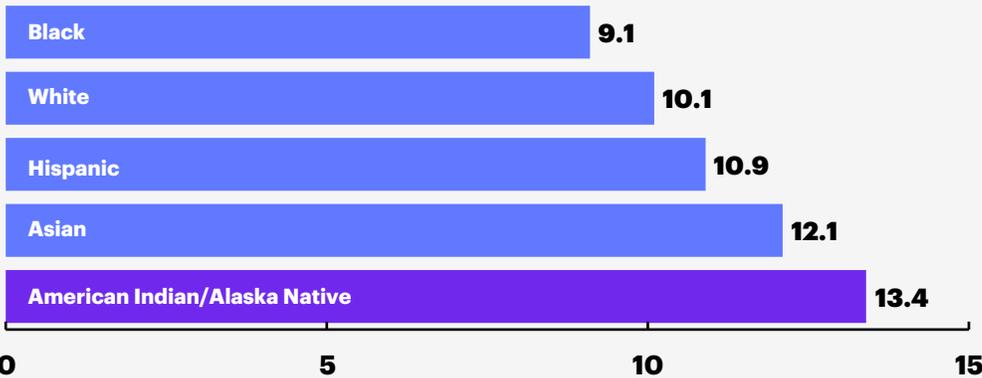


Percentage of live births born preterm



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

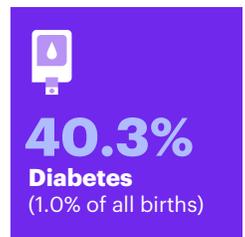
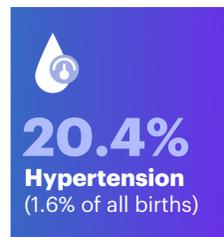
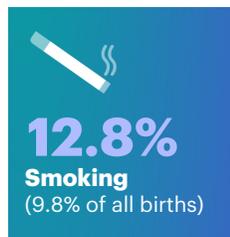
Preterm birth rate by race/ethnicity, 2021-2023



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

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2013-2023.

WYOMING

The infant mortality rate **did not improve in the last decade**; In 2022, **34 babies died before their first birthday**

INFANT MORTALITY RATE

5.6

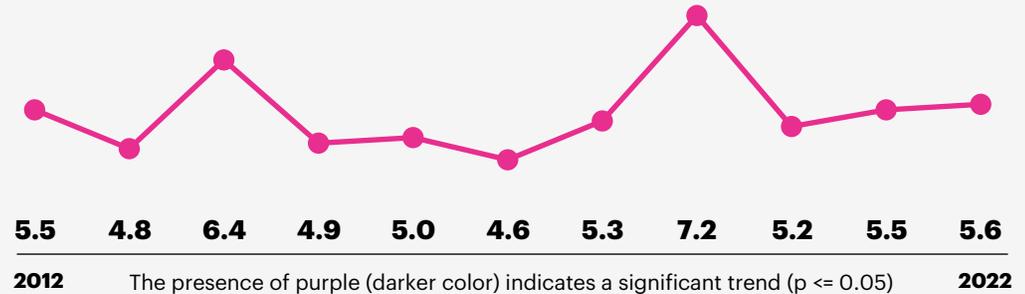
US RATE



WY RANK



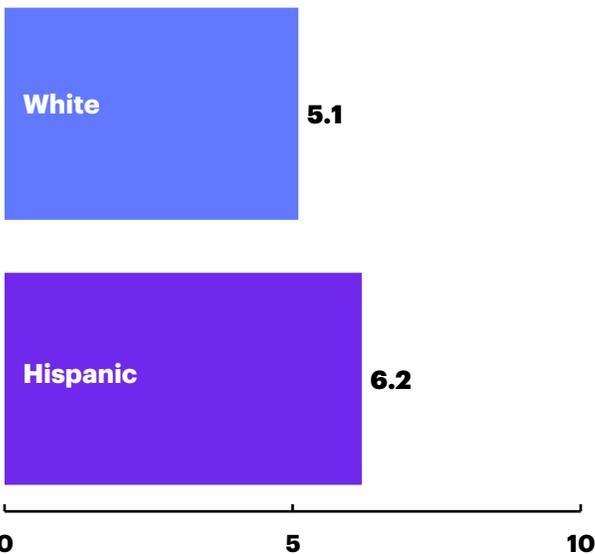
Rate per 1,000 live births



The infant mortality rate among babies born to **Hispanic birthing people is 1.1x the state rate**

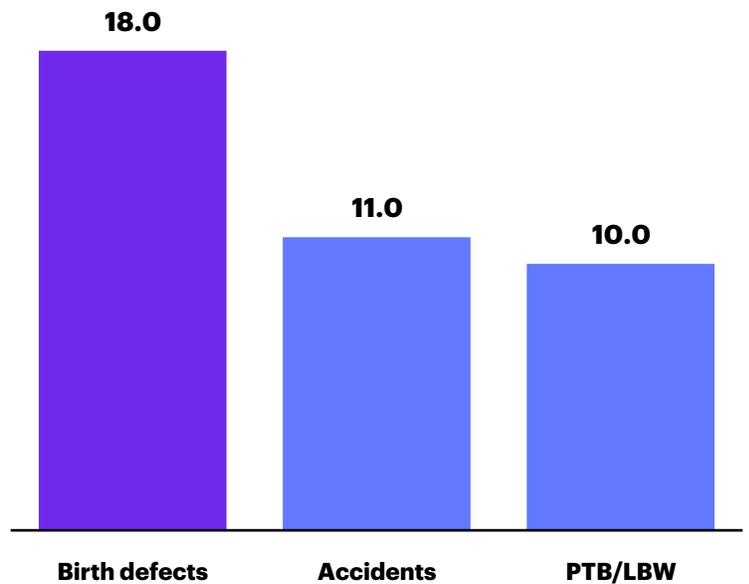
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

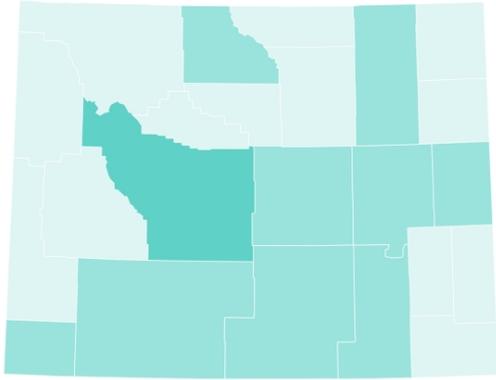


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 61.0% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

WYOMING

Maternal Vulnerability Index by county



The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Wyoming are most vulnerable to poor outcomes due to the following factors:



General healthcare



Reproductive healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

23
DAYS



EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

2
DAYS



POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

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

N/A
PER 100,000 BIRTHS



23.2

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



26.6

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.

13.3
PERCENT



15.7

INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, 2018-2022. National Center for Health Statistics, Natality data, 2023.

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



State has adopted policies that support the growth and sustainability of the midwifery workforce.

MIDWIFE POLICY

State has adopted 3 of 4 supportive midwifery policies.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

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



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	9.8%	N/A	5.6 deaths per 10K births	N/A	22.8%	75.5%
Rank	18th of 52	N/A	20th of 52	N/A	8th of 52	34th of 52
Direction from prior year	Improved	N/A	Worsened	N/A	Worsened	Improved
HP2030 Target	9.4%	1.00	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

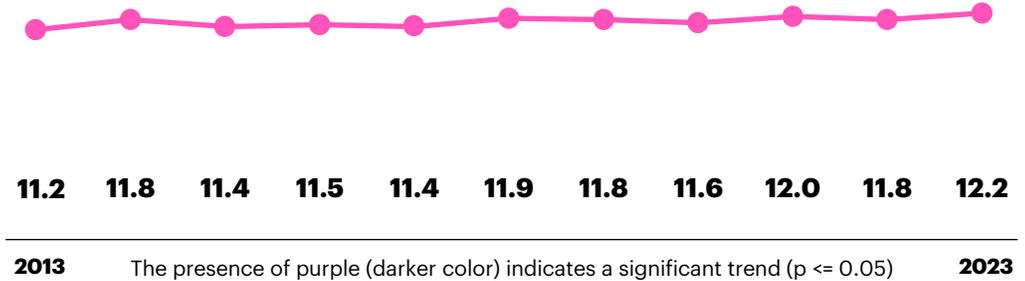
Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

The preterm birth rate in Puerto Rico was **12.2%** in 2023, higher than the rate in 2022

**PRETERM
BIRTH
GRADE**

F

Percentage of live births born preterm

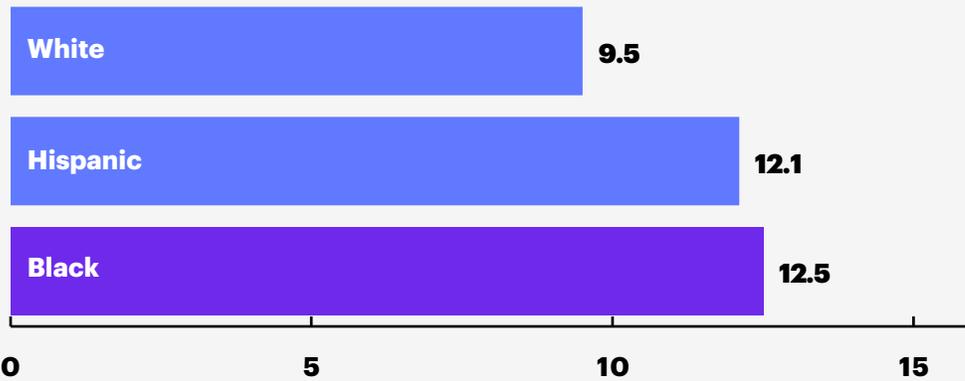


US RATE PR RATE PR RANK



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

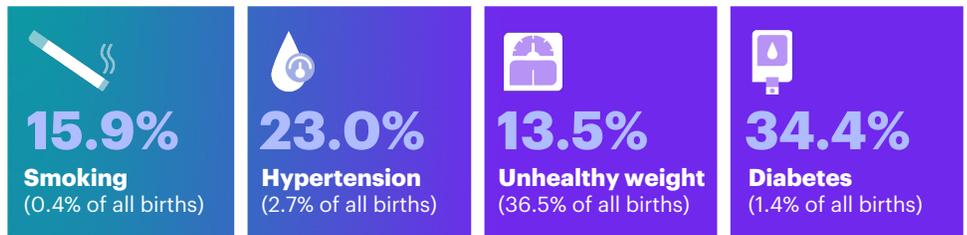
Preterm birth rate by race/ethnicity, 2021-2023



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.

Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, US Territories Natality data, 2013-2023.

The infant mortality rate increased in the last decade; In 2022, 141 babies died before their first birthday

INFANT MORTALITY RATE

7.4



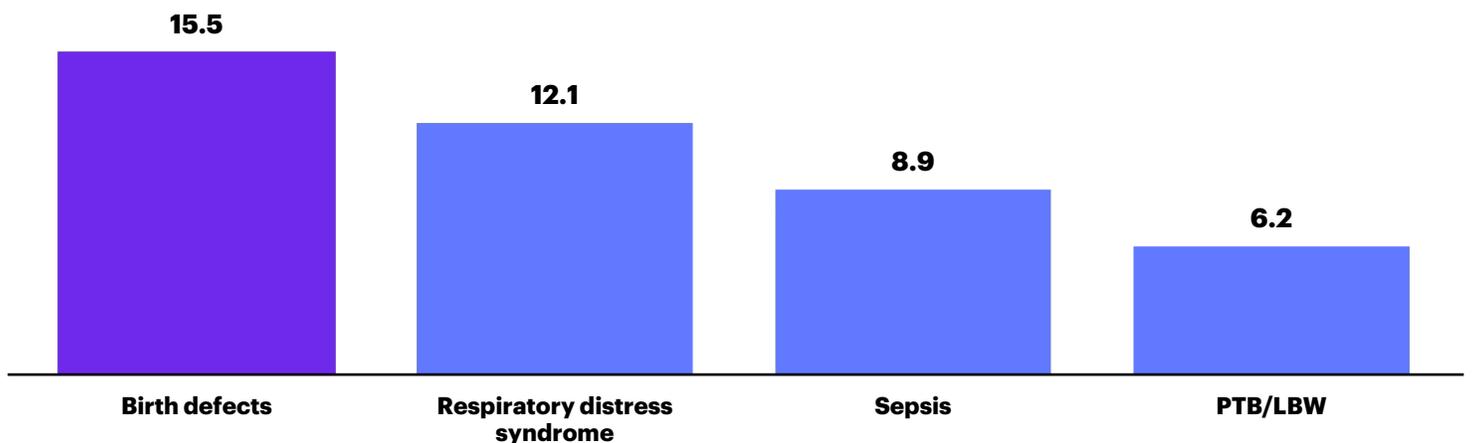
Rate per 1,000 live births



In Puerto Rico, about one-sixth of all infant deaths are caused by birth defects

Leading causes of infant death

Percentage of total deaths by underlying cause, 2020-2022



Notes: PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 57.4% of infant deaths.

Source: National Center for Health Statistics, US Territories Period Linked Birth/Infant Death data, 2012-2022.

Exposure to **extreme heat or air pollution** can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local air quality risk at: <https://www.aqi.in-us/dashboard/puerto-rico>

To find your heat advisory risk visit: <https://www.weather.gov/>

85 
DAYS

EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

3 
DAYS

POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Note: Data on extreme heat for Puerto Rico is only available for San Juan, based on the number of summer days reaching a Climate Shift Index (CSI) level of 5. The data evaluates the total number of temperature anomalies relative to baseline averages between 1991-2020. Data on poor air quality was only available for municipalities with Air Quality Index sensors, as monitored by the Environmental Protection Agency.

Source: Climate Central, US Summer Attribution, 2023. Environmental Protection Agency, Air Quality Statistics by County, 2023.

The measures below are **important indicators** for how Puerto Rico is supporting the health of birthing people

51.3

PER 100,000 BIRTHS

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.



48.9

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.



9.1

PERCENT

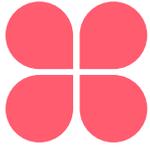
INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care 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, US Territories Mortality data, 2018-2022. National Center for Health Statistics, US Territories Natality data, 2023.

Adoption of the following policies and sufficient funding in Puerto Rico is critical to improve and sustain maternal and infant health



State has adopted 0 of 4 supportive midwifery policies.



INDEPENDENT PRACTICE



PAY PARITY



PRESCRIPTIVE AUTHORITY



LICENSURE FOR CERTIFIED MIDWIVES



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

State requires private sector employers to provide a paid option while out on parental leave.



COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.



MENTAL HEALTH

State Medicaid program require and reimburse for postpartum mental health screening.¹

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	12.2%	7.4 deaths per 10K births	51.3 deaths per 100K births	48.9%	86.7%
Rank	47th of 52	47th of 52	40th of 40	52nd of 52	2nd of 52
Direction from prior year	Worsened	Worsened	Worsened	Worsened	Improved
HP2030 Target	9.4%	5.0 deaths per 10k births	15.7 deaths per 100K births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

¹S.B. 1438, Puerto Rico Senate. (2024).

TECHNICAL NOTES



2024 MARCH OF DIMES REPORT CARD TECHNICAL NOTES

PRETERM BIRTH RATE

Preterm birth is a birth occurring before 37 completed weeks of gestation, based on the obstetric estimate of gestational age. The data used in this report card are derived from the National Center for Health Statistics (NCHS) natality files, which compile information from 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.¹ This national data source ensures consistency and comparability across state and jurisdiction-specific report cards. Data provided on the report card may differ from data obtained directly from state or local health departments and vital statistics agencies due to the timing of data submission and handling of missing data. The preterm birth rates shown at the top of the report card were calculated using NCHS 2023 final natality data for all US states and Washington DC. The trend graph includes preterm birth rates from NCHS final natality data for the years 2013-2023. County and city preterm birth rates are based on NCHS 2023 final natality data for U.S. states and Washington DC. Preterm birth rates for bridged racial and ethnic categories were calculated from NCHS 2021-2023 final natality data. All provided measures for Puerto Rico are obtained from the Puerto Rico Department of Health for 2023 or the US territorial natality file, 2013-2023. Preterm birth rates were calculated by dividing the number of preterm births by the total number of live births with known gestational age, then multiplying the result by 100. Significant trends in preterm birth were assessed using Joinpoint Trend Analysis Software.²

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. The grade ranges remain based on how far each state's or jurisdiction's preterm birth rate deviates from the March of Dimes goal of 8.1 percent. This deviation is measured using the standard deviation of the final 2014 preterm birth rates for all US states and DC. The formula used to score grades is as follows: (current preterm birth rate of each jurisdiction - 8.1 percent) / standard deviation of final 2014 state and DC preterm birth rates.

PRETERM BIRTH BY CITY

The US 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 2023 among all cities in the US with populations greater than 100,000. City grading followed the methodology described above. For example, Detroit, Michigan ranked as the top city for preterm 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, Asian, and Pacific Islander). Rates for non-Hispanic women are classified according to race. The 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 DISPARITY RATIO

The March of Dimes disparity ratio tracks progress toward eliminating racial and ethnic disparities in preterm birth and infant mortality. It compares the group with the lowest preterm birth rate to the average rate of all other groups, with the disparity ratio always being greater than 1. A lower ratio indicates less disparity, while a ratio of 1 signifies no disparity. For example, a ratio of 1.25 means the average rate among all other groups is 1.25 times higher than the lowest group's rate. Starting with 2014-2019 preterm birth data, we identify the group with the lowest rate. Then, using aggregate data from 2021-2023, we calculate the average preterm birth rates for all other racial/ethnic groups and divide this by the 2021-2023 aggregate rate of the group with the lowest rate, rounding to two decimals. For instance, the US preterm birth disparity ratio was 1.29, meaning the average rate for all other racial and ethnic groups was 1.29 times higher than that of the group with the lowest rate. Finally, we repeated these steps using 2014-2016 data to calculate the baseline US disparity ratio of 1.28. We found that the increase in the US disparity ratio from **1.28 to 1.29** was not statistically significant. The US report cards displays the current disparity ratio (**1.29**) and "No improvement" for change from baseline. Please note that this year's analysis is the first to separate Asian and Pacific Islander births as two distinct race/ethnicity groups, resulting in disparity ratios (both baseline and current) higher than previous years. For more detail on how the disparity ratio is calculated see: <https://www.marchofdimes.org/peristats/assets/s3/reports/documents/DisparityRatio-2024.pdf>

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%.



2024 MARCH OF DIMES REPORT CARD

TECHNICAL NOTES

PRETERM BIRTH RANKS

All US states, DC, and Puerto Rico were ranked by preterm birth rate (rounded to tenths place as presented on the report card), with a rank of 1 being assigned to the state or territory with the lowest rate and ranks increasing as preterm birth rates increase. States that tied were given the same rank and the next rank would be skipped. For example, if two states had the same preterm birth rate and were tied for 15th place, they both would receive the rank of 15, and the next state to be ranked would be in 17th place.

PRETERM BIRTH BY CHRONIC HEALTH CONDITIONS

Selected chronic health conditions are presented in the Report Card to show additional circumstances that may impact preterm birth. These include smoking, hypertension, unhealthy weight, and diabetes (see definitions on page 2). All risk conditions 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 condition are calculated as: the total number of preterm births among those with the selected condition divided by the total number of all live births for the selected condition, multiplied by 100 to get the rate of preterm birth among those with each condition. To make comparisons we include the percentage of each condition for all live births in parenthesis below each rate. Examples of interpretations of this data include:

- In the US, the preterm birth rate among those who had pre-pregnancy hypertension was 23.3 percent whereas pre-pregnancy hypertension accounts for 3.2 percent of all live births.
- The overall preterm birth rate in Mississippi is 15.0 percent however the preterm birth rate among smokers in Mississippi is 20.2 percent.

All conditions were analyzed using data from NCHS 2023 natality data for both the US and Puerto Rico. These conditions were selected based on their known association with preterm birth and their availability in 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. Smoking status does not capture individuals who use e-cigarettes or vape.

HYPERTENSION

Pre-pregnancy hypertension was defined as the elevation of blood pressure above normal for the birthing persons age 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).

UNHEALTHY WEIGHT BEFORE PREGNANCY

Body mass index (BMI) is a measure of body fat based on height and weight. The percent of birthing people with an unhealthy weight before pregnancy was calculated as the number of birthing people with a BMI that is categorized as either underweight (BMI less than 18.5), overweight (BMI 25 to 29.9), or obese (BMI 30 or higher) divided by the number of birthing people who had a live birth multiplied by 100.

DIABETES

Diabetes was defined as pre-pregnancy diabetes (type 1 or type 2) and does not include gestational diabetes (diabetes during pregnancy).

ENVIRONMENTAL HEALTH FACTORS

The 2024 state and US report cards introduce new measures for environmental exposures. Extensive research has demonstrated the negative effects of air pollution and heat exposure on birthing outcomes.³⁻⁵

AIR POLLUTION

Air pollution was assessed using the Air Quality Index (AQI), a standardized tool that tracks concentrations of five major pollutants: ground-level ozone, particulate matter (PM2.5 and PM10), carbon monoxide, sulfur dioxide, and nitrogen dioxide. The AQI scores range from 0 to 500, with higher values indicating poorer air quality and increased health risks. The AQI is categorized into six levels based on health impact: Good (0-50 AQI), Moderate (51-100 AQI), Unhealthy for Sensitive Groups (101-150 AQI), Unhealthy (151-200 AQI), Very Unhealthy (201-300 AQI), and Hazardous (301-500 AQI). These categories are used by government agencies to inform the public about air quality and provide recommendations on outdoor activities based on local pollution levels.

The air quality data used in the state and US report cards was sourced from 2023 county-level sensor data provided by the Environmental Protection Agency (EPA). The 2023 EPA data measures the number of days for each AQI category. To calculate poor air quality days, we identified days where the AQI was greater than or equal to 101, indicating air quality in the "Unhealthy for Sensitive Groups" range or worse. This number was then divided by the total number of days with available data and multiplied by 365 to determine an annual average of poor air quality days. For state report cards, we report the average number of poor air quality days across all counties with available sensor data. For the US report card, we calculated the number of birthing people exposed to at least one poor air quality day during the year.

ENVIRONMENTAL HEALTH FACTORS (CONTINUED)

EXTREME HEAT

Extreme heat was assessed using the Heat Index, a measure that combines air temperature and humidity to estimate how hot a particular day feels to the human body. The Heat Index is an important indicator of heat stress, particularly during summer months, when heat exposure is highest.

Data for extreme heat was obtained from the CDC National Environmental Public Health Tracking Network using 2023 historical data on the annual number of extreme heat days (full year) for US counties. This dataset includes heat index values calculated from relative humidity data acquired from the North American Land Data Assimilation System (NLDAS-2). For more information on the methods used, please refer to the [CDC Tracking Network](#). Data for Puerto Rico, Hawaii, and Alaska could not be provided as daily maximum, minimum, and average temperatures are collected for the contiguous US.

An extreme heat days is defined on the report cards as any day where the daily maximum Heat Index meets or exceeds the 90th percentile relative to the historical data for each county. For state report cards, the average number of extreme heat days across all counties with available heat data is reported. For the US report card, the number of birthing people exposed to at least 30 or more extreme heat days during the year is reported.

INFANT MORTALITY RATE

Infant mortality rates were calculated using the NCHS 2022 period-linked infant birth and death data. The rates were determined by dividing the number of infant deaths by the number of live births in a given year and then multiplying by 1,000. The trend graph reflects infant mortality rates from the NCHS 2012–2022 period-linked infant birth and infant death files. Joinpoint Trend Analysis Software² was utilized to assess significant trends in infant mortality. To account for cases where birth and death records could not be linked, statistical weights were applied to the data.

INFANT MORTALITY RANKS

All US states, DC, and Puerto Rico were ranked by infant mortality rate (rounded to tenths place as presented on the report card), with a rank of 1 being assigned to the state or territory with the lowest rate and ranks increasing as infant mortality rates increase. See preterm birth ranks (page 2) for additional details.

INFANT MORTALITY 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, Asian, and Pacific Islander). Rates for non-Hispanic women are classified according to race. The 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 (2020-2022). 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.

An infant mortality rate disparity ratio was calculated for the US only. Please see the preterm birth disparity ratio methods (page 1) or <https://www.marchofdimes.org/peristats/assets/s3/reports/documents/DisparityRatio-2024.pdf> for more details on calculations.

LEADING CAUSES OF INFANT DEATH

NCHS period linked birth/infant death files (2020-2022) 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 "130 ICD-10 Cause of Death Recodes" for a full code list and labels.⁶Weights were applied to account for deaths in which linking was not possible.

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.⁷ Maternal deaths are ascertained using the NCHS 2018-2022 mortality data. Puerto Rico data were provided by the Puerto Rico Department of Health. 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 100,000.⁸

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.⁹ Five-year aggregate rates are presented for all racial and ethnic groups and by state, still, some states do not have enough deaths to provide reliable estimates and are therefore suppressed. Individual year rates at the US level were provided for 2018-2022.

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 drivers of maternal health at the county level using the Maternal Vulnerability Index (MVI).¹⁰ 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 2024 updated MVI. Please note that the county of Loving, Texas was excluded due to missing data.

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. This year's state report cards display the top two factors from the MVI that make birthing people most vulnerable to poor outcomes. 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 (head-first position), the mother is full-term (at least 37 weeks), and has not given birth prior.¹¹ This is also referred to as a NTSV Cesarean birth. NTSV abbreviated to mean Nulliparous (or first-time mother), Term, Singleton, Vertex.

Low-risk Cesarean birth rates were calculated using the NCHS 2023 final natality data for the US, DC, and Puerto Rico. 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.¹² Inadequate prenatal care is defined as a birthing person who received less than 50% of their expected visits or started care in or after the fifth month. Adequate prenatal care is defined as a birthing person who received 80-109% of their expected visits and started their care before the fifth month of pregnancy. Adequate plus prenatal care (presented in combination with adequate care) is defined as a birthing person who received over 110% of their expected visits and started their care before the fifth month of pregnancy. Prenatal care adequacy is calculated using the NCHS 2023 final natality data.

CALCULATIONS

All natality calculations were conducted by March of Dimes Perinatal Data Center.

STATE LEVEL POLICIES

MEDICAID EXTENSION AND EXPANSION

The adoption of this Medicaid extension 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 expansion allows more people to be eligible for Medicaid coverage—it expands the cut-off for eligibility. Medicaid expansion and extension status data is provided by the Kaiser Family Foundation and is a combined measure reported as: state has both policies adopted or state does not have both policies adopted.^{13,14} Medicaid expansion has reduced the rates of uninsured. Increased access and utilization of health care are significantly associated with Medicaid expansion.¹⁵

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.¹⁶ The measure is reported as: state has an active policy that provides an option for pay while out on extended leave or it does not have an active policy in place. Data is provided by A Better Balance.¹⁷

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.¹⁸ 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 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.¹⁹

COMMITMENT TO PREVENTION

This is a combined measure that assesses a states commitment to learning more about the causes and circumstances around maternal, fetal and infant deaths. The measure is reported as: state has both a CDC funded MMRC and an active FIMR or state does not have both a CDC funded MMRC and an active FIMR.

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.²⁰ The MMRC component of the "commitment to prevention" measure is provided by the Centers for Disease Control (CDC) and is categorized as: state has an MMRC that is receiving CDC federal funding or state does not have an MMRC that is receiving CDC federal funding.²¹

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.²² The FIMR component of the combined "commitment to prevention" 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.²³

POSTPARTUM MENTAL HEALTH SCREENING

The adoption of this policy requires postpartum depression screening and reimbursement during well-child visits for mothers and/or caregivers of children enrolled in Medicaid (except Washington that basis eligibility on the mother's Medicaid status). These efforts reflect 2016 federal policy guidance from the Centers for Medicare & Medicaid Services (CMS) allowing states to provide Medicaid coverage under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Data was provided by the Commonwealth Fund.²⁴ The measure is reported as: state requires and reimburses for postpartum depression screening during well-child visits or state does not require and reimburse for postpartum depression screening during well-child visits.

MIDWIFE POLICY

The adoption of these policies remove the regulatory barriers that restrict and limit midwifery practice and impede their ability to provide comprehensive maternal and infant healthcare in the US. The policies included are as follows: independent practice authority, prescriptive authority, pay parity and licensure of Certified Midwives (CMs). Data was obtained from the American College of Nurse-Midwives.²⁵ The measure is reported as: state has policy or state does not have the policy for each of the 4 policies listed above.

All policies were assessed as of October 15, 2024.

REFERENCES

- ¹ National Center for Health Statistics, final natality data 2013–2023.
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2024 MARCH OF DIMES REPORT CARD TECHNICAL NOTES

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

