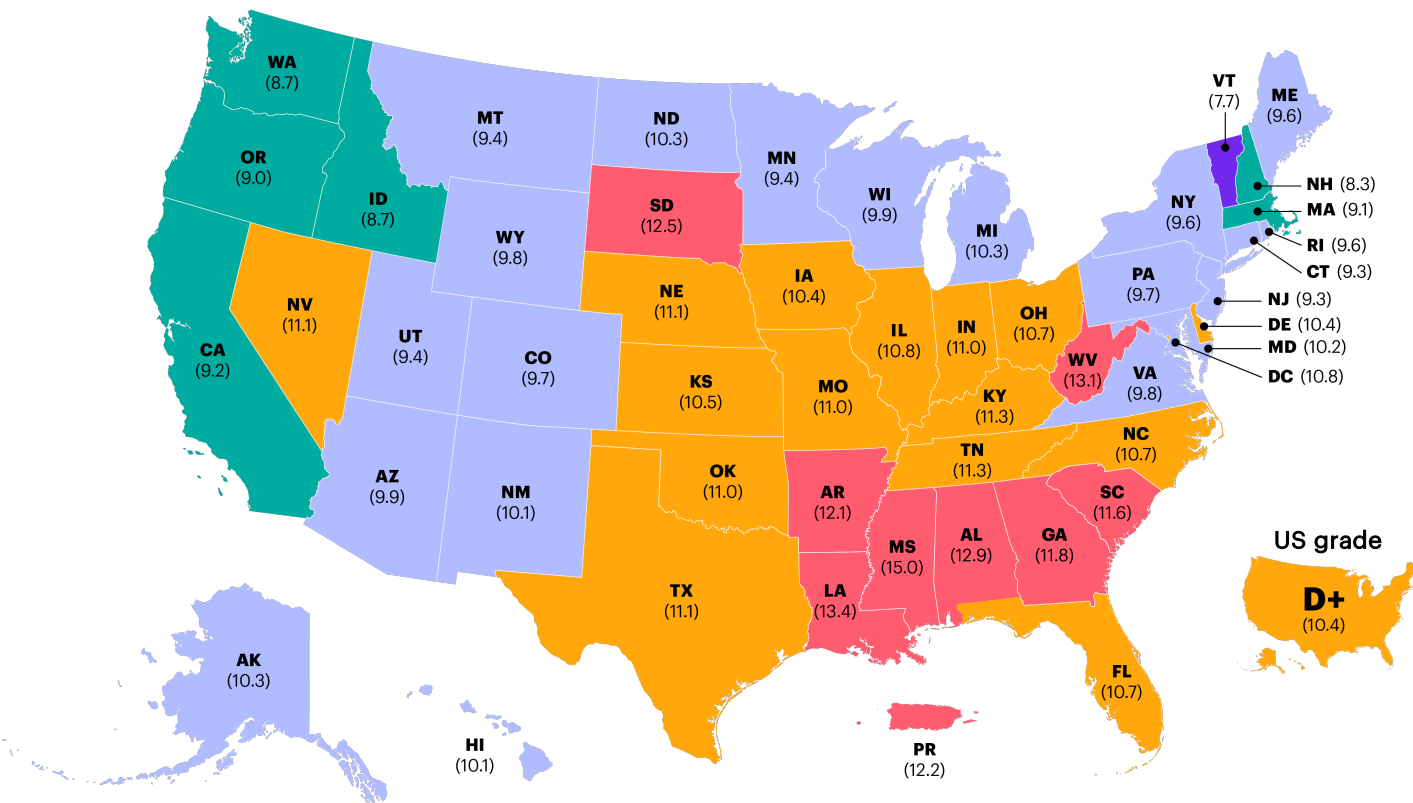
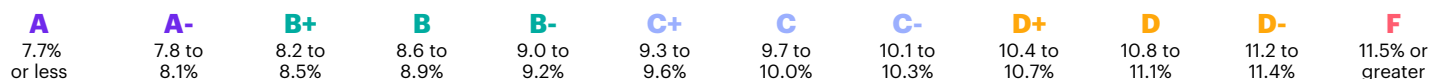


The preterm birth grade was **D+** in 2023; the worst grades occurred in the **southern region** of the US

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

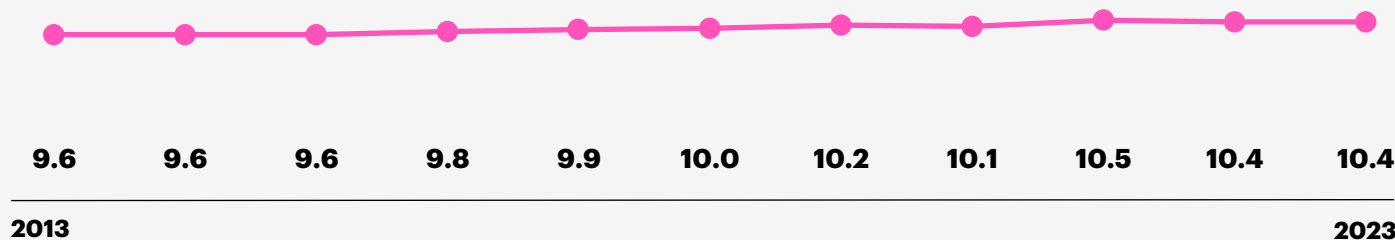


GRADE AND PRETERM BIRTH RATE



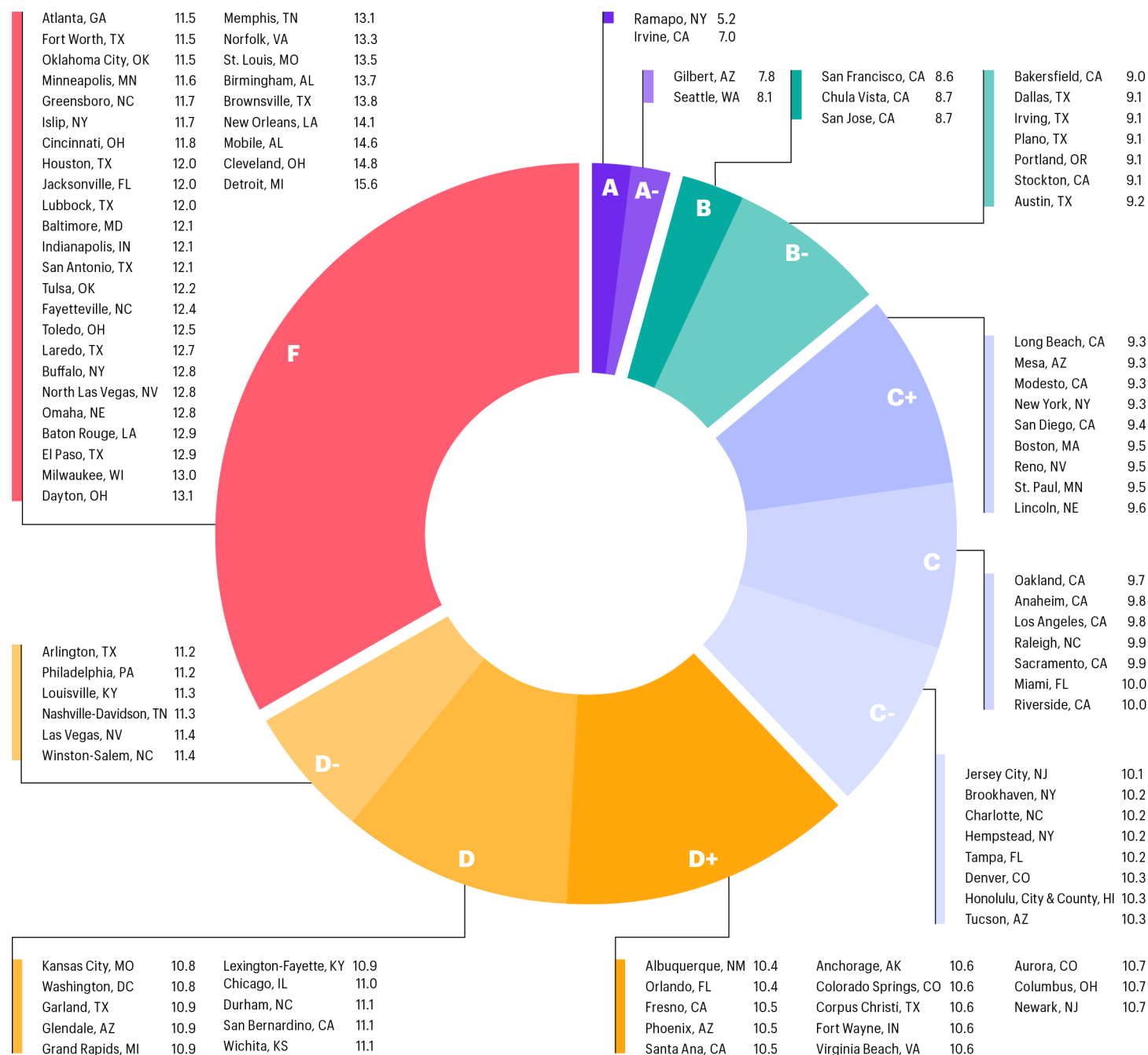
The preterm birth rate was **10.4%** in 2023, no change from 2022

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.

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

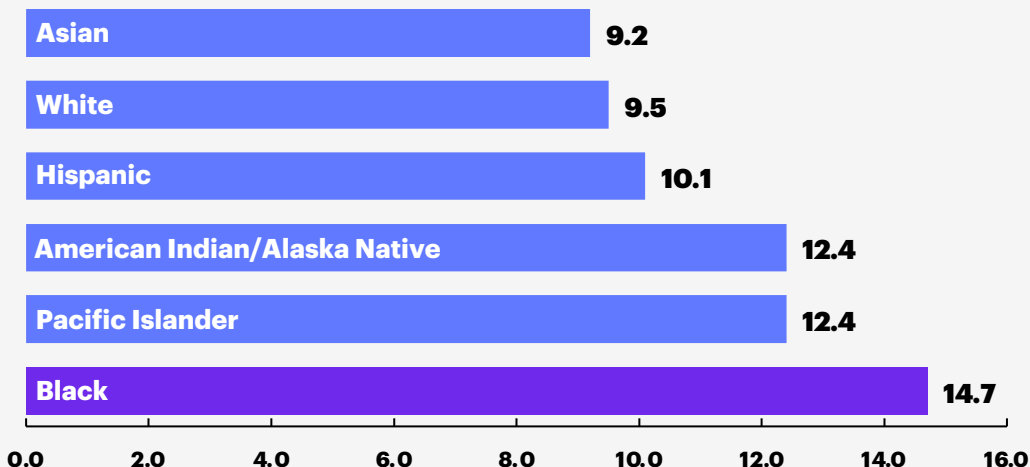


Notes: Cities represent those with the greatest number of live births out of all cities with a population of >100,000, as defined by the National Center for Health Statistics; *Data for Honolulu represent the combined city and county of Honolulu.

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



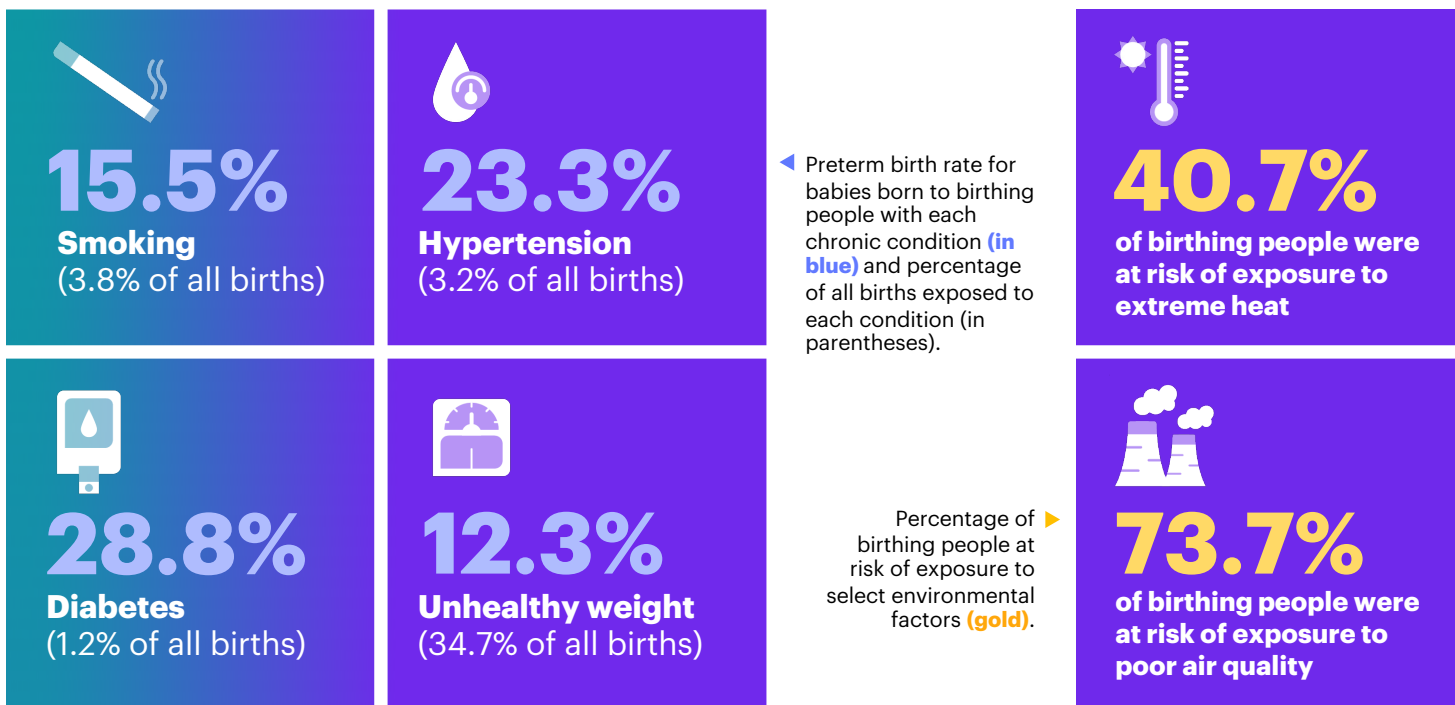
DISPARITY RATIO 1.29

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.

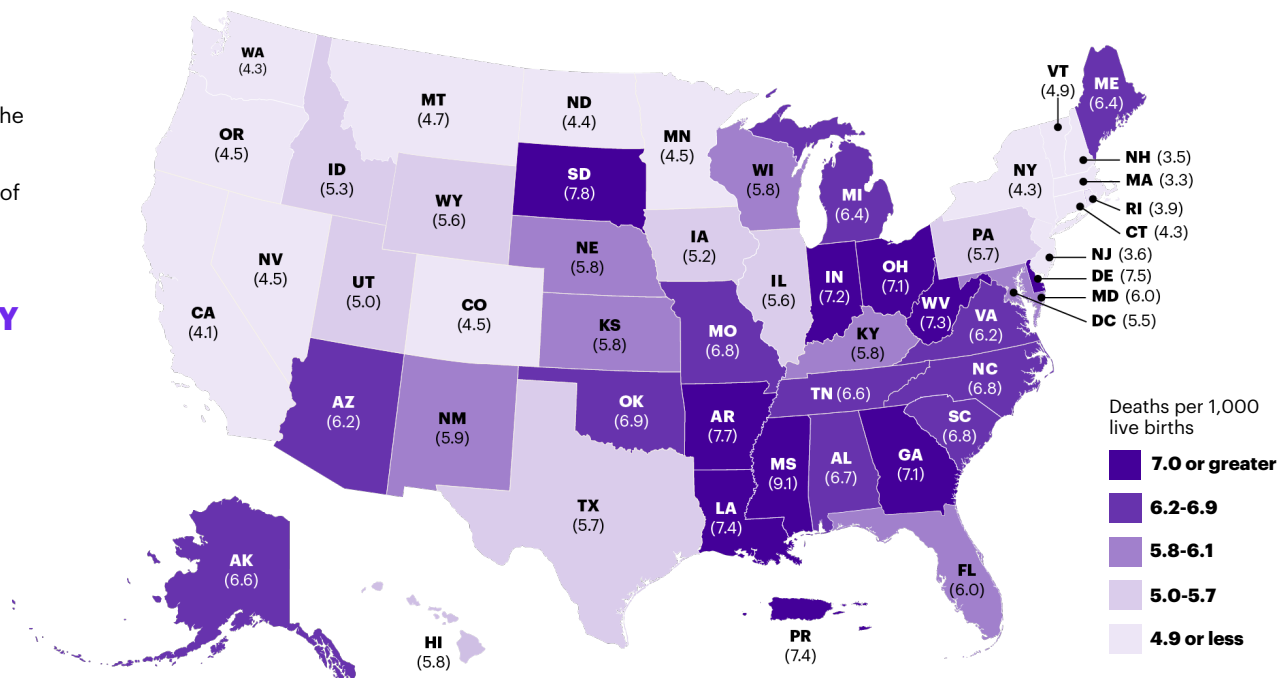
5.6

DISPARITY RATIO

2.11

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

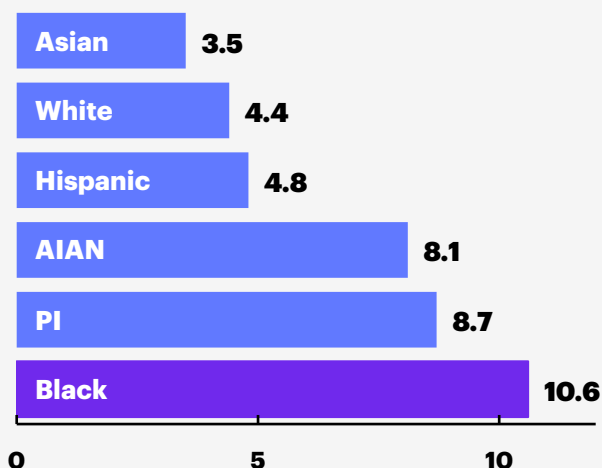
Infant mortality rate (deaths per 1,000 live births) by state, 2022



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

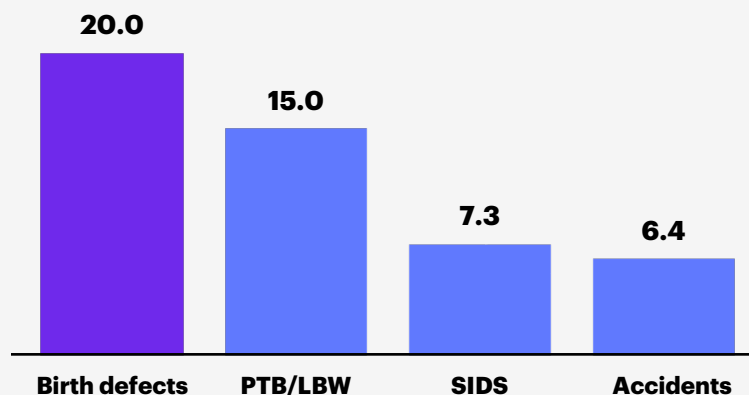
Infant mortality rate

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



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

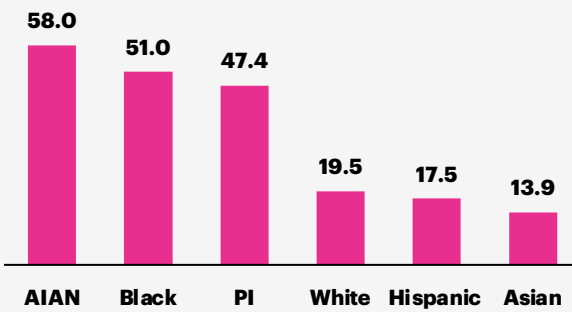
Maternal mortality has returned to pre-pandemic rates. Still, over 800 maternal deaths occurred in 2022 and disparities by race/ethnicity persist

2022 MATERNAL MORTALITY RATE

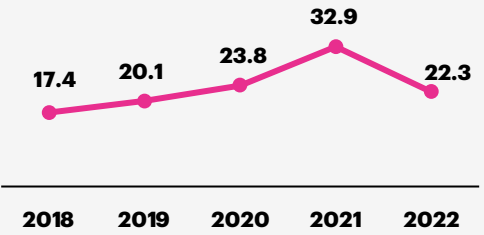
22.3

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

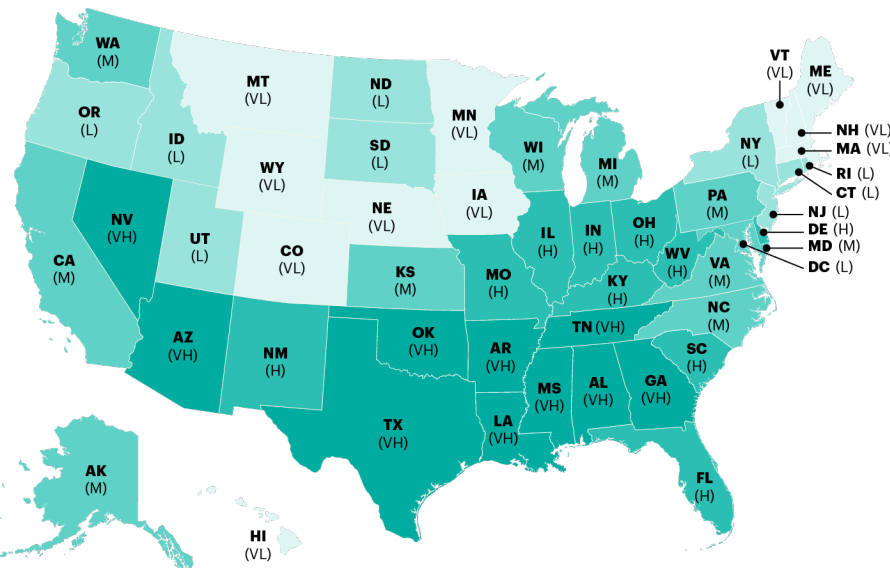


Source: National Center for Health Statistics, Mortality data, 2018-2022.

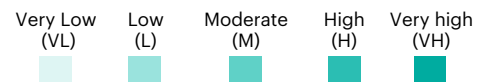
Note: AIAN = American Indian/Alaska Native, PI = Pacific Islander.

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

Maternal Vulnerability Index (MVI) by state, 2024



Maternal vulnerability



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

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

CLINICAL MEASURES

Access to and quality of healthcare before, during and after pregnancy can affect health outcomes.

26.6%

LOW-RISK CESAREAN BIRTH

Percent of women who had Cesarean births and were first-time moms, carrying a single baby, positioned head-first and at least 37 weeks pregnant.

15.7%

INADEQUATE PRENATAL CARE

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

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

17 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

24 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](#).