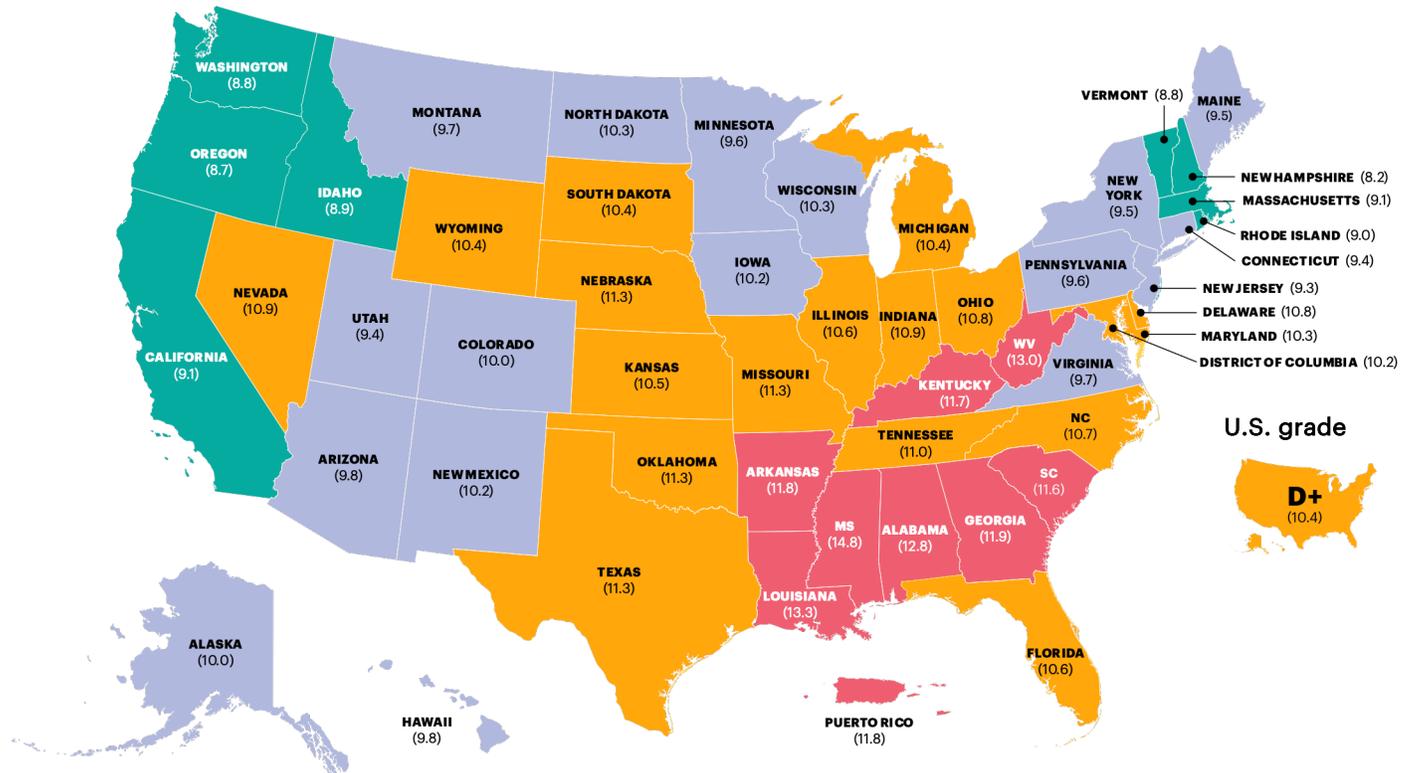


## The preterm birth grade was **D+** in 2022; the worst grades occurred in the southern region of the U.S.

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

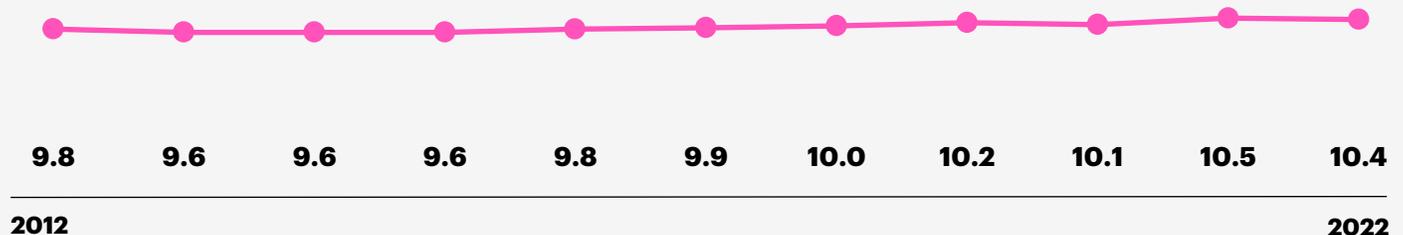


### GRADE AND PRETERM BIRTH RATE



## The preterm birth rate was **10.4%** in 2022, a 1% decline from 2021, the highest rate in 10 years

Preterm birth by year, 2012 to 2022



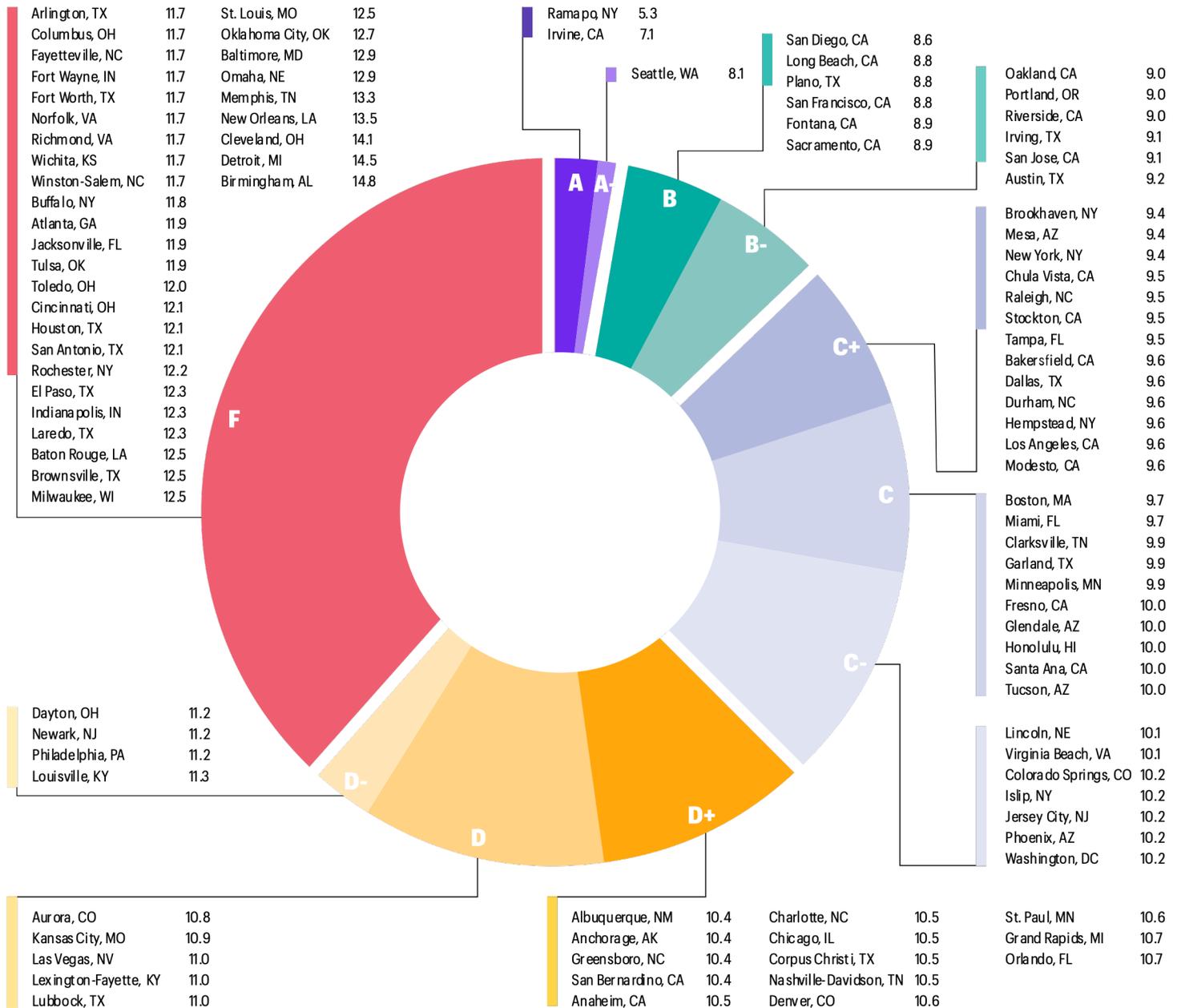
Source: National Center for Health Statistics, Natality data, 2012-2022; National Center for Health Statistics, U.S. Territories Natality data, 2022.

### THE 2023 MARCH OF DIMES REPORT CARD: THE STATE OF MATERNAL AND INFANT HEALTH FOR AMERICAN FAMILIES

For the full report card visit [www.marchofdimes.org/reportcard](http://www.marchofdimes.org/reportcard)

For details on data sources and calculations, see Technical Notes: <https://www.marchofdimes.org/reportcard-technicalnotes>

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



#### GRADE AND PRETERM BIRTH RATE

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

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

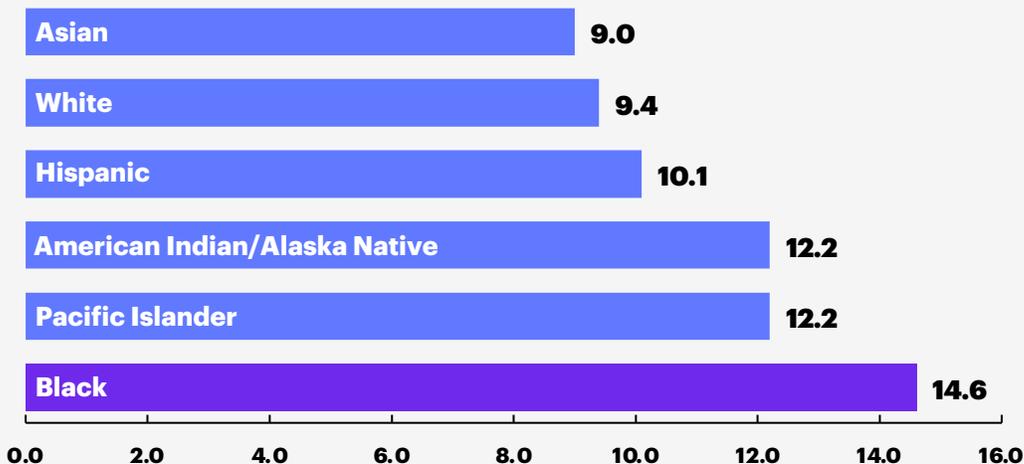
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### In the U.S., the preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

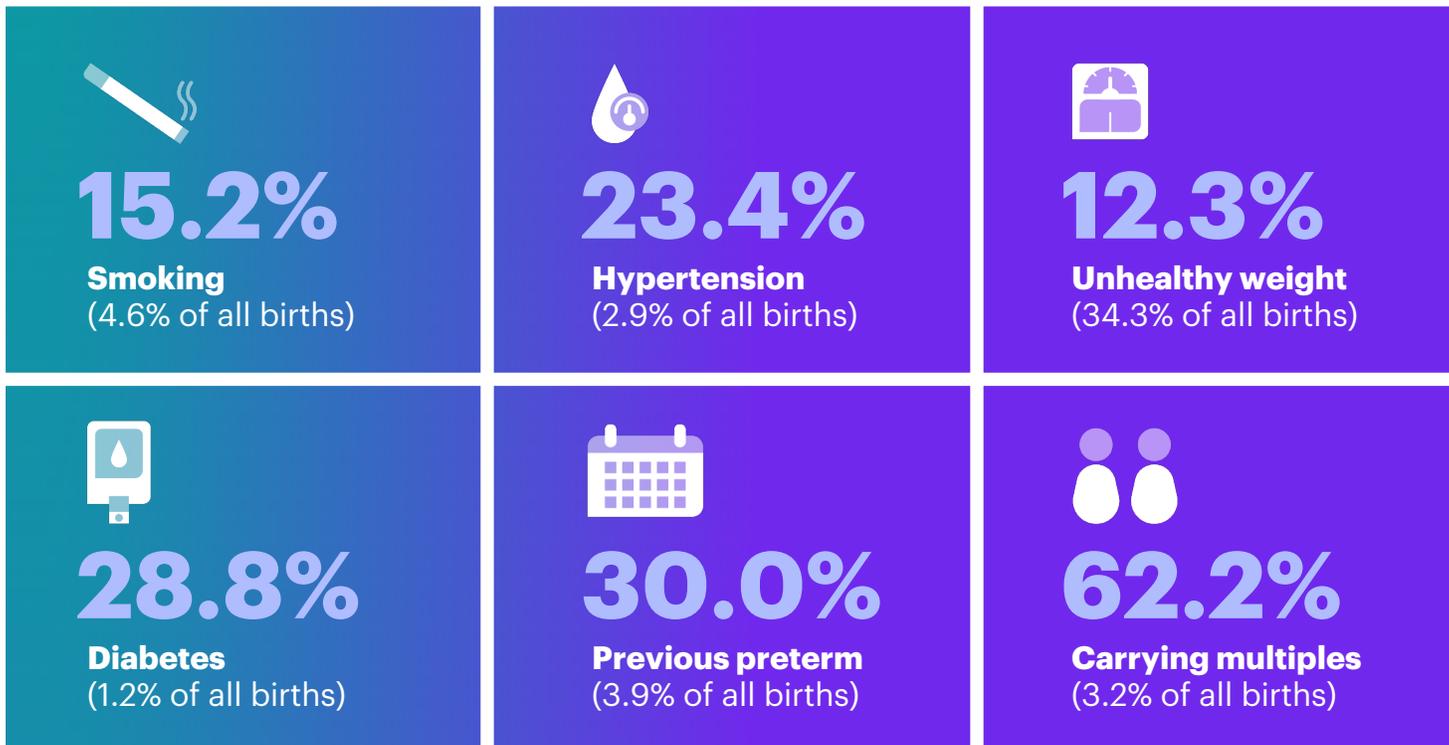
Preterm birth rate by race/ethnicity, 2020-2022



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

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

Preterm birth rate by maternal factors (blue) and overall prevalence (in parentheses), 2022



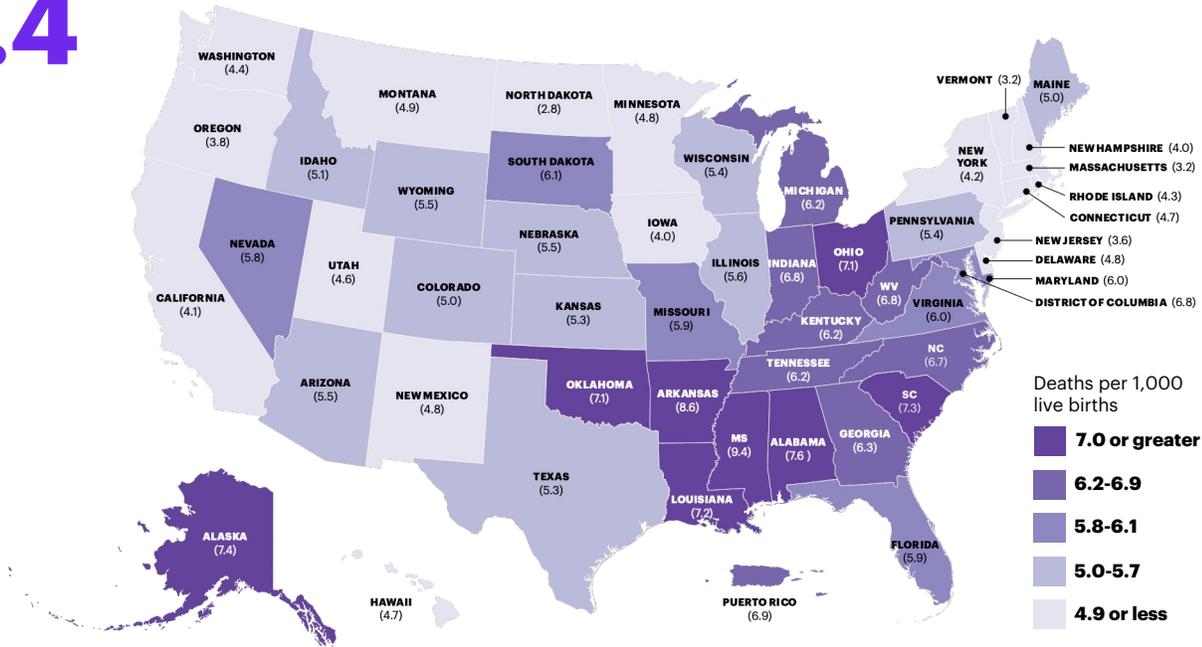
**Notes:** More than one factor can occur at the same time. Hypertension, diabetes, smoking and unhealthy weight occur prior to pregnancy.

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

**INFANT MORTALITY RATE**  
**5.4**

**19,868 babies died before their first birthday; the greatest rates occurred in the South and Midwest regions**

Infant mortality rate (deaths per 1,000 live births) by state, 2021

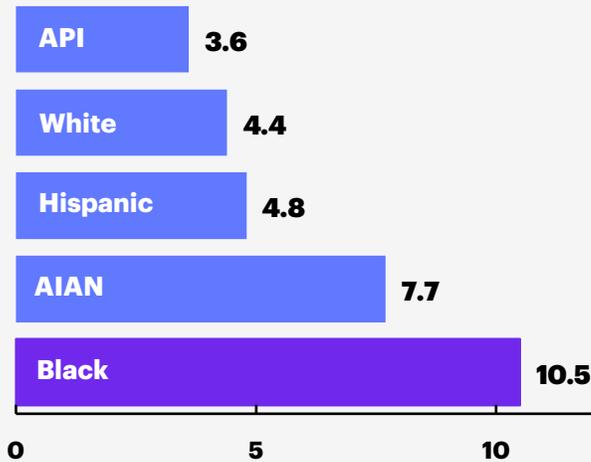


Source: National Center for Health Statistics Period Linked Birth/Infant Death File, 2021.

**The infant mortality rate declined 10% in the last decade but the rate among babies born to Black birthing people is still 1.9x the national rate**

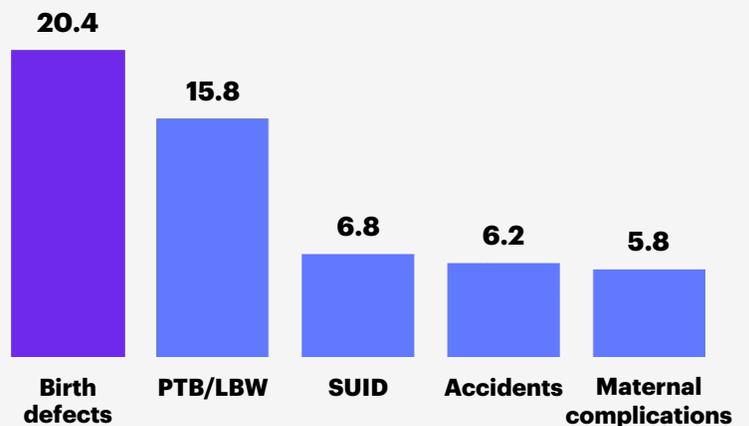
### Infant mortality by race/ethnicity

Rate per 1,000 live births, 2019-2021



### Leading causes of infant death

Percent of total deaths by primary cause, 2019-2021



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

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

#### MEDICAID EXTENSION

**37 STATES & D.C.  
HAVE FULLY EXTENDED**



Adoption of this policy extends Medicaid healthcare benefits to one year after the birth of a child.



#### MEDICAID EXPANSION

**ADOPTED in  
39 STATES & D.C.**

Adoption of this policy allows for greater access to preventative care for birthing people during pregnancy.



#### PAID FAMILY LEAVE

**10 STATES & D.C.  
PROVIDE 12 WEEKS OF  
PAID LEAVE**

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

#### DOULA REIMBURSEMENT

**11 STATES & D.C.  
REIMBURSE FOR  
DOULA CARE**



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

#### MATERNAL MORTALITY REVIEW COMMITTEE

**44 STATES  
ARE FEDERALLY  
FUNDED**



These committees work to identify causes and factors of maternal deaths, which is key to addressing and preventing future deaths.



#### FETAL AND INFANT MORTALITY REVIEW

**28 STATES & D.C.  
REVIEW FETAL AND  
INFANT DEATHS**

These committees are used to review causes and circumstances of fetal and infant deaths in order to address prevention efforts.



#### PERINATAL QUALITY COLLABORATIVE

**36 STATES  
ARE FEDERALLY  
FUNDED**

These committees work to identify and improve quality care issues in maternal and infant healthcare.

To see more information about each policy, see our Policy Booklet document [here](#).