Preterm is less than 37 weeks gestation based on obstetric estimate.
Source: National Center for Health Statistics, 2018 final natality data.
The preterm birth rate increased in 2018, for the fourth year in a row.

30 states have worse rates

7 “F” grades in 2019 Report Cards, up from 4 in 2018 Report Cards

Premature/preterm is less than 37 weeks of gestation. Preterm birth rate is defined as the percentage of live births born preterm.

2019 MARCH OF DIMES REPORT CARD

OHIO

PREMATURITY GRADE

C-

PRETERM BIRTH RATE

10.3%

SELECTED SOCIAL DETERMINANTS OF HEALTH

AVERAGE COST OF A PRETERM BIRTH

$62 THOUSAND

OHIO MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

$21.96 MILLION

MATERNAL AND CHILD HEALTH BLOCK GRANT

ADOPTED

MEDICAID EXPANSION

OTHER RECOMMENDED STATE ACTIONS

March of Dimes recommends key policies include improve nursing and breast health in all states. Future Report Cards will assess those actions at the state level.

- COMPREHENSIVE MEDICAID COVERAGE EXTENSION FOR ALL WOMEN TO AT LEAST 120 DAYS POSTPARTUM
- Improve Medicaid coverage for at least 120 days postpartum in all states. Medicaid extensions in some states end 60 days after giving birth, leaving access to care at the whim of maternal complications and breast health.

- GRANULAR MATERNAL CARE ENHANCED REIMBURSEMENT
- Delivered premiums for covered women to improve maternal health. Increases health behaviors and reduces adverse pregnancy outcomes. Increased benefits were seen in Black women and for women in high-risk populations.

- MOTHER-Baby INITIATIVE
- Support funding and care for infants who are born preterm by encouraging providers to prioritize care at the two main drivers of maternal health.
This year, in addition to monitoring progress on key indicators, Report Cards include selected state actions to improve maternal and infant health. Premature birth and its complications are the largest contributors to infant death in the U.S., and preterm birth rates have been increasing for four years. Prematurity grades are assigned by comparing the 2018 preterm birth rate to March of Dimes’ goal of 8.1 percent by 2020. While it’s not yet possible to assign grades for maternal health indicators given the available data, it’s clear that rates of maternal death and morbidity are unacceptably high. Maternal health complications, and the social determinants of health, affect the health and survival of both mom and baby. Highlighted on the second page are selected actions available to states to help improve maternal and infant health.

OHIO

PREMATURITY GRADE

C-

PRETERM BIRTH RATE

10.3%

Grade and Range

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>7.8 – 8.1</td>
</tr>
<tr>
<td>B+</td>
<td>8.2 - 8.5</td>
</tr>
<tr>
<td>B</td>
<td>8.6 – 8.9</td>
</tr>
<tr>
<td>B-</td>
<td>9.0 – 9.2</td>
</tr>
<tr>
<td>C+</td>
<td>9.3 – 9.6</td>
</tr>
<tr>
<td>C</td>
<td>9.7 – 10.0</td>
</tr>
<tr>
<td>C-</td>
<td>10.1 – 10.3</td>
</tr>
<tr>
<td>D+</td>
<td>10.4 – 10.7</td>
</tr>
<tr>
<td>D</td>
<td>10.8 – 11.1</td>
</tr>
<tr>
<td>D-</td>
<td>11.2 – 11.4</td>
</tr>
<tr>
<td>F</td>
<td>11.5 or greater</td>
</tr>
</tbody>
</table>

Preterm is based on less than 37 weeks gestation based on obstetric estimate. Source: National Center for Health Statistics: final natality data 2008-2018
Preterm is based on less than 37 weeks gestation based on obstetric estimate.

Source: National Center for Health Statistics: final natality data 2008-2018

Percentage of live births born preterm

<table>
<thead>
<tr>
<th>Year</th>
<th>% Preterm</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>10.7</td>
</tr>
<tr>
<td>2009</td>
<td>10.4</td>
</tr>
<tr>
<td>2010</td>
<td>10.3</td>
</tr>
<tr>
<td>2011</td>
<td>10.2</td>
</tr>
<tr>
<td>2012</td>
<td>10.5</td>
</tr>
<tr>
<td>2013</td>
<td>10.3</td>
</tr>
<tr>
<td>2014</td>
<td>10.3</td>
</tr>
<tr>
<td>2015</td>
<td>10.4</td>
</tr>
<tr>
<td>2016</td>
<td>10.4</td>
</tr>
<tr>
<td>2017</td>
<td>10.3</td>
</tr>
<tr>
<td>2018</td>
<td>10.3</td>
</tr>
</tbody>
</table>

Preterm is based on less than 37 weeks gestation based on obstetric estimate.
Source: National Center for Health Statistics: final natality data 2008-2018
## Preterm Birth Rates by Counties and City

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>GRADE</th>
<th>PRETERM BIRTH RATE</th>
<th>CHANGE FROM LAST YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuyahoga</td>
<td>F</td>
<td>12.2%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Franklin</td>
<td>D+</td>
<td>10.5%</td>
<td>Improved</td>
</tr>
<tr>
<td>Hamilton</td>
<td>D</td>
<td>11.1%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Lucas</td>
<td>F</td>
<td>11.6%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Montgomery</td>
<td>F</td>
<td>11.7%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Summit</td>
<td>B-</td>
<td>9.2%</td>
<td>Improved</td>
</tr>
</tbody>
</table>

**Grade and Range**

- **A**: 7.8 – 8.1
- **B+**: 8.2 – 8.5
- **B**: 8.6 – 8.9
- **B-**: 9.0 – 9.2
- **C+**: 9.3 – 9.6
- **C**: 9.7 – 10.0
- **C-**: 10.1 – 10.3
- **D+**: 10.4 – 10.7
- **D**: 10.8 – 11.1
- **D-**: 11.2 – 11.4
- **F**: 11.5 or greater

- Preterm is less than 37 weeks gestation based on obstetric estimate.
- Source: National Center for Health Statics, 2017 natality data.
Preterm is less than 37 weeks of pregnancy.

Preterm is less than 37 weeks of pregnancy.

In Ohio, the preterm birth rate among black women is 49% higher than the rate among all other women.

Preterm is less than 37 weeks gestation based on obstetric estimate. Race categories include only women of non-Hispanic ethnicity. Source: National Center for Health Statistics, final natality data 2015-2017.
The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

**Disparity ratio**

1.33

**Change from baseline**

No Improvement

**Preterm birth rate by race and ethnicity**

- **Asian/Pacific Islander**: 8.7 Best (lowest)
- **White**: 9.5
- **Hispanic**: 10.8
- **Black**: 14.2

Preterm is less than 37 weeks gestation based on obstetric estimate.

Race categories include only women of non-Hispanic ethnicity.

Source: National Center for Health Statistics, final natality data 2015-2017
The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It’s based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

Gestational age is based on obstetric estimate.

Race categories include only women of non-Hispanic ethnicity.

Source: National Center for Health Statistics, 2015-2017 natality data
Our unequal society has negative consequences for health. Factors such as these are linked to adverse maternal and infant health outcomes overall. Many other structural factors and inequities influence the health of mothers and babies, especially for Black, American Indian and Alaska Native women. For example, income, health insurance status and prenatal care access are traditionally considered protective factors, but if they are held constant, racial and ethnic disparities persist. March of Dimes is collaborating with others to confront social and structural determinants of health, while identifying solutions that help alleviate the negative impacts of such inequities.

SELECTED SOCIAL DETERMINANTS OF HEALTH

Uninsured among women (15-44)*

- HP 2020
- United States
- Ohio

Inadequate Prenatal Care

Poverty among women (15-44)

*The Healthy People 2020 goal is for all women (15-44) to be insured.
**2019 MARCH OF DIMES REPORT CARD**

**MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS**

**AVERAGE COST OF A PRETERM BIRTH**

The estimated societal cost per preterm birth includes medical care for premature children, maternal delivery costs, early intervention services, special education services and lost productivity. State estimates reflect 2016 adjustments to underlying national estimates developed in 2005 (see technical notes for additional details). Adjustments per state include birth and infant mortality rate and incidence by gestational age, service bundle composition and costs and cost inflation.

**$62 THOUSAND**

**MATERNAL AND CHILD HEALTH BLOCK GRANT**

The Maternal and Child Health (MCH) Block Grant is one source of federal support for states to improve the health of moms and children. States have some flexibility in allocating funds, which can be used to increase access to quality health care for pregnant women. State MCH block grant amounts provide an example of the limited amount of available funds in comparison to the costs of prematurity and other complications.

**$21.96 MILLION**

**ADOPTED**

**MEDICAID EXPANSION**

Medicaid expansion to cover individuals up to 138% of the federal poverty level can play an essential role in improving maternal and infant health. A growing number of studies indicate that Medicaid expansion has reduced the rate of women of childbearing age who are uninsured, improved health outcomes and helped to reduce disparities, including lower rates of premature birth and low birthweight for Black infants in expansion states.

March of Dimes recommends **key policy actions** to improve maternal and infant health in all states. Future Report Cards will assess these actions at the state level.

- **COMPREHENSIVE MEDICAID COVERAGE EXTENSION FOR ALL WOMEN TO AT LEAST ONE YEAR POSTPARTUM** In too many states, Medicaid maternity coverage ends 60 days after giving birth, ending access to care at a time when risks of maternal complications and death persist.

- **GROUP PRENATAL CARE ENHANCED REIMBURSEMENT** Group prenatal care has shown significant benefits to maternal health, increases healthy behaviors and reduces adverse birth outcomes. Increased benefits were seen in Black women who participated in group prenatal care. Enhanced reimbursement models, including delivery and outcomes-based incentives, can encourage providers to offer it.

- **MATERNAL MORTALITY REVIEW COMMITTEES** Establishment, funding and reporting of state data to CDC through Maternal Mortality Review Committees is essential to understanding and addressing the causes of maternal death.
March of Dimes
2020 Goal: 8.1 percent

In 2017, March of Dimes Target Card assigns grades to the 105 cities with the greatest number of births in 2017. Premature Birth Prevention Comprehensive Citywide is a city in the March of Dimes goal of 8.1 percent by 2020.

Notes:
- Preterm means any birth before 37 weeks estimated to gestation
- Grading operates using the best estimates of preterm live births and perinatal deaths
- Choosing a grade for each city many not reflect their actual performance
- March of Dimes partners with and supports city and state leaders in their efforts to improve birth outcomes
- March of Dimes is a not-for-profit organization
- March of Dimes is proud of these leaders and their efforts
- March of Dimes thanks all those who support our mission

For more information, please visit March of Dimes Preterm Birth Prevention Card.
WE MUST BREAK THROUGH

During the month of November — Prematurity Awareness Month — we aim to break through the noise and drive awareness around the issues facing moms and babies in our country…#ItsNotFine.

We must act. Join us.
THANK YOU!