



**Presentation to FIMR
February 18, 2020**

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OH Director of Maternal Child
Health & Government Affairs**



OUR MISSION

**MARCH OF
DIMES LEADS
THE FIGHT FOR
THE HEALTH
OF ALL MOMS
AND BABIES.**



THE NATIONAL LEADER IN THE HEALTH OF ALL MOMS AND BABIES.

- 80 year history of success.
- Health education and empowerment for families.
- Care innovation, NICU support and local programs have reached over 75,000 families in communities nationwide.
- Over 200 scientists at major research centers across the country are growing a body of major research including 300 published articles, abstracts and presentations.
- State and Federal advocacy that has delivered wins for moms and babies.



A BOLD VISION FOR MOMS AND BABIES

HEALTHY MOMS.



End Preventable
Maternal Morbidity and
Mortality

STRONG BABIES.



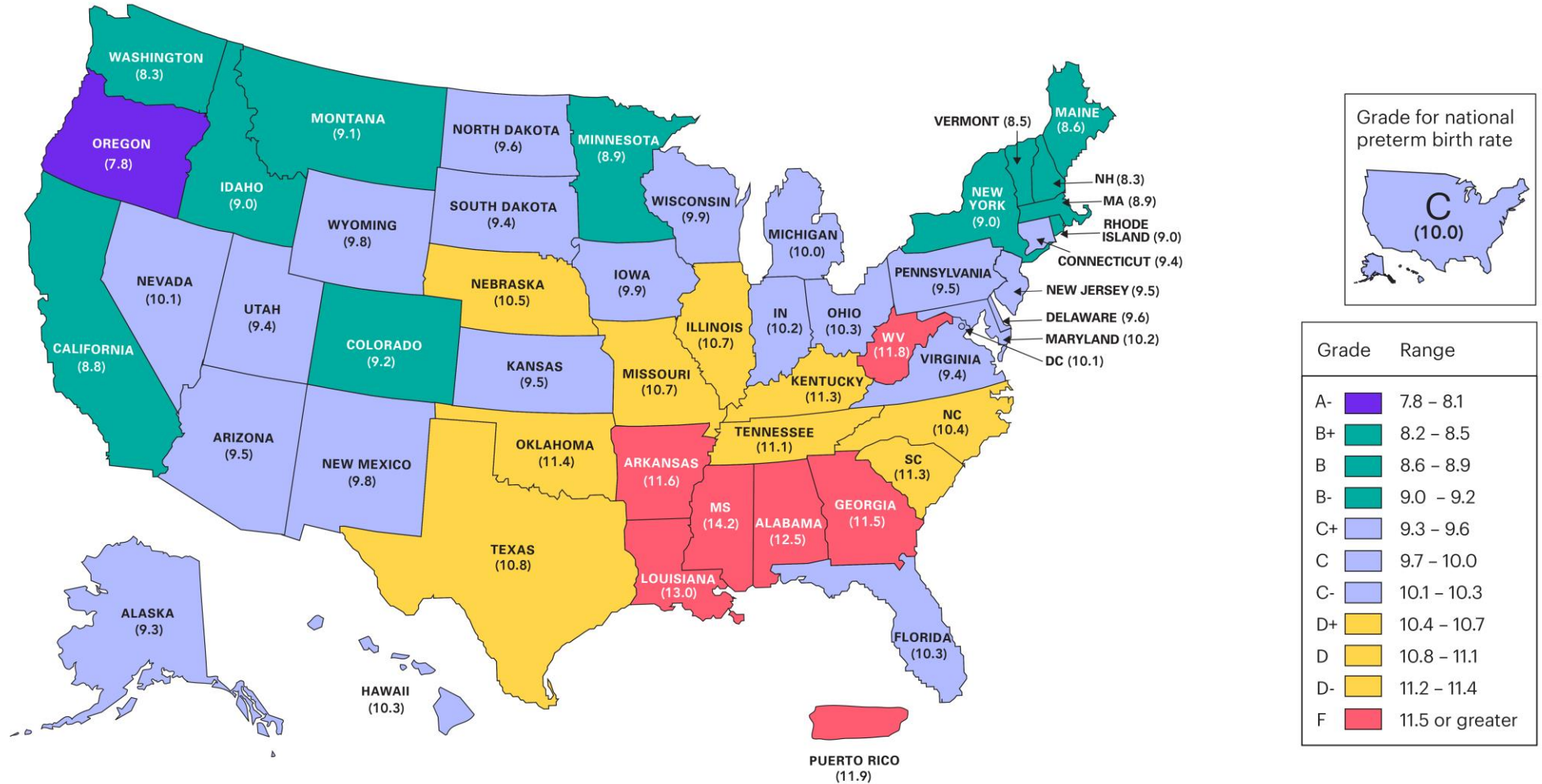
End Preventable
Prematurity and Infant
Mortality

End the Health Equity Gap



2019 MARCH OF DIMES REPORT CARD

PRETERM BIRTH RATES AND GRADES BY STATE



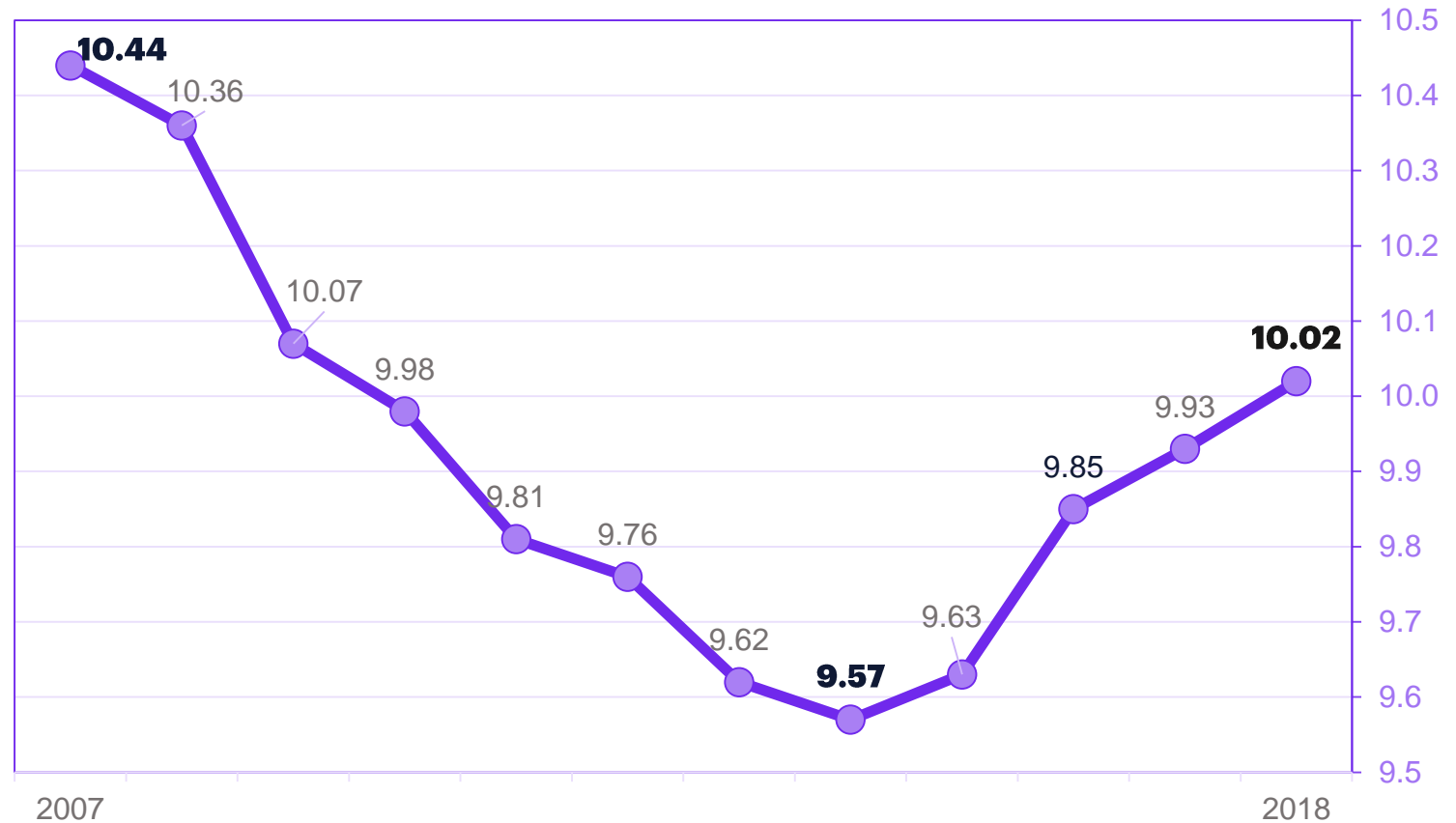
Preterm is less than 37 weeks gestation based on obstetric estimate.
Source: National Center for Health Statistics, 2018 final natality data.

TREND AND IMPLICATIONS

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



Preterm birth rate, United States, 2007-2018

2019 MARCH OF DIMES REPORT CARD

HEALTHY
MOMS.
STRONG
BABIES.



2019 MARCH OF DIMES REPORT CARD

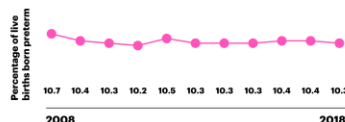
This year, in addition to monitoring progress on key indicators, Report Cards include selected state actions to improve maternal and infant health. Premature birth and its complications are the largest contributors to infant death in the U.S., and preterm birth rates have been increasing for four years. 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

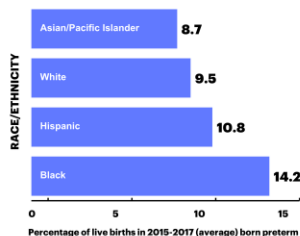
C-

PRETERM
BIRTH RATE
10.3%



PRETERM BIRTH RATE BY RACE AND ETHNICITY

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



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

DISPARITY RATIO:
1.33
CHANGE FROM BASELINE:
No Improvement

PRETERM BIRTH RATES BY COUNTIES AND CITY

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Cuyahoga	F	12.2%	Worsened
Franklin	D+	10.5%	Improved
Hamilton	D	11.1%	Worsened
Lucas	F	11.6%	Worsened
Montgomery	F	11.7%	Worsened
Summit	B-	9.2%	Improved

CITY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Columbus	D	10.9%	Improved

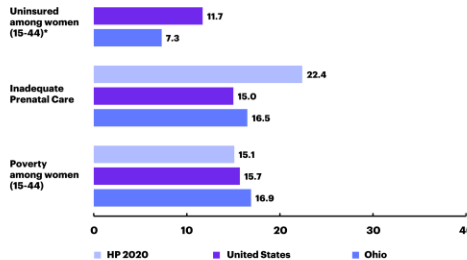
MORE INFORMATION | MARCHOFDIMES.ORG/REPORTCARD

For details on data sources and calculations, see Technical Notes. For more information on how we are working to reduce premature birth, visit www.marchofdimes.org.
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OHIO MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

SELECTED SOCIAL DETERMINANTS OF HEALTH

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.



*The Healthy People 2020 goal is for all women (15-44) to be insured.

\$62
THOUSAND

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.

\$21.96
MILLION

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.

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.

OTHER RECOMMENDED STATE ACTIONS

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.

MORE INFORMATION | MARCHOFDIMES.ORG/REPORTCARD

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Grade for national
preterm birth rate



Grade	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

2019 MARCH OF DIMES REPORT CARD

PRETERM BIRTH RATES BY COUNTIES AND CITY

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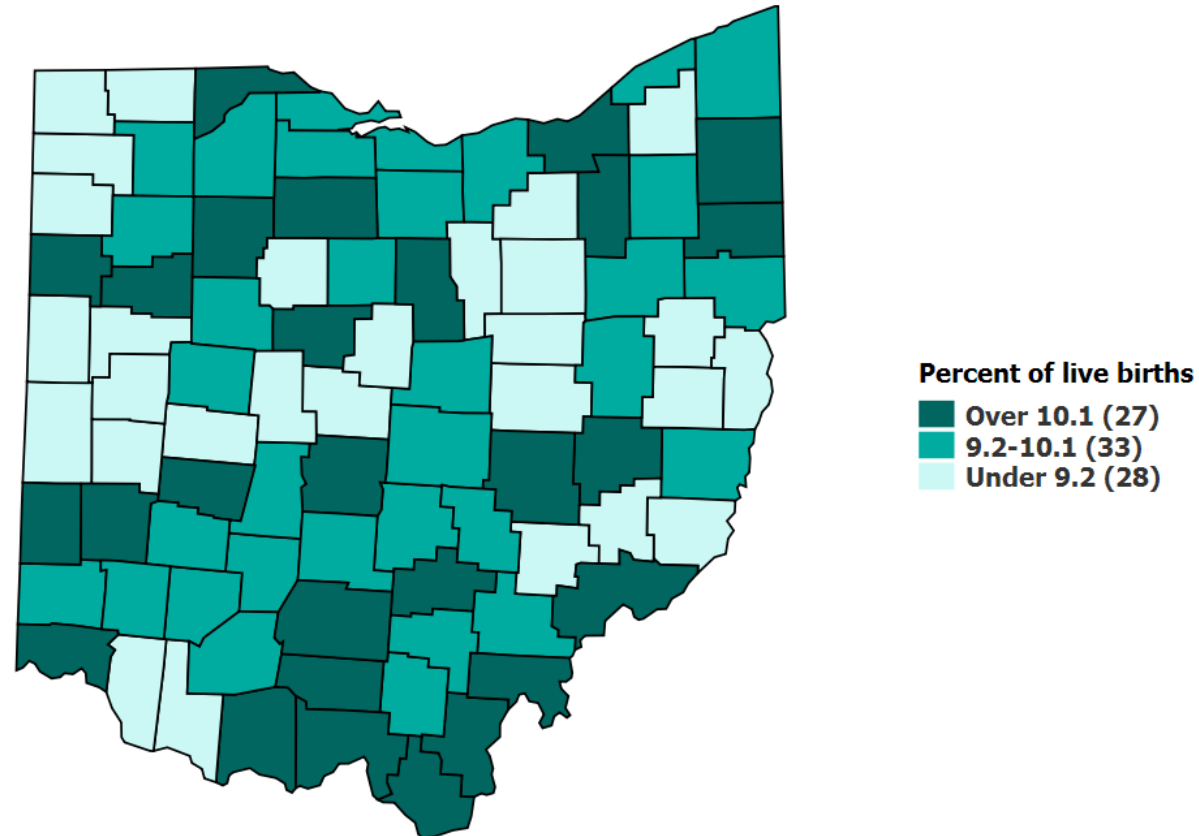
CITY	GRADE	PRETERM BIRTH RATE	CHANGE FROM LAST YEAR
Columbus	D	10.9%	Improved

Grade and Range

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

PRETERM BIRTH

OHIO, 2014-2017 AVERAGE



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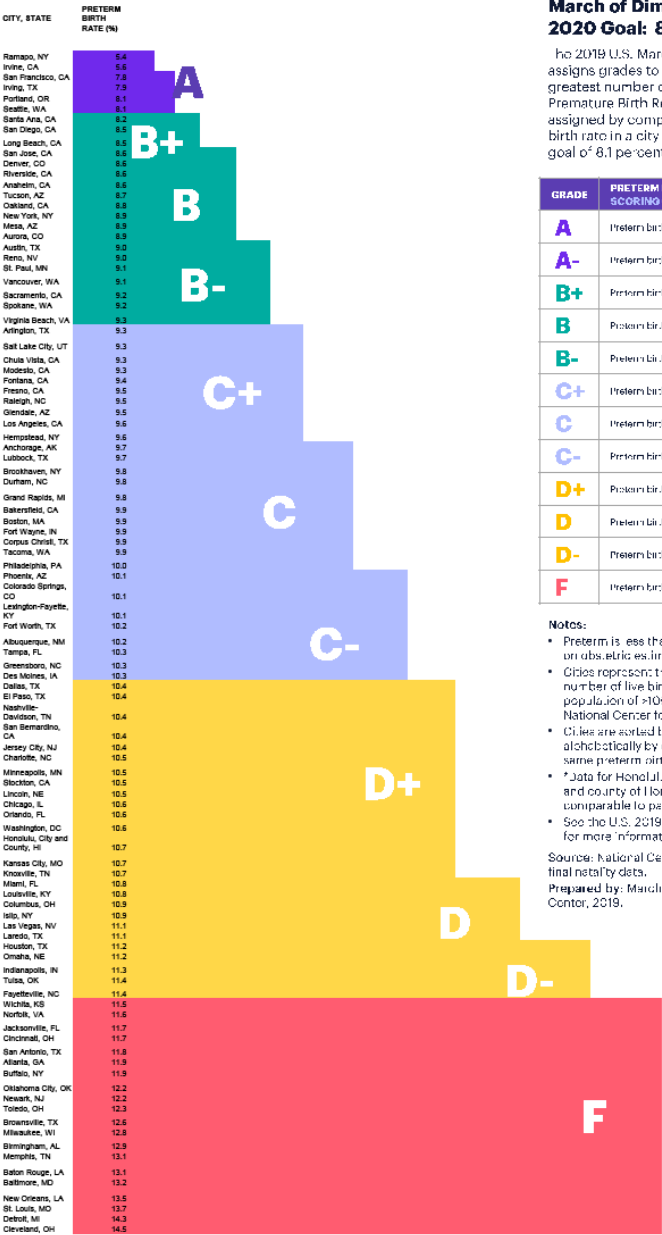
Preterm is less than 37 weeks of pregnancy.

Source: National Center for Health Statistics, final natality data. Retrieved October 15, 2019, from www.marchofdimes.org/peristats.

MARCHOFDIMES.ORG/REPORTCARD

HEALTHY MOMS
STRONG BABIES.

100 U.S. CITIES WITH THE GREATEST NUMBER OF BIRTHS
2017 PRETERM BIRTH RATES AND GRADES



March of Dimes

2020 Goal: 8.1 percent

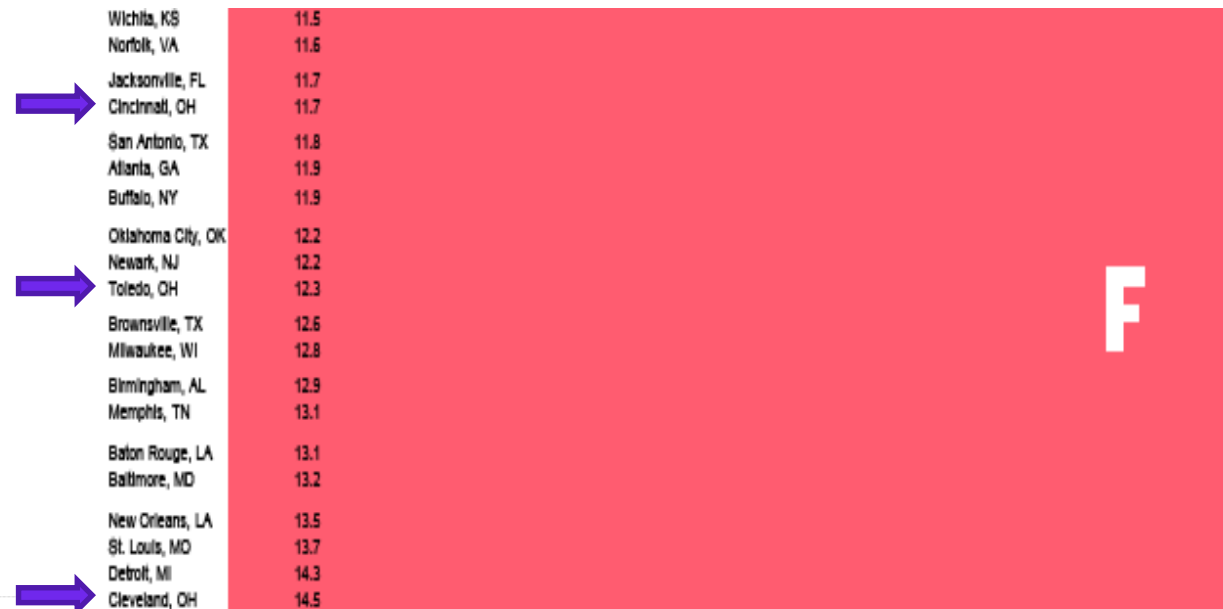
The 2019 U.S. March of Dimes Report Card assigns grades to the 100 cities with the greatest number of live births in 2017. Premature Birth Report Card grades are assigned by comparing the 2017 preterm birth rate in a city to the March of Dimes goal of 8.1 percent by 2020.

GRADE	PRETERM BIRTH RATE RANGE SCORING CRITERIA
A	Preterm birth rate less than or equal to 7.7 percent
A-	Preterm birth rate of 7.8 percent to 8.1 percent
B+	Preterm birth rate of 8.2 percent to 8.5 percent
B	Preterm birth rate of 8.6 percent to 8.9 percent
B-	Preterm birth rate of 9.0 percent to 9.5 percent
C+	Preterm birth rate of 9.6 percent to 9.9 percent
C	Preterm birth rate of 10.0 percent to 10.9 percent
C-	Preterm birth rate of 11.0 percent to 11.9 percent
D+	Preterm birth rate of 12.0 percent to 12.9 percent
D	Preterm birth rate of 13.0 percent to 13.9 percent
D-	Preterm birth rate of 14.0 percent to 14.9 percent
F	Preterm birth rate greater than or equal to 15.0 percent

- Notes:**
- Preterm is less than 37 weeks gestation based on obstetric estimate of gestational age.
 - 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.
 - Cities are sorted by preterm birth rates and alphabetically by city name for cities with the same preterm birth rate.
 - * Data for Honolulu represent the combined city and county of Honolulu. Data are not comparable to past years.
 - See the U.S. 2019 March of Dimes Report Card for more information.

Source: National Center for Health Statistics, 2017 final natality data.
Prepared by: March of Dimes Perinatal Data Center, 2019.

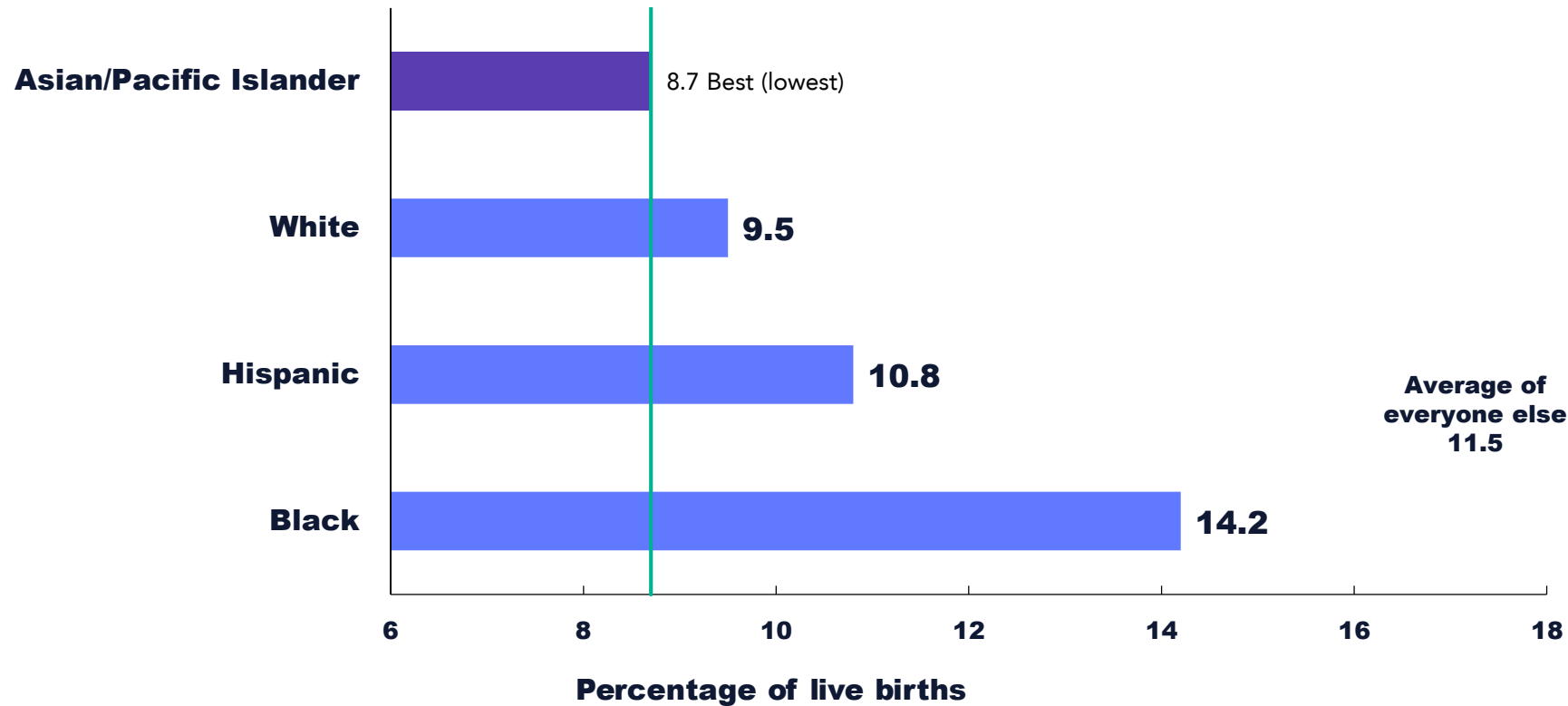
CITY, STATE
PRETERM
BIRTH
RATE (%)



2019 MARCH OF DIMES REPORT CARD

PRETERM BIRTH RATE BY RACE AND ETHNICITY

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Disparity ratio

1.33

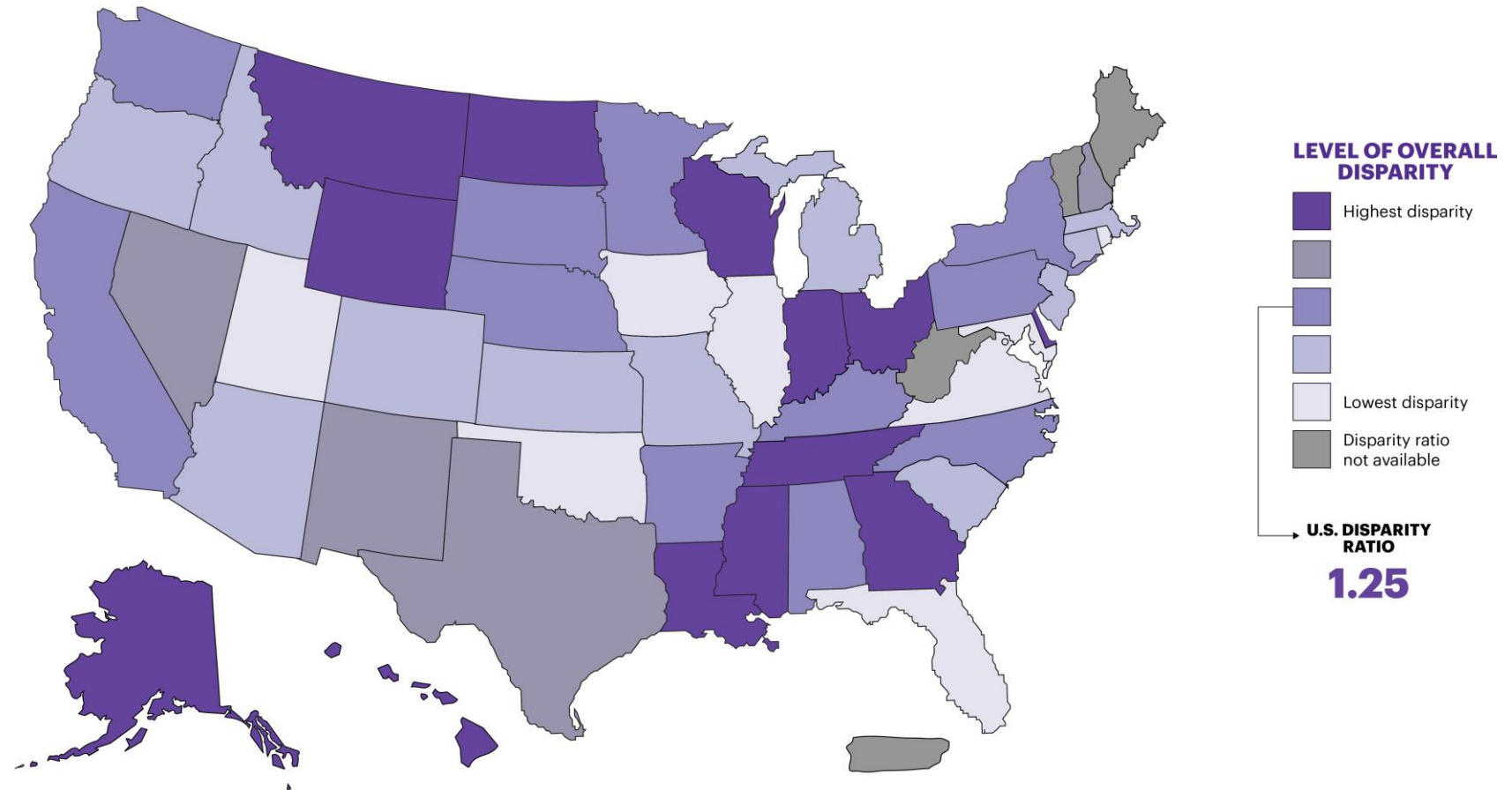
Change from
baseline

**No
Improvement**

2019 MARCH OF DIMES REPORT CARD

RACE & ETHNICITY DISPARITY BY STATE

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

APPROXIMATELY EVERY 12 HOURS A WOMAN DIES

As a result of pregnancy
or childbirth.

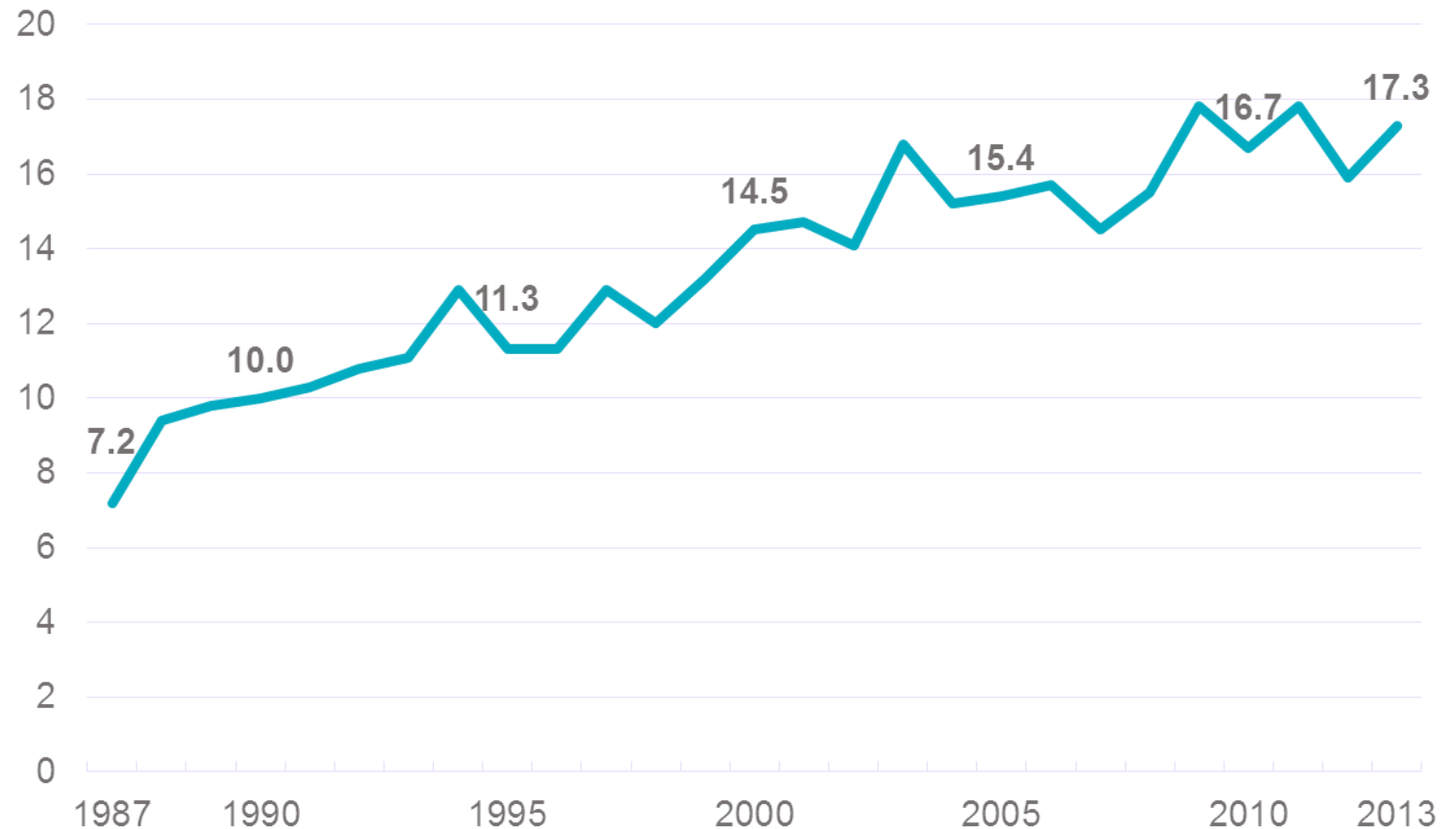


TRENDS IN MATERNAL MORTALITY

Pregnancy-related death has more than doubled over the past 25 years.

700 women die due to pregnancy-related complications each year

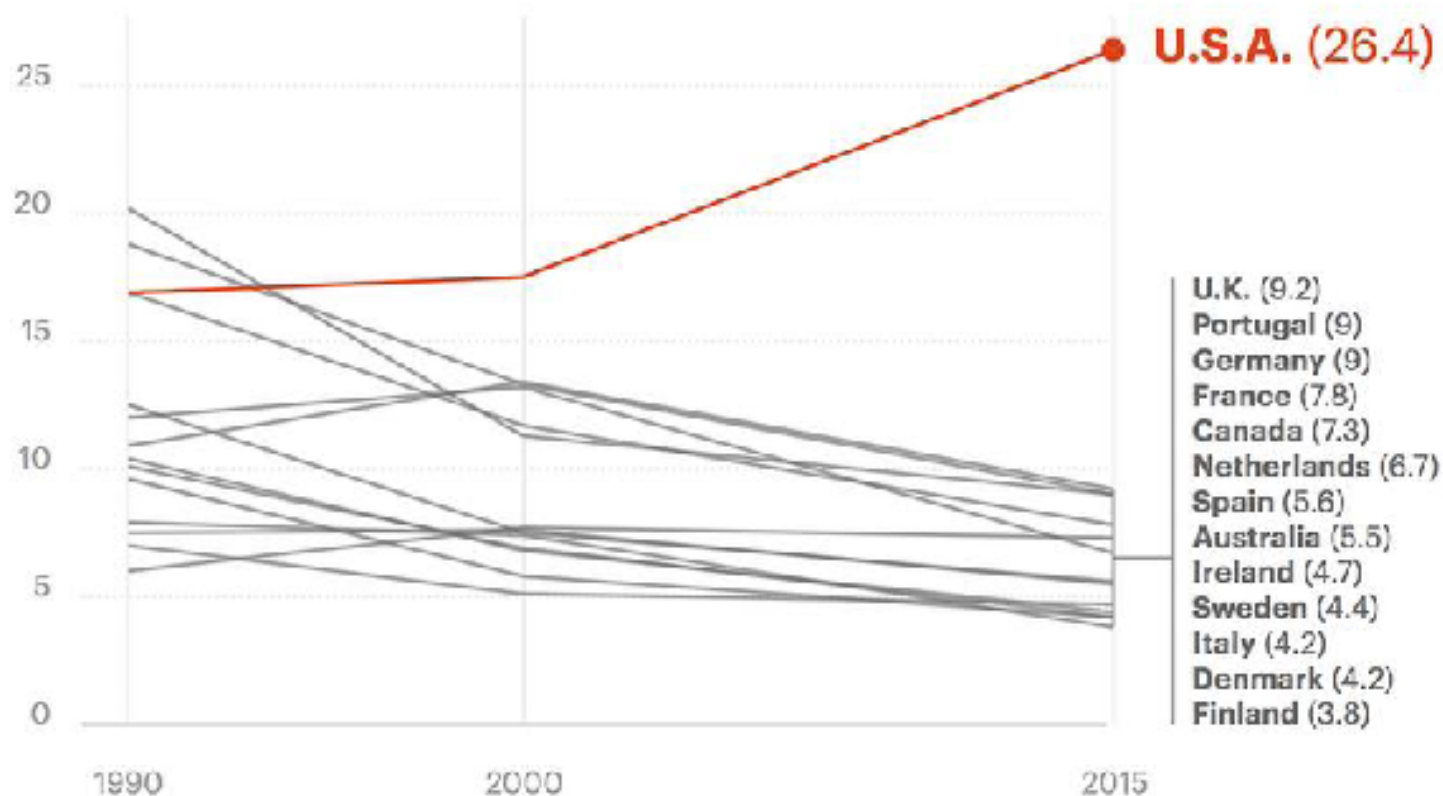
50,000 women have life-threatening complications from labor and delivery



Pregnancy-related mortality ratio, United States, 1987-2013

MATERNAL MORTALITY IS RISING IN THE U.S. AS IT DECLINES ELSEWHERE

Deaths per 100,000 live births



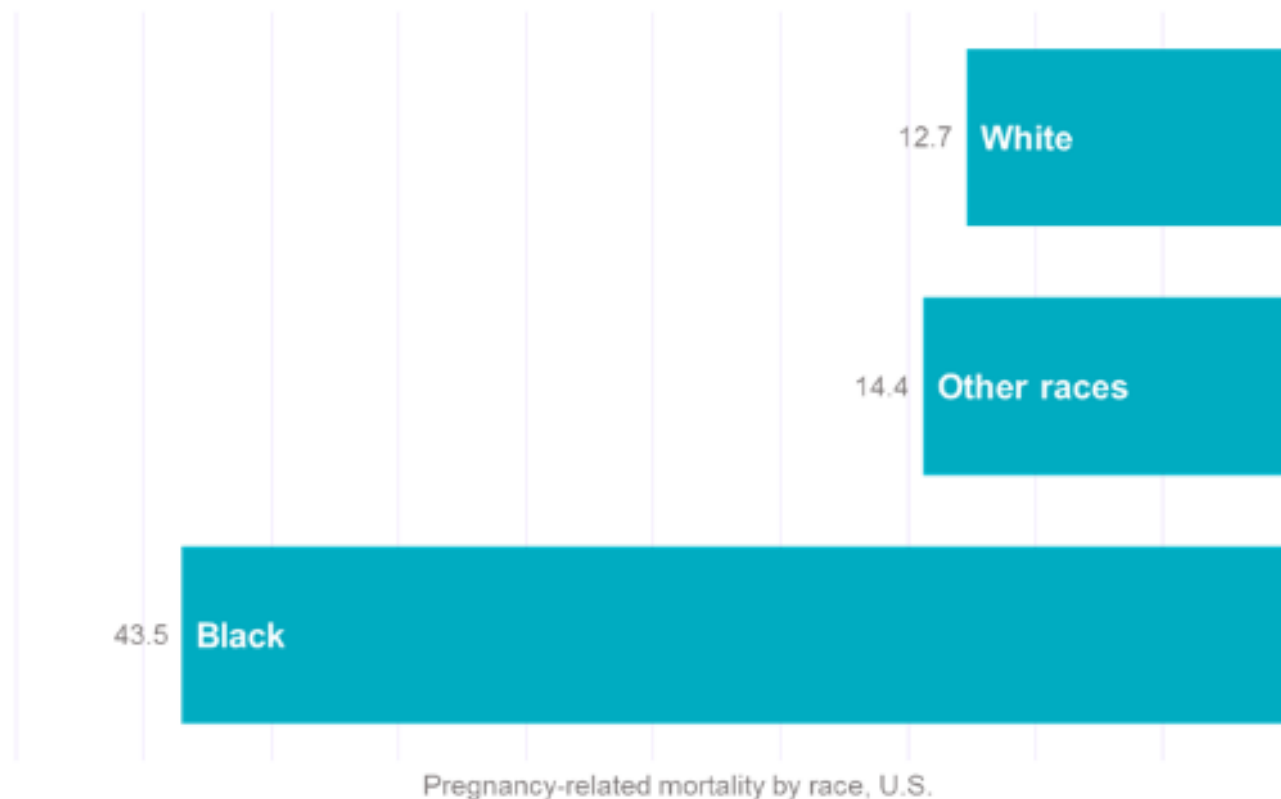
Notes

"Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015," *The Lancet*. Only data for 1990, 2000 and 2015 was made available in the journal.

EQUITY AS A CROSS-CUTTING ISSUE

In this country black women have maternal* death rates **over three times higher** than women of other races.

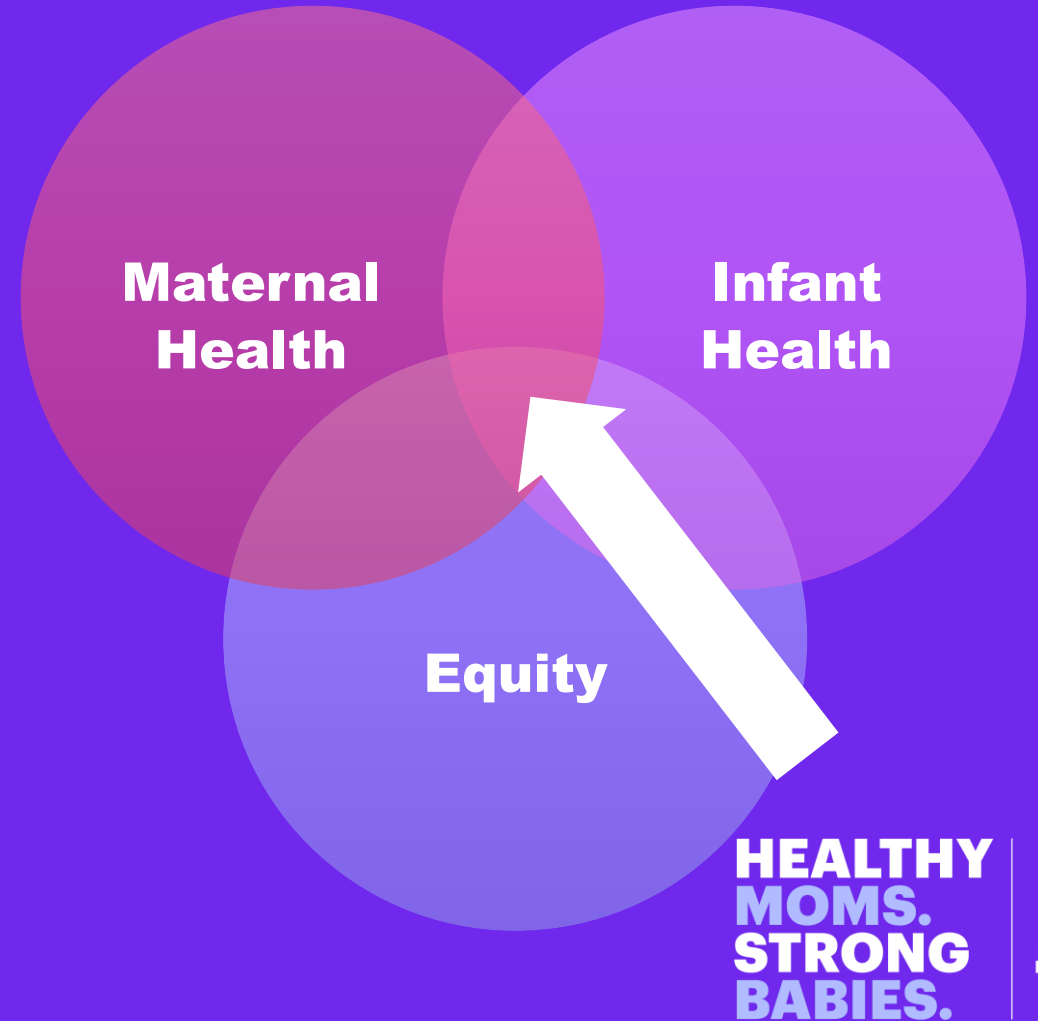
DISPARITIES IN MATERNAL DEATH



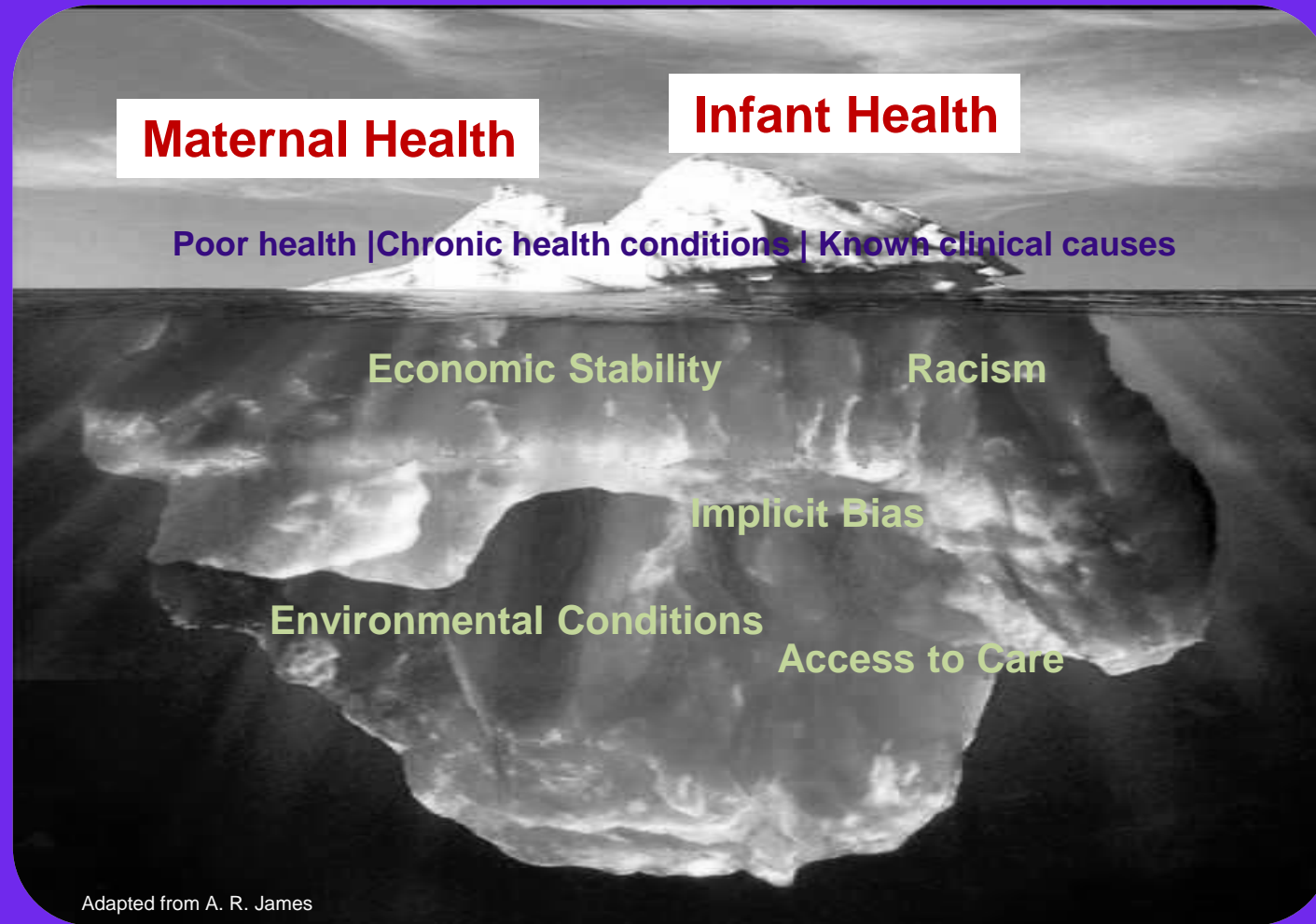
OUR APPROACH: maternal and infant health

GOALS

- Reduce preventable maternal death and morbidity
- Reduce preventable prematurity
- Reduce maternal and child health inequity



A Need to Better Understand the Underlying Determinants

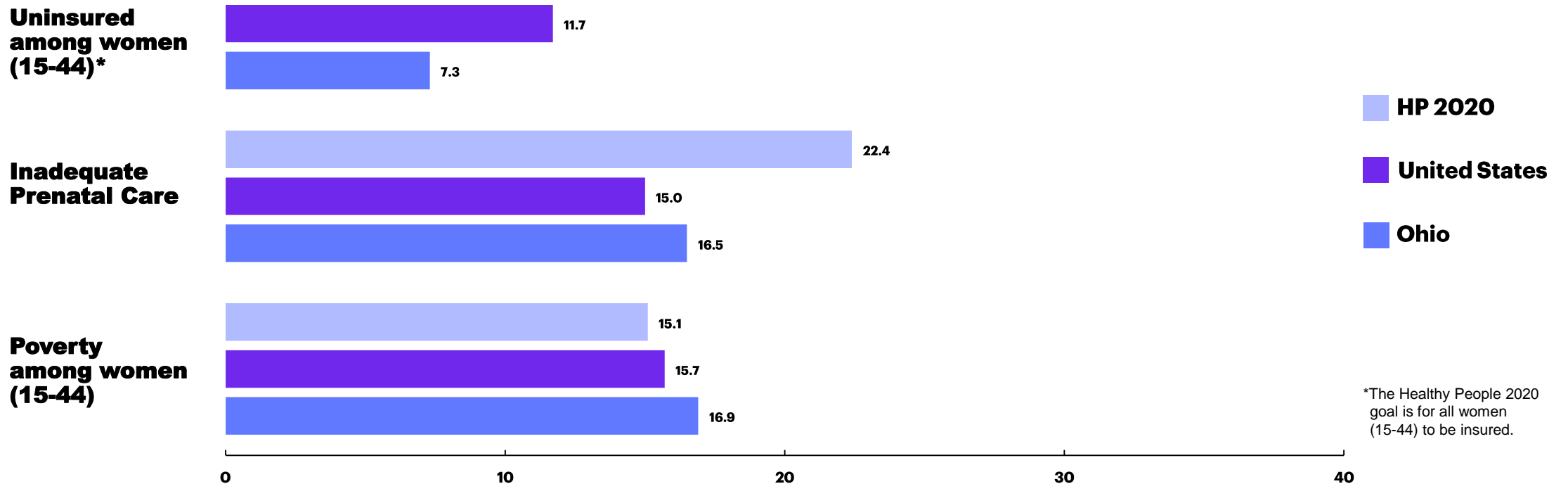


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MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

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Source: IPUMS-USA, University of Minnesota, ipums.org. American Community Survey. US Census Bureau; IPUMS-CPS, University of Minnesota, ipums.org. Current Population Survey. US Census Bureau; National Center for Health Statistics, 2017 final natality data.

2019 MARCH OF DIMES REPORT CARD

MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

**\$62
THOUSAND**

AVERAGE COST OF A PRETERM BIRTH

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**\$21.96
MILLION**

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GUIDING PRINCIPLES TO ACHIEVING EQUITY IN PRETERM BIRTH

TABLE OF CONTENTS

OVERVIEW OF HEALTH EQUITY IN PRETERM BIRTH 2

Describes disparities in preterm birth in the United States

KEY HEALTH EQUITY TERMS 3

Defines key terms associated with equity, health equity and health disparities to orient the reader to language used to develop the guiding principles

GUIDING PRINCIPLES 5

Provides a strategy that helps inform, guide and unify approaches to health equity by Collaborative workgroups as well as external organizations, including community-based organizations and federal and state public health agencies

FULL HEALTH EQUITY GLOSSARY 9

Defines language that is fundamental to understanding the principles of health equity and communicating about how to advance equity and health equity

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addressing SDOH 7

Figure 3: Key steps to addressing
health equity..... 7

TABLES

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TRAINING: IMPLICIT BIAS FOR MATERNITY CARE PROVIDERS

**Address unconscious attitudes
and stereotypes**

**Improve patient-provider
communications and treatment
decisions**

**In-person training and virtual
resources being developed by
March of Dimes and Quality
Interactions**



KEY COMPONENTS

1. Overview of implicit bias.
2. Historical overview of structural racism in the United States.
3. Strategies to mitigate racial bias in maternity care.
4. Commitment to creating a culture of equity.

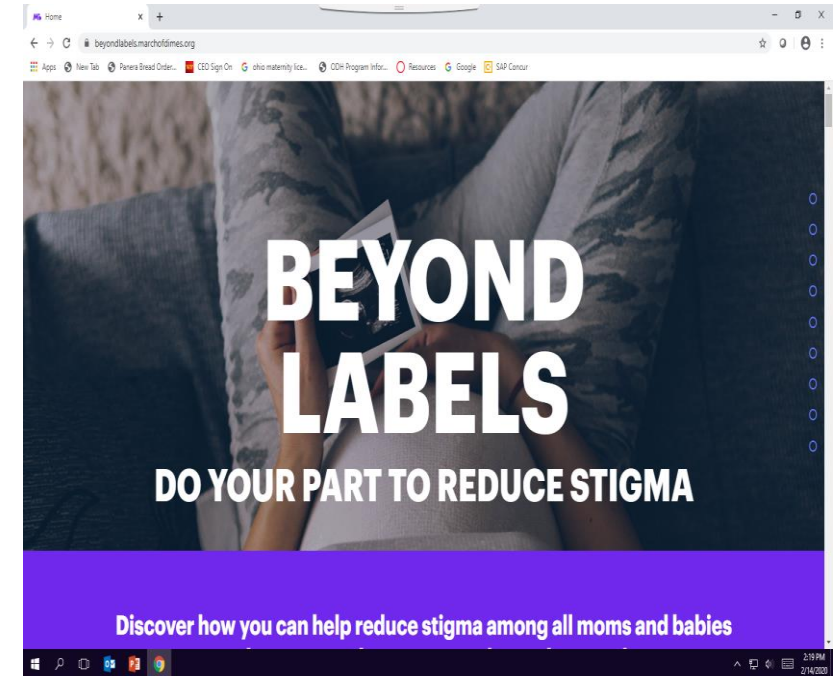
BEYOND LABELS TOOLKIT

Award-winning microsite on stigma.

<https://beyondlabels.marchofdimes.org/>

Created to raise awareness about the impact of stigma for all March of Dimes staff and partners. Stigma and implicit bias are based on stereotyping, which means assigning labels and/or categorizing people based on negative perceptions.

The stigma toolkit is currently a free resource.



PROGRAMS: SUPPORTIVE PREGNANCY CARE

Group prenatal care:

- Reduces preterm birth among Black women by 41%; 33% reduction among women of all races/ethnicities
- Improves psychological outcomes, including readiness for labor and delivery
- Empowers women and increases satisfaction with care

March of Dimes has developed a new model of group prenatal care:
Supportive Pregnancy Care

- Less costly to implement and easier to sustain



**IMPLEMENTATION AND
SESSION GUIDES**

MARCHOFDIMES.ORG

**M_i MARCH
OF DIMES**
SUPPORTIVE PREGNANCY CARE

CONTINUING EDUCATION FOR PERINATAL, NICU & HEALTHCARE STAFF

Training Institute:

High quality, interactive, engaging webinars, archived videos, and on-site hospital trainings

Session Titles

- Caring for the Caregiver: Resiliency for the Healthcare Professional
- Child with Medical Complexities: Designing a Better Path from Hospital to Home
- Communication in a Social Media Age: Understanding Your Multigenerational Workforce
- Creating a Culture of Respect: Understanding the Impact of Health Disparities to Your Patient
- Easing Trauma at the Bedside: Supporting Families in Crisis
- Experiencing Loss in the NICU: Caring for Families and Staff through Difficult Times
- Overheard: What We Say, What We Mean and What Families Hear
- The Impact of Prenatal Drug Use: Managing the Consequences of Opioid and Marijuana Use (AVAILABLE OCTOBER 2018)
- Tell Me and I Forget. Teach Me and I Remember. Involve Me and I Learn: Ensuring Successful Learning and Positive Experiences for Patients
- Partnering with Parents to Improve Safety: Engaging Families beyond the Advisory Council
- Skin to Skin Holding: The Journey towards Best Practice in the NICU
- Shorter Stays: Developing Targeted Education for the Family in the NICU Less Than Two Weeks

MARCH OF DIMES FACEBOOK MENTORSHIP

March of Dimes is excited to launch a new Facebook Mentorship Program. After a successful pilot, we are creating a mentorship program that will reach more families within our community, including topics such as pregnancy, loss, NICU and more. The mentorship is available to members of our March of Dimes Community Facebook group. Mentors and mentees will be able to share support, offer advice, connect with families who had similar experiences, and get helpful resources and information from March of Dimes.

Platform: March of Dimes Community Facebook group and Facebook Messenger

Join the group at:

www.facebook.com/groups/marchofdimes

Mentee expectations:

- Seek support from other families within our community with similar experiences
- Must have a Facebook account and be a member of the March of Dimes Community Facebook group in order to participate
- Commit to reach out to your mentor within the first week of being paired. Once connected, determine best outreach frequency
- Understand that your mentor may communicate and share information with March of Dimes
- Reach out to March of Dimes Community admin if you need additional support or information
- All materials provided by March of Dimes are for information purposes only and do not constitute medical advice.

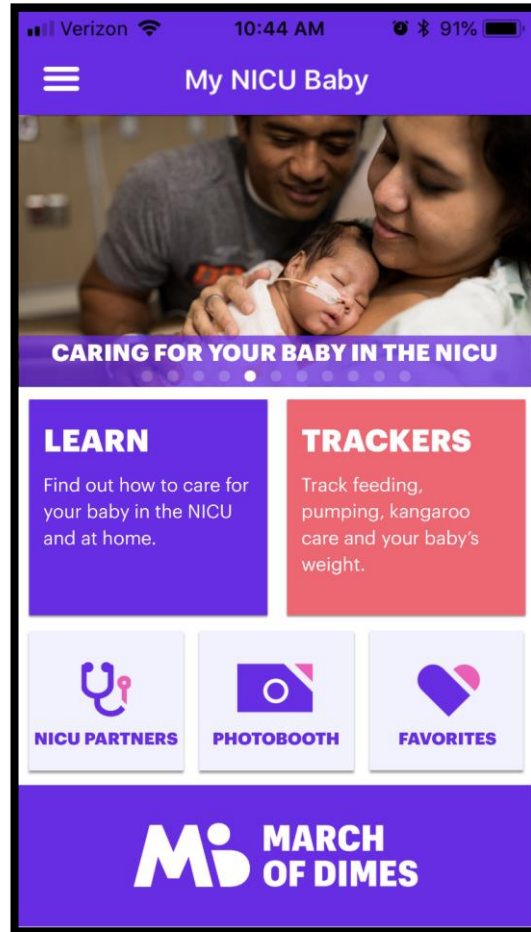


#*un*SPOKENSTORIES

- **Share stories of motherhood and parenting, love and loss**
- **Strengthen our community and commitment to one other**
- **Bring to light the different experiences people have in their journey to start a family**



My NICU Baby™ App



Use the app to:

- Learn about caring for your baby in the NICU and at home through videos and text
- Track your baby's feeding and weight
- Track pumping and kangaroo care sessions
- Take photos and add filters
- Get ready to take your baby home with a customizable checklist
- Manage your own health with a postpartum visit questionnaire
- Keep track of health providers, your to-do list and questions with a notes feature
- Connect with other families through the App

RESEARCH TO HELP ALL MOMS AND BABIES

- What causes premature birth?
- How can we translate that to protect mom and baby health?
- How can we use that knowledge to keep pregnancies from ending too soon?
- Consider how health later in life is shaped by earlier experiences
- Consider experiences in a woman's life before she became pregnant
- Systematically consider economic and social factors for all moms

DEMAND #BLANKETCHANGE

To fight for all moms, including those living in maternity care deserts in communities like yours and across the country.



2019 MARCH OF DIMES REPORT CARD

MATERNAL AND INFANT HEALTH: CONTEXT AND ACTIONS

RECOMMENDED KEY POLICY ACTIONS

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.

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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.

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Future Report Cards will assess these actions at the state level.



2019 MARCH OF DIMES REPORT CARD

HEALTHY MOMS. STRONG BABIES.

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



DISCUSSION

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