



HEALTHY MOMS. STRONG BABIES.

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OUR MISSION

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



U.S. MATERNAL AND INFANT HEALTH CRISIS

It's One Crisis. Not Two.

This crisis is about moms and babies. It's about those we've lost, including the moms who died and those who face serious health challenges before, during and after pregnancy.

**22,000+
infants die in
one year**

**Preterm birth
rate is on the
rise**

**1 in 10 babies
is born
preterm**

**A woman dies
every 12 hours
as a result of
childbirth**

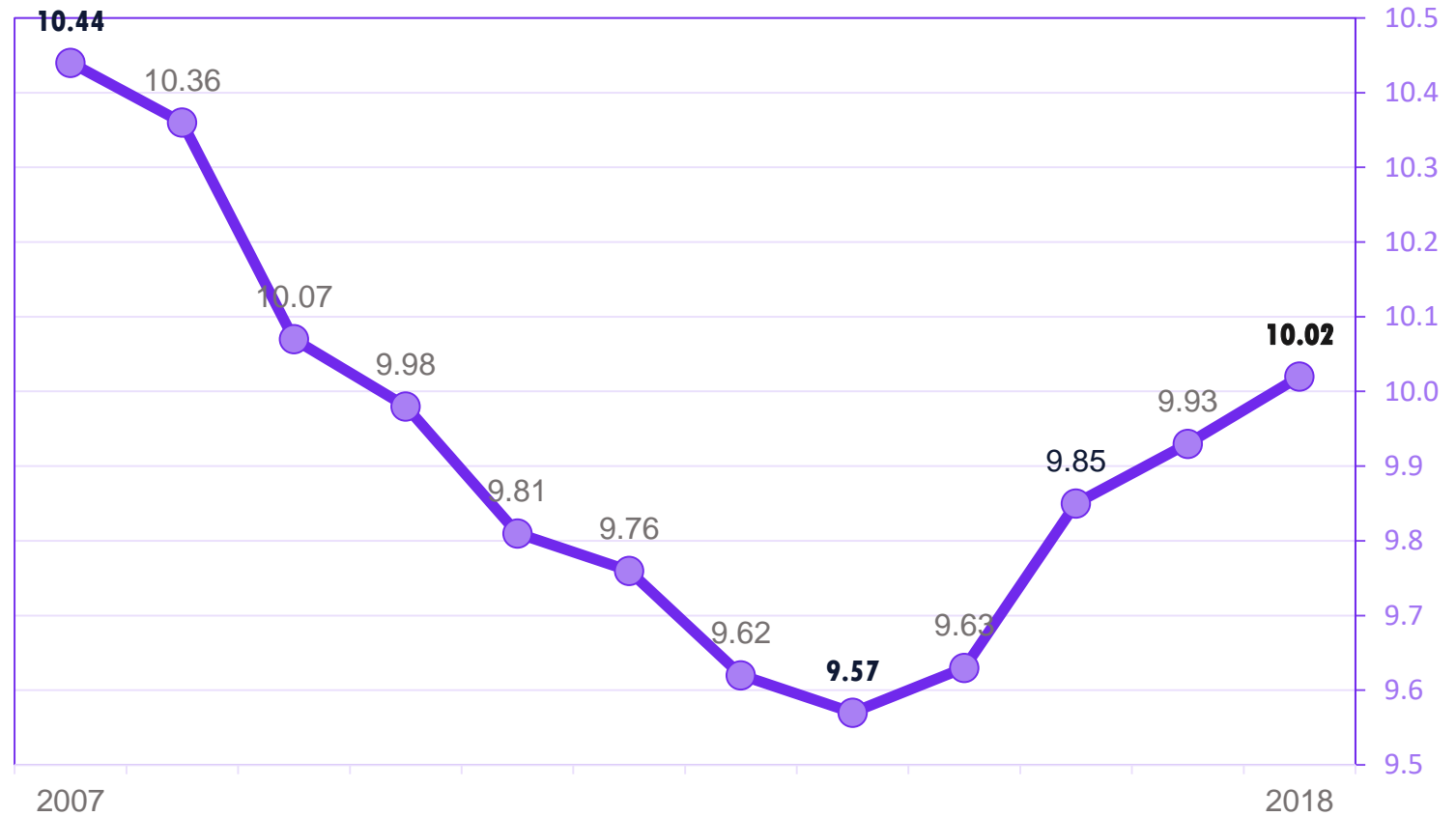
**U.S. is among
the most
dangerous
developed
nations for
childbirth**

**Black women
are 3 to 4 times
more likely to
die from
pregnancy**

2019 MARCH OF DIMES REPORT CARD

The preterm birth rate increased for the 4th year in a row.

- 30 states have worse rates
- 7 “F” grades in 2019, up from 4 in 2018: Alabama, Arkansas, Georgia, Louisiana, Mississippi, West Virginia, Puerto Rico



Preterm birth rate, United States, 2007-2018

A BOLD VISION FOR MOMS AND BABIES

HEALTHY MOMS.



End Preventable
Maternal Morbidity and
Mortality

STRONG BABIES.

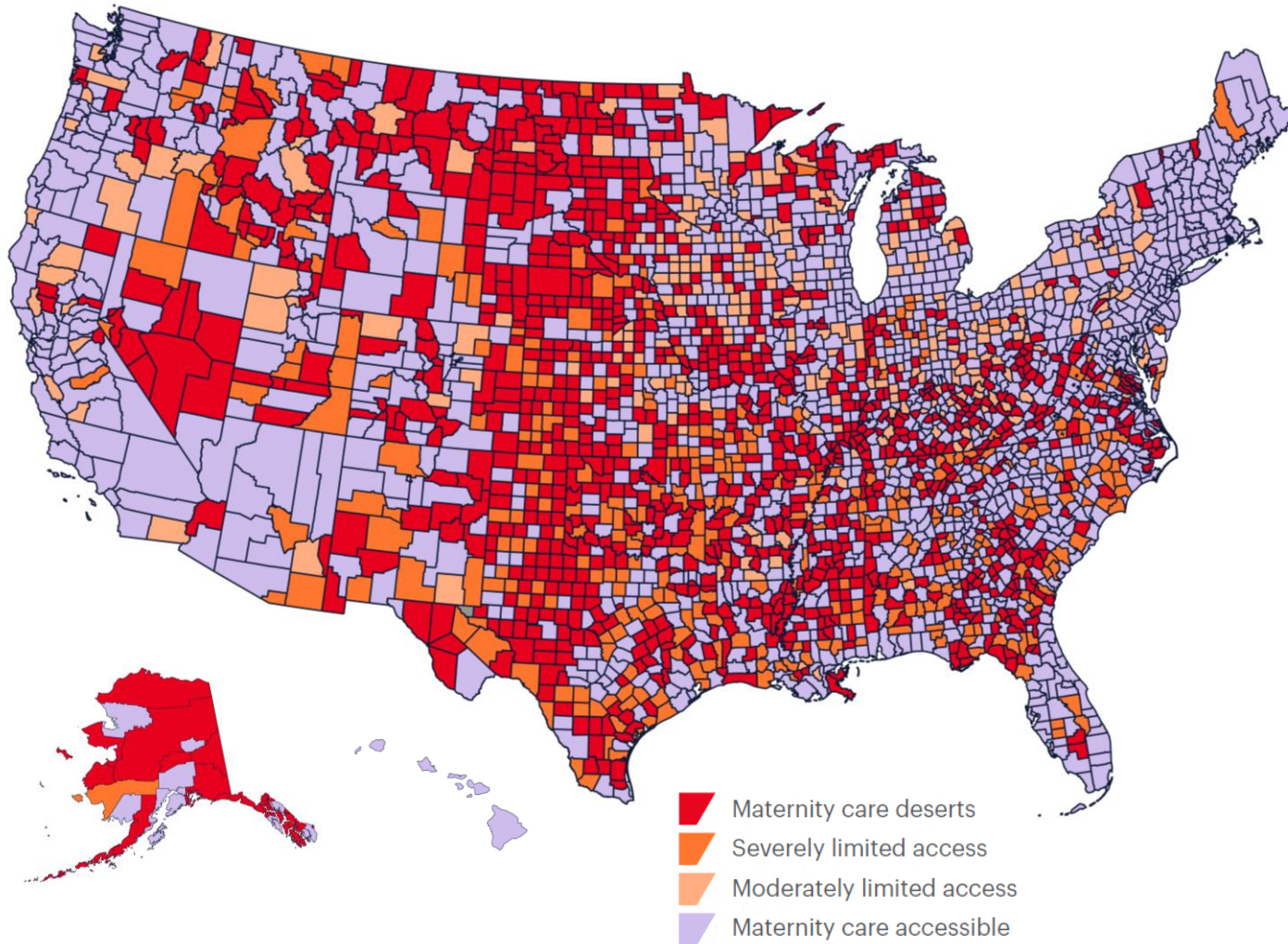


End Preventable
Prematurity and Infant
Mortality

End the Health Equity Gap



ACCESS TO MATERNITY CARE



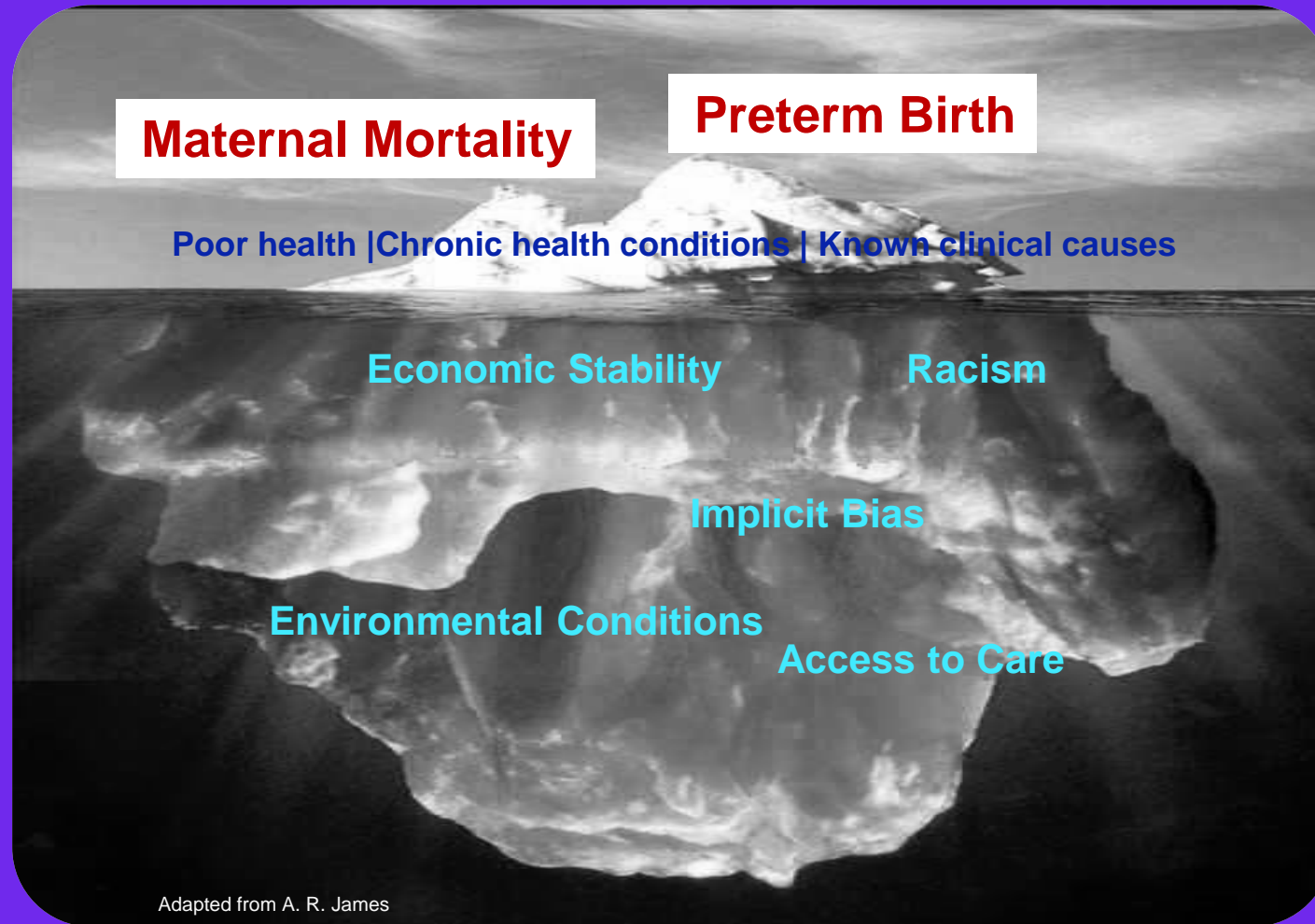
Maternity Care Deserts

- 5 million women live in maternity care deserts - counties with no hospital offering obstetric services and no OB providers.
- 150,000 babies are born to women living in these areas.

Limited Access to Maternity Care

- About 10 million women live in counties with limited access to maternity care. These counties have few hospitals offering obstetric services, few OB providers and a high proportion of women without health insurance.
- More than 330,000 babies were born in these counties.

BETTER UNDERSTAND THE UNDERLYING DETERMINANTS



HOW CAN WE ACHIEVE EQUITY AND IMPROVE THE HEALTH OF MOMS AND BABIES?

1 Solution:

**Expand group prenatal
care, particularly
Supportive Pregnancy
Care**



OTHER POLICY ACTIONS AND SOLUTIONS

- Expand programs that work, such as group prenatal care.
- Ensure that women have access to public health insurance programs.
- Expand Medicaid to cover individuals with incomes up to 138 percent of the federal poverty level.
- Make sure all women have Medicaid coverage for at least one year postpartum.
- Establish and fund Maternal Mortality Review Committees nationwide.
- Increase support for state-based Perinatal Quality Collaboratives.



SEARCHING FOR ANSWERS

CENTER FOR SOCIAL SCIENCE RESEARCH

GEOGRAPHIC DISPARITIES



Could a women's race/ethnicity or zip code keep her from having a healthy baby?

This study will uncover how disparities relate to geography, social and/or economic factors.

WORKFORCE PARTICIPATION



Could the type of jobs available to women in places they live impact birth outcome?

This study will investigate the link between birth outcomes and working conditions for hourly, part-time, and **'gig economy'** jobs

SOCIAL FACTORS IN PRETERM



What is known about the causes of racial and ethnic disparities in birth outcomes?

The goal of this Consensus Statement is to establish shared thought leadership on the current status of science regarding the etiology of the Black-White disparity in preterm birth.

PAID LEAVE



Could a policy mandating paid family leave increase the number of working moms?

This study will estimate the impact of access to paid parental leave on labor force participation.

AFFORDABLE CARE ACT



What would happen if the Affordable Care Act was reversed?

This study will model the potential impact of the loss of the ACA on health outcomes, health care utilization, and disparities.

COST OF PREMATURITY



What does prematurity cost our society?

This study will estimate the cost of medical care, special education services, and lost productivity due to premature birth.



THANK YOU

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