

The 2022 March of Dimes Report Card highlights the latest key indicators to describe and improve maternal and infant health. We continue to provide updated measures on preterm birth, infant mortality, low-risk Cesarean births and inadequate prenatal care. New this year is the inclusion of the Maternal Vulnerability Index (MVI), which provides county-level indicators of where women are most vulnerable to poor outcomes. Our Supplemental Report Card summarizes state-level progress towards selected Healthy People 2030 pregnancy and childbirth health objectives, outcomes by race/ethnicity and describes March of Dimes programmatic initiatives. We continue to monitor disparities in maternal and infant health. Comprehensive data collection and analysis of these measures inform the development of policies and programs that move us closer to health equity. The Report Card presents policies like Medicaid expansion and programs like Maternal Mortality Review Committees, that can help improve equitable maternal and infant health for families across the country.

2022 MARCH OF DIMES REPORT CARD

ALABAMA

INFANT HEALTH

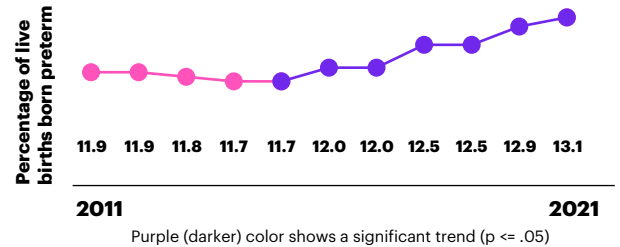
PRETERM BIRTH GRADE

F



PRETERM BIRTH RATE

13.1%



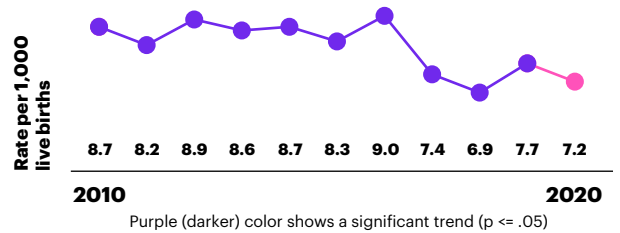
INFANT MORTALITY



Infant mortality rates are an indication of overall health. Leading causes of infant death include birth defects, preterm birth, low birth weight, maternal complications and sudden infant death syndrome (SIDS).

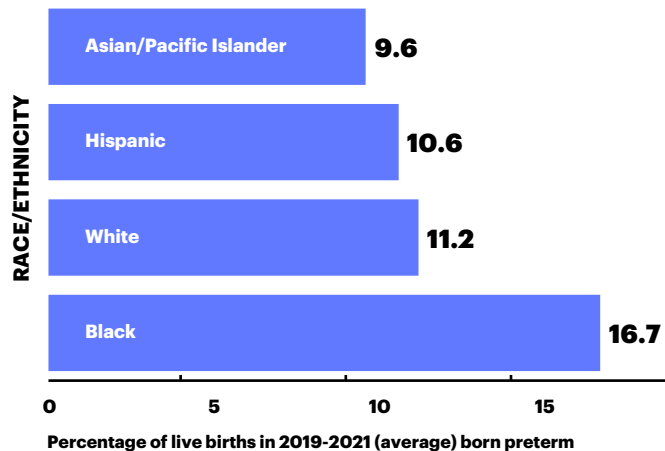
INFANT MORTALITY RATE

7.2



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. See Technical Notes for details.



In Alabama, the preterm birth rate among Black women is 50% higher than the rate among all other women.

DISPARITY RATIO:

1.34

CHANGE FROM BASELINE:

No Improvement

PRETERM BIRTH RATE BY CITY

CITY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Birmingham	F	13.1%	Worsened

THE 2022 MARCH OF DIMES REPORT CARD: STARK AND UNACCEPTABLE DISPARITIES PERSIST ALONGSIDE A TROUBLING RISE IN PRETERM BIRTH RATES

March of Dimes recommends state policy actions that are rooted in addressing disparities in maternal and infant health outcomes, see www.marchofdimes.org/reportcard
For details on data sources and calculations, see Technical Notes: <https://bit.ly/ReportCardTechnicalNotes>

ALABAMA

MATERNAL HEALTH

There is a critical connection between infant health, maternal health and the health of a family. All are dependent on their lived social context, the quality and accessibility of healthcare and the policies within a state. Each factor can provide insight into how a state serves its population, among other factors.

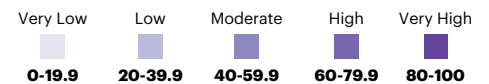
MATERNAL VULNERABILITY INDEX

Where you live matters.

March of Dimes, in partnership with Surgo Ventures, examines determinants of maternal health using the **Maternal Vulnerability Index (MVI)***. The MVI is the first county-level, national-scale tool to identify where and why moms in the U.S. are vulnerable to poor pregnancy outcomes and pregnancy-related deaths. The MVI includes not only widely known clinical risk factors, but also key social, contextual, and environmental factors that are essential influencers of health outcomes.

*Visit <https://mvi.surgoventures.org/> for more information.

Differences in counties are measured using numerous factors broken into six themes: reproductive healthcare, physical health, mental health and substance abuse, general healthcare, socioeconomic determinants and physical environment. The MVI assigns a score of 0-100 to each geography, where a higher score indicates greater vulnerability to adverse maternal outcomes.



CLINICAL MEASURES

Your healthcare matters.

Access to and quality of healthcare before, during and after pregnancy can affect health outcomes in the future. An unnecessary Cesarean birth can lead to medical complications and inadequate prenatal care can miss important milestones in pregnancy.

29.8

PERCENT



26.3

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. These births are frequently considered low-risk.

16.7

PERCENT



14.5

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.

POLICY MEASURES

State policies matter. Adoption of the following policies and organizations can help improve maternal and infant healthcare.



MEDICAID EXPANSION

State has adopted this policy to allow women greater access to preventative care during pregnancy.



MEDICAID EXTENSION

State has recent action to extend coverage for women beyond 60 days postpartum.



MIDWIFERY POLICY

State allows for Medicaid reimbursement at 90% and above for certified nurse midwives.



MATERNAL MORTALITY REVIEW COMMITTEE (MMRC)

State has a MMRC, which is recognized as essential to understanding and addressing the causes of maternal death.



PERINATAL QUALITY COLLABORATIVE (PQC)

State has a PQC to identify and improve quality care issues in maternal and infant healthcare.



DOULA POLICY OR LEGISLATION

State has allowed for the passage of Medicaid coverage for doula care.

Legend



State has the indicated organization/policy



State does not have the indicated organization/policy



Waiver pending or planning is occurring



Has an MMRC but does not review deaths up to a year after pregnancy ends

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