The preterm birth rate in District of Columbia was 10.2% in 2022, higher than the rate in 2021

Preterm birth rate by race/ethnicity, 2020-2022

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>2020 Rate</th>
<th>2021 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>6.6</td>
<td>6.6</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>7.6</td>
<td>7.6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.3</td>
<td>9.3</td>
</tr>
<tr>
<td>Black</td>
<td>13.3</td>
<td>13.3</td>
</tr>
</tbody>
</table>

The preterm birth rate among babies born to Black birthing people is 1.8x higher than the rate among all other babies

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

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022

- **Smoking**: 20.0% (1.2% of all births)
- **Hypertension**: 22.6% (3.2% of all births)
- **Unhealthy weight**: 12.8% (28.3% of all births)
- **Diabetes**: 21.8% (1.8% of all births)
- **Previous preterm**: 23.4% (2.9% of all births)
- **Carrying multiples**: 54.6% (3.1% of all births)

**Note**: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%

**Source**: National Center for Health Statistics, 2012-2022 natality data.
DISTRICT OF COLUMBIA

The infant mortality rate decreased in the last decade; In 2021, 59 babies died before their first birthday

Rate per 1,000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>7.9</td>
</tr>
<tr>
<td>2021</td>
<td>6.8</td>
</tr>
</tbody>
</table>


The infant mortality rate among babies born to Black birthing people is 1.4x the state rate

Infant mortality rate per 1,000 live births
Rate per 1,000 live births, 2019-2021

- White: 1.9
- Hispanic: 3.5
- Black: 9.4

Leading causes of infant death
Percent of total deaths by primary cause, 2019-2021

- Birth defects: 19.8
- Accidents: 13.2
- Maternal complications: 11.0

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

© 2023 March of Dimes
DISTRICT OF COLUMBIA

Birthing people in District of Columbia have a moderate vulnerability to poor outcomes and are most vulnerable due to mental health and substance use.

MVI by county in District of Columbia

Factors related to maternal vulnerability

Higher scores indicate higher vulnerability

Reproductive Healthcare

<table>
<thead>
<tr>
<th>Very Low</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19.9</td>
<td>20-39.9</td>
<td>40-59.9</td>
<td>60-79.9</td>
<td>80-100</td>
</tr>
</tbody>
</table>

General Healthcare

- 38

Physical Health

- 58

Socioeconomic Determinants

- 60

Physical Environment

- 64

Mental Health and Substance Abuse

- 72

Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit https://mvi.surgoventures.org/.


The measures below are important indicators for how District of Columbia is supporting the health of birthing people

30.7

PER 100,000 BIRTHS

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

29.3

PERCENT

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

23.0

PERCENT

INADEQUATE PRENATAL CARE

Percent of birthing people 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.

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

ADOPTION OF THE FOLLOWING POLICIES AND SUFFICIENT FUNDING IN DISTRICT OF COLUMBIA IS CRITICAL TO IMPROVE AND SUSTAIN MATERNAL AND INFANT HEALTHCARE

**MEDICAID EXPANSION**
State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.

**PAID FAMILY LEAVE**
State has required employers to provide a paid option while out on parental leave.

**DOULA REIMBURSEMENT POLICY**
State Medicaid agency is actively reimbursing doula care.

**MATERNAL MORTALITY REVIEW COMMITTEE**
State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.

**PERINATAL QUALITY COLLABORATIVE**
State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

**FETAL AND INFANT MORTALITY REVIEW**
State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.

At 37 years old, Ashley Taylor got pregnant after her first round of IVF. The pregnancy went smoothly until, at 18 weeks, her water broke. She was put on bed rest in the hospital to help save the pregnancy. Ashley remained there for five weeks of excruciating back pain and uncertainty—until she went into labor. Julia was born at 23 weeks and six days, weighing 1 pound, 2.3 ounces. “I knew that I loved her more than anything from the very beginning when she came into this world and they asked me, ‘What do you want to do?’ And I said, ‘Everything possible.’ And now she’s an amazing little girl with so much personality.”

Far too many families are affected by prematurity. We advocate for policies outlined in this year’s 2023 March of Dimes Report Card to prioritize the health of all families—especially moms and babies of color.