

## The preterm birth rate in Iowa was **10.4%** in 2023, higher than the rate in 2022

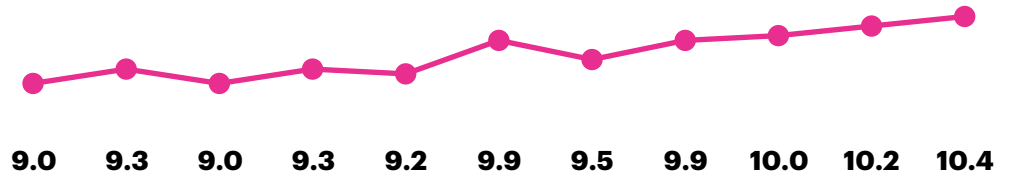
**PRETERM BIRTH GRADE**

**D+**

**US RATE IA RATE IA RANK**



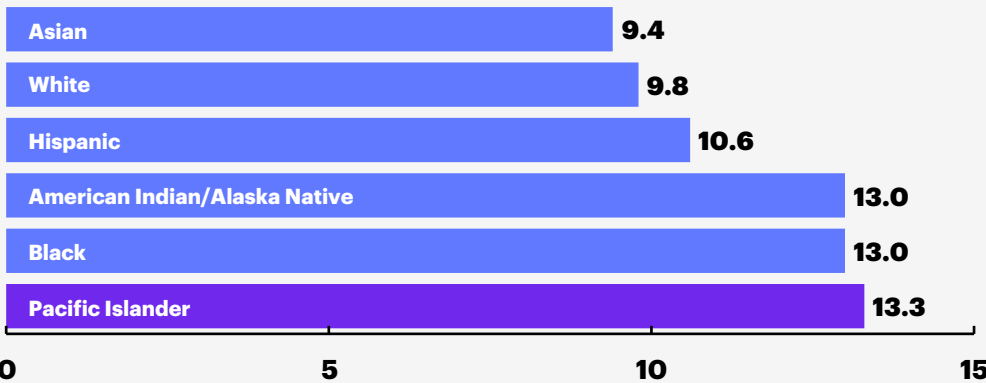
Percentage of live births born preterm



2013 The presence of purple (darker color) indicates a significant trend (p <= 0.05) 2023

## The preterm birth rate among babies born to Pacific Islander birthing people is **1.2x** higher than the rate among all other babies

Preterm birth rate by race/ethnicity, 2021-2023



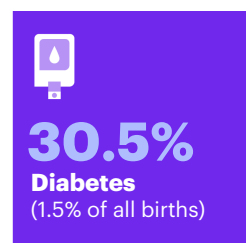
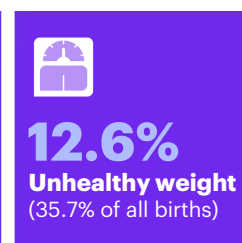
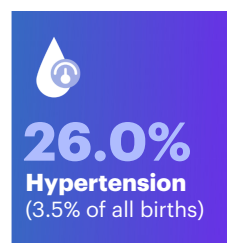
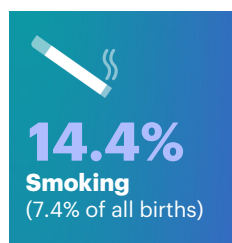
**DISPARITY RATIO 1.18**

This data is intended to highlight disparities in outcomes related to race/ethnicity and should serve as a starting point for discussions about addressing systemic racism and inequality.

**Note:** The disparity ratio is a summary measure of the gap between the racial/ethnic group with the lowest rate of preterm birth compared to all others. A value closer to 1 is most desirable, with 1 indicating no disparity. The United States preterm birth disparity ratio is 1.29.

## Chronic health conditions make people more likely to have a preterm birth

The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



**Note:** More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

**Source:** National Center for Health Statistics, Natality data, 2013-2023.

The infant mortality rate decreased in the last decade; In 2022, 190 babies died before their first birthday

INFANT MORTALITY RATE

5.2

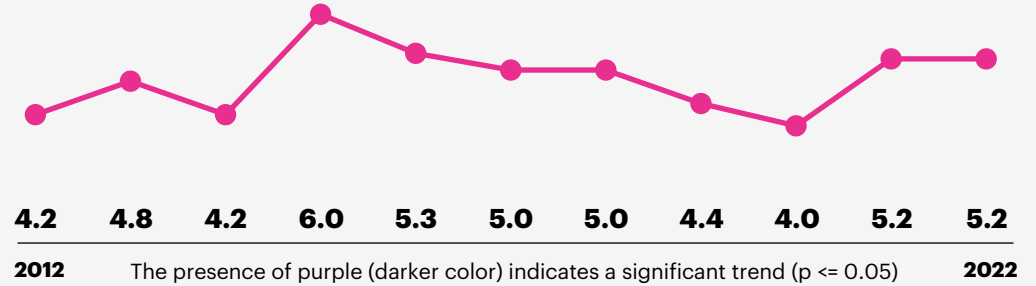
US RATE



IA RANK



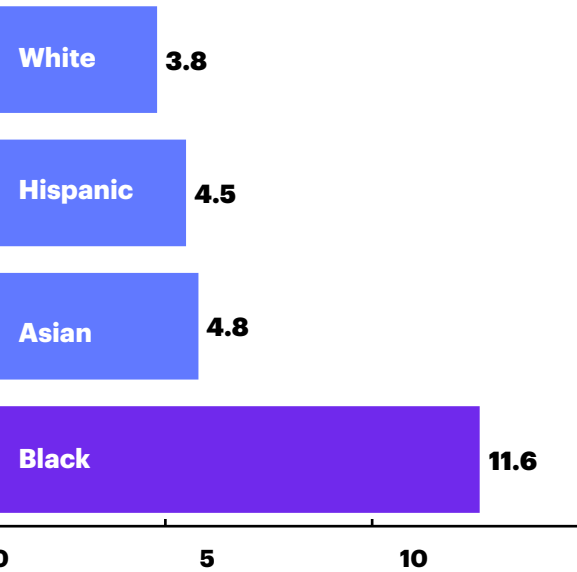
Rate per 1,000 live births



The infant mortality rate among babies born to Black birthing people is 2.2x the state rate

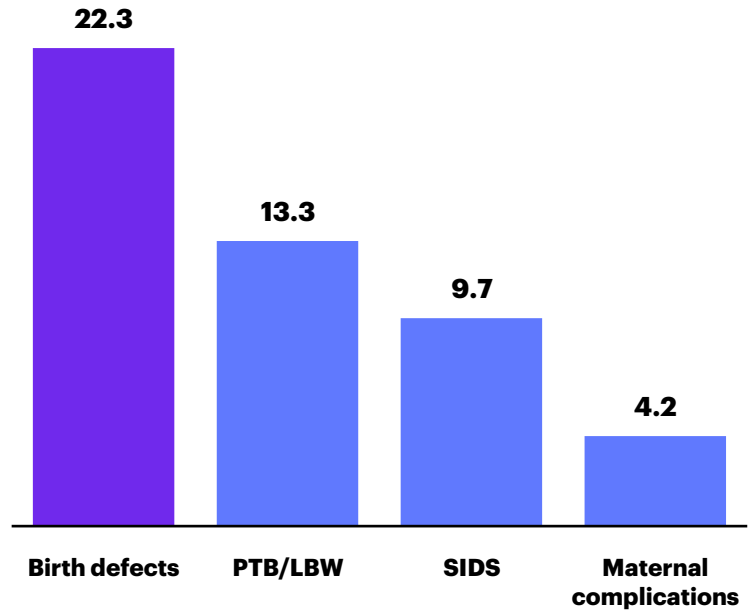
Infant mortality rate

Rate per 1,000 live births by maternal race/ethnicity, 2020-2022



Leading causes of infant death

Percent of total deaths by underlying cause, 2020-2022

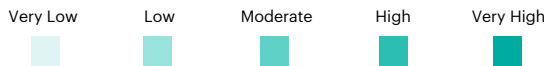
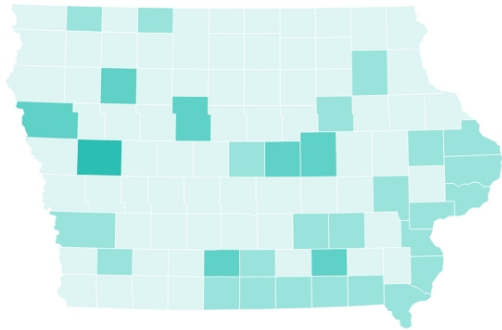


Notes: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SIDS = sudden infant death syndrome. Other causes account for 50.5% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2012-2022.

# IOWA

## Maternal Vulnerability Index by county



## The Maternal Vulnerability Index is used to understand where and why birthing people may be more likely to have poor health outcomes

Birthing people in Iowa are most vulnerable to poor outcomes due to the following factors:



Reproductive healthcare



General healthcare

Source: Surgo Health, Maternal Vulnerability Index (MVI), 2024. <https://mvi.surgoventures.org/>

## Exposure to extreme heat or air pollution can increase the risk of poor maternal and infant health outcomes, including preterm birth

Community and individual risk mitigation efforts can help reduce the risk of exposure to extreme heat and poor air quality.

Birthing people can check their local heat risk and air quality at: <http://www.cdc.gov/heatrisk>

**20**  
DAYS



### EXTREME HEAT

This shows the average number of days in the year that birthing people were at risk for exposure to extreme heat.

**11**  
DAYS



### POOR AIR QUALITY

This shows the average number of days in the year that birthing people were at risk for exposure to poor air quality.

Source: Centers for Disease Control and Prevention National Environmental Public Health Tracking Network, Historical Temperature and Heat Index, 2023; Environmental Protection Agency, Air Quality Statistics by County, 2023. See technical notes for more details.

## The measures below are important indicators for how Iowa is supporting the health of birthing people

**19.5**  
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.

**24.5**  
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.

**11.3**  
PERCENT



### INADEQUATE PRENATAL CARE

Percentage of birthing people who initiated care in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Source: National Center for Health Statistics, Mortality data, 2018-2022. National Center for Health Statistics, Natality data, 2023.

# Adoption of the following policies and sufficient funding in Iowa is critical to improve and sustain maternal and infant healthcare



## MIDWIFE POLICY

State has adopted 2 of 4 supportive midwifery policies.

State has adopted policies that support the growth and sustainability of the midwifery workforce.



**INDEPENDENT PRACTICE**



**PAY PARITY**



**PRESCRIPTIVE AUTHORITY**



**LICENSURE FOR CERTIFIED MIDWIVES**



## MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



## MEDICAID EXPANSION

State has adopted this policy, which allows greater access to preventative care.



## MENTAL HEALTH

State Medicaid program requires and reimburses for postpartum mental health screening at well-child visits.



## DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



## PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.



## COMMITMENT TO PREVENTION

State has a CDC funded maternal mortality review committee and reviews fetal and infant deaths.

**Legend**



State has the indicated funding/policy



State reimburses up to \$1,500



State does not have the indicated policy/funding

This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
<b>Measure</b>	10.4%	1.18	5.2 deaths per 1K births	19.5 deaths per 100K births	24.5%	84.1%
<b>Rank</b>	28th of 52	4th of 47	17th of 52	13th of 40	19th of 52	5th of 52
<b>Direction from prior year</b>	Worsened	Worsened	Worsened	Improved	Worsened	Worsened
<b>HP2030 Target</b>	9.4%	1.00	5.0 deaths per 1k births	15.7 deaths per 100K births	23.6%	80.5%

**Note:** All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.