The preterm birth rate in Minnesota was **9.6%** in 2022, the same as the rate in 2021.

**PRETERM BIRTH GRADE**

<table>
<thead>
<tr>
<th>U.S. RATE</th>
<th>MN RATE</th>
<th>2012</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.4</td>
<td>9.6</td>
<td>8.6</td>
<td>8.9</td>
</tr>
</tbody>
</table>

The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$).

The preterm birth rate among babies born to American Indian/Alaska Native birthing people is **1.4x higher** than the rate among all other babies.

Preterm birth rate by race/ethnicity, 2020-2022

- **Asian/Pacific Islander**: 8.7
- **White**: 9.0
- **Hispanic**: 9.6
- **Black**: 11.2
- **American Indian/Alaska Native**: 13.3

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

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**: 14.5% (5.6% of all births)
- **Hypertension**: 21.3% (2.7% of all births)
- **Unhealthy weight**: 11.5% (33.5% of all births)
- **Diabetes**: 29.6% (1.3% of all births)
- **Previous preterm**: 27.8% (4.6% of all births)
- **Carrying multiples**: 61.1% (3.6% 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.
The infant mortality rate did not improve in the last decade; In 2021, 311 babies died before their first birthday

**MINNESOTA**

The infant mortality rate among babies born to American Indian/Alaska Native birthing people is 2.1x the state rate

**INFANT MORTALITY RATE**

<table>
<thead>
<tr>
<th></th>
<th>4.8</th>
<th>5.0</th>
<th>5.1</th>
<th>5.2</th>
<th>5.1</th>
<th>4.8</th>
<th>5.1</th>
<th>4.5</th>
<th>4.1</th>
<th>4.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>5.4</td>
<td>5.1</td>
<td>5.0</td>
<td>5.2</td>
<td>5.1</td>
<td>4.8</td>
<td>5.1</td>
<td>4.5</td>
<td>4.1</td>
<td>4.8</td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- The presence of purple (darker color) indicates a significant trend (p <= 0.05)

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

**Infant mortality rate per 1,000 live births**

<table>
<thead>
<tr>
<th></th>
<th>Rate per 1,000 live births, 2019-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3.5</td>
</tr>
<tr>
<td>API</td>
<td>4.4</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.8</td>
</tr>
<tr>
<td>Black</td>
<td>8.2</td>
</tr>
<tr>
<td>AIAN</td>
<td>10.0</td>
</tr>
</tbody>
</table>

**Leading causes of infant death**

<table>
<thead>
<tr>
<th></th>
<th>Rate per 1,000 live births, 2019-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth defects</td>
<td>26.6</td>
</tr>
<tr>
<td>PTB/LBW</td>
<td>14.4</td>
</tr>
<tr>
<td>Accidents</td>
<td>7.7</td>
</tr>
<tr>
<td>Maternal complications</td>
<td>5.7</td>
</tr>
</tbody>
</table>
MINNESOTA

Birthing people in Minnesota have a very low vulnerability to poor outcomes and are most vulnerable due to general healthcare accessibility.

**MVI by county in Minnesota**

![Map showing MVI by county in Minnesota]

**Factors related to maternal vulnerability**

Higher scores indicate higher vulnerability

- Socioeconomic Determinants: 6
- Physical Health: 8
- Mental Health and Substance Abuse: 16
- Reproductive Healthcare: 20
- Physical Environment: 28
- General Healthcare: 54

**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/](https://mvi.surgoventures.org/).

**Source:** Surgo Health, Maternal Vulnerability Index, 2023.

**The measures below are important indicators for how Minnesota is supporting the health of birthing people**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Minnesota</th>
<th>U.S. Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12.6</strong>&lt;br&gt;PER 100,000 BIRTHS</td>
<td>23.5</td>
<td></td>
</tr>
<tr>
<td><strong>MATERNAL MORTALITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>26.6</strong>&lt;br&gt;PERCENT</td>
<td>26.3</td>
<td></td>
</tr>
<tr>
<td><strong>LOW-RISK CESAREAN BIRTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.4</strong>&lt;br&gt;PERCENT</td>
<td>15.5</td>
<td></td>
</tr>
<tr>
<td><strong>INADEQUATE PRENATAL CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adoption of the following policies and sufficient funding in Minnesota 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.

**MEDICAID EXTENSION**
State has extended coverage for women to one year postpartum.

**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.

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

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

**Legend**
- ☑️ State has the indicated funding/policy
- ✦ State reimburses up to $1,500
- ✆ State is progressing legislation but not yet active
- ✗ State does not have the indicated funding/policy

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**OVER 380,000 BABIES WERE BORN PRETERM IN 2022. EVERY DATA POINT REPRESENTS A PERSON WITH A UNIQUE STORY – HERE’S JUST ONE.**

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.