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

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NEW HAMPSHIRE

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.

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.

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28.5

PERCENT

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.

9.4

PERCENT

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.

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