OREGON

INFANT HEALTH

PRETERM BIRTH RATE

- **Grade:** B
- **Rate:** 8.9%

INFANT MORTALITY

- **Rate:** 4.0

PRETERM BIRTH RATE BY RACE AND ETHNICITY

- **Asian/Pacific Islander:** 8.1
- **White:** 8.1
- **Hispanic:** 9.2
- **American Indian/Alaska Native:** 10.8
- **Black:** 11.0

In Oregon, the preterm birth rate among Black women is 33% higher than the rate among all other women.

DISPARITY RATIO: 1.20

CHANGE FROM BASELINE: No Improvement

PRETERM BIRTH RATE BY CITY

<table>
<thead>
<tr>
<th>CITY</th>
<th>GRADE</th>
<th>PRETERM BIRTH RATE</th>
<th>CHANGE IN RATE FROM LAST YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portland</td>
<td>B-</td>
<td>9.0%</td>
<td>Worsened</td>
</tr>
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</table>

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](http://www.marchofdimes.org/reportcard)


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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.


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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-risk Cesarean Birth</td>
<td>25.0</td>
</tr>
<tr>
<td>Inadequate Prenatal Care</td>
<td>10.3</td>
</tr>
</tbody>
</table>

PERINATAL QUALITY COLLABORATIVE (PQC)

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

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.

- **DOULA POLICY OR LEGISLATION**
  - State has allowed for the passage of Medicaid coverage for doula care.

THE 2022 MARCH OF DIMES REPORT CARD: Stark and Unacceptable Disparities Persist Alongside a Troubling Rise in Preterm Birth Rates

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