COLORADO

National data-driven objectives from Healthy People 2030 were set by the U.S. Department of Health and Human Services with the goal of improving health and well-being over the next decade. Several HP 2030 objectives are specific to the prevention of pregnancy complications and maternal death and improvements to women’s health before, during and after pregnancy.

The graphs below show where Colorado falls for each selected objective, including preterm birth, infant mortality, unhealthy weight before pregnancy and low-risk Cesarean birth. A star is displayed on the right of each individual component if the state has met the objective.

HIGHEST U.S. RATE  LOWEST U.S. RATE

Preterm birth (per 100 live births)

9.7  4.7

Infant mortality (per 1000 live births)

4.7  2.0

Unhealthy weight before pregnancy (percentage)

56.6  50.0

Low-risk Cesarean birth (percentage)

22.3  17.0

OBJECTIVE  HP TARGET

Preterm birth  Less than 9.4 preterm births per 100 live births

Infant mortality  Less than 5.0 infant deaths per 1000 live births

Unhealthy weight before pregnancy*  Less than 52.9% of women will have an unhealthy weight before pregnancy

Low-risk Cesarean birth  Less than 23.6% of low-risk women have Cesarean deliveries

* HP 2030 objective measures “healthy weight before pregnancy”; unhealthy weight was used to better align with other measures.

Preterm birth is a birth with less than 37 completed weeks of gestation, based on obstetric estimate of gestational age. Infant mortality is death of an infant before 1 year of age. Low-risk Cesarean birth is a Cesarean birth when the baby is a single infant, positioned head-first, the mother is full-term (at least 37 weeks), and has not given birth prior. Unhealthy weight before pregnancy is a body mass index less than 18.5 or 30 and above.


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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SELECTED OUTCOMES IN COLORADO: PRETERM BIRTH AND CLINICAL MEASURES

Many structural, systemic and environmental factors influence the health of mothers and babies, especially for Black, Native American and Hispanic people. This page describes preterm birth by geographical location and other clinical measures by maternal race and ethnicity in Colorado using detailed race and ethnicity categories. By first understanding where differences exist, we can then move forward to advocate for changes towards health equity.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>GRADE</th>
<th>PRETERM BIRTH RATE</th>
<th>CHANGE IN RATE FROM LAST YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>C+</td>
<td>9.4%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Arapahoe</td>
<td>C+</td>
<td>9.6%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Denver</td>
<td>C+</td>
<td>9.5%</td>
<td>Worsened</td>
</tr>
<tr>
<td>El Paso</td>
<td>D-</td>
<td>11.3%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Jefferson</td>
<td>B</td>
<td>8.9%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Weld</td>
<td>B-</td>
<td>9.2%</td>
<td>Worsened</td>
</tr>
</tbody>
</table>

**INFANT MORTALITY RATE BY RACE AND ETHNICITY**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Per 1000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>8.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.6</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>4.1</td>
</tr>
<tr>
<td>White</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**LOW-RISK CESAREAN BIRTH BY RACE AND ETHNICITY**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>29.4</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>27.6</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>22.1</td>
</tr>
<tr>
<td>White</td>
<td>21.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>20.8</td>
</tr>
</tbody>
</table>

**INADEQUATE PRENATAL CARE BY RACE AND ETHNICITY**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent of Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>23.9</td>
</tr>
<tr>
<td>Black</td>
<td>21.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.3</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>13.0</td>
</tr>
<tr>
<td>White</td>
<td>10.7</td>
</tr>
</tbody>
</table>

THE 2022 MARCH OF DIMES REPORT CARD:
STARK AND UNACCEPTABLE DISPARITIES PERSIST ALONGSIDE A TROUBLING RISE IN PRETERM BIRTH RATES

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This data fact sheet describes the nuances of the racial and ethnic makeup of mothers in Colorado using detailed race and ethnicity categories. Information for live births and preterm births is presented to highlight groups who account for large proportions of live births and also experience an increased risk of premature birth.

### LIVE BIRTHS

Percentage of Live Births by Mother’s Race and Ethnicity

- **White**: 57.7%
- **Mexican**: 19.7%
- **Other Hispanic**: 7.4%
- **Black**: 4.8%
- **Other Asian**: 4.0%
- **Central/South American**: 3.0%
- **More than one race**: 2.6%
- **American Indian/Alaska Native**: 0.5%
- **Other Pacific Islander**: 0.3%

- **There were 62,949 babies born in 2021.**
- **57.7% of births were to White mothers**
- **0.3% of all live births were to Other Pacific Islander**

### PRETERM BIRTHS

Percentage of Live Births Born Preterm by Mother’s Race and Ethnicity

- **Cuban**: 18.2%
- **Filipino**: 13.3%
- **Black**: 12.6%
- **Puerto Rican**: 12.0%
- **American Indian/Alaska Native**: 11.7%
- **Other Hispanic**: 11.2%
- **Korean**: 11.1%
- **Chinese**: 11.0%
- **More than one race**: 10.9%
- **Other Asian**: 9.7%
- **Mexican**: 9.6%
- **Vietnamese**: 9.6%
- **Other Pacific Islander**: 9.6%
- **Central/South American**: 9.2%
- **White**: 8.8%
- **Asian Indian**: 8.2%

- **6,133 babies were born preterm in 2021.**
- **Cuban had the highest preterm birth rate between the years 2019-2021.**
- **1 in 10 babies were born too soon**
March of Dimes leads the fight for the health of all moms and babies, no matter who they are, where they live or what they can afford. We're advocating for policies to protect them. We're working to improve the health care they receive. We're pioneering research to find solutions. We're supporting families with programs, knowledge and tools to have healthy pregnancies. By uniting communities, we're helping families everywhere get the support and care they need and donors from around the world champion our work.

March of Dimes Office of Government Affairs advocates for policy initiatives on a host of topics important to pregnant women, infants, children and families including addressing health disparities and enhancing newborn screening. Anyone who wants to join in the fight for the health of all birthing people, babies and their families can support our Office of Government Affairs by becoming an advocate. Advocates advance our efforts through supporting our work to influence legislation, policy and regulation at the federal and state level. From extending postpartum Medicaid coverage in states across the country, to passing protections for pregnant workers to establishing Maternal Mental Health Advisory Committees, March of Dimes’ advocate efforts are making an impact.

March of Dimes has offered educational opportunities for health care professionals for more than 35 years. Through online and live training courses, we provide peer-reviewed, clinically relevant content for providers that builds skills and new knowledge at the cutting-edge of care. All training opportunities include continuing nursing education (CNE) credits, with continuing medical education (CME) and other specialties available upon request. These offerings help drive a culture of change in the delivery of care for moms and babies to help reduce maternal and infant mortality and morbidity and to close the health equity gap. Our Implicit Bias Training serves to galvanize movement to eliminate maternal and infant health care inequities. We believe everyone is entitled to the health care they need, no matter their identity. By directly addressing implicit bias in health care, we can ensure every mom and baby has access to the same level of care.

March of Dimes funds and supports research grants for translational and actionable projects across the country that lead directly to interventions or prevention for mom and baby health. The research goal is to turn observations in the laboratory, clinic and community into interventions, therapeutics and devices that improve the health of moms and babies with an eye towards characterizing disparities in key research areas. Our current research focuses on late, spontaneous preterm birth, racial inequities as they relate to morbidity and mortality outcomes for mothers and babies, cardiovascular health conditions developed or exacerbated during pregnancy and maternal stress, its impact on pregnancy outcomes and how to mitigate the effects.

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