The 2022 Supplemental Report Card dives deeper into many of the data points found on the Report Card. The first page describes a state’s progress towards the National Healthy People (HP) 2030 data-driven objectives related to pregnancy and childbirth. With continued focus on the many structural, systemic, and environmental factors that influence the health of mothers and babies, especially for Black, Native American, and Hispanic people, the second and third pages of the Supplemental Report Card separates the data by race and ethnicity to provide a powerful tool to identify health disparities. Starting on the fourth page, the report presents a summary of March of Dimes programmatic initiatives to improve maternal and infant health in each state.

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 DELAWARE: 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 Delaware using detailed race and ethnicity categories. By first understanding where differences exist, we can then move forward to advocate for changes towards health equity.

PRETERM BIRTH RATES BY COUNTIES

<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>Kent</td>
<td>F</td>
<td>12.3%</td>
<td>Worsened</td>
</tr>
<tr>
<td>New Castle</td>
<td>D</td>
<td>10.8%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Sussex</td>
<td>C-</td>
<td>10.3%</td>
<td>Improved</td>
</tr>
</tbody>
</table>

INFANT MORTALITY RATE BY RACE AND ETHNICITY

Per 1000 Live Births

- Black: 12.3%
- Hispanic: 5.6%
- White: 3.2%

LOW-RISK CESAREAN BIRTH RATE BY RACE AND ETHNICITY

Percent

- American Indian/Alaska Native: 28.6%
- Black: 28.5%
- Asian/Pacific Islander: 25.3%
- White: 24.3%
- Hispanic: 22.6%

INADEQUATE PRENATAL CARE BY RACE AND ETHNICITY

Percent of Live Births

- Hispanic: 25.9%
- Black: 17.5%
- American Indian/Alaska Native: 16.7%
- White: 10.6%
- Asian/Pacific Islander: 7.1%

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RACE AND ETHNICITY IN DELAWARE: LIVE BIRTHS AND PRETERM BIRTHS

This data fact sheet describes the nuances of the racial and ethnic makeup of mothers in Delaware 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: 48.1%
- Black: 25.9%
- Mexican: 5.7%
- Central/South American: 5.4%
- Puerto Rican: 4.0%
- More than one race: 2.9%
- Other Hispanic: 2.7%
- Other Asian: 2.6%
- Asian Indian: 2.5%
- American Indian/Alaska Native: 0.1%
- Other Pacific Islander: 0.0%

- There were 10,482 babies born in 2021.
- 48.1% of births were to White mothers. This accounted for the highest percentage of total live births in 2021.
- 0.0% of all live births were to Other Pacific Islander. This accounted for the lowest percentage of total live births in 2021.

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

- Black: 13.8%
- Other Hispanic: 12.7%
- Puerto Rican: 11.4%
- White: 9.7%
- More than one race: 9.5%
- Mexican: 8.7%
- Central/South American: 7.8%
- Asian Indian: 6.9%
- Asian Indian: 6.9%

- 1,151 babies were born preterm in 2021.
- Black had the highest preterm birth rate between the years 2019-2021.
- 1 in 9 babies were born too soon.

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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 at a state level on a host of issues important to pregnant women, infants, children and families. 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.

Our Neonatal Intensive Care Unit (NICU) Initiatives educate and support families through evidence-based programs and a variety of both online and in person resources. We help families while their babies are in the NICU and during their transition home. Our programs work with hospitals, NICUs and families in order to improve the NICU patient and family experience. In Delaware, March of Dimes partners with Christina Hospital and Nemours Alfred I Dupont Hospital for Children to carry out this work.

March of Dimes has offered educational opportunities for healthcare professionals for more than 35 years. Through online and live training courses, we provide peer-reviewed, clinically relevant content for providers that empowers skill building 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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