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.

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 Florida 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.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>HP TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm birth (per 100 live births)</td>
<td>Less than 9.4 preterm births per 100 live births</td>
</tr>
<tr>
<td>Infant mortality (per 1000 live births)</td>
<td>Less than 5.0 infant deaths per 1000 live births</td>
</tr>
<tr>
<td>Unhealthy weight before pregnancy*</td>
<td>Less than 52.9% of women will have an unhealthy weight before pregnancy</td>
</tr>
<tr>
<td>Low-risk Cesarean birth</td>
<td>Less than 23.6% of low-risk women have Cesarean deliveries</td>
</tr>
</tbody>
</table>

* 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.

SELECTED OUTCOMES IN FLORIDA: 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 Florida 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>Brevard</td>
<td>D+</td>
<td>10.4%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Broward</td>
<td>F</td>
<td>11.5%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Duval</td>
<td>F</td>
<td>12.3%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Escambia</td>
<td>F</td>
<td>14.6%</td>
<td>Improved</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>D</td>
<td>10.8%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Lee</td>
<td>F</td>
<td>11.5%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Miami-Dade</td>
<td>C</td>
<td>9.7%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Orange</td>
<td>D</td>
<td>10.8%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Osceola</td>
<td>D-</td>
<td>11.2%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Palm Beach</td>
<td>D+</td>
<td>10.6%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Pasco</td>
<td>C-</td>
<td>10.2%</td>
<td>Improved</td>
</tr>
<tr>
<td>Pinellas</td>
<td>D+</td>
<td>10.4%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Polk</td>
<td>D-</td>
<td>11.2%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Seminole</td>
<td>C</td>
<td>9.9%</td>
<td>Improved</td>
</tr>
<tr>
<td>Volusia</td>
<td>F</td>
<td>11.6%</td>
<td>Worsened</td>
</tr>
</tbody>
</table>

### INFANT MORTALITY RATE BY RACE AND ETHNICITY

**Per 1000 Live Births**

- Black: 10.9%
- Asian/Pacific Islander: 5.1%
- White: 4.8%
- Hispanic: 4.5%

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

**Percent**

- Hispanic: 31.8%
- Black: 30.7%
- Asian/Pacific Islander: 29.3%
- White: 26.5%
- American Indian/Alaska Native: 24.7%

### INADEQUATE PRENATAL CARE BY RACE AND ETHNICITY

**Percent of Live Births**

- Black: 27.1%
- American Indian/Alaska Native: 22.8%
- Hispanic: 21.1%
- White: 17.8%
- Asian/Pacific Islander: 17.5%

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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RACE AND ETHNICITY IN FLORIDA: LIVE BIRTHS AND PRETERM BIRTHS

This data fact sheet describes the nuances of the racial and ethnic makeup of mothers in Florida 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**: 42.2%
- **Black**: 21.1%
- **Central/South American**: 11.0%
- **Cuban**: 7.0%
- **Puerto Rican**: 6.2%
- **Mexican**: 5.2%
- **Other Hispanic**: 2.8%
- **Other Asian**: 1.9%
- **More than one race**: 1.4%
- **Asian Indian**: 1.1%
- **American Indian/Alaska Native**: 0.1%
- **Other Pacific Islander**: 0.1%

- **There were 216,260 babies born in 2021.**
- **42.2% of births were to White mothers**
  This accounted for the highest percentage of total live births in 2021.
- **0.1% 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**: 14.8%
- **Filipino**: 12.0%
- **Puerto Rican**: 10.8%
- **Other Hispanic**: 10.4%
- **American Indian/Alaska Native**: 10.2%
- **More than one race**: 9.8%
- **Mexican**: 9.5%
- **White**: 9.5%
- **Asian Indian**: 9.3%
- **Vietnamese**: 9.2%
- **Central/South American**: 9.2%
- **Other Asian**: 8.9%
- **Other Pacific Islander**: 8.3%
- **Korean**: 8.1%
- **Chinese**: 7.7%

- **23,514 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**

**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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March of Dimes Florida has developed a state agenda to disrupt lifelong economic insecurity and increase access to high quality healthcare. We worked on the “It’s Your Year” Medicaid Expansion Public Awareness campaign with the Florida Health Justice Project to raise awareness of the Medicaid coverage expansion and we plan to launch a webinar to roll-out resources for the campaign. We also supported the Indian River County Community Doula Training Program and the doula training for Healthy Start Coalition communities. In West Florida, we and the Healthy Start Coalition are addressing food insecurity with plans for food distribution events and a potential partnership with a grocery service. In South Florida, we are building partnerships and planning strategies to raise awareness about the risks of preeclampsia, hypertension and non-medically indicated Cesarean births, which are on the rise in the area.

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. In Florida, our advocacy efforts have supported paid family leave, nutrition and breastfeeding. In Florida, March of Dimes has done work on two different bills related to the following priorities: requiring departments or agencies to adopt rules governing a plan for allowing employees to participate in a paid sick leave pool and a piece of legislation that requires each county courthouse to provide at least one dedicated lactation space outside the confines of a restroom for members of the public to express breast milk or breastfeed in private.

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.

The Maternal and Child Health Collective Impact (CI) Initiative aims to reduce preterm birth and maternal mortality through programs that are data-based, prioritize communities and use an equity lens. The approach emphasizes collaboration, learning and discovery to inform activity design and planning, implementation and maintenance. The MCH CI initiative in Broward County is focusing on access to care, equitable systems and structural change and supportive communities. The Initiative has partnered with the American Heart Association to acquire and distribute infant CPR kits at various community events. They also delivered 25 prenatal kits to Envision HealthCare and 38 infant care kits to the Junior League to distribute to local NICUs. The partnership is working to provide Implicit Bias Training (IBT) to Federally Qualified Health Centers in South Florida. The MCH CI Initiative in Miami has partnered with community organizations on outreach about issues affecting pregnant peoples’
health, including extreme heat and induction rates. The Director spoke at the Women’s Fund Miami Press Conference in May 2022, hosted by the City of Miami. The event recognized National Heat Awareness Day and created awareness around the effects of extreme heat particularly on women of color.

Our Neonatal Intensive Care Unit (NICU) Initiatives empower, educate and support families through evidence-based programs and a variety of both online and in person resources. We provide support to families while 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 Florida, March of Dimes partners with Broward Health Salah Foundation Children’s Hospital and University of Florida Health Shands Children’s Hospital to carry out this work.

March of Dimes advocates for greater access to traditional and alternative models of prenatal care to improve health equity. Supportive Pregnancy Care (SPC) equips care providers with a group prenatal care framework designed to provide high-quality prenatal care, education and social support in-person or virtually with a telehealth component. In Florida, March of Dimes partners with Borinquen Health Care Center to provide this education to providers and staff.

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.