

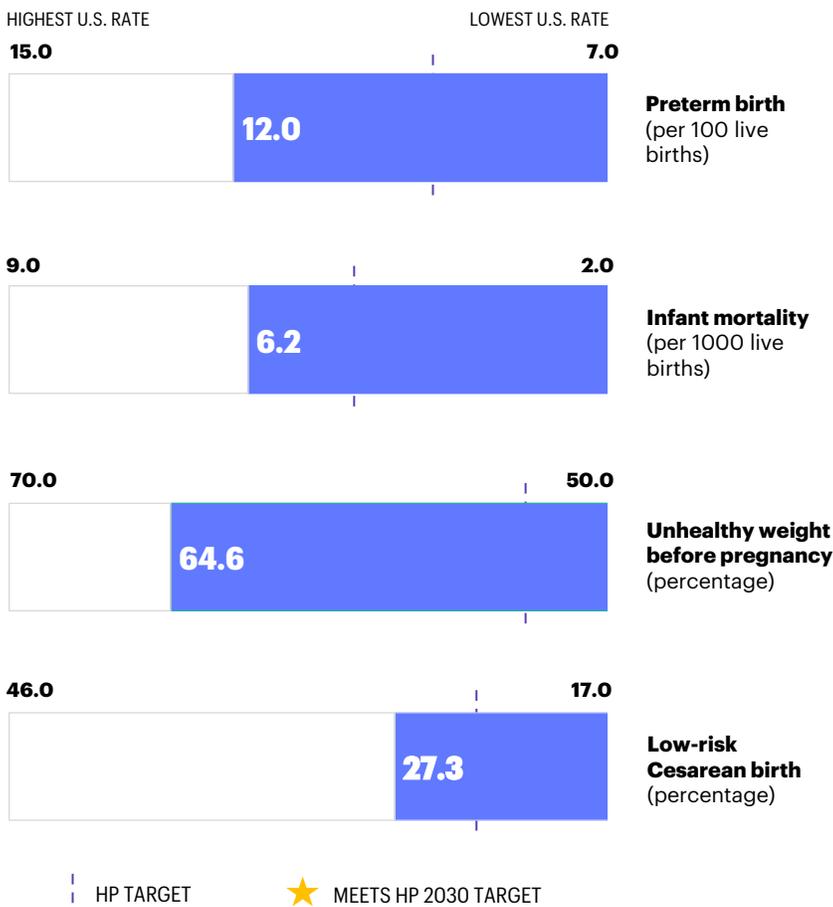
# 2022 MARCH OF DIMES REPORT CARD SUPPLEMENTAL REPORT

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.

## KENTUCKY

National data-driven objectives from Healthy People 2030<sup>1</sup> 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 Kentucky 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.



OBJECTIVE	HP TARGET
<b>Preterm birth</b>	Less than 9.4 preterm births per 100 live births
<b>Infant mortality</b>	Less than 5.0 infant deaths per 1000 live births
<b>Unhealthy weight before pregnancy*</b>	Less than 52.9% of women will have an unhealthy weight before pregnancy
<b>Low-risk Cesarean birth</b>	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.

**Source:** Department of Health and Human Services. <https://health.gov/healthypeople>. Preterm birth, unhealthy weight before pregnancy and low-risk Cesarean birth are from the National Center for Health Statistics, 2021 final natality data. Infant mortality is from the National Center for Health Statistics 2020 linked infant birth and death file.

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

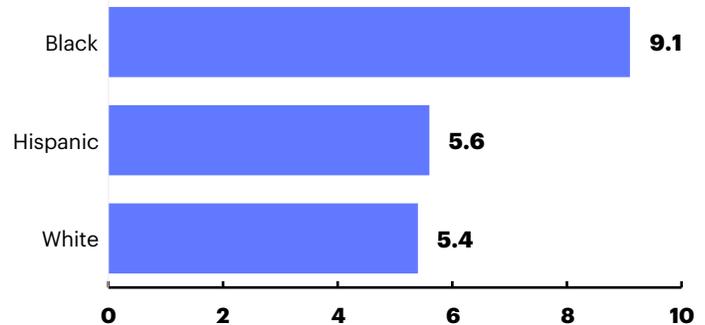
March of Dimes recommends state policy actions that are rooted in addressing disparities in maternal and infant health outcomes, see [www.marchofdimes.org/reportcard](http://www.marchofdimes.org/reportcard). For details on data sources and calculations, see Technical Notes: <https://bit.ly/ReportCardTechnicalNotes>

# SELECTED OUTCOMES IN KENTUCKY: 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 Kentucky using detailed race and ethnicity categories. By first understanding where differences exist, we can then move forward to advocate for changes towards health equity.

## INFANT MORTALITY RATE BY RACE AND ETHNICITY

Per 1000 Live Births

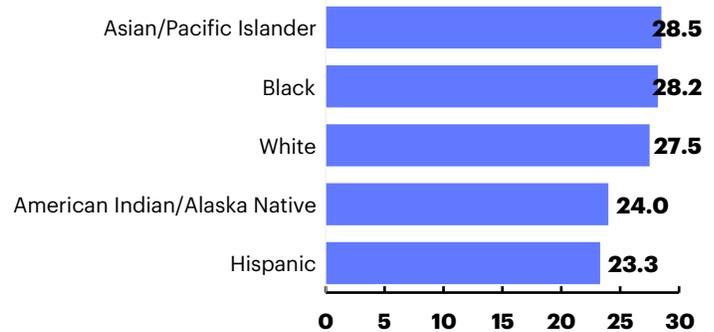


## PRETERM BIRTH RATES BY COUNTIES

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Boone	C-	10.2%	Worsened
Bullitt	F	12.1%	Worsened
Campbell	C+	9.4%	Improved
Christian	B-	9.2%	Improved
Daviess	F	13.5%	Worsened
Fayette	D-	11.4%	Worsened
Hardin	F	12.7%	Worsened
Jefferson	F	11.6%	Worsened
Kenton	D-	11.3%	Worsened
Laurel	F	14.0%	Worsened
Madison	F	13.4%	Worsened
McCracken	F	14.0%	Worsened
Pulaski	D	10.8%	Improved
Scott	B-	9.0%	Improved
Warren	D-	11.3%	Worsened

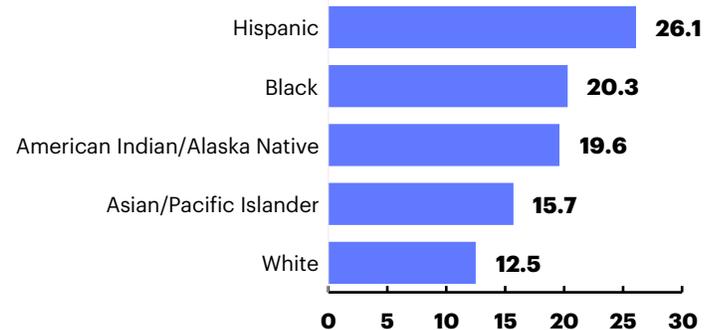
## LOW-RISK CESAREAN BIRTH BY RACE AND ETHNICITY

Percent



## INADEQUATE PRENATAL CARE BY RACE AND ETHNICITY

Percent of Live Births



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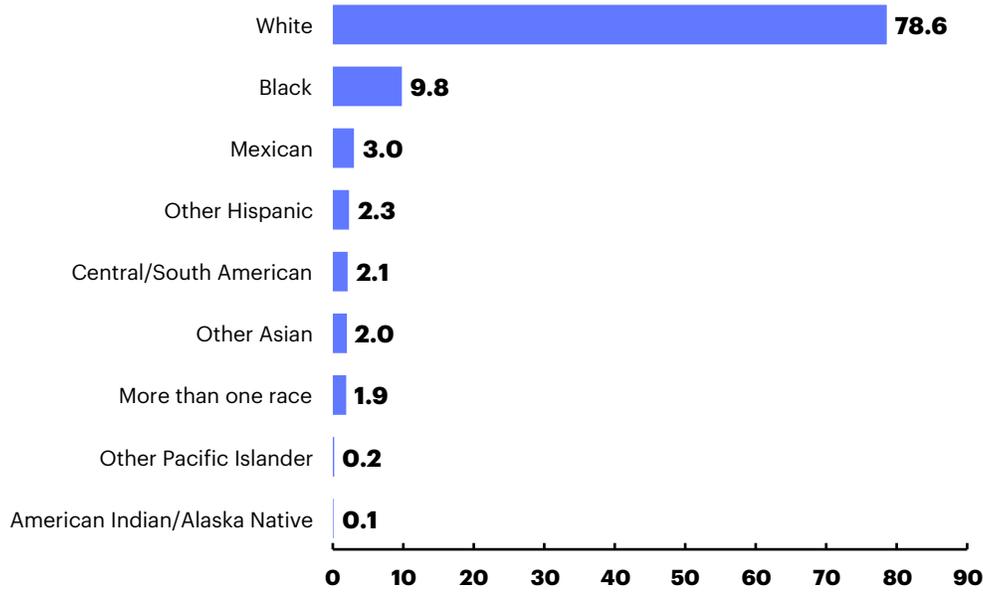
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# RACE AND ETHNICITY IN KENTUCKY: LIVE BIRTHS AND PRETERM BIRTHS

This data fact sheet describes the nuances of the racial and ethnic makeup of mothers in Kentucky 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

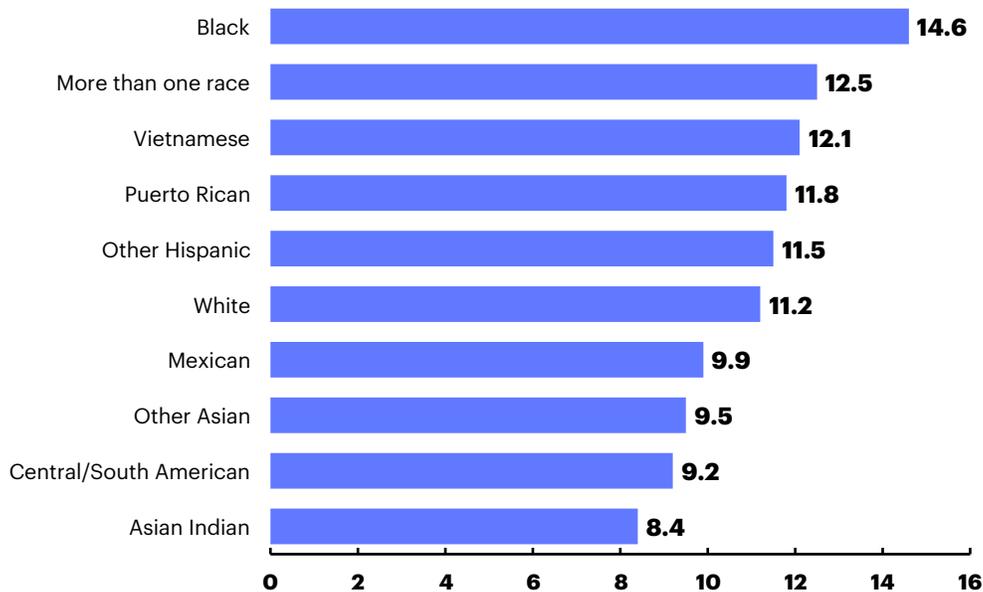
Percentage of Live Births by Mother's Race and Ethnicity



- **There were 52,214 babies** born in 2021.
- **78.6% 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 American Indian/Alaska Native**  
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



- **6,247 babies were born preterm** in 2021.
- **Black had the highest preterm birth rate** between the years 2019-2021.
- **1 in 8 babies were born too soon**

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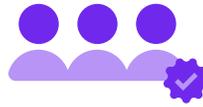
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220

**Professionals gained  
access to implicit bias  
training by partners in  
Kentucky**



297

**Advocates  
who raised their  
voices**



3

**Pieces of state  
legislation  
acted on**

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. In Kentucky, our advocacy efforts support expanding access to Medicaid, including extending coverage for moms after childbirth to 12 months and supporting expanded access to midwifery and doula care. March of Dimes has worked on three different bills related to the following priorities: extending postpartum coverage, providing patients written information regarding their rights, implementing an implicit bias program for all health providers involved in the perinatal care of patients, requiring the Department for Public Health to track data on maternal death and severe morbidity and allowing an inmate who is known to be pregnant or who has given birth in the last six weeks access to certified professional midwifery services or doula services.

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 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 Kentucky, March of Dimes partners with **University of Kentucky** to provide this education to providers and staff.

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 Louisville MCH CI Initiative partnered with the **St. Bernadette Diaper Bank** and the **Louisville Metro Council Women's Caucus** to host a diaper drive. The Initiative also supported community members at March for Babies in Louisville, hosting a lactation tent in collaboration with **Pacify Health** and supported five moms-to-be with a community baby shower in collaboration with the **Zeta Phi Beta Sorority, Eta Zeta Chapter**. The Initiative is also partnering with 211 and the **UniteUs** platform to improve referral systems for maternity services.

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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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