MARYLAND

National data-driven objectives from Healthy People 2030\(^1\) 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 Maryland 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 MARYLAND: 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 Maryland 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

![Infant Mortality Rate Chart](chart)

- **Black**: 10.1 per 1000 Live Births
- **Hispanic**: 4.5 per 1000 Live Births
- **Asian/Pacific Islander**: 4.0 per 1000 Live Births
- **White**: 4.0 per 1000 Live Births

### Low-Risk Cesarean Birth by Race and Ethnicity

![Low-Risk Cesarean Birth Rate Chart](chart)

- **Black**: 33.0%
- **Asian/Pacific Islander**: 29.8%
- **American Indian/Alaska Native**: 29.3%
- **White**: 27.2%
- **Hispanic**: 23.3%

### Inadequate Prenatal Care by Race and Ethnicity

![Inadequate Prenatal Care Rate Chart](chart)

- **Hispanic**: 28.1%
- **American Indian/Alaska Native**: 21.3%
- **Black**: 19.2%
- **Asian/Pacific Islander**: 11.9%
- **White**: 10.3%

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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 MARYLAND: LIVE BIRTHS AND PRETERM BIRTHS

This data fact sheet describes the nuances of the racial and ethnic makeup of mothers in Maryland 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 68,285 babies born in 2021.
- 41.3% 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

- 7,296 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.

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.

In 2020, March of Dimes began piloting interventions to increase access to care and improve outcomes in maternity care deserts through the Better Starts for All pilot project. March of Dimes partners with University of Maryland Capital Region Health to implement mobile health services in Prince George’s County, MD. To date, the mobile bus services have served patients in 1,426 visits.

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 Maryland, March of Dimes partners with Medstar Franklin Square Medical Center 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 Maryland, March of Dimes partners with University of Maryland Capital Regional Health Prince George’s Hospital and The Women’s Health Center-MedStar Health 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 disparities.

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For details on data sources and calculations, see Technical Notes: https://bit.ly/ReportCardTechnicalNotes
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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.