

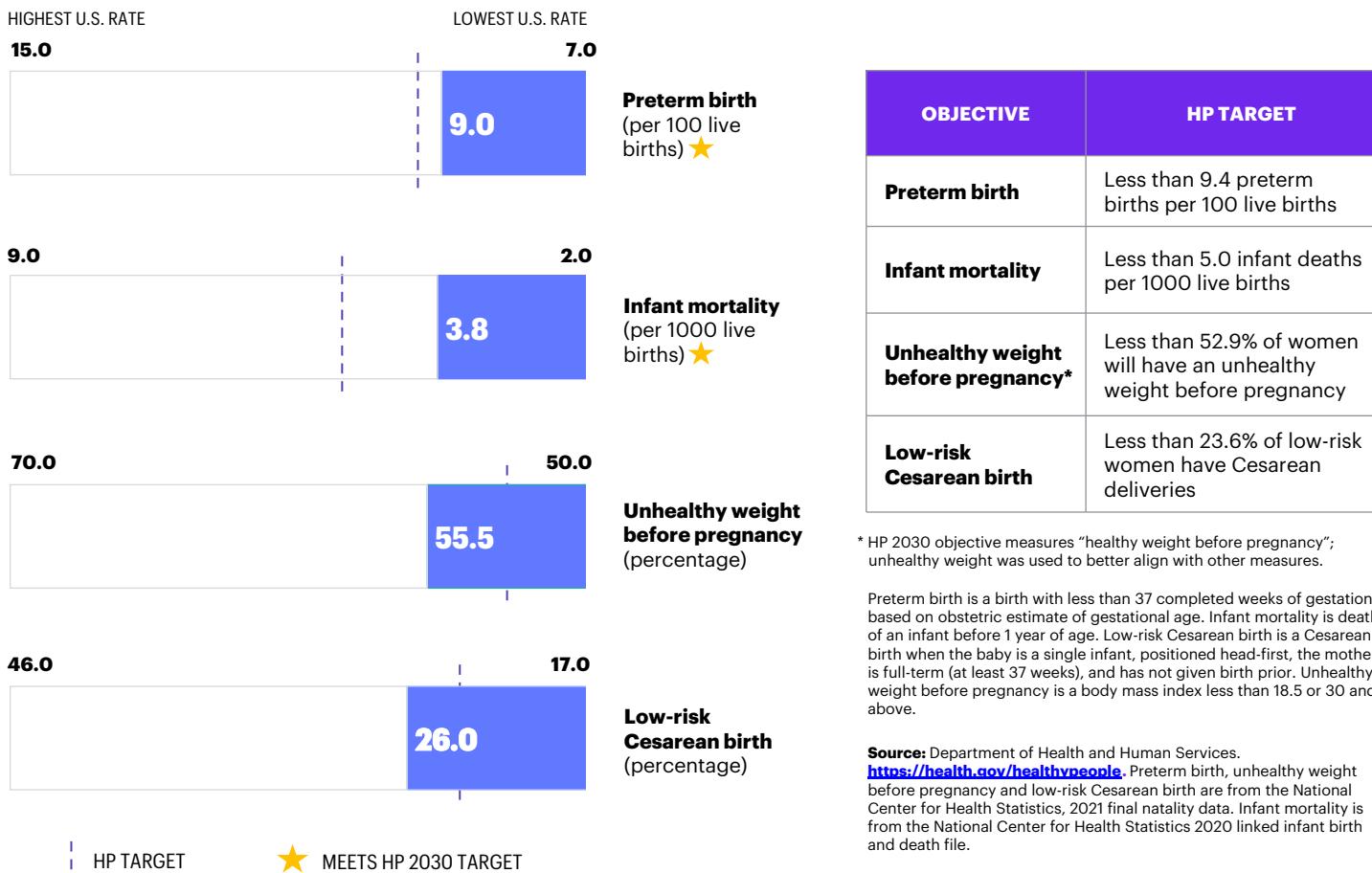
2022 MARCH OF DIMES REPORT CARD SUPPLEMENTAL REPORT

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.

MASSACHUSETTS

National data-driven objectives from Healthy People 2030¹ 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 Massachusetts 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.



* 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

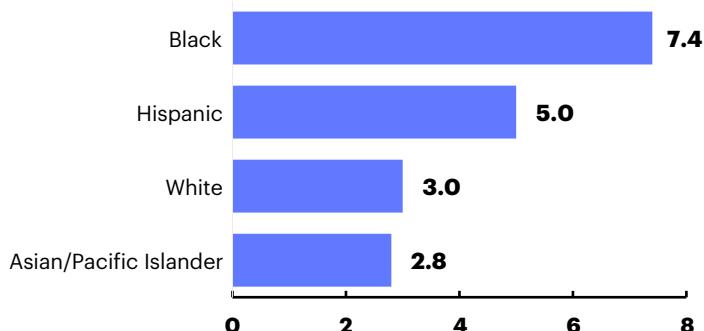
March of Dimes recommends state policy actions that are rooted in addressing disparities in maternal and infant health outcomes, see www.marchofdimes.org/reportcard
For details on data sources and calculations, see Technical Notes: <https://bit.ly/ReportCardTechnicalNotes>

SELECTED OUTCOMES IN MASSACHUSETTS: 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 Massachusetts 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

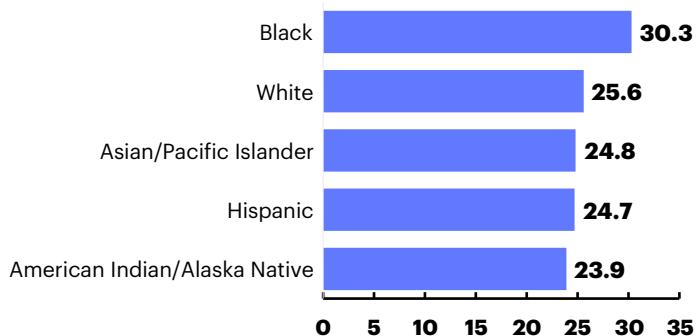


PRETERM BIRTH RATES BY COUNTIES

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Bristol	C+	9.3%	No change
Essex	B	8.9%	Worsened
Middlesex	B+	8.3%	Improved
Norfolk	B+	8.2%	Improved
Suffolk	B-	9.1%	Worsened
Worcester	C+	9.4%	Worsened

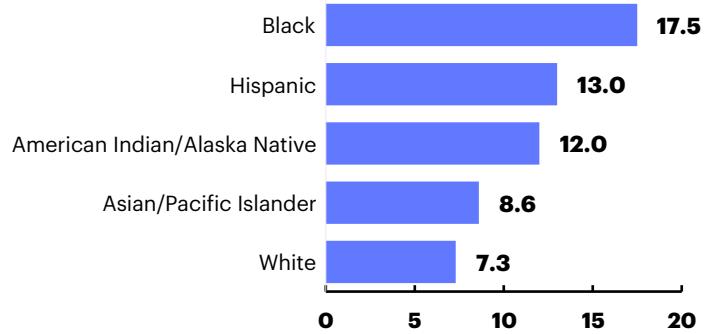
LOW-RISK CESAREAN BIRTH BY RACE AND ETHNICITY

Percent



INADEQUATE PREGNATAL CARE BY RACE AND ETHNICITY

Percent of Live Births



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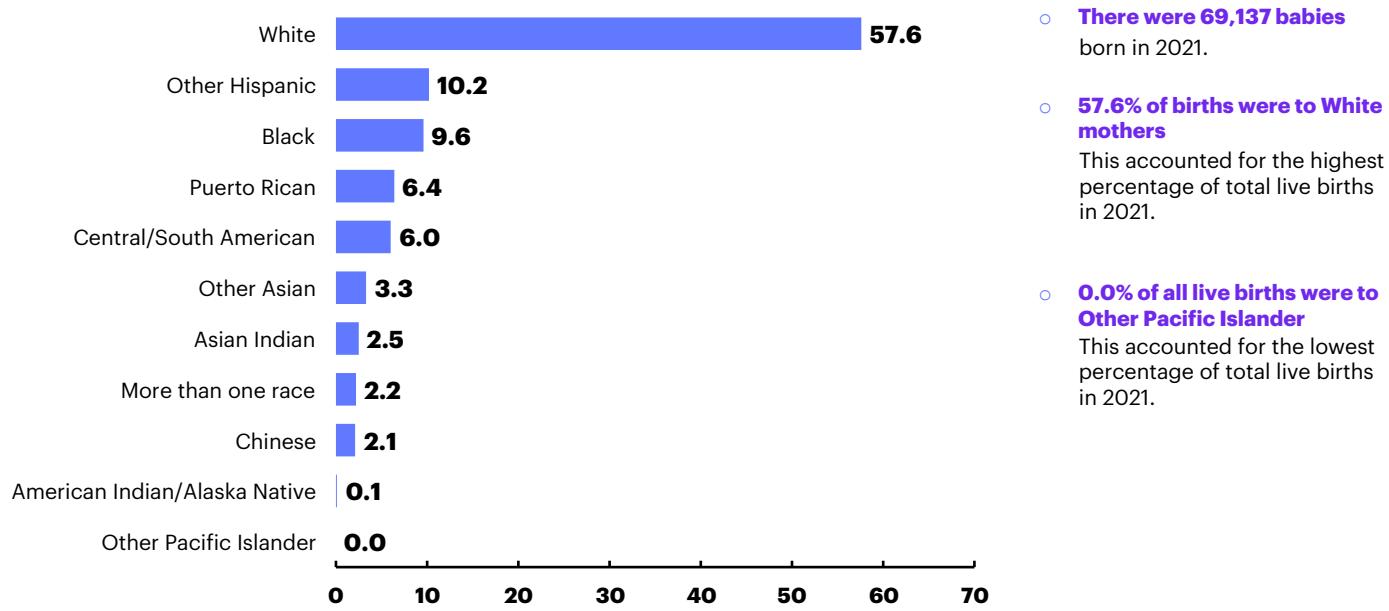
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RACE AND ETHNICITY IN MASSACHUSETTS: LIVE BIRTHS AND PRETERM BIRTHS

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

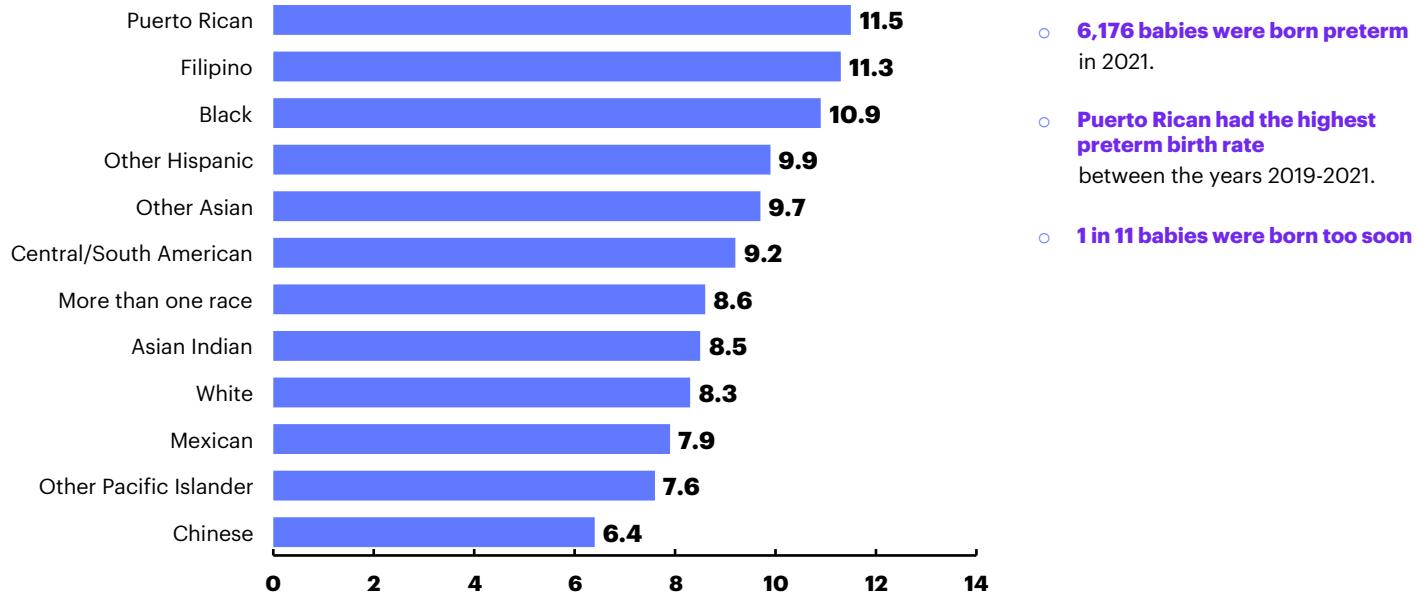
LIVE BIRTHS

Percentage of Live Births by Mother's Race and Ethnicity



PRETERM BIRTHS

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



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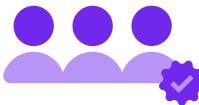
2022 MARCH OF DIMES IMPACT IN MASSACHUSETTS

**100**

Professionals gained access to implicit bias training by partners in Massachusetts

**441**

Families served through our NICU initiatives

**530**

Advocates who raised their voices

**13**

Pieces of state legislation acted on

March of Dimes Massachusetts has developed a state agenda to increase access to high quality healthcare and promote environmental justice. We have reestablished March of Dimes' seat on the Advisory Board of the **Perinatal-Neonatal Quality Improvement Network** and its Perinatal Opioid Project leadership team and we are assisting in selecting host sites for the Project's new family engagement component. Also, we are organizing and acquiring partners for a lead exposure awareness campaign in Massachusetts, which will include a panel of experts to discuss the risks of lead poisoning to infants, birthing people and their families.

March of Dimes Office of Government Affairs advocates for policy initiatives on a host of topics important to pregnant women, infants, children and families. In Massachusetts, our advocacy efforts have supported the state in expanding access to Medicaid, including extending coverage for moms after childbirth to 12 months, supporting expanded access to midwifery and doula care and supporting and enhancing newborn screening. We have worked on 13 bills related to the following: authorizing local boards of health to establish process and criteria for data collection, increasing data collection on immunizations, doula reimbursement as part of Medicaid coverage, creating a state commission on maternal mortality, increasing Medicaid reimbursement for nurse-midwife services to 100% of that which doctors are reimbursed, creating a commission to evaluate the barriers to substance use treatment in the perinatal period and extension of Medicaid's postpartum coverage to a full year after giving birth.

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 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 Massachusetts, March of Dimes partners with Baystate Children's Hospital to carry out this work and we are in the process of partnering with Boston Medical Center to implement a new NICU Family Support site.

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 Massachusetts, March of Dimes partners with **Baystate Medical Center-Midwifery and Womens Health, Baystate Health, Edward M Kennedy Community Health Center** and **UMass Memorial Health Care** to provide this education to providers and staff.

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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 (IBT) 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. In Massachusetts, March of Dimes is working to support IBT at a variety of healthcare sites in Boston, as IBT was successfully included in the roster of approved courses for state-required bias training.

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. In Massachusetts, March of Dimes' research partners include **Boston Medical Center, Massachusetts General Hospital** and **Massachusetts Institute of Technology**.

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