HEALTHY MOMS. STRONG BABIES.

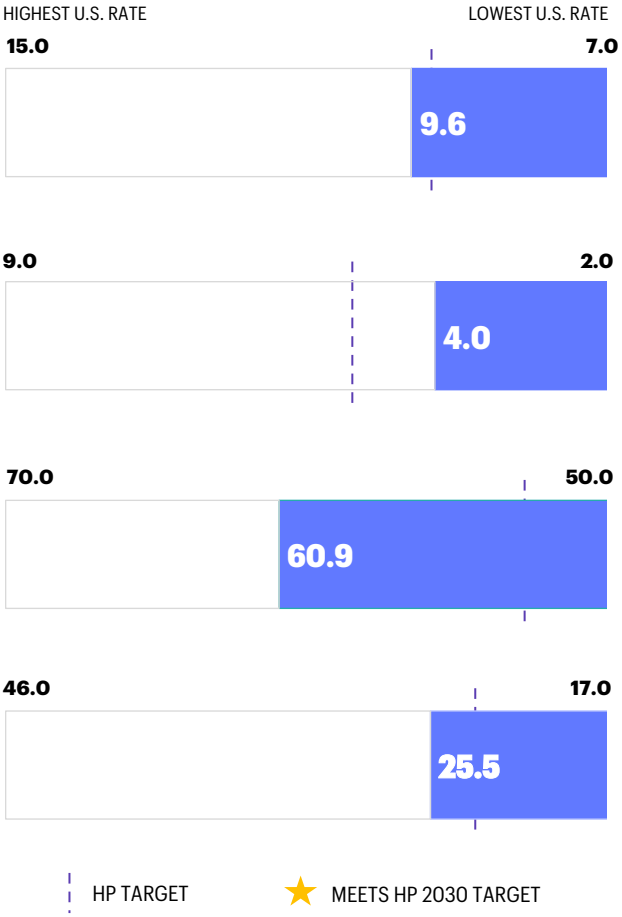
2022 MARCH OF DIMES REPORT CARD SUPPLEMENTAL REPORT

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.

MINNESOTA

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

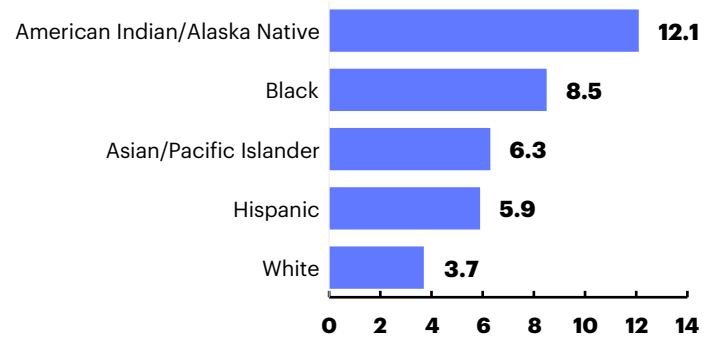
Source: Department of Health and Human Services. https://health.gov/healthypeople. Preterm birth, unhealthy weight before pregnancy and low-risk Cesarean birth are from the National Center for Health Statistics, 2021 final natality data. Infant mortality is from the National Center for Health Statistics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

SELECTED OUTCOMES IN MINNESOTA: 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 Minnesota 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

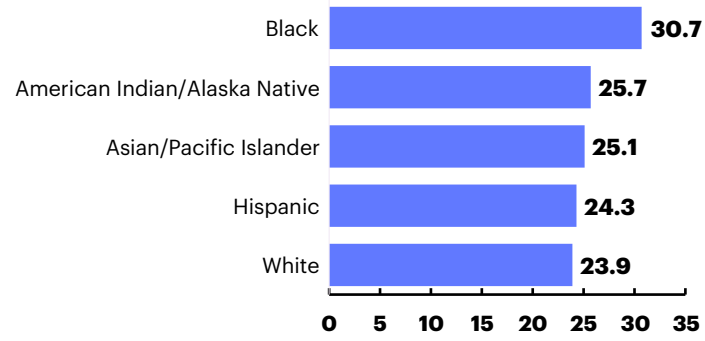


PRETERM BIRTH RATES BY COUNTIES

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Anoka	B-	9.2%	Worsened
Dakota	C	10.0%	Worsened
Hennepin	C-	10.1%	Worsened
Olmsted	B	8.9%	Improved
Ramsey	C	10.0%	Worsened
Washington	C	9.7%	Worsened

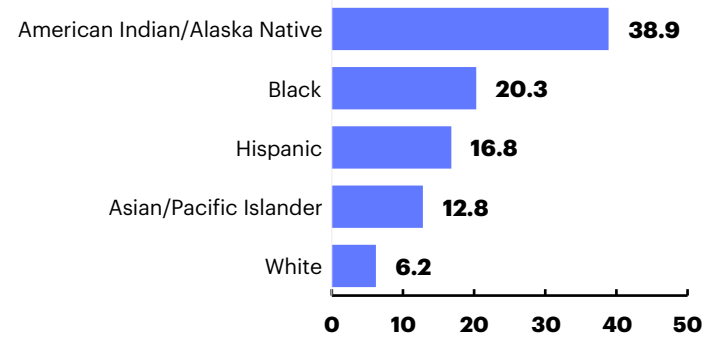
LOW-RISK CESAREAN BIRTH BY RACE AND ETHNICITY

Percent



INADEQUATE PRENATAL CARE BY RACE AND ETHNICITY

Percent of Live Births



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

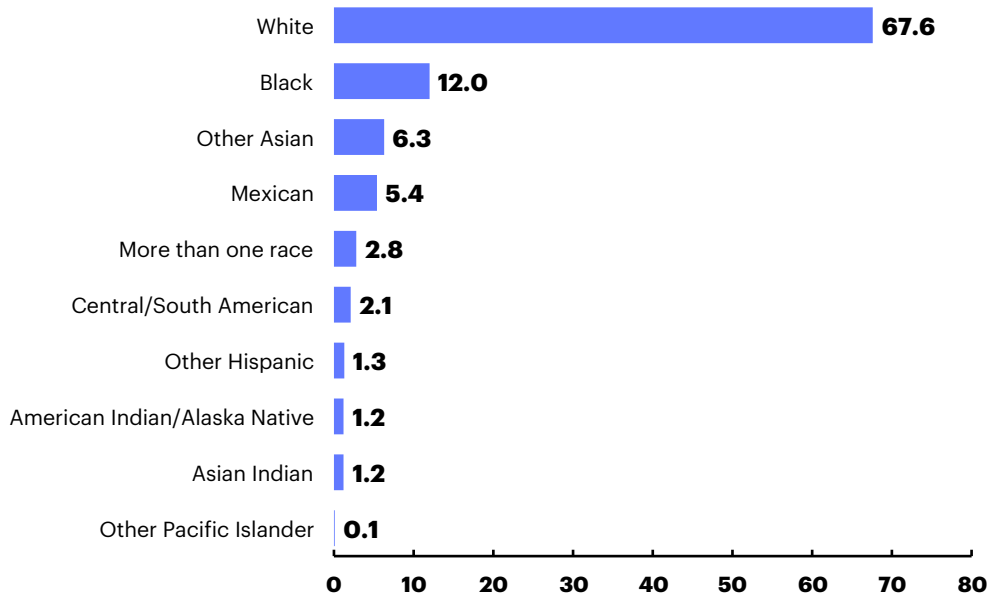
March of Dimes recommends state policy actions that are rooted in addressing disparities in maternal and infant health outcomes, see **www.marchofdimes.org/reportcard**
For details on data sources and calculations, see Technical Notes: **https://bit.ly/ReportCardTechnicalNotes**

RACE AND ETHNICITY IN MINNESOTA: LIVE BIRTHS AND PRETERM BIRTHS

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

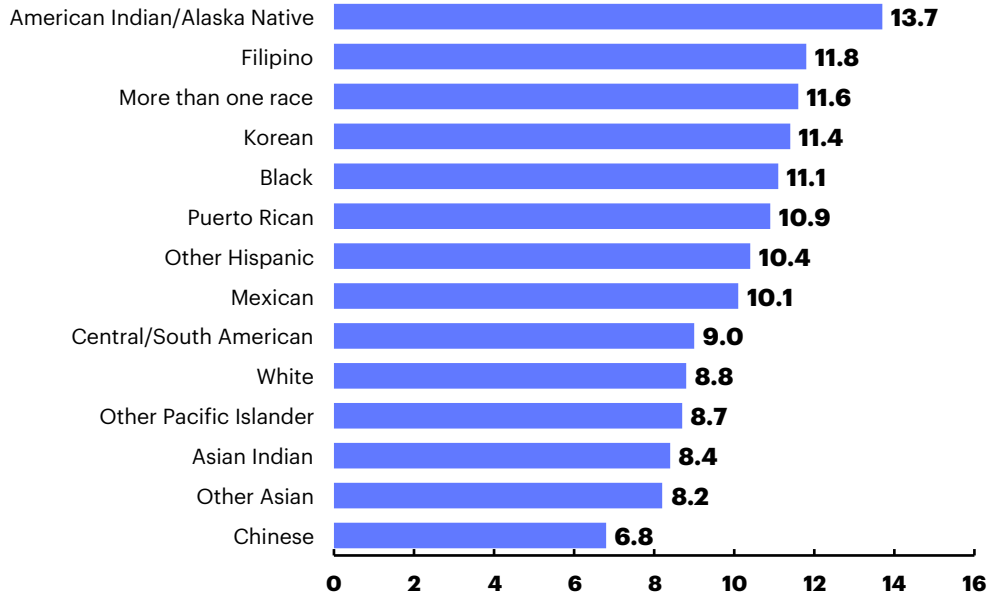
Percentage of Live Births by Mother's Race and Ethnicity



- **There were 64,425 babies** born in 2021.
- **67.6% 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 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



- **6,195 babies were born preterm** in 2021.
- **American Indian/Alaska Native had the highest preterm birth rate** between the years 2019-2021.
- **1 in 10 babies were born too soon**

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2022 MARCH OF DIMES IMPACT IN MINNESOTA

200

Professionals gained access to implicit bias training by partners in Minnesota

965

Families served through our NICU initiatives

332

Advocates who raised their voices

1

Pieces of state legislation acted on

March of Dimes Minnesota has developed a state agenda to dismantle racism, increase access to high quality healthcare and build safe, connected communities. This year, March of Dimes secured a $270,000 grant from the **Minnesota Department of Health** to implement a program to address vaccine hesitancy in birthing people. We developed and led a working group with health care organizations to address rising medically unnecessary medical interventions during birth. We are proud to work with the **African-American Babies Coalition** to help bring together clinical staff, community members and birth workers throughout the year to aid in the work of achieving health equity. March of Dimes has also made considerable efforts to rebuild relationships within the area and is a member of the Maternal and Child Health Advisory Task Force (reporting directly to the Commissioner of Health) and the **Minnesota Perinatal Quality Collaborative** Steering Committee.

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 Minnesota, our advocacy efforts support standardizing best practices and sustaining Maternal Mortality Review Committees (MMRCs). We have worked on three legislative bills related to various topics in maternal and infant health, including the expansion of maternal death studies to encompass maternal morbidity.

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 Minnesota, March of Dimes partners with **St. Cloud Hospital, Children's Minnesota-St. Paul** and **Children's Minnesota- Minneapolis** 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

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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.