

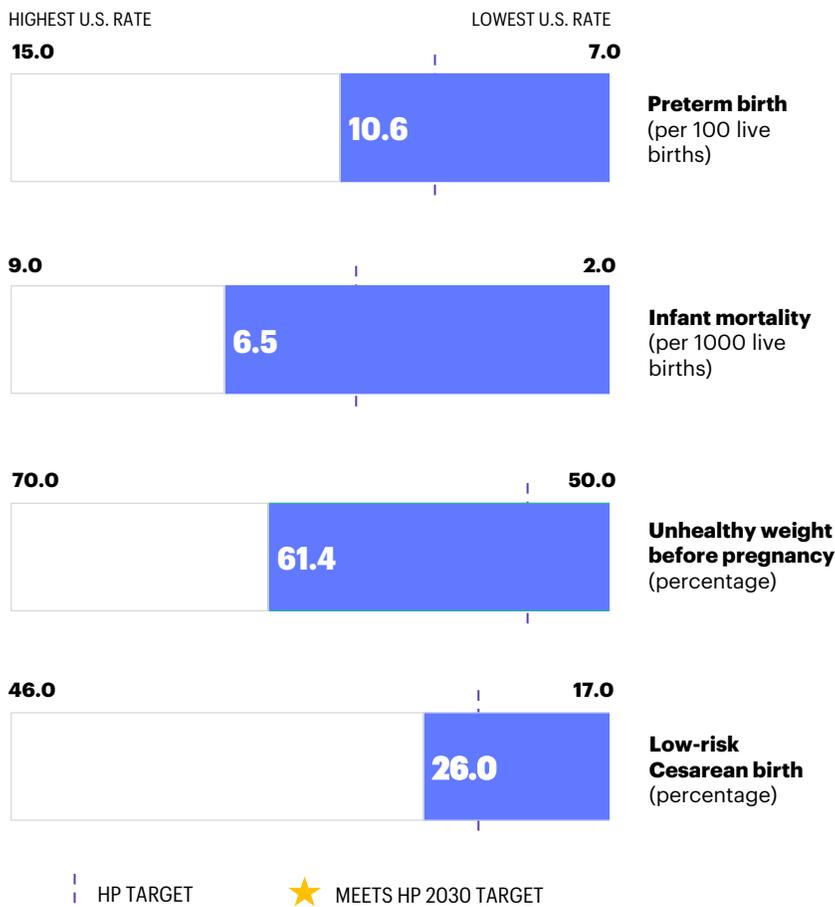
# 2022 MARCH OF DIMES REPORT CARD SUPPLEMENTAL REPORT

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.

## OHIO

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 Ohio 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

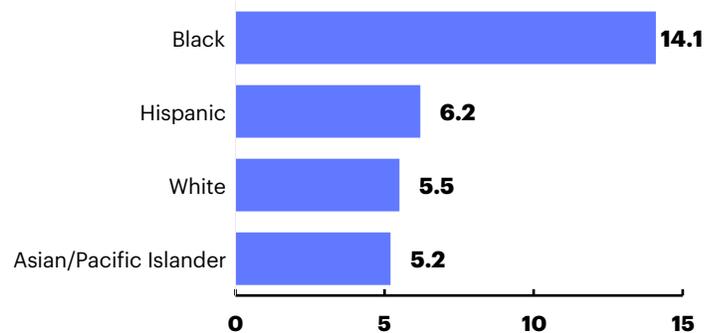
March of Dimes recommends state policy actions that are rooted in addressing disparities in maternal and infant health outcomes, see [www.marchofdimes.org/reportcard](http://www.marchofdimes.org/reportcard). For details on data sources and calculations, see Technical Notes: <https://bit.ly/ReportCardTechnicalNotes>

# SELECTED OUTCOMES IN OHIO: 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 Ohio 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

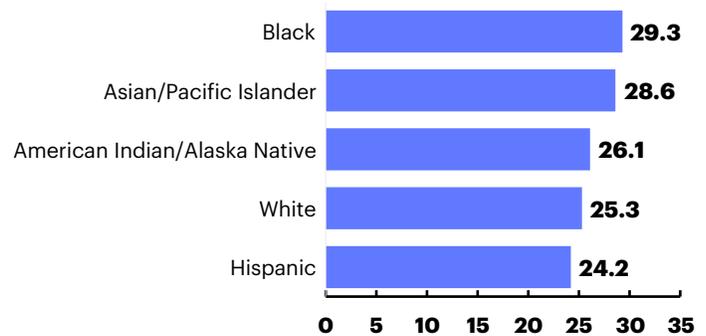


## PRETERM BIRTH RATES BY COUNTIES

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Butler	C	9.9%	Worsened
Clermont	C-	10.3%	Improved
Cuyahoga	F	11.6%	Worsened
Delaware	C+	9.5%	Worsened
Franklin	F	11.5%	Worsened
Hamilton	D-	11.2%	Worsened
Lake	C+	9.6%	Worsened
Lorain	D-	11.4%	Worsened
Lucas	F	12.0%	Worsened
Mahoning	F	13.5%	Worsened
Montgomery	F	11.5%	Worsened
Stark	C+	9.5%	Improved
Summit	C-	10.2%	Worsened
Trumbull	F	12.2%	Worsened
Warren	B	8.7%	Worsened

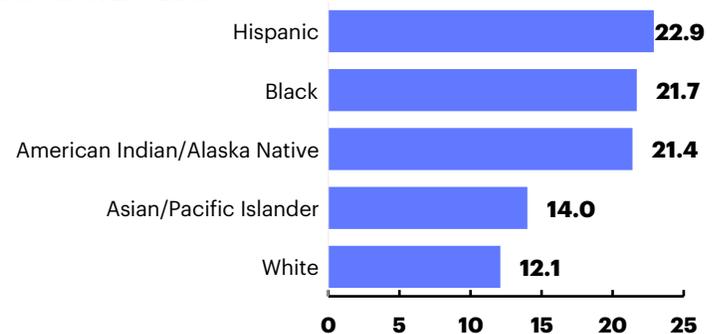
## LOW-RISK CESAREAN BIRTH BY RACE AND ETHNICITY

Percent



## INADEQUATE PRENATAL CARE BY RACE AND ETHNICITY

Percent of Live Births



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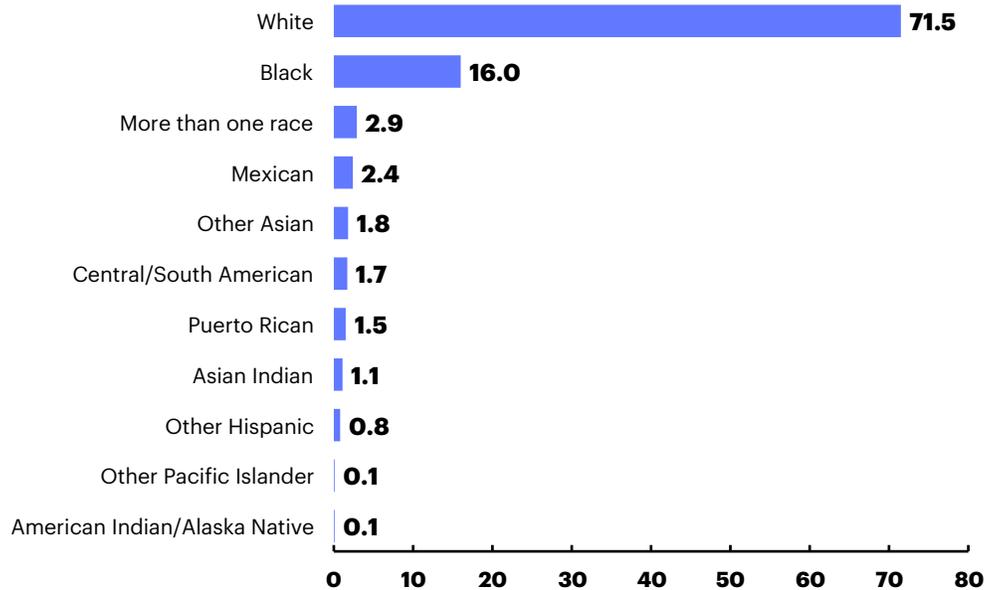
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# RACE AND ETHNICITY IN OHIO: LIVE BIRTHS AND PRETERM BIRTHS

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

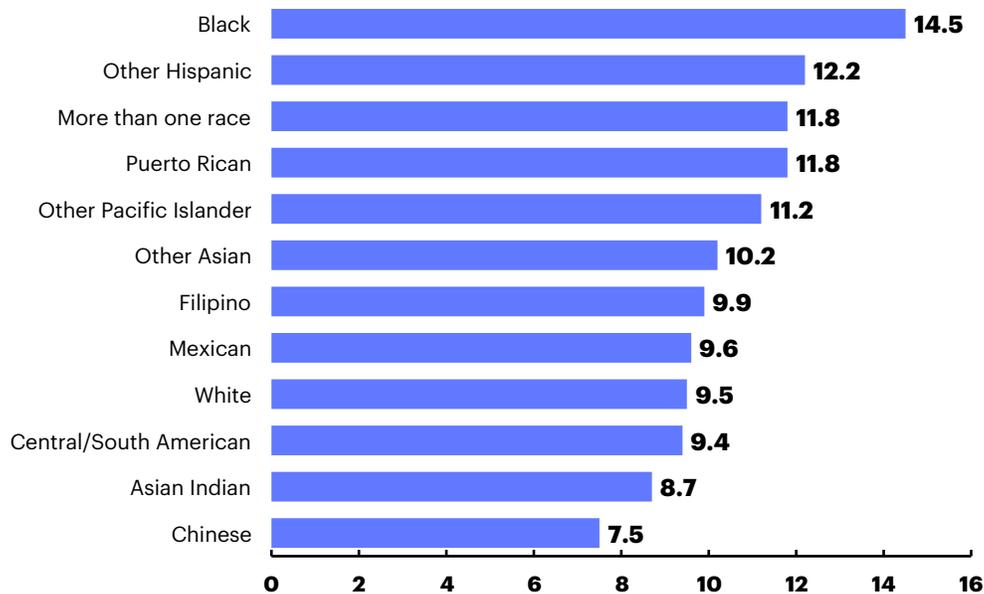
Percentage of Live Births by Mother's Race and Ethnicity



- **There were 129,791 babies** born in 2021.
- **71.5% 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



- **13,737 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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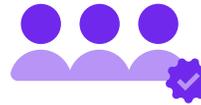
800

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



819

**Families served  
through our NICU  
initiatives**



697

**Advocates  
who raised their  
voices**



3

**Pieces of state  
legislation  
acted on**

March of Dimes Ohio is working to increase access to high quality care. We are launching a new Stork's Nest in November with partners Humana and Zeta Phi Beta. To address maternity care deserts, March of Dimes supports the expansion of OhioHealth's mobile health services in Columbus, Ohio.

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. Policy initiatives important to March of Dimes in Ohio include supporting expanded access to midwifery and doula care. In Ohio, March of Dimes has worked on three different bills related to the following priorities: Medicaid reimbursement of doula care, regulating the practice of certified midwives and certified professional midwives with the goal of increasing access to midwifery care and addressing parental custody of substance-exposed infants.

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 Ohio, March of Dimes partners with **Cleveland Clinic Hillcrest Hospital** and **University of Cincinnati Medical Center** to carry out this work. March of Dimes also is working to identify 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 Ohio, March of Dimes partners with **Crossroad Health Center** and **Kettering Health Network** to provide this education to providers and staff.

March of Dimes is implementing Maternal HealthCARE, a two-year, hospital-based quality improvement collaborative created to advance equity and provide safe and equitable maternity care. Ohio hospitals participating in this project are implementing improvement measures focused on best practices for patient centered, respectful and anti-racist care for all, using a team-based approach to care and stratifying data by race and ethnicity to create data transparency. A Community Accountability Panel serves as a bridge between participating hospitals and their surrounding communities. These panels provide valuable

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insight into the perspectives of the population served by participating hospitals and their feedback is shared with hospitals to help shape ongoing improvement efforts.

The Better Starts for All pilot project aims to increase access to care in maternity care deserts. As part of the pilot, March of Dimes is partnering with OhioHealth Physician Group at O'Bleness Hospital in Athens County to provide Community Health Worker (CHW) services for pregnant and postpartum women in Athens and surrounding counties. March of Dimes is also partnering with the **Ohio State University Wexner Medical Center (OSU)** in Columbus and **Adena Women's Health** in Ross County to provide mobile health services to women in Vinton, Pike, Jackson, Ross, Gallia and Scioto counties. Adena Health provides primary obstetric care and high-risk patients are referred to OSU. To date, the project has completed 1,174 visits.

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 CNE education credits, with 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. In Ohio, March of Dimes partnered with Humana to support Implicit Bias Training at **ProMedica Hospital System** and **University of Cincinnati Medical Center** and is planning to expand to a new site.

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 Ohio, March of Dimes' research partners include **Ohio State University**. One way in which are advancing critical research by funding six Prematurity Research Centers (PRCs) located at hospitals, medical centers and universities in the U.S. and London. One of them is located in Ohio, the **Ohio Collaborative (Cincinnati Children's Hospital Medical Center, Case Western Reserve and Vanderbilt University)**. PRCs are an important part of March of Dimes' integrated research strategy to address the multi-faceted nature of the U.S. maternal and infant health crisis.

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