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.

National data-driven objectives from Healthy People 2030 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 Oklahoma 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.

**HIGHEST U.S. RATE**

<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 OKLAHOMA:
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 Oklahoma using detailed race and ethnicity categories. By first understanding where differences exist, we can then move forward to advocate for changes towards health equity.

PRETERM BIRTH RATES
BY COUNTIES

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>GRADE</th>
<th>PRETERM BIRTH RATE</th>
<th>CHANGE FROM LAST YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian</td>
<td>D-</td>
<td>11.2%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Cleveland</td>
<td>F</td>
<td>12.3%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Comanche</td>
<td>C</td>
<td>10.0%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>F</td>
<td>12.6%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Rogers</td>
<td>F</td>
<td>12.1%</td>
<td>Worsened</td>
</tr>
<tr>
<td>Tulsa</td>
<td>F</td>
<td>11.8%</td>
<td>Worsened</td>
</tr>
</tbody>
</table>

INFANT MORTALITY RATE
BY RACE AND ETHNICITY
Per 1000 Live Births

- Black: 13.8%
- American Indian/Alaska Native: 8.3%
- Asian/Pacific Islander: 7.2%
- Hispanic: 6.4%
- White: 6.3%

LOW-RISK CESAREAN BIRTH RATES
BY RACE AND ETHNICITY
Percent

- Black: 27.3%
- American Indian/Alaska Native: 26.3%
- Asian/Pacific Islander: 25.7%
- White: 23.9%
- Hispanic: 22.2%

INADEQUATE PRENATAL CARE
BY RACE AND ETHNICITY
Percent of Live Births

- Black: 20.9%
- Asian/Pacific Islander: 19.4%
- American Indian/Alaska Native: 18.4%
- Hispanic: 16.6%
- White: 12.7%

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
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RACE AND ETHNICITY IN OKLAHOMA: LIVE BIRTHS AND PRETERM BIRTHS

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

- White: 54.8%
- Mexican: 12.0%
- American Indian/Alaska Native: 9.4%
- Black: 7.9%
- More than one race: 7.8%
- Other Hispanic: 2.6%
- Other Asian: 2.5%
- Central/South American: 2.4%
- Other Pacific Islander: 0.5%

- **There were 48,410 babies born in 2021.**
- **54.8% of births were to White mothers**
  This accounted for the highest percentage of total live births in 2021.
- **0.5% 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

- Black: 16.1%
- Cuban: 13.9%
- More than one race: 13.2%
- Puerto Rican: 12.0%
- Central/South American: 11.6%
- White: 11.1%
- Mexican: 10.8%
- American Indian/Alaska Native: 10.6%
- Other Hispanic: 10.4%
- Other Pacific Islander: 9.5%
- Other Asian: 8.9%
- Asian Indian: 8.3%

- **5,772 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**

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

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

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March of Dimes Oklahoma has continued its work with Project NICU, which provides care packages to families of infants in the NICU. We also implemented Project Alex and Project Jacie, which distribute bereavement boxes to hospitals for families who have lost an infant or a mother, respectively. In April, we worked with Zeta Phi Beta Sorority and the Tulsa Chapter of The Links, Inc. to package and deliver Parent Care Kits to NICUs throughout Oklahoma. March of Dimes is also developing a partnership to support the training of Black doulas and birth workers in Oklahoma.

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 Oklahoma, our advocacy efforts support expanding access to midwifery and doula care. In Oklahoma, March of Dimes has worked on eight bills including requiring newborn screening specimens to be evaluated and reported within forty-eight hours of collection, permitting midwives, doulas and birth coaches to be present during child delivery regardless of hospital policies, an act relating to the state Medicaid program and requiring coverage of medically necessary pasteurized donor human milk under certain conditions.

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 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.

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.