The following measures of maternal health will be reported in future editions of the March of Dimes Report Card:

**SEVERE MATERNAL MORBIDITY (SMM)**

SMM is defined by the Centers for Disease Control and Prevention (CDC) as unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health and includes at least one of 21 maternal morbidity indicators identified through the 10th revision of the International Classification of Diseases (ICD-10) diagnosis and procedure codes.1 SMM is an important measure of maternal health because maternal morbidity rates are considered highly preventable and represent a common precursor to mortality.2 As of 2017, there has been a continued trend of steady increases for this rate nationwide3 and morbidity affects minority and low-income women at a higher rate.4 SMM is a multi-faceted issue that does not have one reason or solution. While the cause of the continuous rise in the SMM rate is unclear, changes in the overall demographic of birthing women may be contributing to increased complications.4 There are numerous implications of high SMM rates in society including increased maternal mortality and higher cost of medical care.4,5

**LOW-RISK C-SECTIONS**

A low-risk cesarean section occurs when a woman undergoes the procedure if the baby is a single infant, is positioned head-first and the mother is full-term (at least 37 weeks), and having not given birth prior.6 Even though C-sections can be life-saving for both mother and baby when medically indicated, a C-section is still a surgical procedure which can pose a greater risk of maternal morbidity and mortality than vaginal delivery for most low-risk births.7 Even in low-risk women, there are multiple reasons that a C-section would be the safest choice for delivery8 however, increasingly high rates of C-sections in low-risk delivery situations reveal that in some cases, the procedure happens electively. Rates of low-risk C-sections have been increasing for over a decade without an increase in better maternal or fetal outcomes.8

Reporting a rate for low-risk C-section alone can be misinterpreted since not all of these C-section are in fact elective. Accurate information and context are essential when reporting this measure; this entails a deeper understanding of clinical reasons that lead to C-sections among low-risk women. When presented, this measure will give us an idea of a quantity of risk that may be prevented for birthing moms.

**EQUITY MEASURE**

Health equity indicates equal opportunities for individuals to attain their highest level of health.9 In contrast, health inequity stems from unequal access to resources that impact health. Many structural, systemic and environmental factors influence the health of moms and babies, especially for Black, American Indian and Alaska Native people. Systemic racism and the wealth gap in the U.S. deepen many health inequities in our society.10,11 The multi-faceted complexity of these drivers of health calls for the need to identify and/or develop a composite equity measure that can be used to effectively and reliably communicate how states and territories are faring in terms of achieving equity for moms, babies, and their families. March of Dimes will be working with subject matter experts and other partners to identify a composite equity measure for inclusion in future Report Cards.

**REFERENCES**


