

In the 2020 Report Card, we highlight the latest key indicators to describe and improve maternal and infant health in the United States (U.S.). Preterm birth and its complications are the second largest contributor to infant death in the U.S., and preterm birth rates have been increasing for five years. Prematurity grades are assigned by comparing the 2019 preterm birth grade to March of Dimes' goal of 8.1 percent by 2020.

2020 MARCH OF DIMES REPORT CARD

Rates of maternal death and morbidity continue to be unacceptably high in the U.S. Maternal morbidity, social determinants of health, availability of state level health insurance policy and the availability of surveillance and research data affect the health and survival of both mom and baby. While we currently do not have enough to grade states or report on all maternal health indicators, we have highlighted measures with the best available data.

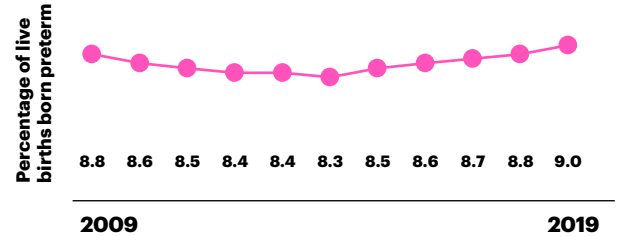
CALIFORNIA

PRETERM BIRTH GRADE

B-

PRETERM BIRTH RATE

9.0%

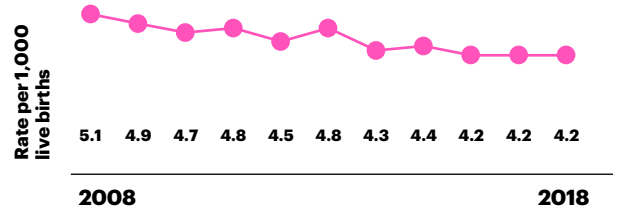


INFANT MORTALITY

Infant mortality rates are an indication of overall health. Leading causes of infant death include birth defects, prematurity, low birth weight, maternal complications and sudden infant death syndrome.

INFANT MORTALITY RATE

4.2



PRETERM BIRTH RATES BY COUNTIES AND CITY

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Los Angeles	B-	9.1%	Worsened
San Diego	B	8.9%	Worsened
Orange	A	7.7%	Worsened
San Bernardino	C	9.9%	Worsened
Riverside	B-	9.1%	Worsened
Santa Clara	B+	8.4%	No change
Sacramento	B-	9%	Worsened
Alameda	B+	8.4%	Improved

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Fresno	C+	9.4%	Worsened
Kern	C	9.8%	Improved
Contra Costa	B	8.7%	Improved
San Joaquin	B	8.9%	Improved
Ventura	A	7.7%	Improved
San Francisco	A-	8.1%	Worsened
San Mateo	A	7.4%	Improved

CITY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Los Angeles	C+	9.5%	Better

MORE INFORMATION MARCHOFDIMES.ORG/REPORTCARD

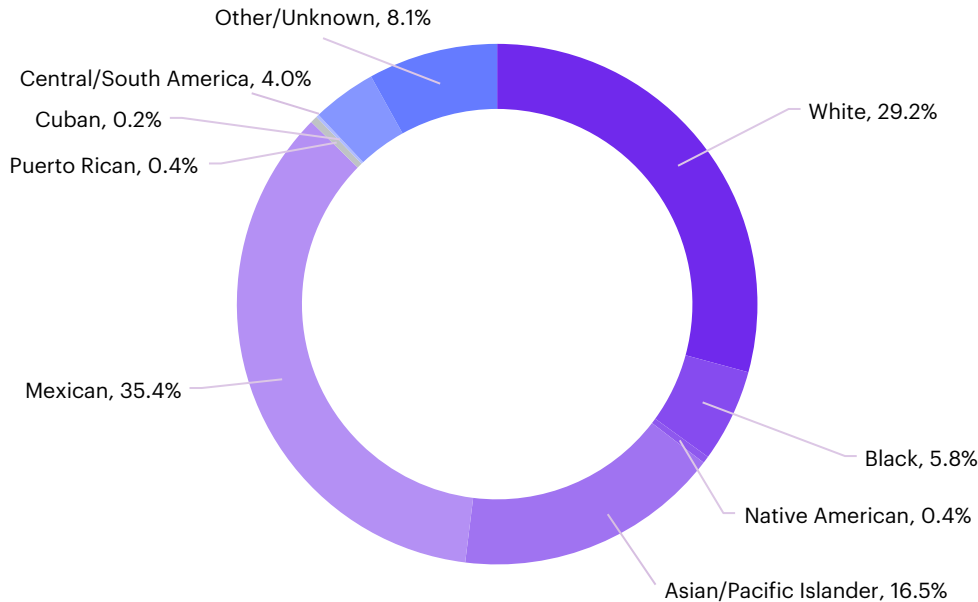
March of Dimes recommends state policy actions that are rooted in addressing disparities in maternal and infant health outcomes. For more detail visit [Policy & Action](#). For details on data sources and calculations, see Technical Notes. To learn how we are working to reduce preterm birth visit www.marchofdimes.org.



RACE AND ETHNICITY IN CALIFORNIA: LIVE BIRTHS AND PRETERM BIRTHS

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

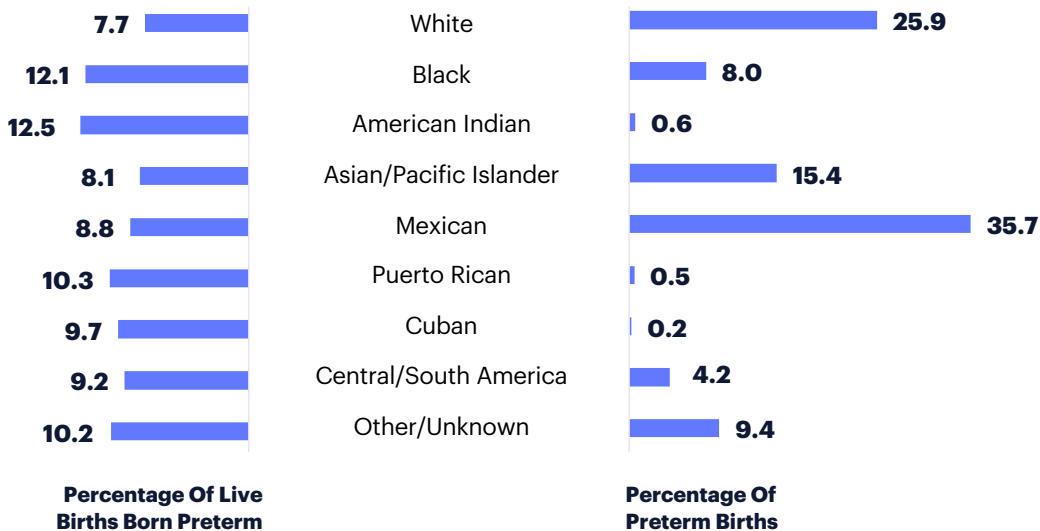


Percentage Of Live Births By Mother's Race And Ethnicity

- In 2019, **more than 446,000** babies were born in California.
- In 2018, Mexican mothers account for **35.4%** of births (about 104,000 babies) of live births (more than 156,000 babies) — that's **1 in 2 births**.
- Births among Asian and Pacific Islander women account for **16.5%** (almost 73,000 births) of live births.
- White mothers account for **almost 30%** of all live births in 2018.

PRETERM BIRTHS

Mother's Race/Ethnicity



- In 2019, **9%** of babies (about 40,000) babies were born preterm — that's **1 in 11 babies** born too soon.
- In 2018, **1 in 8 babies** (12% of babies born) to Black mothers were born preterm.
- In 2018, Mexican mothers represent **35.7%** of all preterm births.
- Among Puerto Rico mothers, **10%** of babies were born preterm.

MORE INFORMATION

[MARCHOFDIMES.ORG/REPORTCARD](https://www.marchofdimes.org/reportcard)

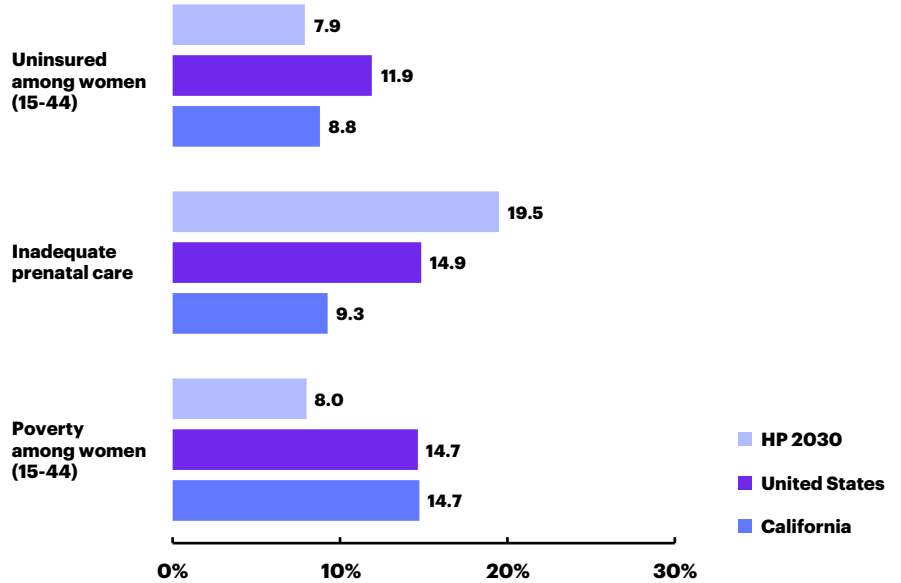
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CALIFORNIA MATERNAL AND INFANT HEALTH

SELECTED SOCIAL DETERMINANTS OF HEALTH

Many structural, systemic and environmental factors influence the health of moms and babies, especially for Black, American Indian and Alaska Native people. When looking at factors such as access to maternity care, financial stability and health insurance status, these disparities persist. Systemic racism and the wealth gap in the U.S. deepen many health inequities in our society. The onset of COVID-19 has further magnified preexisting health disparities. March of Dimes is collaborating with others to confront these drivers of health outcomes, while identifying solutions to achieve health equity for all.



MEDICAID EXPANSION

States who have adopted this policy allow women greater access to preventative care during pregnancy.



MEDICAID EXTENSION

State has recent action to extend coverage for women beyond 60 days postpartum.



AVERAGE PRETERM BIRTH COST

Estimated societal cost includes care for babies, delivery costs, early intervention services, special education and lost productivity.



MATERNAL MORTALITY REVIEW COMMITTEE

These committees are essential to understanding and addressing the causes of maternal death.



PERINATAL QUALITY COLLABORATIVE

These teams work to identify and improve quality care issues in maternal and infant health care.

Legend

- State has or is developing the indicated organization/policy
- State has the indicated organization and is CDC funded
- State does not have or is not developing the indicated organization/policy
- State is above estimated U.S. cost
- State is below estimated U.S. cost

To prevent maternal and infant deaths, we need to better understand the causes of severe maternal morbidity (SMM) and those most impacted by it, including racial and ethnic disparities. This starts by standardizing data collection and reporting for maternal and infant health across the U.S. These data will help us to examine factors contributing to SMM, preventable deaths and poor birth outcomes in order to develop evidence-based solutions. To this end, future Report Cards will assess overall rates and disparities of SMM, low-risk cesarean sections and measures of equity in maternal and infant health.

Additional details on these future measures can be found [here](#).

MORE INFORMATION

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