

The 2021 Report Card highlights the latest key indicators to describe and improve maternal and infant health in the U.S. It features grades for preterm birth and measures on infant mortality in addition to social drivers of health, low-risk Cesarean births and inadequate prenatal care. Our Supplemental Report Card highlights the stark disparities across race and ethnicity within these factors.

With the onset of the COVID-19 pandemic, pre-existing health disparities have been magnified. Comprehensive data collection and analysis of these measures, and the resulting disparities, inform the development of policies and programs that move us closer to health equity. The Report Card looks at policies like Medicaid expansion and programs like Maternal Mortality Review Committees, that can help improve equitable maternal and infant health for families across the country.

2021 MARCH OF DIMES REPORT CARD

NORTH CAROLINA

Scan here for more data on your state.



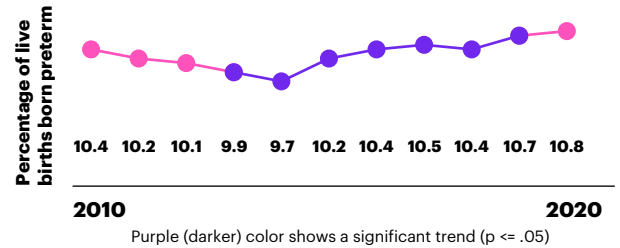
INFANT HEALTH

PRETERM BIRTH GRADE

D

PRETERM BIRTH RATE

10.8%



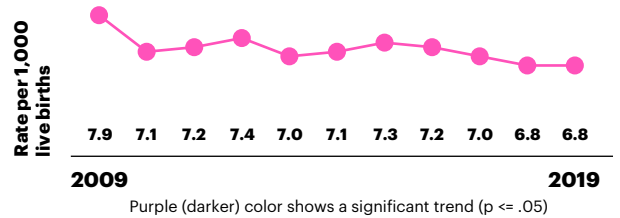
INFANT MORTALITY



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.

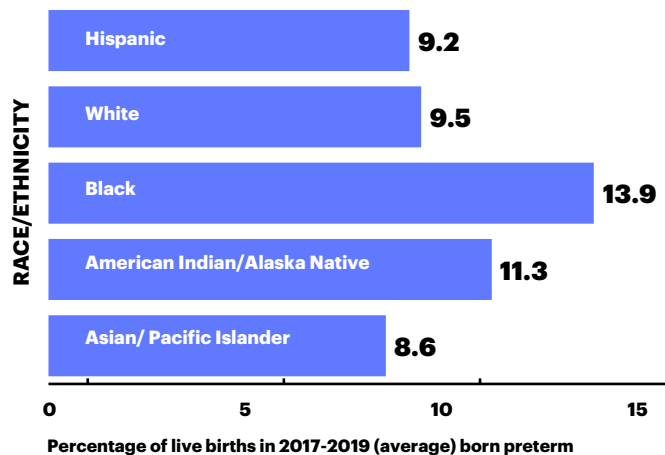
INFANT MORTALITY RATE

6.8



PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.



In North Carolina, the preterm birth rate among Black women is 48% higher than the rate among all other women.

DISPARITY RATIO:

1.28

CHANGE FROM BASELINE:

No Improvement

PRETERM BIRTH RATE BY CITY

CITY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Charlotte	D	11.1%	Worsened

A TIME FOR PARTNERSHIP AND ACTION: EXAMINING THE U.S. MATERNAL AND INFANT HEALTH CRISIS AND POLICIES NEEDED FOR CHANGE

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. Scan the QR code to the right to access the full U.S. Report Card.



NORTH CAROLINA

MATERNAL HEALTH

There is a critical connection between infant health, maternal health and the health of a family. All are dependent on their lived social context, the quality and accessibility of healthcare and the policies within a state. Each factor can provide insight into how a state serves its population.

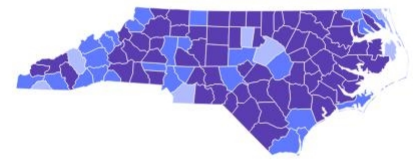
SOCIAL VULNERABILITY INDEX

Where you live matters.

March of Dimes is offering the opportunity to examine social determinants of health at the county level using the Social Vulnerability Index (SVI). Socially vulnerable populations are at greater risk of experiencing poor health outcomes during a public health emergency. The same factors used in the index also contribute to poor maternal and infant health outcomes, including poor access to maternity care. The differences in counties are measured using 15 social factors, grouped into four areas including: socioeconomic status; household composition and disability; minority

status and language; housing type and transportation. Each aspect of the index uses physical or social factors that help to estimate where poor health outcomes may be more prevalent.

The overall SVI for each county represents the amount of vulnerability relative to other counties in the state. The SVI measure is always a number between 0 and 1. A lower SVI indicates lesser vulnerability and a higher SVI indicates greater vulnerability.



CLINICAL MEASURES

Your healthcare matters.

Access to and quality of healthcare before, during and after pregnancy can affect health outcomes in the future. An unnecessary Cesarean birth can lead to medical complications and inadequate prenatal care can miss important milestones in pregnancy.

22.5

PERCENT

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head first and at least 37 weeks pregnant.



17.1

PERCENT

INADEQUATE PRENATAL CARE

Percent of women who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.



POLICY MEASURES

The policies in your state matter. Adoption of the following policies and organizations can help improve maternal and infant health care.



MEDICAID EXPANSION

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



MEDICAID EXTENSION

States have recent action to extend coverage for women beyond 60 days postpartum.



MIDWIFERY POLICY

Allows the practice of direct entry midwives and certified nurse midwives.



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 healthcare.



DOULA POLICY OR LEGISLATION

Passage of Medicaid coverage for doula care.

Legend



State has the indicated organization/policy



State does not have the indicated organization/policy



Waiver pending or planning is occurring



Has an MMRC but does not review deaths up to a year after pregnancy ends

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NORTH CAROLINA

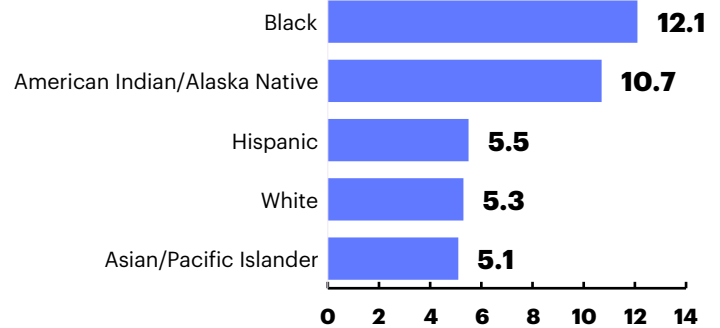
Scan here for more data on your state



The 2021 Supplemental Report Card examines many of the data points found on the 2021 March of Dimes Report Card. Many structural, systemic, and environmental factors influence the health of mothers and babies, especially for Black, Native, and Hispanic people. When looking at factors such as infant mortality, preterm birth, access to prenatal care, and clinical measures, it is important to better understand the disparities that exist within racial and ethnic groups. Systemic racism and the wealth gap in the U.S. deepen many health inequities in our society. Data separated by race and ethnicity is a powerful tool that March of Dimes uses to identify health disparities. 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

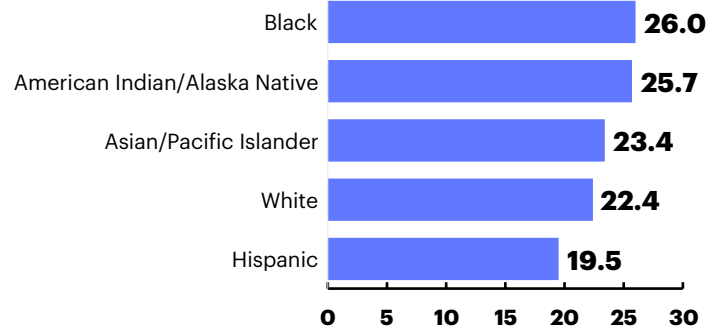


PRETERM BIRTH RATES BY COUNTIES

COUNTY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Cumberland	F	11.9%	Worsened
Durham	C+	9.4%	Worsened
Forsyth	F	12.3%	Worsened
Guilford	D	11.0%	Worsened
Mecklenburg	D	10.8%	Worsened
Wake	B+	8.5%	Improved

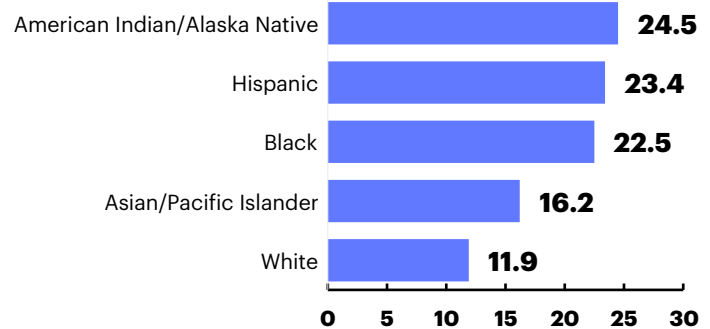
LOW-RISK CESAREAN BIRTH BY RACE AND ETHNICITY

Percent



INADEQUATE PRENATAL CARE BY RACE AND ETHNICITY

Percent of Live Births



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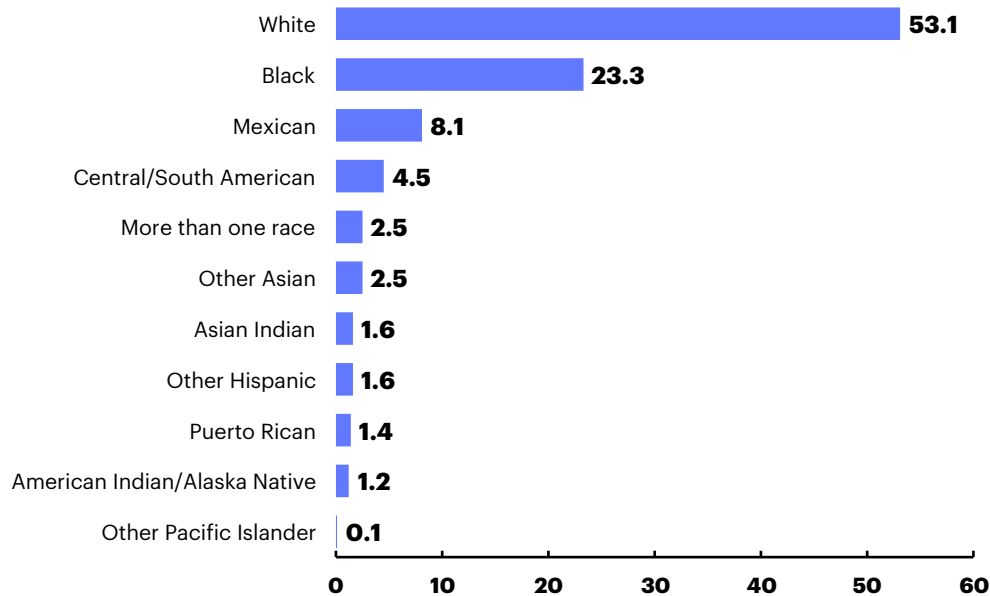


RACE AND ETHNICITY IN NORTH CAROLINA: LIVE BIRTHS AND PRETERM BIRTHS

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

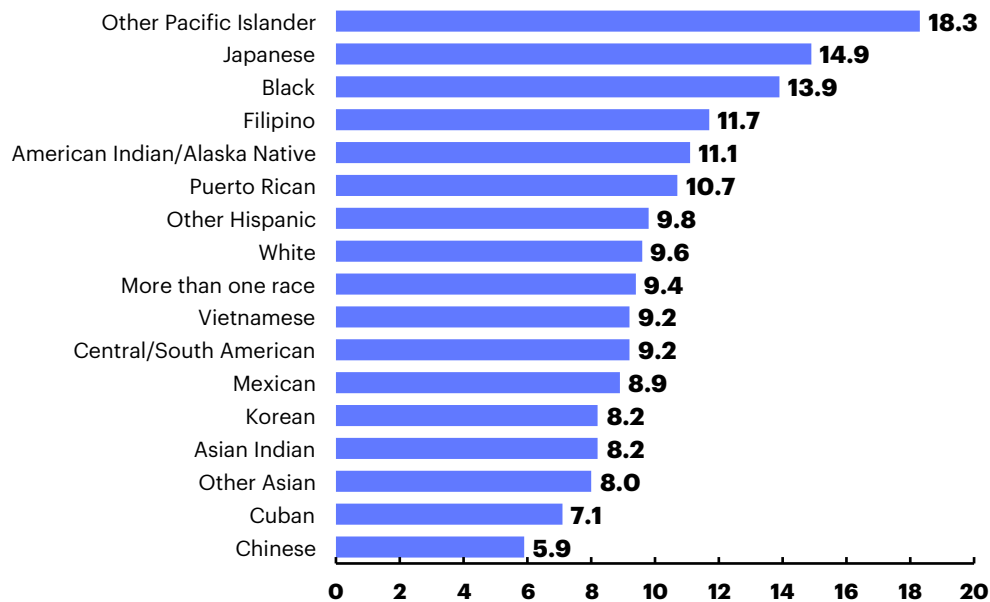
Percentage of Live Births by Mother's Race and Ethnicity



- **There were 118,725 babies** born in 2019.
- **53.1% of births were to White mothers**
This accounted for the highest percentage of total live births in 2019.
- **0.1% of all live births were to Other Pacific Islander**
This accounted for the lowest percentage of total live births in 2019.

PRETERM BIRTHS

Percentage of Live Births Born Preterm by Mother's Race and Ethnicity



- **12,646 babies were born preterm** in 2019.
- **Other Pacific Islander had the highest preterm birth rate** between the years 2017-2019.
- **1 in 9 babies were born too soon**

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