

**HEALTHY
MOMS.
STRONG
BABIES.**

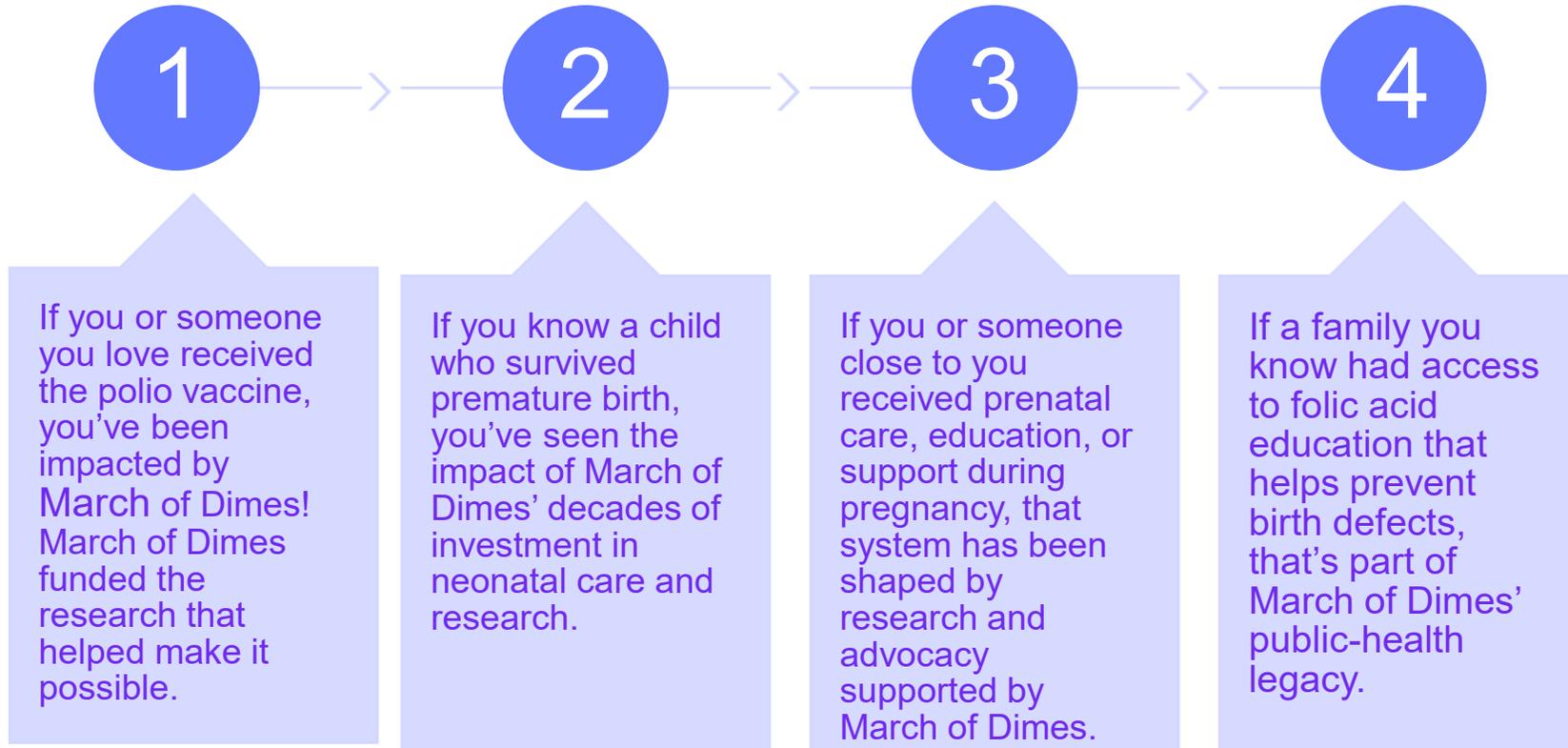


2025 MARCH OF DIMES REPORT CARD

2/12/2026

Bianca Holder MPH Maternal and Infant Health Manager

HAVE YOU BEEN IMPACTED BY MARCH OF DIMES?



We are March of Dimes

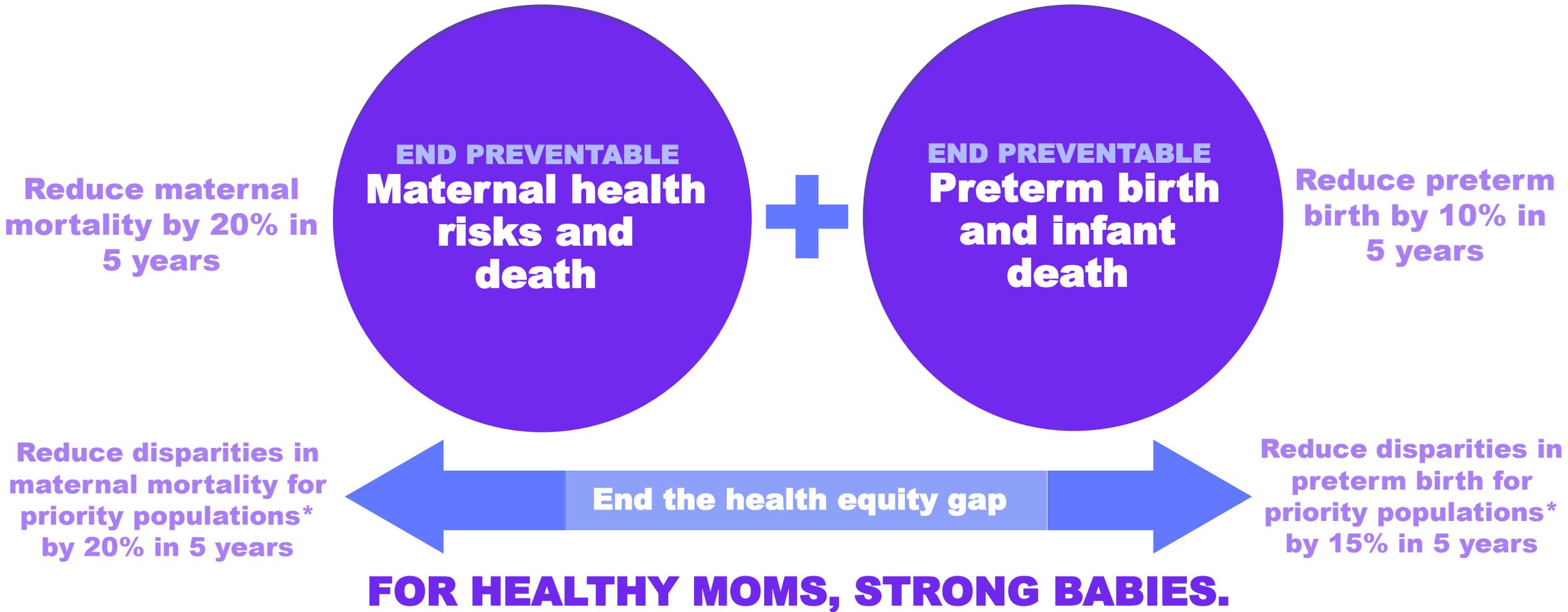
OUR MISSION

**MARCH OF DIMES
LEADS THE FIGHT
FOR THE HEALTH
OF ALL MOMS AND
BABIES.**

OUR VISION

**WE IMAGINE A WORLD
IN WHICH EVERY BABY
IS BORN HEALTHY
REGARDLESS OF
WEALTH, RACE OR
GEOGRAPHY.**

OUR ORGANIZATIONAL GOALS

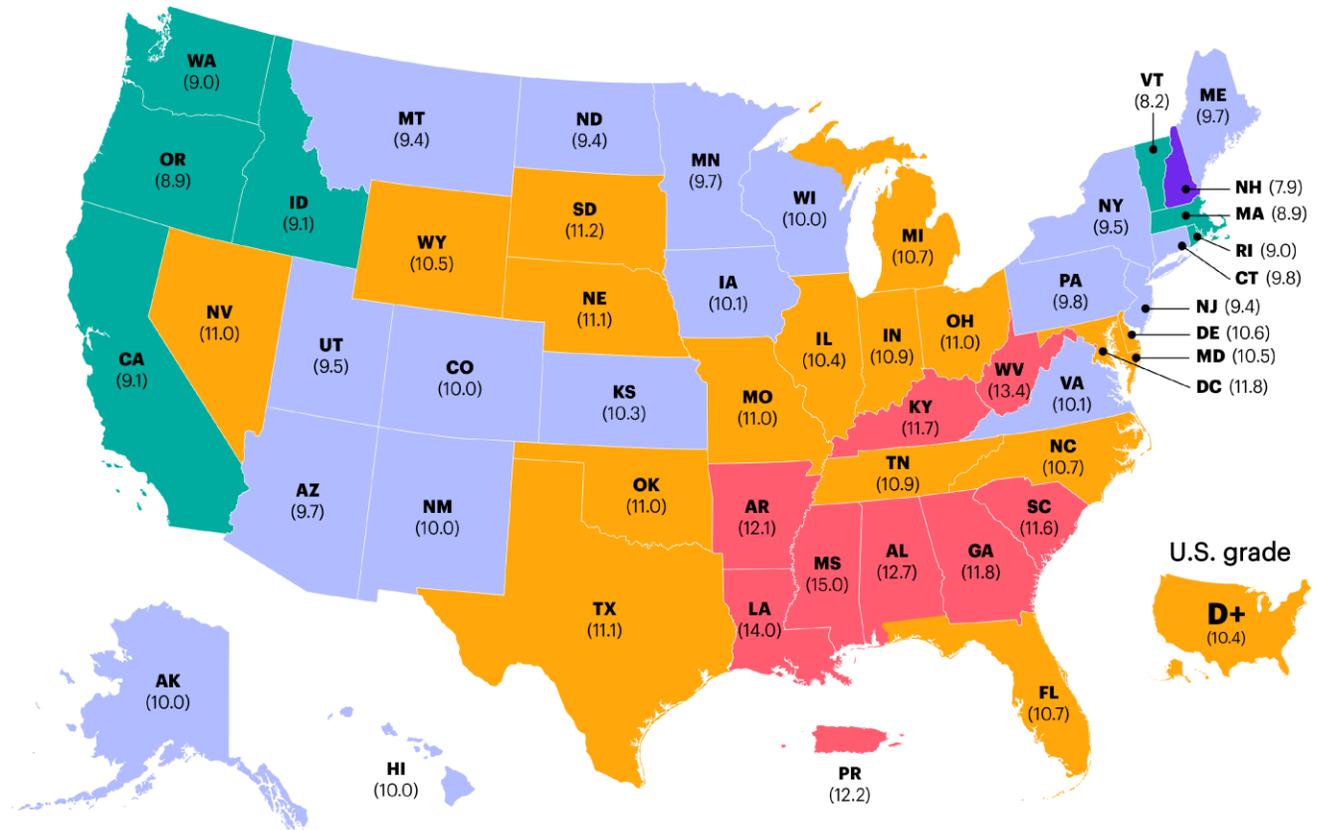


WHERE A MOM LIVES COULD DETERMINE IF HER BABY WILL BE BORN PRETERM.



The preterm birth grade was D+ in 2024; half of all US states received a D or an F

Preterm birth rate (born before 37 weeks gestation) and grade by state, 2024



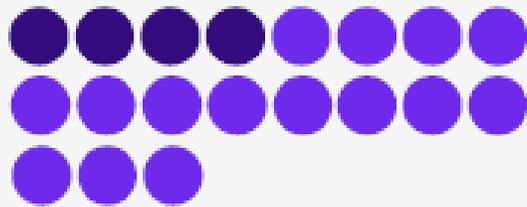
GRADE AND PRETERM BIRTH RATE

Grade	Preterm Birth Rate Range (%)
A	7.7% or less
A-	7.8 to 8.1%
B+	8.2 to 8.5%
B	8.6 to 8.9%
B-	9.0 to 9.2%
C+	9.3 to 9.6%
C	9.7 to 10.0%
C-	10.1 to 10.3%
D+	10.4 to 10.7%
D	10.8 to 11.1%
D-	11.2 to 11.4%
F	11.5% or greater

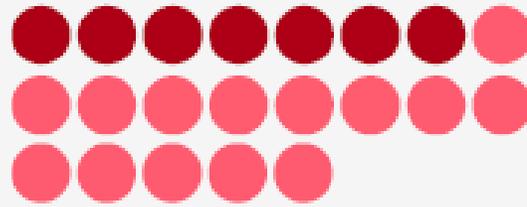
© 2025 March of Dimes

Source: National Center for Health Statistics, Natality data, 2024.

More states saw preterm birth worsen than improve in the past year



19 States with **improved** preterm birth rates



21 States with **worsened** preterm birth rates

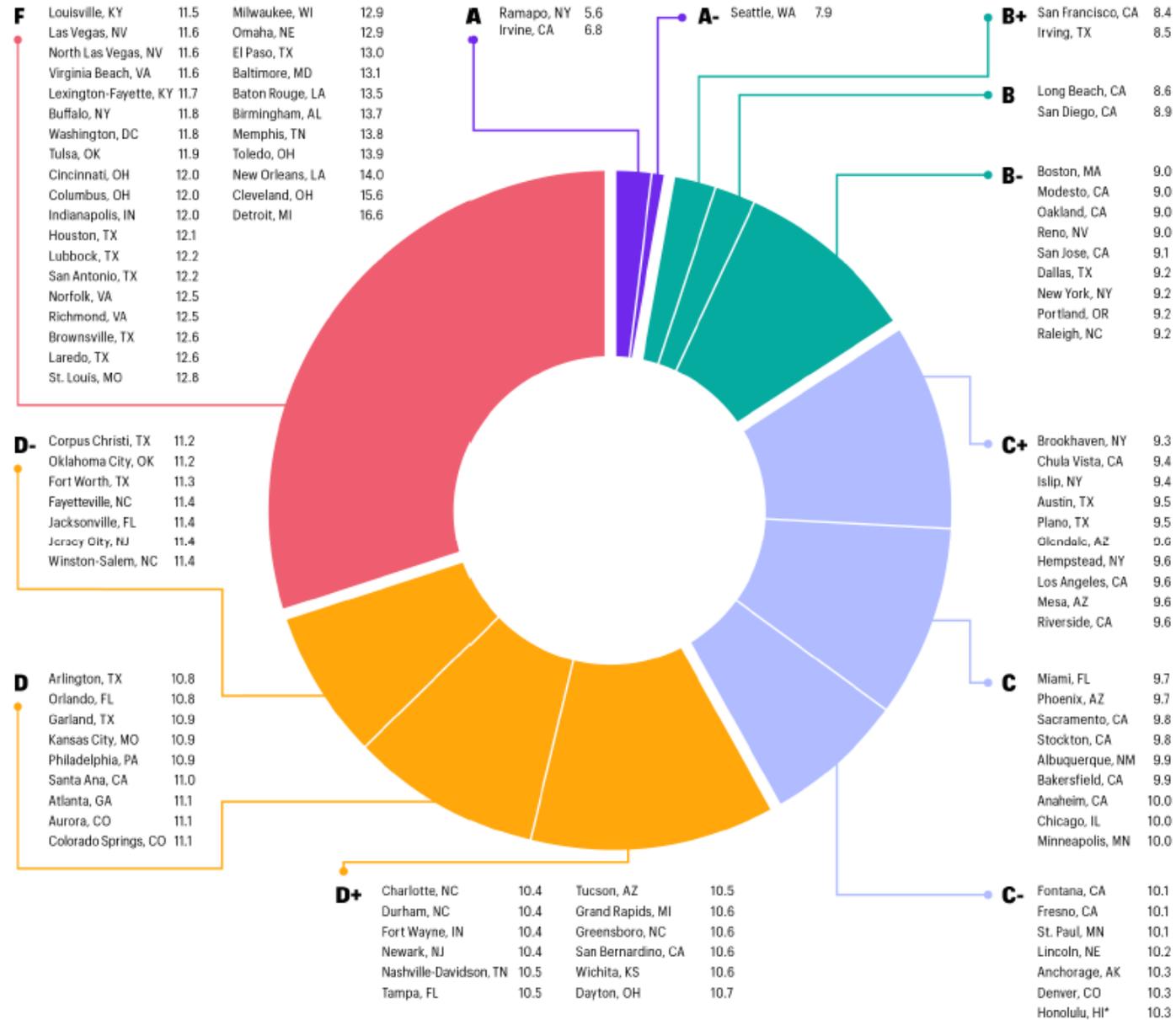


12 States with **no change** in preterm birth rates

Note: Includes District of Columbia and Puerto Rico. Darker shaded circles indicate the number of states with a statistically significant change ($P < 0.05$) in preterm birth rates compared to 2023.

Sources: National Center for Health Statistics, Natality data, 2024; National Center for Health Statistics, US Territories Natality data, 2024.

One third of the 100 US cities with the greatest number of live births had a preterm birth grade of **F** in 2024



The preterm birth rate in Ohio was **11.0%** in 2024, higher than the rate in 2023

**PRETERM
BIRTH
GRADE**

D

US RATE



OH RATE



OH RANK



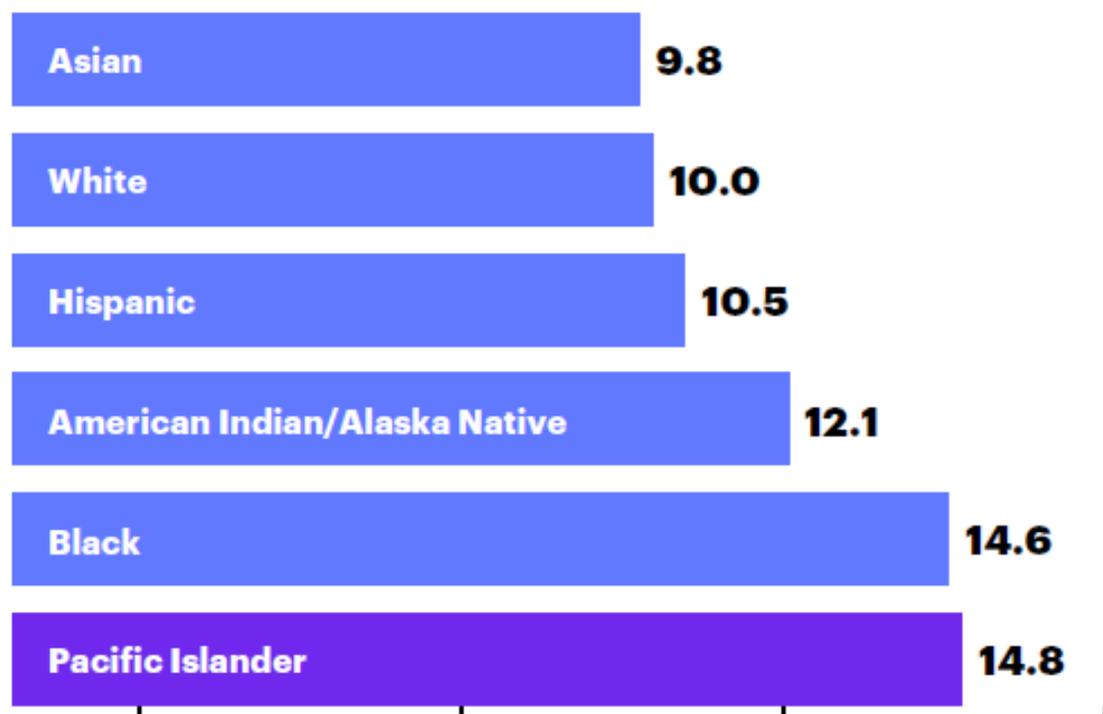
Percentage of live births born preterm



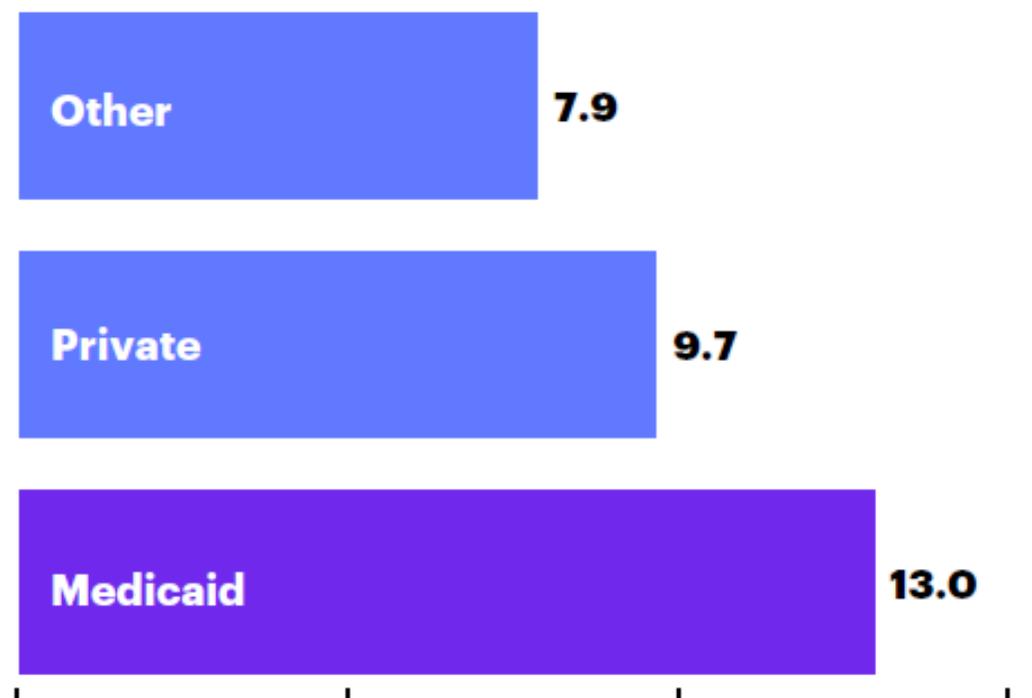
Note: The change in 2024 was a statistically significant ($P < 0.05$) increase compared to 2023. Statistical significance means the difference is unlikely to be due to chance and likely reflects a meaningful change, though it may not always be large.

The data below illustrates differences in preterm birth rates by race/ethnicity and insurance type, which may reflect broader social and economic factors

Preterm birth rate by maternal race/ethnicity, 2022-2024



Preterm birth rate by insurance type, 2022-2024



Note: These data can serve as a starting point for discussions about addressing disparities caused by community factors and experiences. Preterm birth rates for "other" insurance types: self pay: 7.4%; Tricare: 8.2%; Indian Health Service: N/A; and all other types: 9.6%.

Source: National Center for Health Statistics, Natality data, 2014-2024.

Ohio

Some health conditions make people more likely to have a preterm birth or experience other poor birth outcomes

The tiles display the percentage of all live births exposed to each condition in 2024.



Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. US percentages are as follows: smoking: 3.0%; hypertension: 3.4%; unhealthy weight: 34.8%; diabetes: 1.3% and hypertension in pregnancy: 10.4%.

The infant mortality rate decreased in the last decade; in 2023, 909 babies died before their first birthday

Rate per 1,000 live births

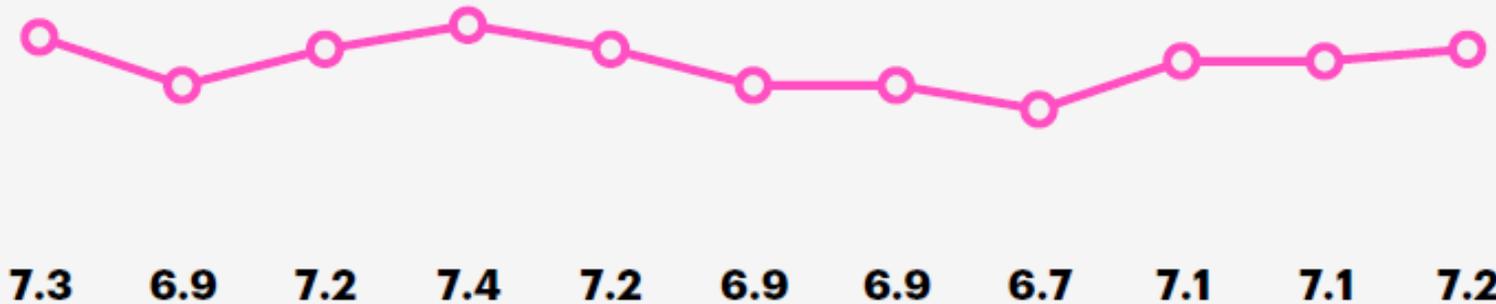
INFANT
MORTALITY
RATE

7.2

US RATE



OH RANK



2013

A solid dot indicates a statistically significant change from prior year

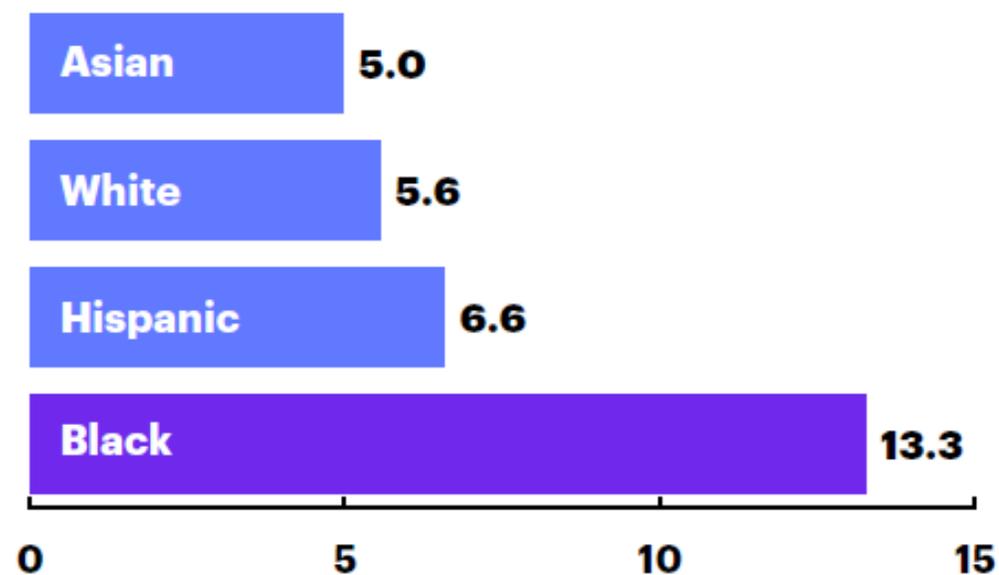
2023

Note: The change in 2023 was not a statistically significant increase compared to 2022.

The infant mortality rate among babies born to **Black moms is 1.9x** the state rate

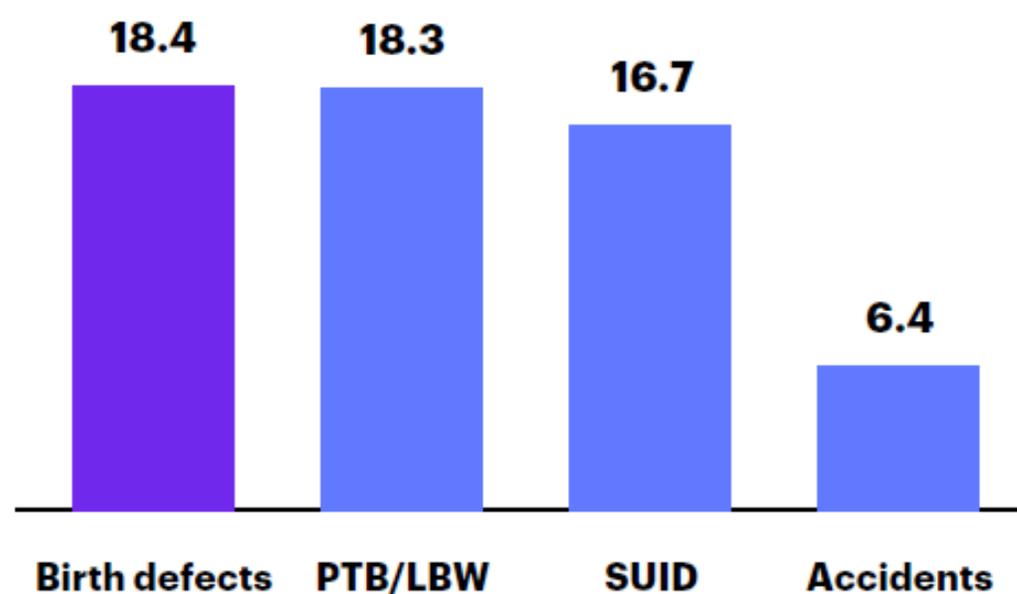
Infant mortality rate by maternal race/ethnicity

Rate per 1,000 live births, 2021-2023



Leading causes of infant death

Percent of total deaths by underlying cause, 2021-2023



Note: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death. Other causes account for 40.2% of infant deaths.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2013-2023.

Ohio

The rate of inadequate prenatal care among babies born to **Pacific Islander** moms is **3.6x** the state rate

14.7

PERCENT



INADEQUATE PRENATAL CARE

Percentage of babies whose mom 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.

76.9

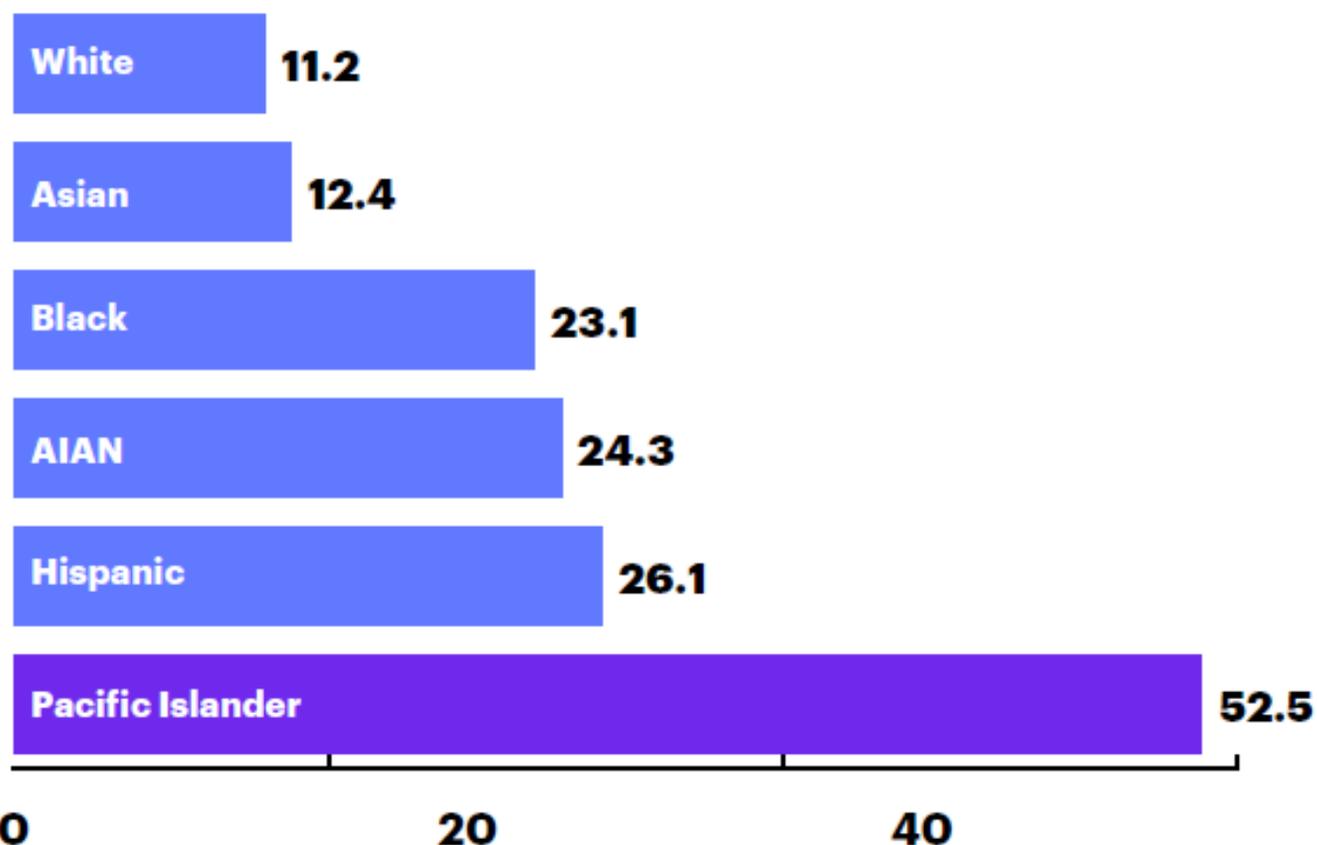
PERCENT



FIRST TRIMESTER INITIATION OF PRENATAL CARE

Percentage of babies whose mom started prenatal care in the first trimester of pregnancy.

Inadequate prenatal care by maternal race/ethnicity, 2022-2024



Note: PI = Pacific Islander; AIAN = American Indian/Alaska Native.

The measures below are important indicators for the health of pregnant and postpartum women in Ohio

26.5



PERCENT

LOW-RISK CESAREAN BIRTH

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

93.4



PER 10,000 HOSPITAL DELIVERIES

SEVERE MATERNAL MORBIDITY

Rate of unexpected outcomes of labor and delivery that result in significant short or long-term health consequences.

25.4



PER 100,000 BIRTHS

MATERNAL MORTALITY

Rate of death from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.

Sources: National Center for Health Statistics, Natality data, 2024; National Center for Health Statistics, Mortality data, 2019-2023; HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). December 2024. Agency for Healthcare Research and Quality, Rockville, MD. <https://datatools.ahrq.gov/hcup-fast-stats>.

Ohio

Adoption of the following policies and programs, along with sufficient funding, is critical to improving maternal and infant health in Ohio

All efforts were assessed on 9/26/2025.



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows for greater access to preventive care before, during, and after pregnancy.



DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



PAID FAMILY LEAVE

State has required employers to provide a paid option for families out on parental leave.



MENTAL HEALTH

State requires clinicians to screen Medicaid insured women for postpartum depression during a well-child visit and reimburses for the screening.



MATERNAL MORTALITY REVIEW

State has a maternal mortality review committee to understand causes of deaths, identify preventive factors, and recommend changes to improve care and save lives.

Legend



State has the indicated program/policy



State reimburses up to \$1,500



State is progressing legislation but not yet active



State does not have the indicated program/policy

OUR APPROACH



LEAD & INNOVATE

Data analysis & forecasting

Research

Public policy

Consumer education



MOBILIZE ACTION

**National and local
partnerships & collaboratives**

Public awareness campaigns

Advocacy



DELIVER DIRECT IMPACT

Health programs

Professional training

Are you taking a prescription painkiller?

These are prescription painkillers called **opioids**. If you take these or other opioids during pregnancy, it can cause serious problems for your baby.

- **Buprenorphine** (Belbuca[®], Buprenex[®], Butrans[®], Probuphine[®])
- **Codeine**
- **Fentanyl** (Actiq[®], Duragesic[®], Sublimaze[®])
- **Hydrocodone** (Lorcet[®], Lortab[®], Norco[®], Vicodin[®])
- **Meperidine** (Demerol[®])
- **Methadone** (Dolophine[®], Methadose[®])
- **Morphine** (Astramorph[®], Avinza[®], Duramorph[®], Roxanol[®])
- **Oxycodone** (OxyContin[®], Percodan[®], Percocet[®])
- **Tramadol** (ConZip[®], Ryzolt[®], U

The illegal drug heroin is an opioid. Prescription opioids, like fentanyl, can be sold illegally.

TAKE ACTION

Ask about your medicine.

If you're taking a prescription painkiller, ask your provider these questions:

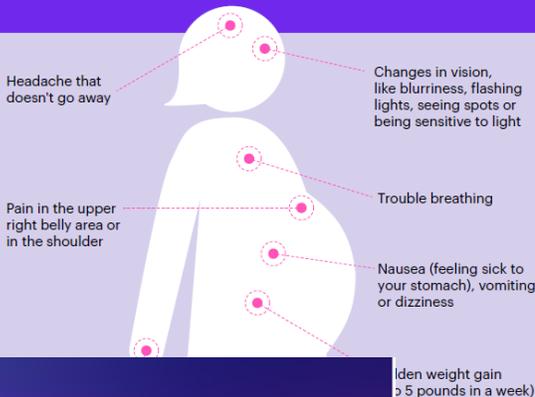
1. Is the painkiller an opioid? Yes No
2. If yes, why do I need to take an opioid?

3. What are the risks to my baby?

4. Is there a safer medicine to take? Yes No
5. If yes, what is it?



SIGNS AND SYMPTOMS OF PREECLAMPSIA INCLUDE:



Navigating pregnancy

Your health is affected by things other than your personal choices. Where you live and not having access to good quality healthcare services are just some examples. If you're pregnant this can be overwhelming, but don't worry—we're here to help you advocate for yourself and your baby to get the care you both need to be healthy and strong. Check out the recommendations below.

Pay close attention to pregnancy discomforts

- **Keep track of changes.** Pregnancy hormones, stress, and body tension caused from extra weight will cause changes in your body throughout pregnancy. Even though this is normal, write them down and discuss them with your provider at your prenatal checkups.
- **Listen to your body.** Discomforts such as fatigue and nausea are usually not a cause for concern, but if they interfere with your daily life tell your provider. Severe discomforts, such as headaches that don't go away or shortness of breath, should never be ignored.
- **Raise your concerns.** Too many women in the U.S. die during or after pregnancy because of health problems related to pregnancy—and most of them are preventable. If you're worried about changes in your body, speak up. You know your body best.



Understand risk factors that lead to pregnancy complications

- **Heart health.** If you have any heart related condition, talk to your healthcare team to understand your risks. Many conditions require medications to be controlled, but your provider can help you choose one that's safe for you and your baby.
- **Chronic conditions.** It's possible to have a healthy pregnancy and healthy baby even if you have chronic health condition. Keep seeing all the providers who treat your condition. They are all part of your team, and each one plays an important part of your care during

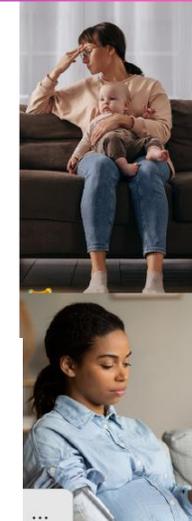
Navigating the postpartum stage



Your health is affected by things other than your personal choices. Where you live and not having access to good quality healthcare are just some examples. If you've just given birth this can be overwhelming. You can equip yourself with information that will help you advocate to get the care you need—because all moms and babies deserve the best possible start. Take a look at the recommendations below.

There are many postpartum mental health conditions

- **Baby blues.** Lots of factors can cause baby blues, including hormone changes that happen after birth. Symptoms of baby blues can appear 2 to 3 days after birth and include restlessness and bouts of crying. Feeling "blue" does not mean you did anything wrong.
- **Postpartum depression.** About 1 in 7 women is affected by postpartum depression (PPD), which can bring strong feelings of sadness, worry, and tiredness that last for a long time after giving birth. PPD needs treatment to get better. Talk to your provider about how you're feeling so you can get treatment early on.
- **Other mood and anxiety disorders.** Anxiety, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD) are mental health conditions that can happen after giving birth. These can make it hard for you to take care of yourself and your baby, but you don't have to suffer in silence. Tell your provider if you're experiencing any of these conditions.



Signs and symptoms of preterm labor

Even if you do everything right, you can still have preterm labor. Preterm labor is labor that happens too early, before 37 weeks of pregnancy.

Babies born before 37 weeks of pregnancy are called preterm. Preterm babies can have serious health problems at birth and later in life. Learning the signs and symptoms of preterm labor may help keep your baby from being born too early.



TAKE ACTION

Learn the signs and symptoms of preterm labor.

Call your provider if you have even one sign or symptom:

- Change in your vaginal discharge (watery, mucus or bloody) or more vaginal discharge than usual.
- Pressure in your pelvis or lower belly, like your

Are you at risk for preterm labor?

No one knows for sure what causes preterm labor. But there are some things that may make you more likely than other pregnant people to give birth early. These are called risk factors.

These three risk factors make you most likely to have preterm labor:

LOW DOSE BIG BENEFITS™



What you need to know about low dose aspirin

During pregnancy, your healthcare provider may have you take low dose aspirin (also called baby aspirin or 81-mg aspirin) to reduce the risk of preeclampsia. It's a serious condition when you have high blood pressure and some of your organs, like kidneys and liver, may not work properly.



What does it do?

Low dose aspirin can help improve blood flow to the uterus and may ensure that your baby gets enough oxygen and blood flow through the placenta.



Who's it for?

Pregnant people with risk factors for preeclampsia. Talk to your prenatal care provider to see if low dose aspirin is right for you, especially if:

- ✓ You have had preeclampsia before
- ✓ You have high blood pressure, diabetes, kidney disease or an autoimmune disorder
- ✓ You are overweight/have a body mass index (BMI) of 30 or over
- ✓ You are expecting multiples (twins or triplets)
- ✓ You have a previous or family history of preeclampsia
- ✓ This is your first pregnancy
- ✓ You are African American/Black (this is a risk factor due to historical inequities and structural racism)

What else should you know?

Sign In



Low Dose Big Benefits: Raising Awareness of Low Dose Aspirin to Reduce the Negative Impacts of Preeclampsia

Description

Course length **60 mins**

Instructor **Professional Education**

Released **10 Sep 2024**



Access this free e-learning module
marchofdimes.org/LDAProfessionalEd

**HEALTHY
MOMS.
STRONG
BABIES.**



Join our Advocacy Action Network!



**To get connected,
scan our QR code now!**

Join the network and lend
your voice to policy change
in Ohio and federally.



JOIN US AT MARCH FOR CHANGE!

March for Change mobilizes advocates to urge policymakers to take action to protect the health of moms and babies. During meetings with elected officials, March of Dimes will advocate for legislation to:

- Increase access to quality health care
- Support healthy women and babies
- Improve research and surveillance



Register here!

HEALTHY
MOMS.
STRONG
BABIES.



Register here!

SAVE THE DATE

Ohio March for Change

Tuesday March 24, 2026

Ohio Statehouse

March of Dimes leads the fight for the health of all moms and babies.

Join us for March for Change during **World Doula Week** as we advocate for SB 267 to establish Ohio Doula Awareness Week and advance other key maternal and infant health bills.



MARCH FOR
CHANGE



BIRTHING BEAUTIFUL
COMMUNITIES

A close-up photograph of a woman and a young girl smiling together. The woman is on the left, looking down at the girl. The girl is on the right, looking up at the woman. The entire image is overlaid with a semi-transparent blue filter. The text 'QUESTIONS?' is written in white, bold, sans-serif font across the lower-left portion of the image.

QUESTIONS?