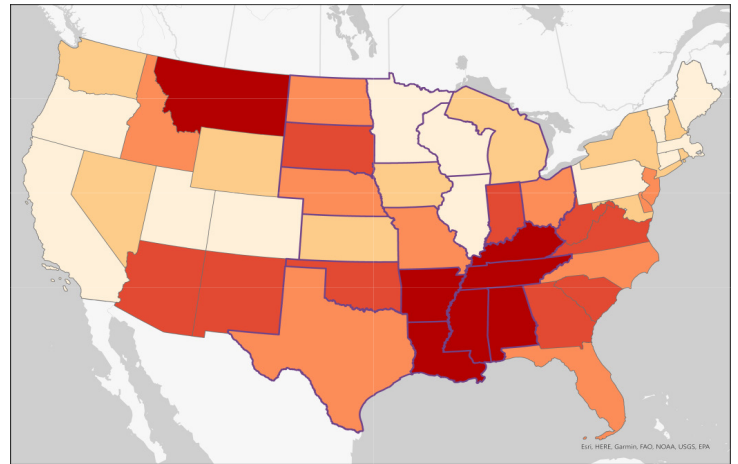


MATERNAL HEALTH: ACCESSIBILITY, AFFORDABILITY & QUALITY

The U.S. currently has the highest rate of maternal deaths of all high-resource countries¹ and is the only country in that group where maternal mortality has risen in the last 20 years.

As a country and a heartland region, we must protect our children, families and moms. Heartland Forward is currently researching the accessibility, affordability and quality of care for moms and infants in four states - **Arkansas, Louisiana, Mississippi and Ohio**.



Maternal Mortality Rate
per 100,000 live Births

Lowest Highest

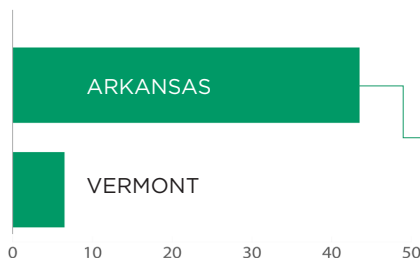
MATERNAL MORTALITY



The CDC reports that mental health conditions are the leading cause of pregnancy-related deaths in the United States, with hemorrhaging being 2nd, and heart conditions being 3rd.



Preterm births, low birth weight and preexisting conditions such as smoking or obesity are highly and positively correlated with maternal mortality. The number of prenatal visits drastically lowers maternal mortality.



Arkansas' maternal mortality rate of 43.5 deaths per 100,000 live births is nearly 7 times that of Vermont's, the best ranked state, with only 6.5 maternal deaths per 100,000 live births.

PRETERM BIRTH RATES AND LOW BIRTH WEIGHT IN THE U.S.



Among countries with GDP greater than \$1 trillion, the U.S. is ranked 13th out of 15. Since 2010, the U.S. has experienced a 0.3% uptick in the rate of preterm births, meanwhile 26% of the world's countries have improved their preterm birth rates.



Among countries with a GDP greater than \$1 trillion, the U.S. is ranked 10th out of 16 for low birth weight. Since 2010, 51% of the world's countries have shown improvement in low birth weight cases. In contrast, the U.S. has seen a 0.2% increase in low birth weight rates.



Louisiana has the highest incidence of preterm births in the United States, with nearly 17% of all births occurring before term. Arkansas also exceeds the national average of 10%: 13% of births in Arkansas are preterm.



Mississippi has the highest rate of low birth weight in the United States, standing at 11% of all births.

ECONOMIC BURDEN OF ADVERSE MATERNAL HEALTH OUTCOMES

Preterm births and low birth weight (LBW) births are associated with poor maternal health outcomes and incur considerable health care costs, as illustrated by these estimates from Beam, et al. (2020).²

Preventing preterm births in Arkansas could save health care payers (a combination of mothers, insurance and government) over \$2 billion, while reducing low birth weights would save payers \$109 million.

INFANT HEALTH OUTCOME	ASSOCIATED HEALTH CARE COST
Healthy, full term birth	\$6,370
Extreme preterm birth	\$237,668
Moderate preterm birth	\$76,153
Low birth weight	\$114,437

STATE	TOTAL SAVINGS IF PRETERM BIRTHS WERE PREVENTED	TOTAL SAVINGS IF LBW WERE PREVENTED
Arkansas	\$2,224,466,911	\$109,405,175
Louisiana	\$5,030,944,856	\$219,592,538
Mississippi	\$2,768,133,366	\$138,770,940
Ohio	\$7,936,584,379	\$397,715,626
United States Total	\$210,413,245,104	\$10,660,541,397

\$2.3+ BILLION

Reducing adverse birth outcomes like preterm and low birth weight births could save health care payers \$220 billion nationally each year and over \$2.3 billion in Arkansas alone.



Be on the lookout for Heartland Forward's full report in early 2024, with analysis of contributing factors and an actionable policy roadmap to create real change and positive outcomes.

The report will identify tangible ways that state and local governments, philanthropy, corporations and health care providers can improve maternal health outcomes and reduce adverse birth outcomes for women in their communities. These outcomes have the potential for real economic benefits, help families and reduce government expenditures at the same time.

\$3+ BILLION

Increasing access to prenatal services could reduce costs to Arkansan households by \$37.5 million annually, and U.S. households by over \$3 billion.

¹ Solomon, J. (2021, July 26). "Closing the Coverage Gap Would Improve Black Maternal Health." Center on Budget and Policy Priorities. <https://www.cbpp.org/research/health/closing-the-coverage-gap-would-improve-black-maternal-health>

² Beam, A.L., Fried, I., Palmer, N. et al. (2020). "Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008-2016." Journal of Perinatology, 40: 1091-1099. <https://doi.org/10.1038/s41372-020-0635-z>