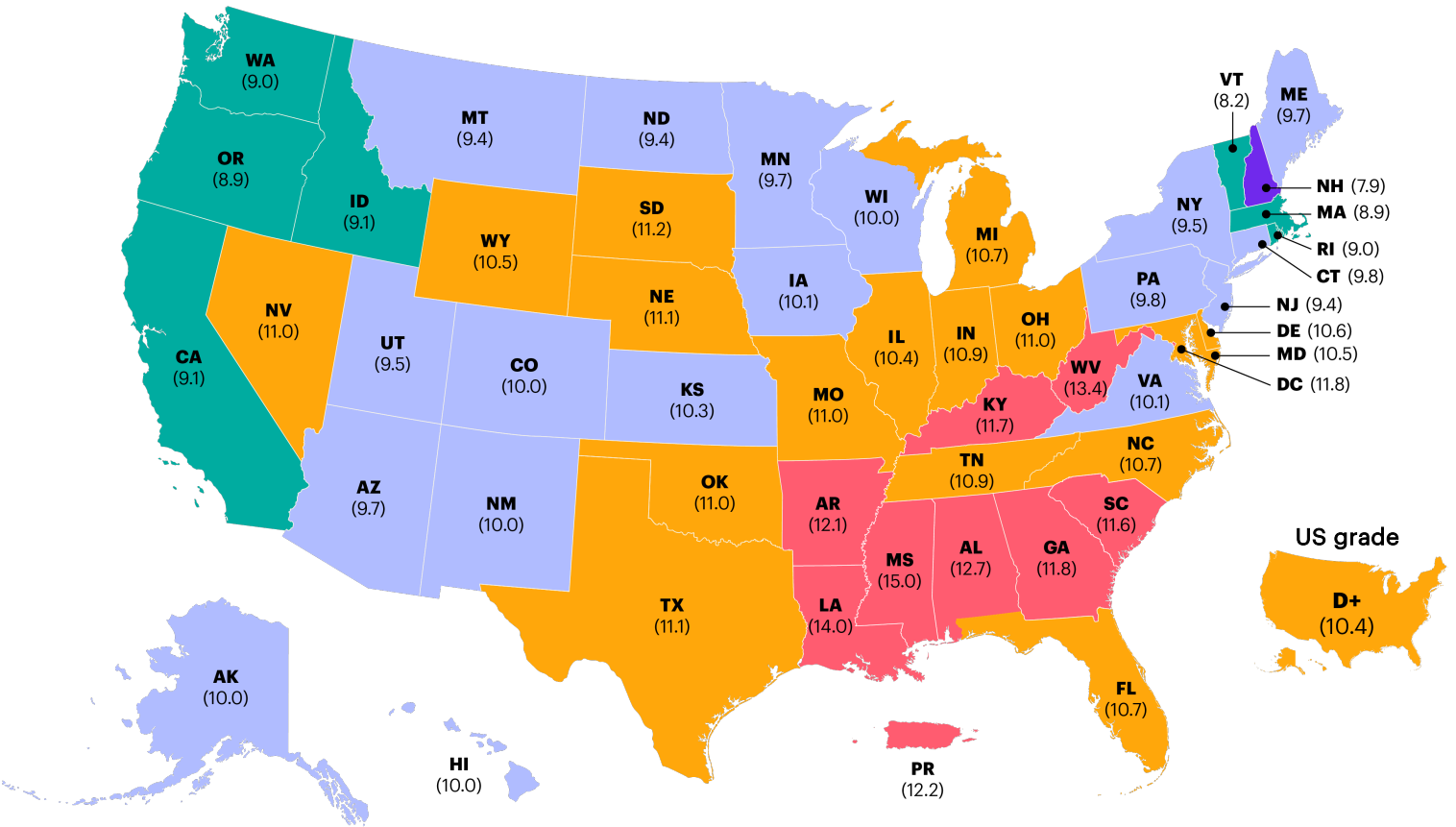




The preterm birth grade was **D+** in 2024; half of all US states received a **D** or an **F**

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



11 states met the Healthy People 2030 target for preterm birth of 9.4% of all live births.

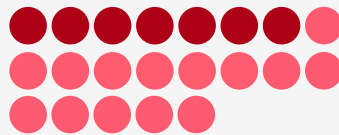
GRADE AND PRETERM BIRTH RATE



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

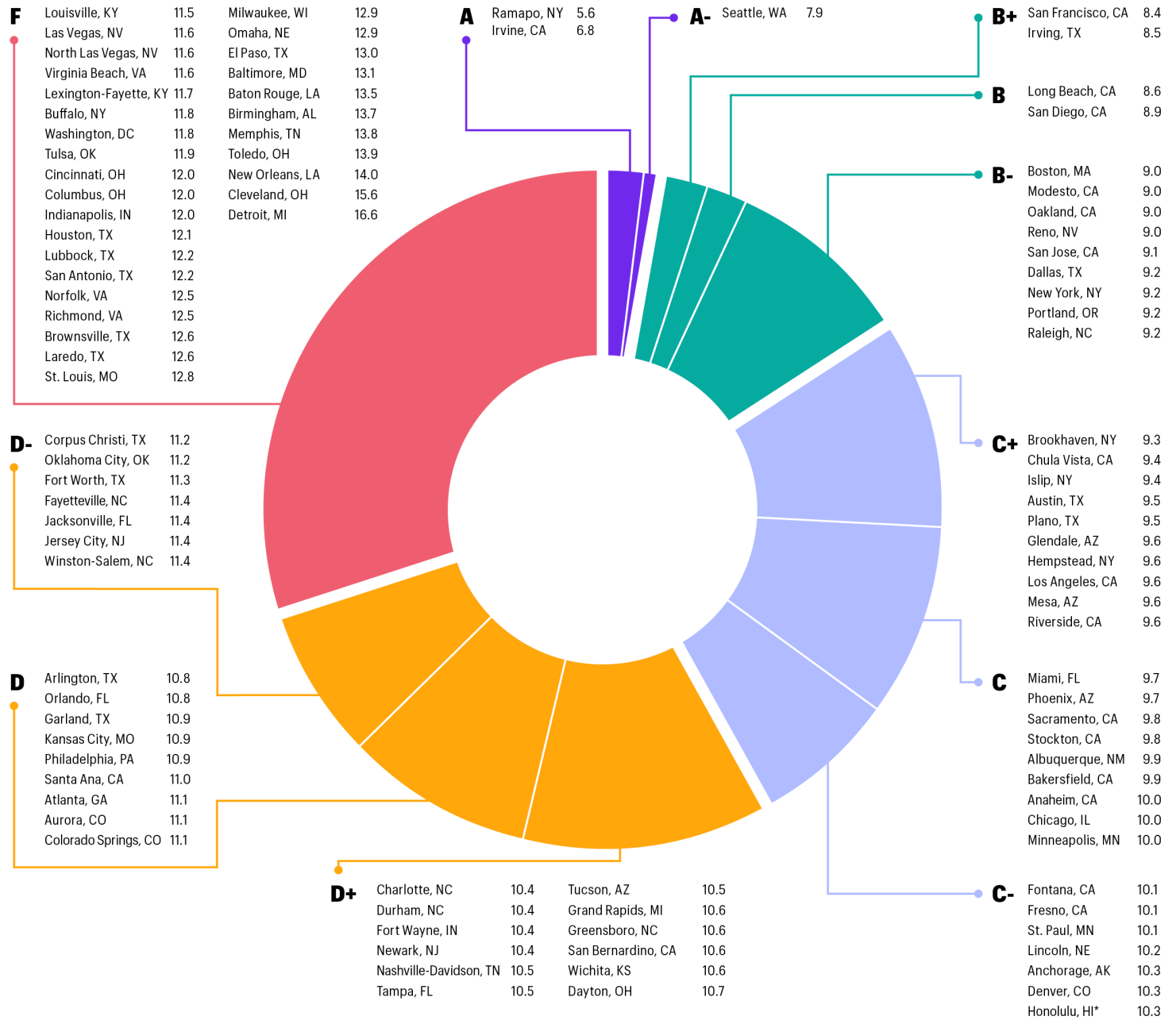


12 States with **no change** in preterm birth rates

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



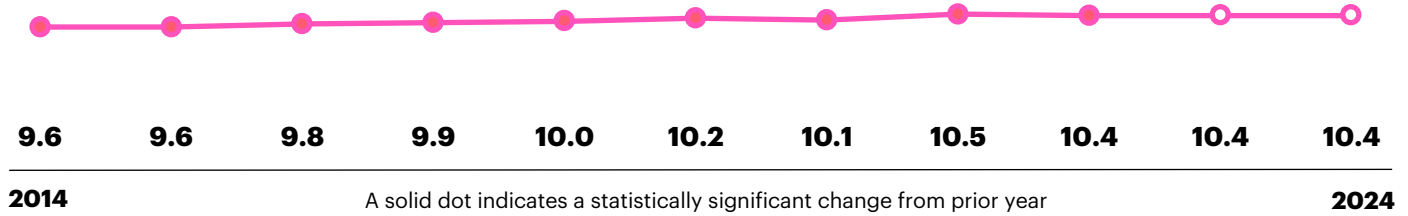
GRADE AND PRETERM BIRTH RATE

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

Note: Cities represent those with the greatest number of live births out of all cities with a population of >100,000, as defined by the National Center for Health Statistics; *Data for Honolulu represent the combined city and county of Honolulu.

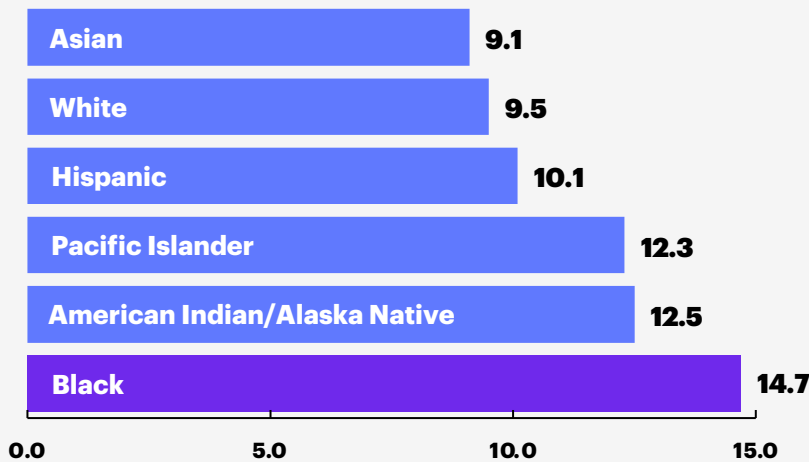
The 2024 preterm birth rate was **10.4%** for the third year in a row

Preterm birth by year, 2014 to 2024

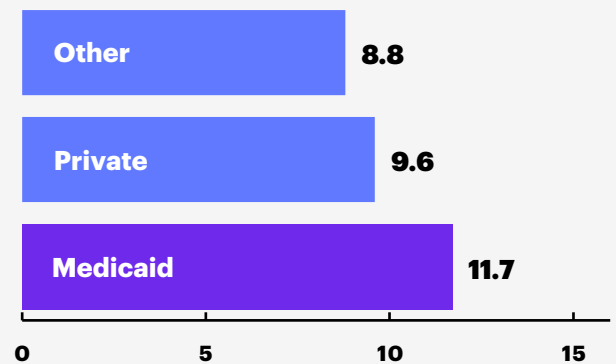


The data below illustrates differences in preterm birth rates by race/ethnicity and insurance type, which may reflect broader social and economic factors

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



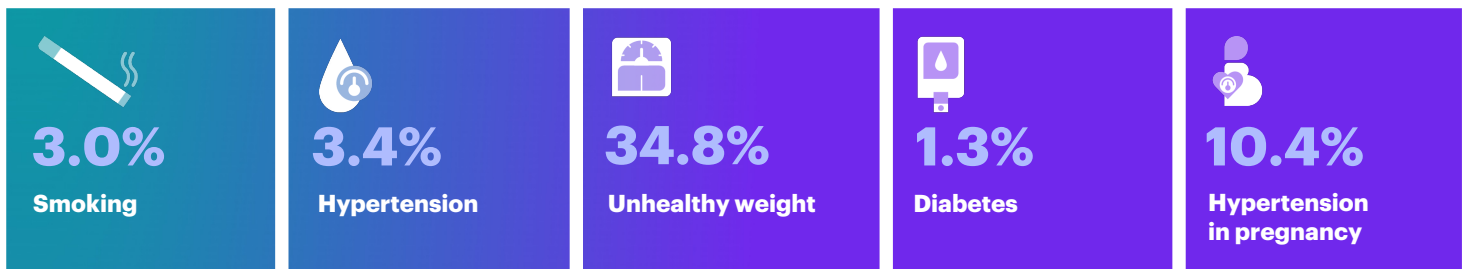
Preterm birth rate by insurance type, 2022-2024



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 (7.9%), Tricare (9.0%), Indian Health Service (10.5%), and all other types (10.9%).

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

Percentage of all live births exposed to each condition, 2024



Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy.

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

INFANT MORTALITY RATE

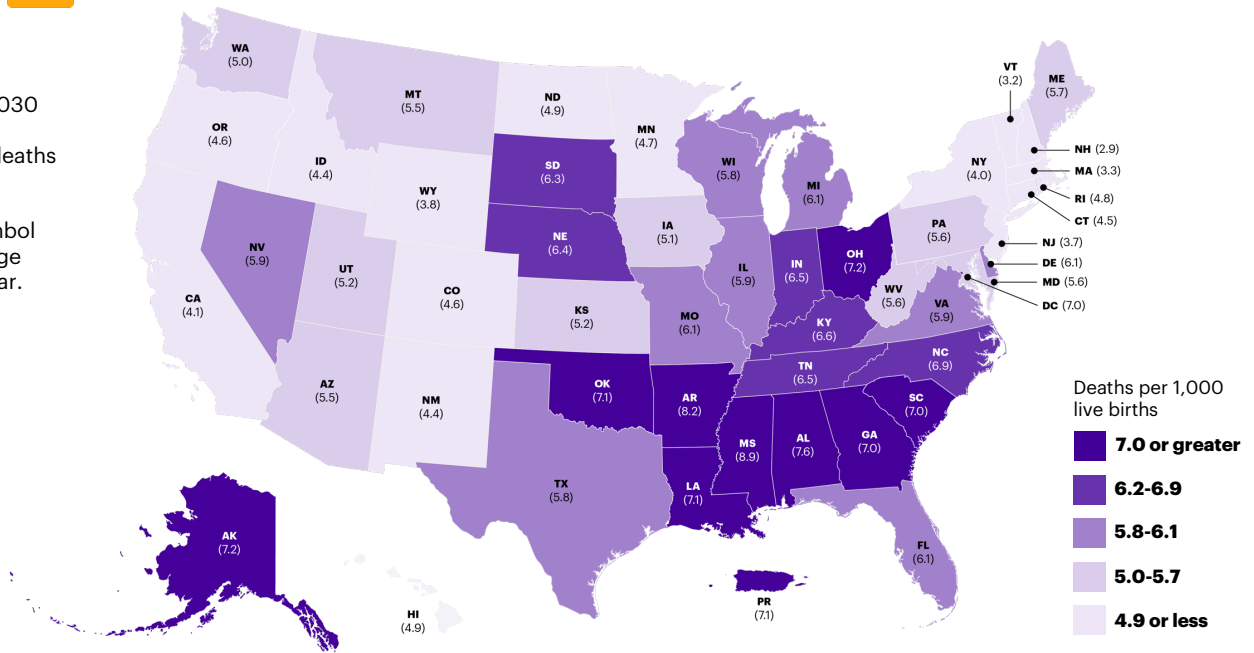
5.6

17 states met the Healthy People 2030 target for infant mortality of 5.0 deaths per 1,000 births.

Note: Yellow symbol denotes no change from previous year.

Over 20,000 babies died before their first birthday; the highest rates occurred in the South and Midwest regions

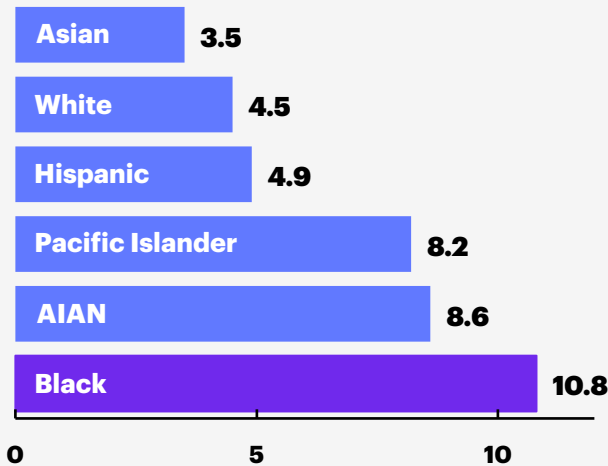
Infant mortality rate (deaths per 1,000 live births) by state, 2023



The infant mortality rate declined nearly 20% in the last two decades but the rate among babies born to Black moms is still 1.9x the national rate

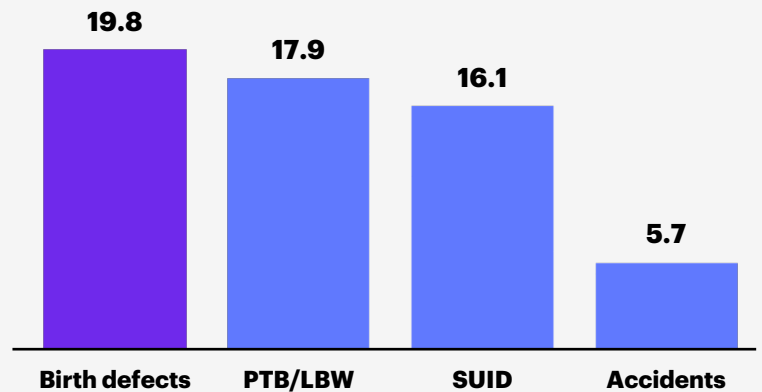
Infant mortality by maternal race/ethnicity

Rate per 1,000 live births, 2021-2023



Leading causes of infant death

Percent of total deaths by underlying cause, 2021-2023



Note: AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death.

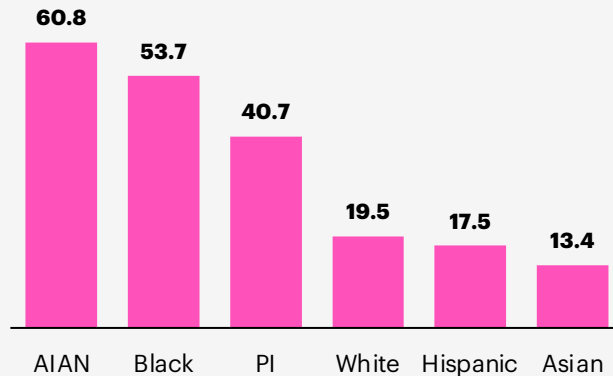
Source: National Center for Health Statistics Period Linked Birth/Infant Death File, 2021-2023.

Maternal mortality has returned to pre-pandemic rates. Still, 669 maternal deaths occurred in 2023 and disparities by race/ethnicity persist

MATERNAL MORTALITY RATE
18.6

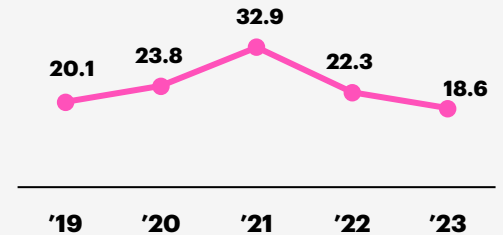
Death from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.

Maternal mortality rate (deaths per 100,000 live births) by race/ethnicity, 2019-2023



Maternal mortality rate, 2019-2023

Changes in maternal mortality rates were statistically significant for all years shown.

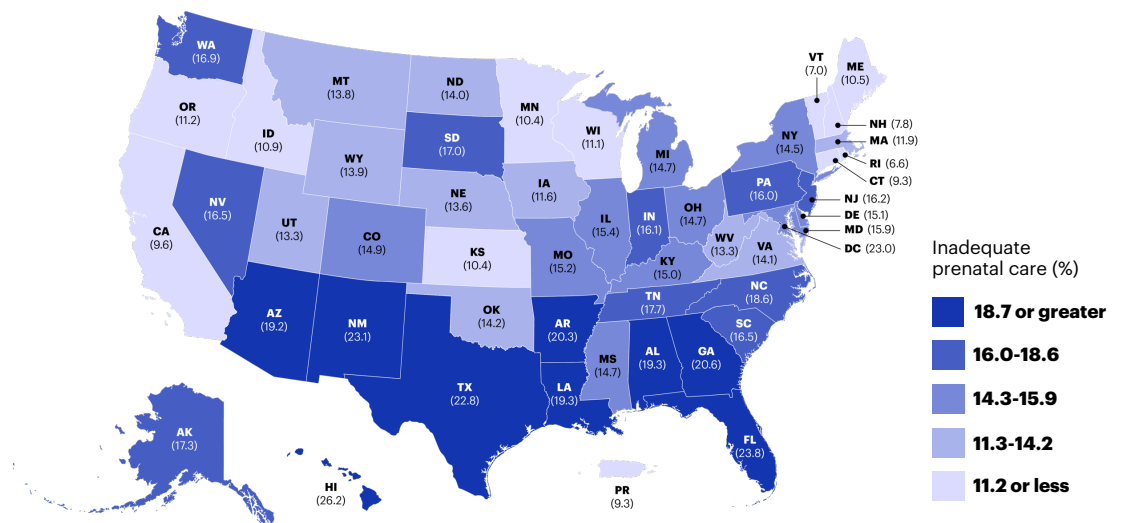


Access to and quality of healthcare before, during, and after pregnancy can affect health outcomes

INADEQUATE PRENATAL CARE
16.1% ↑

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.

Inadequate prenatal care by state, 2024



75.5% ↓
FIRST TRIMESTER INITIATION OF PRENATAL CARE

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

26.6% =
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.

93.1 PER 10,000 HOSPITAL DELIVERIES
SEVERE MATERNAL MORBIDITY

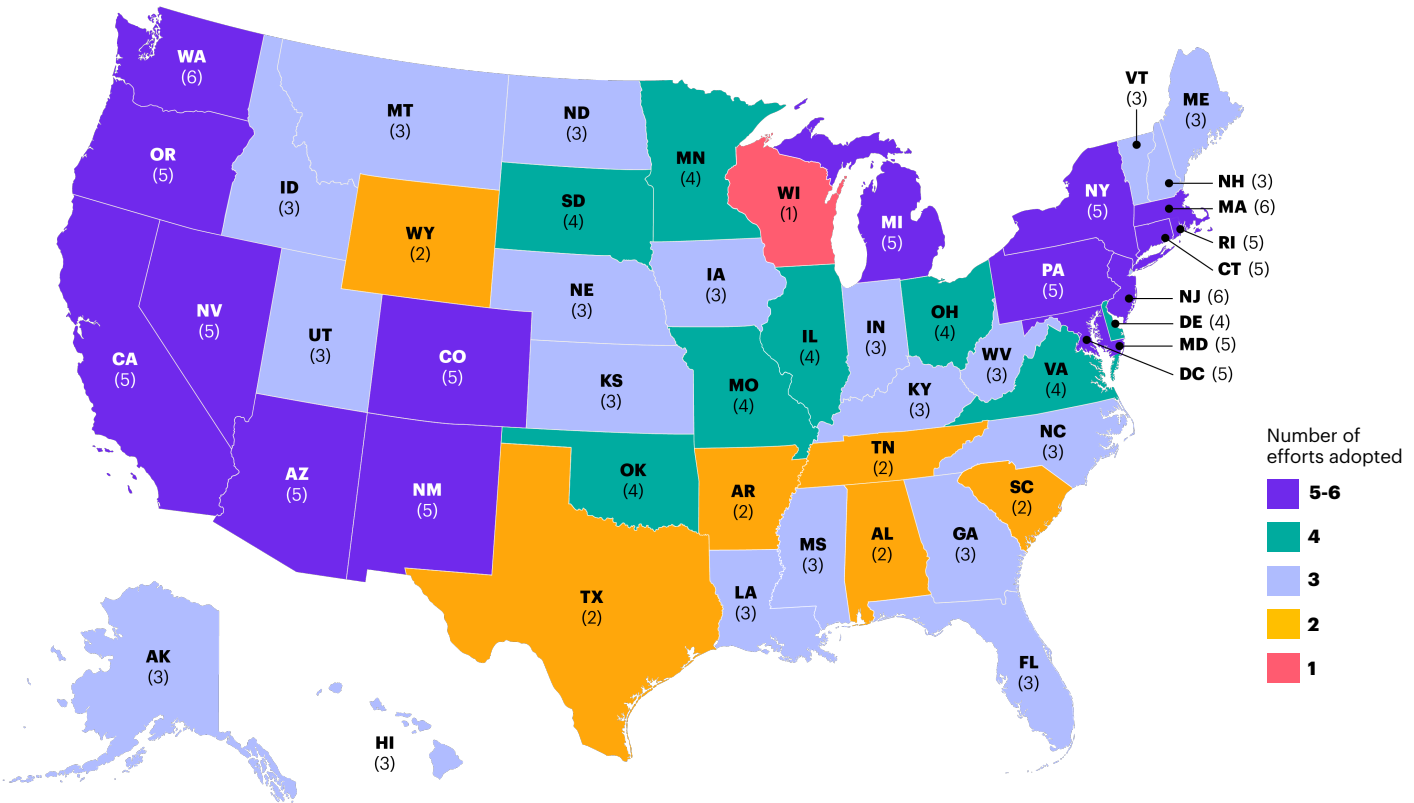
Rate of unexpected outcomes of labor and delivery that result in significant short or long-term health consequences.

Note: PI = Pacific Islander; AIAN = American Indian/Alaska Native. Symbols denote direction of the change from previous year (red: worsening, green: improving, yellow: no change).

Sources: National Center for Health Statistics, Mortality data, 2019-2023; National Center for Health Statistics, Natality data, 2024; Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, State Inpatient Databases, 2022.

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

Number of adopted efforts by state, as of 9/26/2025.



MEDICAID EXTENSION

Adopted in 48 states and DC

Adoption of this policy extends coverage for women to one year postpartum.

MEDICAID EXPANSION

Adopted in 40 states and DC

Adoption of this policy allows for greater access to preventive care before, during, and after pregnancy.

DOULA REIMBURSEMENT

25 states and DC reimburse for doula care

Adoption of this policy requires that Medicaid reimburse for care and supports the sustainability of the doula workforce.

PAID FAMILY LEAVE

9 states and DC give 12 weeks paid leave

Adoption of this policy requires employers to provide a paid option for families out on parental leave.

MENTAL HEALTH SCREENING

11 states require and reimburse

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

MORTALITY REVIEW

50 states, DC, and Puerto Rico review maternal deaths

These committees are used to understand causes of maternal deaths, identify preventive factors, and recommend changes to improve care and save lives.

To see more information about each effort, see our [Policy and Program Booklet](#).