



United States Maternity Care Facts and Figures April 2011

This fact sheet updates various national maternity statistics provided in *Evidence-Based Maternity Care: What It Is and What It Can Achieve*¹ with new data now available.

Size of the Population Involved

In 2008, there were more than 4.2 million births in the United States, down 2% from the largest number ever registered in 2007.²

Hospital Care of Childbearing Women and Newborns

Of those discharged from U.S. hospitals in 2008, 23% were childbearing women and newborns. Care of childbearing women and their newborns was by far the most common reason for hospitalization.³

Six of the ten most common hospital procedures in 2008 were maternity-related³:

<u>Maternal and Newborn Procedures</u>	<u>Rank Among All Procedures</u>
prophylactic vaccinations and inoculations	2
cesarean section	5
repair of obstetric laceration	6
circumcision	8
artificial rupture of membranes to assist delivery	9
fetal monitoring	10

Cesarean section, the most common operating room procedure in the country in 2008, was performed in 1.4 million women.³ The 2009 cesarean rate of 32.9% marked the 13th consecutive year of increase and a record-level national rate.^{2,4} The cesarean rate varied across states in 2009, from a low of 22.8% in New Mexico to a high of 39.6% in Louisiana, and was 48.0% in Puerto Rico.⁴ In 2006, the cesarean section rate varied by payer — from private insurance (34%) to Medicaid (30%) to uninsured women (25%).⁵

The rate of vaginal birth after cesarean (VBAC) was 9.7% in 2006, a decline of 73% from 1997, when the VBAC rate was 35.3%.⁵

Maternity Outcomes

The rate of preterm birth rose from 10.6% in 1990 to 12.8% in 2006. It declined modestly in 2007 (12.7%), 2008 (12.3%), and 2009 (12.2%).^{2,4} Across states, the 2009 preterm birth rate ranged from 9.3% in Vermont to 18.0% in Mississippi.⁴

The rate of low birthweight rose fairly steadily for more than two decades and recently leveled off. This rate was 6.7% in 1984, reached 8.3% in 2006, and was 8.2% in 2007, 2008, and 2009.^{2,4} Across states, the 2009 low birthweight rate ranged from 5.8% in South Dakota to 12.2% in Mississippi.⁴

In comparison with both non-Hispanic white and Hispanic infants, non-Hispanic black infants experienced much higher rates of both preterm birth and low birthweight.⁴

Paying for Maternity Care

All payers. In 2008, facility charges billed for "mother's pregnancy and delivery" and "newborn infants" (\$98 billion) far exceeded charges for any other hospital condition in the United States.⁶

Medicaid. In 2008, 41% of all maternal childbirth-related hospital stays were billed to Medicaid.⁶ The two most common hospital conditions billed to Medicaid as the primary payer in 2007 were pregnancy and childbirth (28%) and newborns (26%), which together comprised 53% of discharges billed to Medicaid.⁷

Between 1997 and 2007, newborn discharges billed to Medicaid increased by 55%, and pregnancy and childbirth discharges increased by 47%.⁷

"Mother's pregnancy and delivery" and "newborn infants" were the two most expensive hospital conditions billed to Medicaid in 2008, involving 26% of hospital charges to Medicaid, or \$41 billion.⁶

Private insurance. In 2008, 52% of all maternal childbirth-related hospital stays were billed to private insurers.⁶ The two most common hospital conditions billed to private insurance as the primary payer in 2007 were pregnancy and childbirth (18%) and newborns (17%), which together comprised 35% of discharges billed to private insurance.⁷ There were no significant changes in the number of pregnancy and childbirth discharges with private insurance as the expected payer between 1997 and 2007.⁷

"Mother's pregnancy and delivery" and "newborn infants" were the two most expensive hospital conditions billed to private insurance in 2008, involving 14% of hospital charges to private insurers, or \$50 billion.⁶

International Comparisons

World Health Statistics 2010 identified 33 countries with lower maternity mortality ratios than the United States, while 37 countries had lower neonatal mortality rates, 40 had lower infant mortality rates, 65 had lower low birthweight rates, and 32 had higher rates of exclusive breastfeeding to at least six months.⁸ The Organisation for Economic Co-operation and Development identified 24 high- and middle-income countries with lower cesarean rates in 2007 and just 4 with higher rates.⁹ Despite the poor international ranking, the International Federation of Health Plans recently reported that average U.S. payments for vaginal birth were far higher than all other countries reported, including Canada, France, and Australia.¹⁰

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