



United States Maternity Care Facts and Figures December 2009

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 2007, there were more than 4.3 million births — the largest number ever registered — in the United States.²

Hospital Care of Childbearing Women and Newborns

Of those discharged from U.S. hospitals in 2007, 25% 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 2007 were maternity-related³:

<u>Maternal and Newborn Procedures</u>	<u>Rank Among All Procedures</u>	<u>Cumulative Increase 1997-2007</u>
prophylactic vaccinations and inoculations	2	189%
cesarean section	3	85%
repair of obstetric laceration	5	27%
circumcision	7	12%
fetal monitoring	8	25%
artificial rupture of membranes to assist delivery	10	56%

Cesarean section was the most common operating room procedure in the country in 2007.³ The cesarean rate of 31.8% marked the 11th consecutive year of increase and a record-level national rate.² The cesarean rate varied across states in 2007, from a low of 22.2% in Utah to a high of 38.3% in New Jersey. It reached 49.2% in Puerto Rico.² In 2006, the cesarean section rate varied by payer — from private insurance (33.7%) to Medicaid (29.8%) to uninsured women (25.4%).⁴

The rate of vaginal birth after cesarean (VBAC) within childbirth-related hospitalizations was 9.7% in 2006, a decline of 73% from 1997, when the VBAC rate was 35.3%.⁴

Maternity Outcomes

The rate of preterm birth has generally risen for more than two decades. This rate was 10.6% in 1990, reached 12.8% in 2006, and declined modestly in 2007 to 12.7%. Across states, the preterm birth rate in 2006 ranged from 9.2% in Vermont to 18.3% in Mississippi. It reached 19.4% in Puerto Rico.²

The rate of low birthweight has been rising fairly steadily over a quarter century. This rate was 6.7% in 1984, reached 8.3% in 2006, and declined modestly in 2007 to 8.2%.²

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.²

Paying for Maternity Care

All payers. In 2006, combined facility charges billed for "mother's pregnancy and delivery" and "newborn infants" (\$86 billion) far exceeded charges for any other hospital condition in the United States.⁵

Medicaid. In 2006, 42% of all maternal childbirth-related hospital stays were billed to Medicaid.⁴ The two most common 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.³ Between 1997 and 2007, newborn discharges billed to Medicaid increased by 55%, and pregnancy and childbirth discharges increased by 47%.³

"Mother's pregnancy and delivery" and "newborn infants" were the two most expensive conditions billed to Medicaid in 2006, involving 29% of hospital charges to Medicaid, or \$39 billion.⁵

Private insurance. In 2006, half of all maternal childbirth-related hospital stays were billed to private insurers.⁴ The two most common 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.³ There were no significant changes in the number of newborn or pregnancy and childbirth discharges with private insurance as the expected payer between 1997 and 2007.³

"Mother's pregnancy and delivery" and "newborn infants" were the first and third most expensive conditions billed to private insurance in 2006, involving 14% of hospital charges to private insurers, or \$41 billion.⁵

References

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