

## Maternity Care: By the Numbers

### U.S. Birth Data

- Medicaid finances approximately 42% of the Nation's births.
- There were approximately 4.25 million live U.S. births in 2008<sup>1</sup>.
- The birth rate for women 40–44 increased 4% in 2008, to 9.8 births per 1,000 women, the highest rate since 1967<sup>2</sup>.
- 8.2% of infants were born at a low birthweight in 2008, a 18% increase since 1984<sup>3</sup>.
- 2006 rates per 1,000 live births:
  - Infant mortality 6.7<sup>4</sup>
  - Stillbirths 6.2<sup>5</sup>
  - Major birth defects 30<sup>6</sup>
- Preeclampsia accounts for around 40% of all medically-induced preterm births<sup>7</sup>.
- Gestational diabetes normally appears at 24–28 weeks gestation in approximately 4–8% of pregnant women.

### Prematurity

- A birth before 37 weeks, 0 days gestation is considered preterm.
- The U.S. experienced a 20% increase in premature births from 1990–2006<sup>8</sup>.
- Over 500,000 babies were born preterm, 12.3% of all live births, in the U.S. in 2008<sup>9</sup>.
- Late-preterm births, deliveries between 34–37 weeks, made up 71% of all preterm births in 2008<sup>10</sup>.
- Late-preterm infants are 4 times more likely than term infants to have at least 1 medical condition and 3.5 times more likely to have 2 or more conditions<sup>11</sup>.
- Approximately 8% of preterm babies have a major birth defect<sup>12</sup>.
- Preterm birth is a leading cause of neurological disability, including cerebral palsy in children<sup>13</sup>.
- About two-thirds of all infant deaths (0–1 years old) are among preterm infants.
- Preterm birth accounts for approximately 35% of all U.S. health care spending on infants and 10% for children<sup>14</sup>.
- In 2001, the average preterm/low birth weight hospitalization cost \$15,100 with a 12.9 day length of stay. The average uncomplicated newborn hospitalization cost \$600 with a 1.9 day stay<sup>15</sup>.
- Hospital stays for extremely preterm infants (<28 weeks gestation/birth weight <1000 g) averaged \$65,600 in 2001, with a high likelihood of re-hospitalization<sup>16</sup>.

- Early intervention, special education services and lost productivity associated with preterm birth cost an estimated \$26.2 billion in 2005<sup>17</sup>.

### Obesity

- Obesity in the U.S. has increased over the past 20 years. One-third of adult women are obese<sup>18</sup>.
- Maternal obesity affects the woman's health and the health of her child, leading to increased childhood obesity and diabetes<sup>19</sup>.
- Obesity is greatest among non-Hispanic black women (49%) compared with Hispanic women (38%) and non-Hispanic white women (31%)<sup>20</sup>.
- Obesity during pregnancy is associated with an increased risk of birth defects, particularly neural tube defects, including spina bifida<sup>21</sup>.
- Studies consistently report higher rates of preeclampsia, gestational diabetes, and cesarean delivery for failure to progress in obese women<sup>22</sup>.
- Obesity in the U.S. costs \$147 billion a year in direct medical costs, over 9% of all medical spending<sup>23</sup>.
- In 2007, per capita health spending on all adults was \$4,550. If current obesity trends continue, per capita health spending will increase to \$7,760 by 2020, a 70% increase<sup>24</sup>.
- Obese individuals spend nearly \$1,500 a year (41%) more on health care than non-obese individuals<sup>25</sup>.





## Data Collection

- The U.S. relies on very inconsistent data on which to base research and policy decisions.
- Only 75% of states and territories use the standardized 2003 birth record and only 65% have adopted the 2003 death record.
- Maternal mortality reviews are conducted in only 20 to 25 states. All states should have regular reviews of every death to identify causes, community factors, and strategies to eliminate these outcomes.
- Only 37 states participate in the Pregnancy Risk Assessment Monitoring System (PRAMS) program, which provide state-specific data on maternal behaviors which may impact maternal and infant health outcomes.

## Health Equity

- African-American women are 1.5 times more likely to deliver a preterm infant and more than twice as likely to deliver a very preterm infant, as compared to white women<sup>26</sup>.
- In 2004, preterm births occurred in 11.5% of Caucasian women and 17.9% of non-Hispanic black women<sup>27</sup>.
- This disproportionately higher rate of preterm births among African-American women cannot be accounted for by known risk factors.
- 51% of black women are obese compared to 21% of white women.
- Between 2003 and 2006 the combined costs of health inequities and premature death in the U.S. were \$1.24 trillion<sup>28</sup>.



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