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Maternal Mortality Trends in the United States: Data in Brief

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Maternal mortality is considered a sentinel indicator of a nation's health—a measure that can signal the health status of women, children, and families, as well as the progress and quality of the broader health system.[1] Globally, maternal deaths have substantially decreased over the past three decades; however, the United States is among a handful of countries where, during that time, maternal deaths have either increased or disparities in maternal mortality rates have persisted among certain groups.[2] Congress has demonstrated an interest in improving maternal health through the establishment of, and investment in, various programs, policies, systems, and research activities. As with many public health interventions, measuring the impact of policies and investments, identifying prevention strategies, and assessing broader national progress regarding maternal mortality relies on the availability of robust data.

This CRS report presents recent trends in national maternal mortality statistics. It draws upon data from two systems managed by the Centers for Disease Control and Prevention (CDC): the National Vital Statistics System (NVSS) and the Pregnancy Mortality Surveillance System (PMSS). There are inherent, well-documented challenges and complexities in measuring maternal deaths.[3] This report briefly discusses key differences between NVSS and PMSS measurement approaches. An in-depth discussion of the history and nuances of maternal mortality measurement is therefore beyond the scope of this report, which focuses specifically on U.S. maternal mortality trends over time. Measures of maternal morbidity, generally conceptualized as short- or long-term health complications as a result of pregnancy or childbirth, are also beyond the scope of this report.

Measuring Maternal Mortality in the United States

The United States relies on two data systems to assess national trends in deaths during pregnancy, labor and delivery, and the postpartum period (i.e., post-pregnancy): the National Vital Statistics System, managed within the CDC's National Center for Health Statistics, and the Pregnancy Mortality Surveillance System, managed within the CDC's Division for Reproductive Health within the National Center for Chronic Disease Prevention and Health Promotion. Both NVSS and PMSS facilitate the compilation, analysis, and reporting of national maternal mortality data, but they use different approaches and report on distinct metrics. Another maternal mortality

[1] Andreea A. Creanga, "Maternal mortality in the developed world: a review of surveillance methods, levels and causes of maternal deaths during 2006-2010," *Minerva Ginecologica*, vol. 69, no. 6 (December 2017). Russell S. Kirby and Sarah Verbiest, "Chapter 7: The Reproductive and Perinatal Health of Women, Pregnant Persons, and Infants," in *Kotch's Maternal and Child Health: Problems, Programs, and Policy in Public Health*, 4th ed. (Burlington, MA: Jones & Bartlett Learning, 2022), p. 179.

[2] World Health Organization, *Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*, February 23, 2023, p. 39, https://www.who.int/publications/i/item/9789240068759. Donna L. Hoyert, *Maternal Mortality Rates in the United States, 2024*, National Center for Health Statistics (NCHS), Health E-Stats, March 2026, https://www.cdc.gov/nchs/data/hestat/hestat113.htm (hereinafter, Hoyert, *Maternal Mortality Rates in the United States, 2024*).

[3] See, for example, Eugene Declercq and Maria Thoma, "Measuring US Maternal Mortality," *JAMA*, vol. 330, no. 18 (October 13, 2023); CDC, *Frequently Asked Questions*, https://www.cdc.gov/nchs/maternal-mortality/faq.htm#more; U.S. Congress, House Energy and Commerce Committee, Health Subcommittee, *Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.*, 115th Cong., 2nd sess., September 27, 2018, 115-169 (Washington: GPO, 2019); and Andrea Catalano et al., "Pregnant? Validity of the pregnancy checkbox on death certificates in four states, and characteristics associated with pregnancy checkbox errors," *American Journal of Obstetrics and Gynecology*, vol. 222, no. 3 (March 2020).

The processes to identify cause(s) of death also vary by data system and measurement approach. This report briefly discusses these processes and different cause of death categories; however, this report does not provide annual maternal mortality statistics disaggregated by cause-of-death.

information system, the maternal mortality review committee (MMRC), is not covered in this report.[4]

NVSS tracks national data on all vital events—births, deaths, and fetal deaths—and is used to report official national vital statistics.[5] The legal authority to register vital events resides within individual states or local jurisdictions; however, data-sharing agreements and contracts facilitate the transfer of data based on vital records from individual jurisdictions to the NVSS.[6] Using death certificate records from NVSS, NCHS identifies maternal deaths by noting whether a box was checked indicating the decedent was pregnant at the time of death or pregnant within six weeks of death (also known as the "pregnancy checkbox"). Deaths are further examined to assess whether the underlying cause of death, as determined by a physician, medical examiner, or coroner, aligns with a subset of codes used to identify maternal deaths.[7] These standardized codes, known as the International Classification of Diseases, 10th edition (ICD-10; see the **text box** below), allow for longitudinal and cross-country comparison of health indicators, including mortality data.[8] In order to confirm that an individual death was a maternal death using NVSS data, the death must align with the specific ICD codes for causes directly related to, or aggravated by, a pregnancy or its management, regardless of the duration or site of the pregnancy.[9] In addition to annual publications and analyses, NVSS makes de-identified vital statistics data publicly available through CDC WONDER.[10]

From 2003 to 2018, states implemented the revised U.S. standard death certificate, which introduced the "pregnancy checkbox" mentioned above, at staggered timepoints.[11] During this period, reliable national estimates of maternal mortality could not be ascertained due to the lack of standardized, consistent reporting processes.[12] As a result, for nearly a decade, NCHS did not publish an official maternal mortality rate. In January 2020, NCHS released official maternal mortality estimates for 2018; prior to this, NCHS had last published the official 2007 maternal

[4] Maternal mortality review committees (MMRCs) are multidisciplinary groups that convene at the local or state level to review individual maternal deaths, identify what causes them, and outline future opportunities to prevent such deaths. MMRCs are typically governed by state or local law, and some MMRCs receive federal funding from the CDC. However, MMRCs are not part of an ongoing national surveillance system that facilitates the reporting of national-level statistics; as such, they are not discussed in this report. For more information, see CDC, *About Maternal Mortality Review Committees*, https://www.cdc.gov/maternal-mortality/php/mmrc/index.html, and CRS Insight IN12421, *Federal Support for Maternal Mortality Review Committees: An Overview*.

[5] NCHS, *About the National Vital Statistics System*, https://www.cdc.gov/nchs/nvss/about_nvss.htm; 42 U.S.C. §242k.

[6] For more information on vital statistics, see National Research Council, *Vital Statistics: Summary of a Workshop*, 2009, http://www.nap.edu/catalog.php?record_id=12714, and NCHS, *U.S. Vital Statistics System*, Major Activities and Developments, 1950-95, Hyattsville, MD, February 1997, https://www.cdc.gov/nchs/data/misc/usvss.pdf.

[7] NCHS, *Death Certification: Writing Cause-of-Death Statements*, February 13, 2023, https://www.cdc.gov/nchs/nvss/writing-cause-of-death-statements.htm. NCHS, *A Reference Guide for Certification of Deaths Associated With Pregnancy on Death Certificates*, Report No. 4, Hyattsville, MD, 2022, https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg004.pdf.

[8] CDC, "ICD-10," https://www.cdc.gov/nchs/icd/icd-10/index.html.

[9] The specific ICD-10 codes used by NVSS to identify maternal deaths are A34, O00-O95, and O98-O99. For more information, see Hoyert, *Maternal Mortality Rates in the United States, 2024.*

Both the NCHS and ICD-10 definition of maternal death accounts for pregnancies that do not occur within the uterus (i.e., ectopic pregnancies). See **Table 1**.

[10] CDC WONDER, https://wonder.cdc.gov.

[11] Donna L. Hoyert et al., "Evaluation of the Pregnancy Status Checkbox on the Identification of Maternal Deaths," *National Vital Statistics Reports*, vol. 69, no. 1 (January 30, 2020), pp. 17-22.

[12] NCHS, *Frequently Asked Questions*, Data Quality, April 29, 2024, https://www.cdc.gov/nchs/maternal-mortality/faq.htm#data.

mortality rate in 2010.[13] CDC scientists and other academic researchers have applied various analytic methods to retroactively estimate maternal mortality statistics for the period of 2008 to 2017 (in which no official rates were published by NCHS). However, for both recency and consistency, this report focuses exclusively on the official maternal mortality statistics published by NCHS from 2018 onwards.

What Is the International Classification of Diseases (ICD)?

The World Health Organization (WHO), in collaboration with other international bodies, tracks national, regional, and global progress toward a variety of health indicators, including maternal health outcomes. Since 1948, the WHO has managed the development and implementation of a standardized classification system known as the International Classification of Diseases (ICD) system. The purpose of the ICD is to "allow the systematic recording, analysis, interpretation, and comparison of mortality and morbidity data collected in different countries or regions and at different times," and to facilitate the use of such data for a variety of purposes, such as guideline development and resource allocation.

The ICD supports the development of comparable statistics by establishing disease classifications, standardized codes, and implementation guidelines for a range of morbidity and mortality data sources, with mortality data traditionally drawing upon vital statistics records (e.g., death certificates). According to the WHO Nomenclature Regulations, all WHO Member States are expected to annually report death and disease statistics in alignment with the most current version of the ICD. On January 22, 2025, the United States notified the United Nations Secretary-General of its withdrawal from WHO, effective January 22, 2026.

The United States reports its maternal mortality rate (MMR) in alignment with ICD, Version 10 (ICD-10), standards. The WHO's newest ICD version, ICD-11, came into effect in 2022. According to the CDC, NCHS will continue to use ICD-10 for the foreseeable future; all ICD-11 implementation activities in the U.S. have been suspended due to the United States withdrawal from WHO.

For more information on the ICD, see World Health Organization (WHO), *International Statistical Classification of Diseases and Related Health Problems (ICD)*, https://www.who.int/standards/classifications/classification-of-diseases, and World Health Organization, *WHO Nomenclature Regulations*, Meeting Report, May 22, 1967, https://www.who.int/publications/m/item/who-nomenclature-regulations-1967.

For more information on the United States withdrawal from WHO, see CRS Insight IN12496, *The World Health Organization (WHO): Background and U.S. Withdrawal*.

PMSS also relies on vital records from NVSS but identifies deaths during pregnancy, labor and delivery, and the postpartum period (i.e., post-pregnancy) through a different approach. PMSS, launched in 1986 as a collaborative effort between the CDC and the American College of Obstetricians and Gynecologists (ACOG) Maternal Mortality Special Interest Group, uses information from death certificates but also examines other records (e.g., linked birth records, fetal death records, medical records, social services records, media reports).[14] Each year, participating entities (see **Table A-1**) voluntarily send the CDC a range of health records for all women who died during pregnancy or within one year of the end of pregnancy.[15] As a function of PMSS, medical epidemiologists conduct an in-depth examination of these data to determine the cause-of-death, assess whether it is related to pregnancy, and categorize the death using a nine-group cause-of-death classification structure unique to PMSS. These codes reflect the additional clinical and epidemiological information available to PMSS researchers.[16] CDC publishes aggregate, descriptive PMSS data on the PMSS dashboard as data become available. Unlike

[13] Jiaquan Xu et al., "Deaths: Final Data for 2007," *National Vital Statistics Reports*, vol. 58, no. 19 (May 10, 2010).

[14] CDC, *About the Data: Pregnancy Mortality Surveillance System*, December 18, 2025, https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/about.html.

[15] For more information on the jurisdictions that participate in PMSS, see **Table A-1** in **Appendix A**.

[16] Andreaa A. Creanga, "Maternal Mortality in the United States: A Review of Contemporary Data and Their Limitations," *Clinical Obstetrics and Gynecology*, vol. 61, no. 2 (June 2018); CDC, *About the Data: Pregnancy Mortality Surveillance System*, December 18, 2025, https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/about.html.

NVSS, the data are not tested for statistical significance. Additionally, individual-level PMSS data are protected by additional confidentiality agreements and are accessible exclusively by CDC investigators.[17] CDC also provides annual, state-specific files to support additional jurisdiction-specific analyses.[18]

In addition to using different methods, NVSS and PMSS rely on different measure definitions to assess deaths during pregnancy, labor and delivery, and the postpartum period. These distinct measures are presented in **Table 1**. Notably, the two measures differ temporally, as NVSS examines *maternal deaths* as those within 42 days (six weeks) within the end of pregnancy, and PMSS examines *pregnancy-related deaths*, which includes deaths that occur up to one year after the end of pregnancy. Other differences in NVSS and PMSS assessments of deaths during pregnancy, labor and delivery, and the postpartum period are outlined in **Table A-1** in **Appendix A**.

Table 1. Defining Maternal Deaths: Comparing NVSS and PMSS

NVSS	PMSS
Maternal death: the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.	**Pregnancy-related death:** a death during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.
Maternal mortality rate (MMR): the number of maternal deaths per 100,000 live births.	**Pregnancy-related mortality rate (PRMR):** the number of pregnancy-related deaths per 100,000 live births.

Source: NVSS definitions available from NCHS, *Frequently Asked Questions,* April 29, 2024, https://www.cdc.gov/nchs/maternal-mortality/faq.htm#data; PMSS definitions available from CDC, *Preventing Pregnancy-Related Deaths*, September 25, 2024, https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html.

Notes: For consistency with official CDC reporting, this report refers to both MMRs and PRMRs as *rates*; however, in epidemiological and statistical terms, both MMR and PRMR measure *ratios*. A ratio compares the relative magnitude of two quantities that need not be related, whereas a rate measures the frequency of an event occurring in a population over a specified period of time. In this context, the numerators of maternal deaths or pregnancy-related deaths can include deaths that do not result in a live birth (e.g., miscarriages), but the denominators include only live births—thereby creating a ratio. The standard denominator of live births has historically been used due to a lack of reliable, standardized international data on miscarriages and fetal deaths. For more information, see World Health Organization, *International statistical classification of diseases and related health problems*, Tenth Revision (ICD-10), 6th ed., Geneva, 2010, and Eugene Declercq and Laurie Zephyrin, *Maternal Mortality in the United States: A Primer*, The Commonwealth Fund, Data Brief, December 2020, p. 2.

The following sections describe national trends in maternal mortality using both the maternal mortality rate and the pregnancy-related mortality rate, as defined, identified, and published by NVSS and PMSS, respectively. Despite the comparatively high number of deaths from maternal causes in the United States, such events are often considered rare events from a statistical standpoint. As such, in some instances, data points may be suppressed (i.e., not included) due to reliability and confidentiality restrictions.

[17] For more information about the confidentiality agreements, see CDC, *Protecting Privacy and Confidentiality*, https://www.cdc.gov/scientific-integrity/php/protecting-privacy-confidentiality/, and Section 308(d) of the Public Health Service Act.

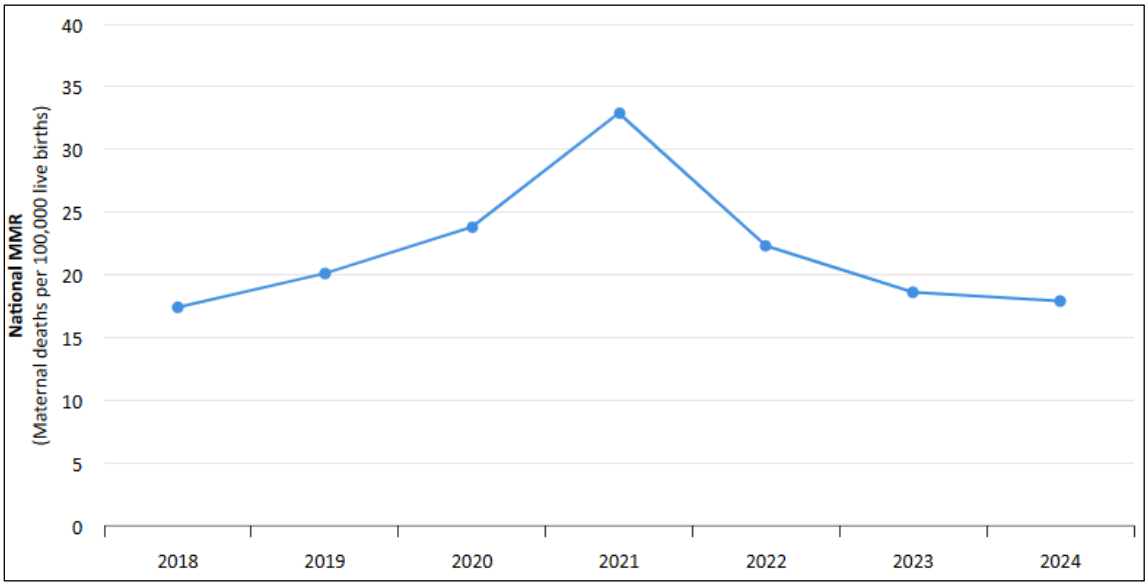
[18] Email from CDC Washington Office, May 19, 2026.

Maternal Mortality Rate (MMR)

Figure 1 displays trends in the national MMR from 2018 through 2024, the year for which the most recent data are available, and presents the number of maternal deaths. From 2018 to 2021, the MMR consistently increased, ultimately peaking at a high of 32.9 deaths per 100,000 live births in 2021.[19] This peak represents a total of 1,205 maternal deaths in 2021 and an 89% increase in the MMR from the period low of 17.4 in 2018. In both 2022 and 2023, the MMR declined at a statistically significant rate from the prior years. However, the 2024 MMR of 17.9 deaths per 100,000 live births was not a statistically significant decrease from the MMR of 18.6 in 2023. The 2024 MMR corresponds with 649 maternal deaths, compared with 669 maternal deaths in 2023.

Figure 1. Maternal Mortality Rate (MMR), 2018-2024

Figure is interactive in HTML report version.



Source: Figure developed by CRS using official data from NCHS; see Hoyert, *Maternal Mortality Rates in the United States, 2024*.

Despite the recent downward trend in the national MMR, disparities have persisted—and in some cases, worsened—among certain racial or ethnic groups (**Figure 2**).[20] From 2018 to 2024, the MMR among non-Hispanic Black women was more than double the national MMR and was consistently higher than the MMR of other racial or ethnic groups. For example, in 2023, the MMR of 50.3 among non-Hispanic Black women was 4.7 times higher than the MMR among non-Hispanic Asian women (10.7) and nearly 3.5 times higher than the MMR among non-Hispanic White women (14.5). In 2024, the MMR among non-Hispanic Black women declined to 44.8, a statistically significant decrease from the 2023 MMR of 50.3. The MMRs among non-

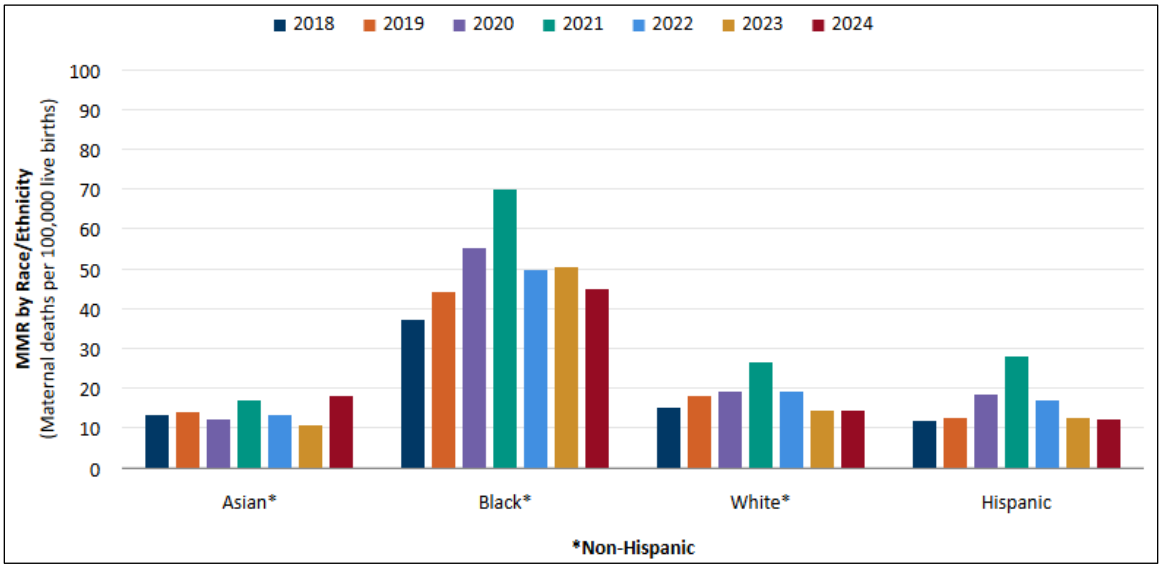
[19] In 2022, the Government Accountability Office (GAO) published a review of maternal deaths during the COVID-19 pandemic. More information on the share of maternal deaths related to COVID-19 can be found in U.S. Government Accountability Office, *Maternal Health: Outcomes Worsened and Disparities Persisted During the Pandemic*, GAO-23-105871, October 19, 2022, https://www.gao.gov/products/gao-23-105871.

[20] NCHS publishes data for the largest race and Hispanic-origin groups for which statistically reliable rates can be calculated. For other groups with small numbers of maternal deaths, the data may be suppressed for both confidentiality considerations and statistical reliability. For more information, see Hoyert, *Maternal Mortality Rates in the United States, 2024*.

Hispanic Black women, non-Hispanic White women, and Hispanic women all peaked in 2021 (69.9, 26.6 and 28.0, respectively). From 2021 to 2024, MMRs generally decreased across all racial and ethnic groups; however, MMRs declined more for certain groups than others, and some groups experienced periodic increases.[21]

Figure 2. Maternal Mortality Rate (MMR), by Race/Ethnicity, 2018-2024

Figure is interactive in HTML report version.



Source: Figure developed by CRS using official data from NCHS; see Hoyert, *Maternal Mortality Rates in the United States, 2024.*

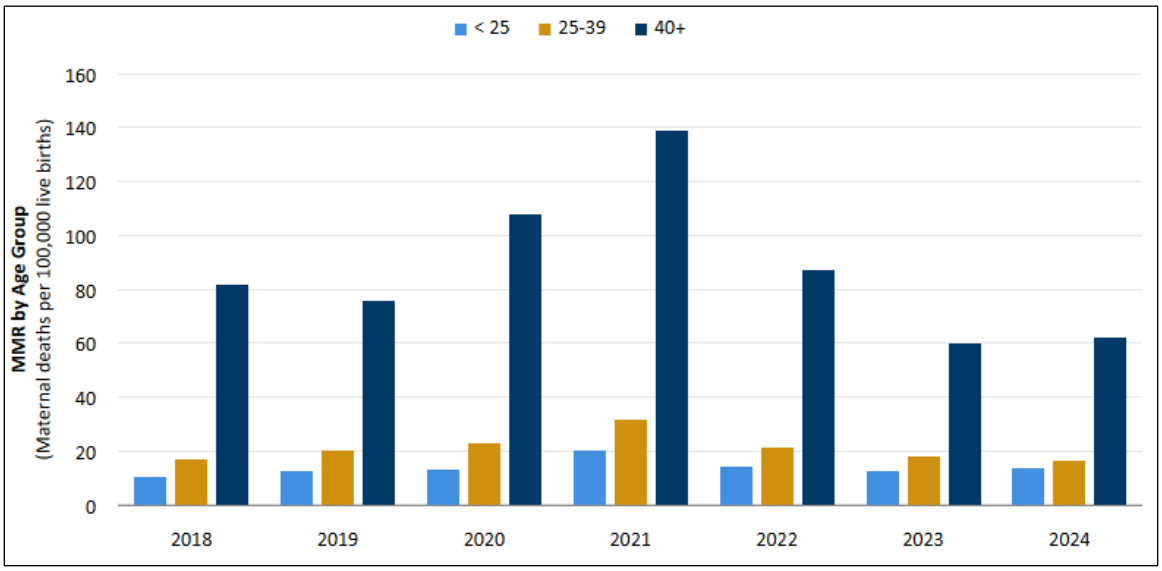
Notes: Official MMRs are not published for all racial or ethnic groups; see footnote 14.

From 2018 to 2024, there were significant disparities in MMRs by maternal age (**Figure 3**). MMRs were consistently higher among women aged 40 and above, despite trending downward after the 2021 peak of 138.8 deaths per 100,000 live births. MMRs among women younger than age 25 tended to be lower than the national MMR, whereas MMRs among women aged 25-39 tended to align most closely with the national MMR.

[21] From 2022 to 2023, the non-Hispanic Black MMR increased from 49.5 to 50.3; this increase was not statistically significant. See Hoyert, *Maternal Mortality Rates in the United States, 2024.* From 2023 to 2024, the non-Hispanic Asian MMR increased from 10.7 to 18.1; this increase was not statistically significant. See Hoyert, *Maternal Mortality Rates in the United States, 2024.*

Figure 3. Maternal Mortality Rate (MMR), by Maternal Age, 2018-2024

Figure is interactive in HTML report version.



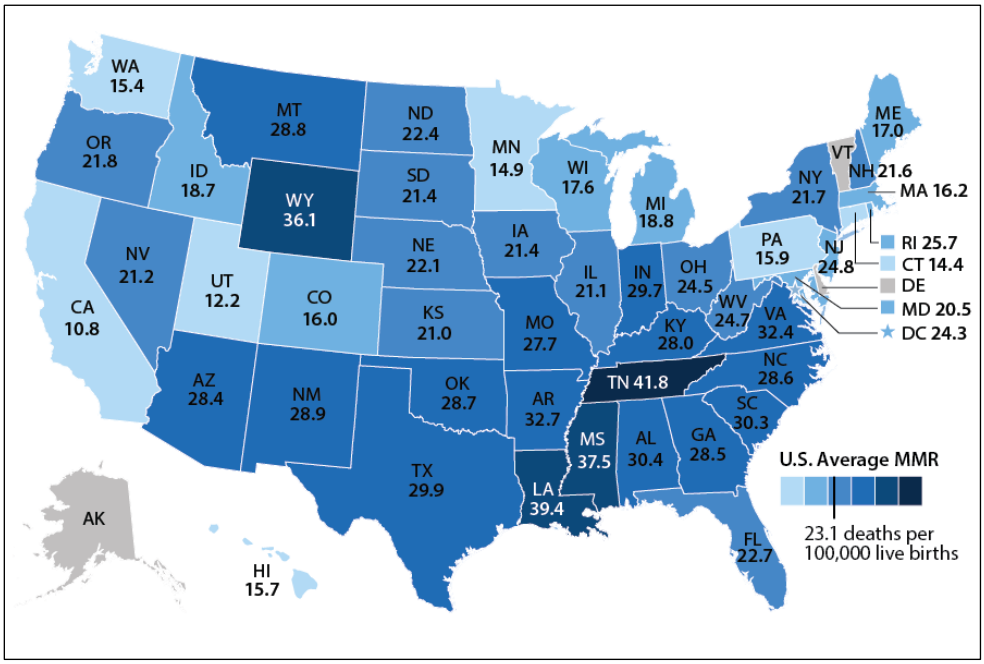
Source: Figure developed by CRS using official data from NCHS; see Hoyert, *Maternal Mortality Rates in the United States, 2024*.

MMRs vary considerably by state and territory. **Figure 4** displays trends in state-specific MMRs for the combined period of 2020 to 2024. For many states, the data are based on small numbers and are therefore statistically unreliable. Statistical variability in the maternal mortality rate is determined largely by the number of maternal deaths (i.e., as the number of deaths decreases, the variance, or measure of uncertainty, increases). Rates for states with fewer than 10 maternal deaths are suppressed in the figure because of reliability and confidentiality restrictions. Further information on the number of deaths and live births per state is presented in **Table B-1** in **Appendix B**.

The average U.S. MMR for the combined period of 2020 through 2024 was 23.1 maternal deaths per 100,000 live births. Across this same period, the state with the lowest MMR was California (10.8); the state with the highest MMR was Tennessee (41.8). Twenty-three states had MMRs higher than the national average, and six states had MMRs at or below the Healthy People 2030 target MMR of 15.7: Hawaii, Washington, Minnesota, Connecticut, Utah, and California (listed in descending order). Data were unavailable for Vermont, Delaware, and Alaska.[22]

[22] Healthy People 2030 is an HHS-led initiative that sets data-driven, national objectives across a variety of health indicators. For more information, see HHS, Office of Disease Prevention and Health Promotion, *Healthy People 2030*, https://odphp.health.gov/healthypeople.

Figure 4. Maternal Mortality Rate (MMR), by State, 2020-2024



Source: Figure developed by CRS using data provided by NCHS and publicly accessible using CDC WONDER. See http://wonder.cdc.gov.

Notes: Grey denotes states where data was suppressed due to reliability and confidentiality restrictions.

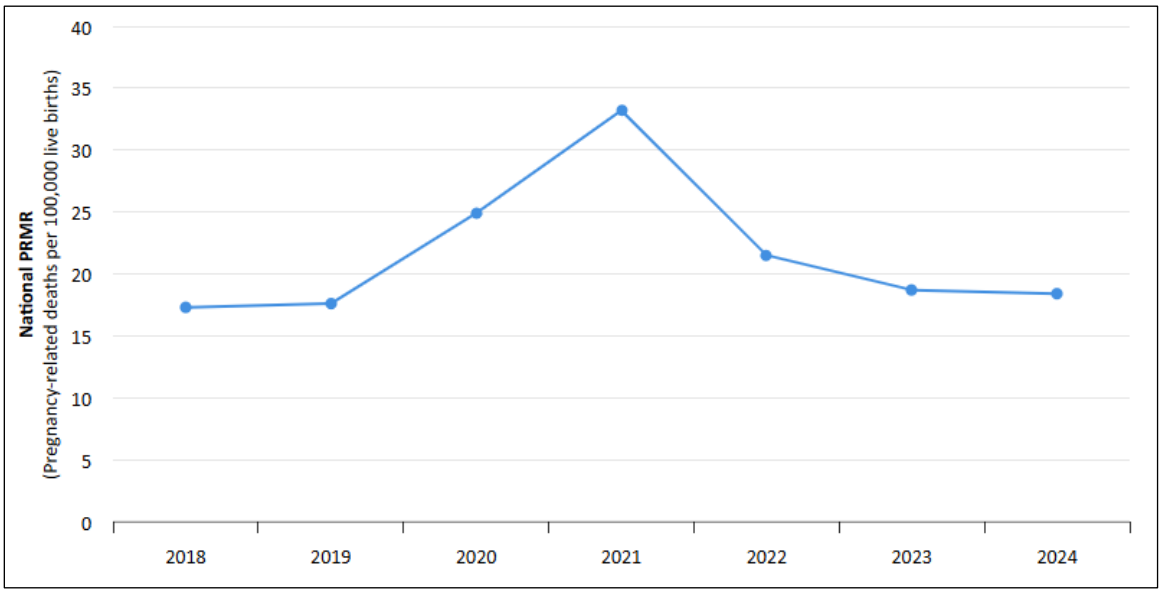
Pregnancy-Related Mortality Rate (PRMR)

Figure 5 displays trends in the national PRMR and the number of pregnancy-related deaths from 2018 to 2024. From 2018 to 2021, the PRMR consistently increased and peaked at a high of 33.2 pregnancy-related deaths per 100,000 live births in 2021.[23] This peak represents a total of 1,222 pregnancy-related deaths and a 92% increase from the period low of 17.3 in 2018. The PRMR continued to decline from 2022 through 2024. The 2024 PRMR corresponds with a total of 665 pregnancy-related deaths, compared with 676 deaths in 2023.

[23] More information about causes of pregnancy-related deaths, particularly as related to the COVID-19 pandemic, can be found on the PMSS dashboard, available at CDC, *Data from the Pregnancy Mortality Surveillance System*, December 18, 2025, https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html?cove-tab=2.

Figure 5. Pregnancy-Related Mortality Rate (PRMR), 2018-2024

Figure is interactive in HTML report version.

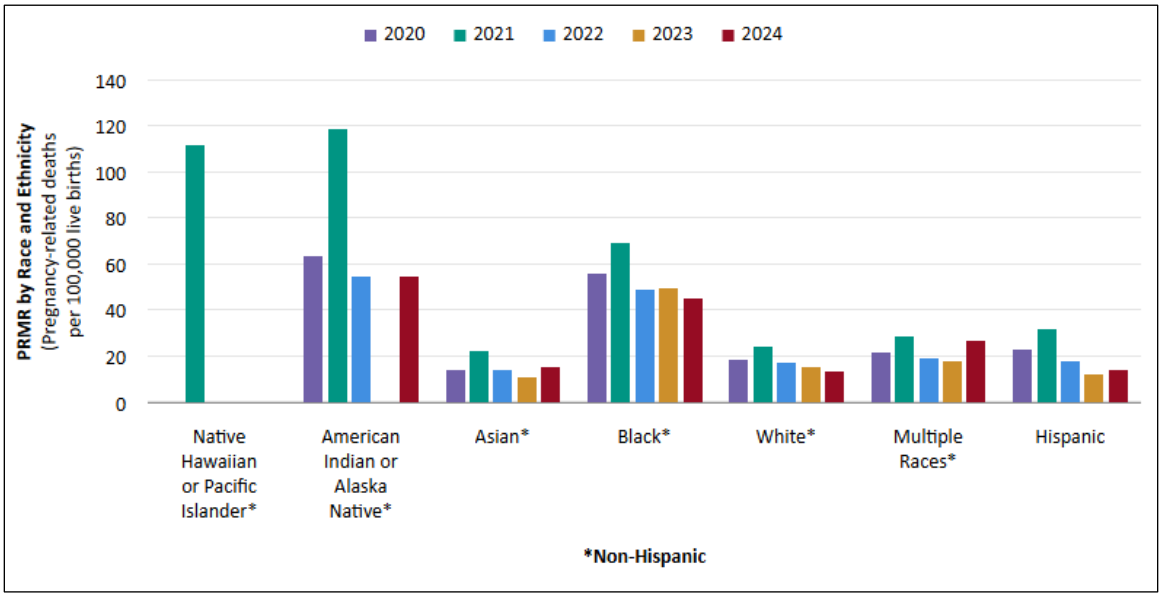


Source: Figure developed by CRS using data from CDC, *Data from the Pregnancy Mortality Surveillance System*, December 18, 2025, https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html.

Trends in PRMR across certain racial and ethnic groups are presented in **Figure 6**. As a result of different racial and ethnicity group classification standards between NVSS and PMSS, PMSS data are available for a wider range of groups. In 2021, the highest PRMR was observed among non-Hispanic, American Indian or Alaska Native women (118.7 pregnancy-related deaths per 100,000 live births), closely followed by non-Hispanic Native Hawaiian or Pacific Islander women (111.7 pregnancy-related deaths per 100,000 live births). However, deaths among non-Hispanic Black women were also among the highest PRMRs. Whereas PRMRs among non-Hispanic Black and non-Hispanic White women have decreased in recent years (i.e., 2023 to 2024), all other groups have experienced increases in their PRMR.

Figure 6. Pregnancy-Related Mortality Rate (PRMR), by Race and Ethnicity, 2018-2024

Figure is interactive in HTML report version.



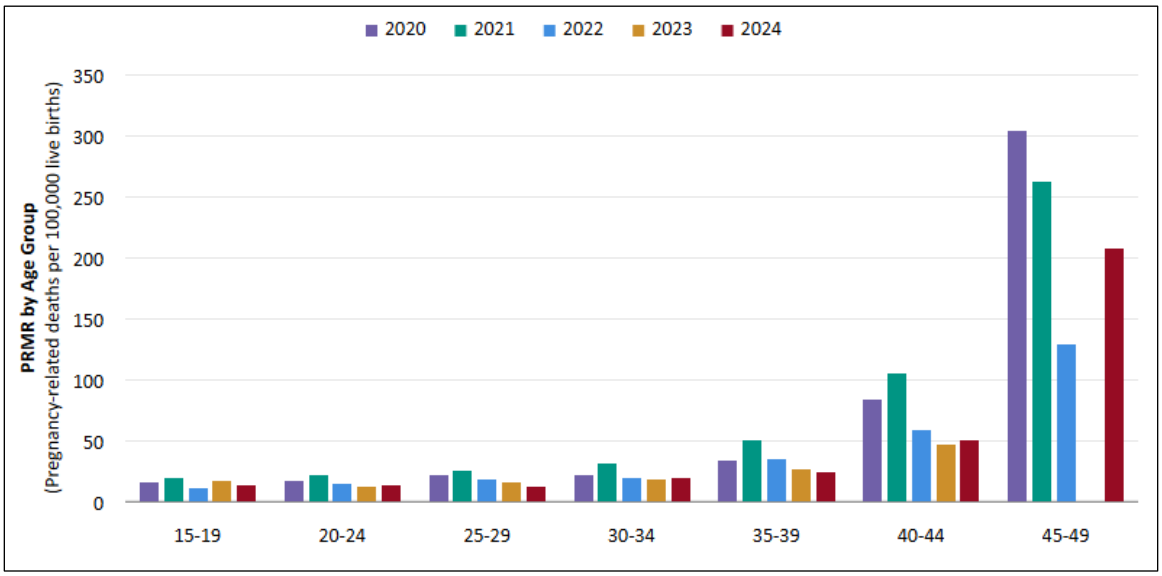
Source: Figure developed by CRS using data from CDC, *Data from the Pregnancy Mortality Surveillance System*, December 18, 2025, https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html.

Notes: For some years and groups, PRMRs were not calculated because PMSS considers PRMRs based on counts fewer than eight as not reliable for reporting.

PMSS also displays PRMR trends by age and uses different age brackets than NVSS (**Figure 7**). PRMRs are consistently highest among older women, particularly those aged 45 to 49. In 2024, the PRMR among this age group was more than eight times greater than it was for women aged 35 to 39 and over four times greater than the PRMR for women aged 40-44. Although PRMRs are lower among younger age groups, some groups have experienced increases in their PRMR in recent years. For example, women aged 20 to 24 experienced a peak PRMR of 21.2 in 2020, followed by decreases in 2022 and 2023. However, in 2024 the PRMR for this group ticked upward to 13.6; a similar increase was also observed among women aged 30 to 34 in 2024.

Figure 7. Pregnancy-Related Mortality Rate (PRMR), by Maternal Age, 2018-2024

Figure is interactive in HTML report version.



Source: Figure developed by CRS using data from CDC, *Data from the Pregnancy Mortality Surveillance System*, December 18, 2025, https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html.

Notes: PRMRs were not calculated among women under 15 years old or over 50 years old because PMSS considers PRMRs based on counts fewer than eight as not reliable for reporting.

PMSS data are not available at the individual state or jurisdictional level. Rather, CDC publishes annual PRMRs by urban-rural classifications across 10 regions established by HHS.[24] In 2024, the highest region-specific PRMR (23.0) was observed in Region 6, which encompasses Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. The 2024 PRMR was lowest (8.6) in Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming).[25]

Discussion

Two data systems—NVSS and PMSS—provide distinct national data on deaths during pregnancy, childbirth, and the postpartum period. Although the systems vary in their purpose, methods, and measure definitions, both provide national-level insights and convey the following salient trends:

- Deaths during pregnancy, labor and delivery, and the postpartum period increased to their recent peaks in 2021, with over 1,205 maternal deaths and 1,200 pregnancy-related deaths. Since 2021, both the MMR and PRMR have declined; however, both measures have not decreased beyond their 2018 lows.
- Disparities in mortality rates persist across racial and ethnic groups, with both measures indicating that non-Hispanic Black women consistently experience the highest MMRs and some of the highest PRMRs. Limited PMSS data among

[24] HHS, *HHS Regional Offices*, August 14, 2024, https://www.hhs.gov/about/agencies/iea/regional-offices/index.html.

[25] CDC, *Data from the Pregnancy Mortality Surveillance System*, Pregnancy-related deaths by urban-rural classification and HHS region, 2024, December 18, 2025, https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html?cove-tab=3.

other groups, such as non-Hispanic Native Hawaiian and Pacific Islanders and non-Hispanic American Indian and Alaska Natives, suggest that these groups have faced PRMRs more than three times greater than their non-Black counterparts in some years.

- Mortality rates are consistently higher among older age groups (i.e., 40 and above). Although MMRs and PRMRs are comparatively lower among younger age groups, some groups have experienced recent increases in both measures.
- Maternal deaths vary widely across regions, states, and jurisdictions; however, data availability and differing data formats prevent year-to-year comparisons of MMRs and PRMRs.

Although maternal deaths and pregnancy-related deaths are distinct measures, they can collectively contribute to a more robust understanding of maternal health trends. For example, measures of *maternal death* support standardized, international comparisons with greater historical reach; however, data quality issues and a lack of clinical data can impede accurate reporting.[26] Conversely, the process of identifying *pregnancy-related deaths* includes a greater depth of clinical data over a longer postpartum period, which can support improved accuracy and analyze maternal deaths beyond six weeks postpartum. However, PMSS methods are more time intensive and may result in longer reporting delays than NVSS methods.[27] Despite these and other challenges in extensive mortality measurement, the measures of maternal deaths and pregnancy-related deaths as supplied by NVSS and PMSS, respectively, are key components to estimating and understanding national maternal health trends.

[26] CDC, *PMSS: Frequently Asked Questions*, Comparison of Maternal Mortality Information Systems, November 21, 2024, https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/faqs.html. Susanna L. Trost et al., "Identifying Deaths During and After Pregnancy: New Approaches to a Perennial Challenge," *Public Health Reports*, vol. 138, no. 4 (July 22, 2022).

[27] Susanna L. Trost et al., "Identifying Deaths During and After Pregnancy: New Approaches to a Perennial Challenge," *Public Health Reports*, vol. 138, no. 4 (July 22, 2022).

Appendix A. Characteristics of NVSS and PMSS

Table A-1. Characteristics of NVSS and PMSS Measurement

		NVSS	PMSS
Definitions	Includes deaths that occur during pregnancy through six weeks postpartum	Yes	Yes
	Includes deaths that occur during pregnancy through one year postpartum	No	Yes
	Includes deaths due to injury	No	No
	Includes death due to mental health conditions	No	No
	Relies on ICD causes-of-death	Yes	No
	Uses a nine-group cause-of-death classification system	No	Yes
	Can be used for international comparisons	Yes	No
	Is considered the source of official national mortality statistics	Yes	No
Processes	Uses official death records	Yes	Yes
	Uses other medical records, such as linked birth or fetal death records (where relevant), medical records, and media reports	No	Yes
	Included jurisdictions	57: 50 states, American Samoa, Commonwealth of the Northern Mariana Islands, Guam, New York City, Puerto Rico, U.S. Virgin Islands, and Washington, DC.	54:[a] 50 states, Commonwealth of the Northern Mariana Islands,[c] New York City, Puerto Rico,[b] Washington, DC.[d]
	Historical reach	1915-present	1989-present
	Data availability	De-identified data are publicly available through CDC WONDER.	Publicly available dashboard data; full data restricted for research or state-specific use.

Source: Compiled by CRS using information from the National Center for Health Statistics and the Division of Reproductive Health.

Notes:

a. Data from North Dakota and South Dakota were not included in 2024.

b. Data from Puerto Rico were included beginning in 2020.

c. Data from the Commonwealth of the Northern Mariana Islands were included beginning in 2021.

d. Data from Washington, DC, were not included in 2023 or 2024.

Appendix B. Maternal Mortality Rates, by State

Table B-1. Births, Deaths, and Maternal Mortality Rates, by State

2020-2024

State	Births	Deaths	Maternal Mortality Rate (MMR)	95% Confidence Interval
United States	18,170,648	4,201	23.1	22.4-23.8
Alabama	289,642	88	30.4	24.4-37.4
Alaska	46,153	N/A	N/A	N/A
Arizona	390,217	111	28.4	23.2-33.7
Arkansas	177,346	58	32.7	24.8-42.3
California	2,062,154	223	10.8	9.4-12.2
Colorado	312,588	50	16.0	11.9-21.1
Connecticut	173,620	25	14.4	9.3-21.3
Delaware	52,667	N/A	N/A	N/A
District of Columbia	41,121	10	24.3	11.7-44.7
Florida	1,096,163	249	22.7	19.9-25.5
Georgia	624,233	178	28.5	24.3-32.7
Hawaii	76,665	12	15.7	8.1-27.3
Idaho	112,024	21	18.7	11.6-28.7
Illinois	644,388	136	21.1	17.6-24.7
Indiana	397,468	118	29.7	24.3-35.0
Iowa	181,943	39	21.4	15.2-29.3
Kansas	171,531	36	21.0	14.7-29.1
Kentucky	261,094	73	28.0	21.9-35.2
Louisiana	279,476	110	39.4	32.0-46.7
Maine	58,866	10	17.0	8.1-31.2
Maryland	337,012	69	20.5	15.9-25.9
Massachusetts	339,426	55	16.2	12.2-21.1
Michigan	510,024	96	18.8	15.2-23.0
Minnesota	315,708	47	14.9	10.9-19.8
Mississippi	173,236	65	37.5	29.0-47.8
Missouri	342,844	95	27.7	22.4-33.9
Montana	55,606	16	28.8	16.4-46.7
Nebraska	122,141	27	22.1	14.6-32.2
Nevada	164,707	35	21.2	14.8-29.6
New Hampshire	60,199	13	21.6	11.5-36.9

State	Births	Deaths	Maternal Mortality Rate (MMR)	95% Confidence Interval
New Jersey	504,717	125	24.8	20.4-29.1
New Mexico	107,187	31	28.9	19.6-41.1
New York	1,036,955	225	21.7	18.9-24.5
North Carolina	601,696	172	28.6	24.3-32.9
North Dakota	49,019	11	22.4	11.2-40.2
Ohio	640,904	157	24.5	20.7-28.3
Oklahoma	240,236	69	28.7	22.3-36.4
Oregon	197,488	43	21.8	15.8-29.3
Pennsylvania	647,817	103	15.9	12.8-19.0
Rhode Island	50,648	13	25.7	13.7-43.9
South Carolina	287,206	87	30.3	24.3-37.4
South Dakota	56,182	12	21.4	11.0-37.3
Tennessee	409,525	171	41.8	35.5-48.0
Texas	1,910,298	571	29.9	27.4-32.3
Utah	229,865	28	12.2	8.1-17.6
Vermont	25,921	N/A	N/A	N/A
Virginia	472,907	153	32.4	27.2-37.5
Washington	414,380	64	15.4	11.9-19.7
West Virginia	85,078	21	24.7	15.3-37.7
Wisconsin	301,864	53	17.6	13.2-23.0
Wyoming	30,493	11	36.1	18.0-64.6

Source: National Center for Health Statistics, National Vital Statistics System.

Notes: N/A indicates data are suppressed due to reliability and confidentiality restrictions.

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