MARCH OF DIMES

2025 March of Dimes Report Card
New Jersey

Scan for more data

9,516 babies were born preterm in New Jersey in 2024. New Jersey ranks 10th of 52 (includes all states, DC, and Puerto Rico) for preterm birth with a rate of 9.4%.

New Jersey has made significant improvement in low-risk Cesarean births since last year.

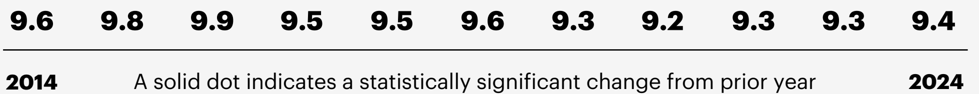
New Jersey is currently implementing six of six supportive maternal and infant health initiatives included in this year's Report Card.

The preterm birth rate in New Jersey was 9.4% in 2024, higher than the rate in 2023

PRETERM BIRTH GRADE C+

US RATE	NJ RATE	NJ RANK
10.4	9.4	10

Percentage of live births born preterm



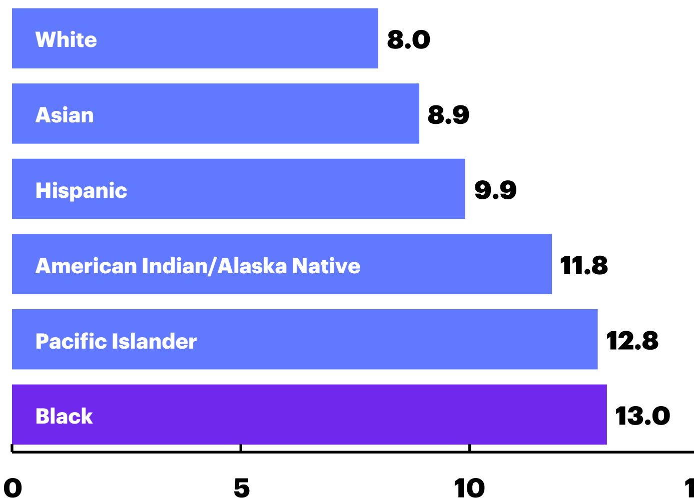
2014										2024
9.6	9.8	9.9	9.5	9.5	9.6	9.3	9.2	9.3	9.3	9.4

A solid dot indicates a statistically significant change from prior year

Note: The change in 2024 was not a statistically significant ($P<0.05$) increase compared to 2023. Statistical significance means the difference is unlikely to be due to chance and likely reflects a meaningful change, though it may not always be large.

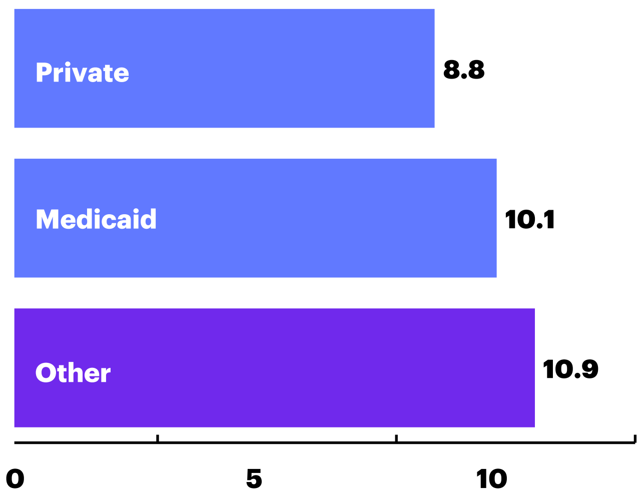
The data below illustrates differences in preterm birth rates by race/ethnicity and insurance type, which may reflect broader social and economic factors

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



Race/ethnicity	Rate
White	8.0
Asian	8.9
Hispanic	9.9
American Indian/Alaska Native	11.8
Pacific Islander	12.8
Black	13.0

Preterm birth rate by insurance type, 2022-2024



Insurance type	Rate
Private	8.8
Medicaid	10.1
Other	10.9

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: 11.3%; Tricare: N/A; Indian Health Service: N/A; and all other types: 9.1%.

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

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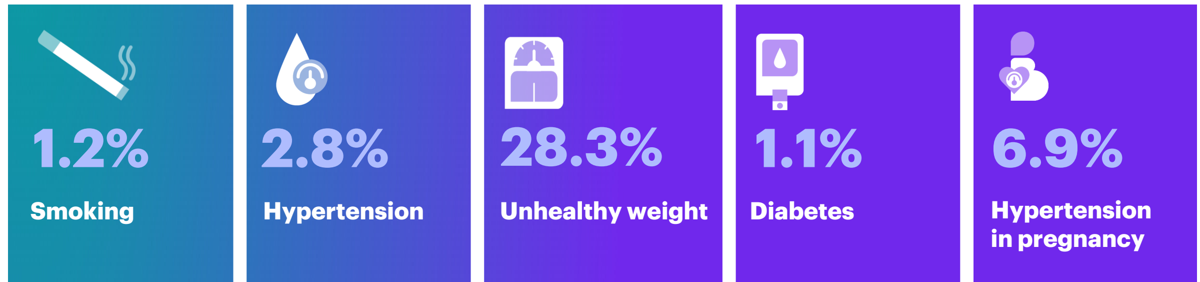
New Jersey

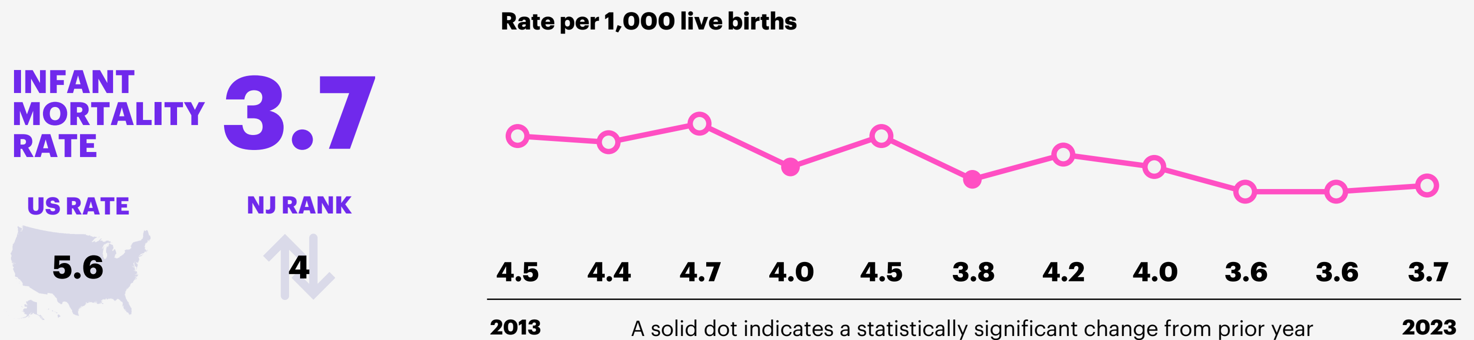
Some health conditions make people more likely to have a preterm birth or experience other poor birth outcomes

The tiles display the percentage of all live births exposed to each condition in 2024.



Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. US percentages are as follows: smoking: 3.0%; hypertension: 3.4%; unhealthy weight: 34.8%; diabetes: 1.3% and hypertension in pregnancy: 10.4%.

The infant mortality rate decreased in the last decade; in 2023, 373 babies died before their first birthday

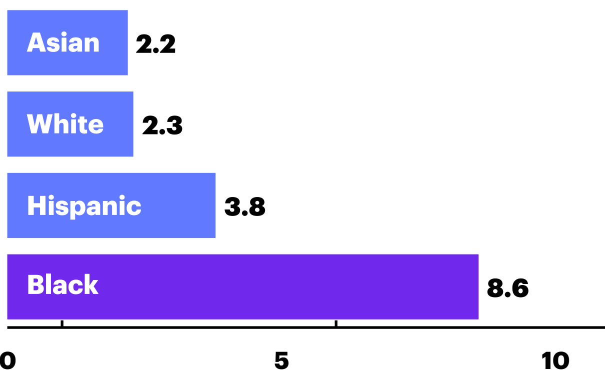


Note: The change in 2023 was not a statistically significant increase compared to 2022.

The infant mortality rate among babies born to Black moms is 2.3x the state rate

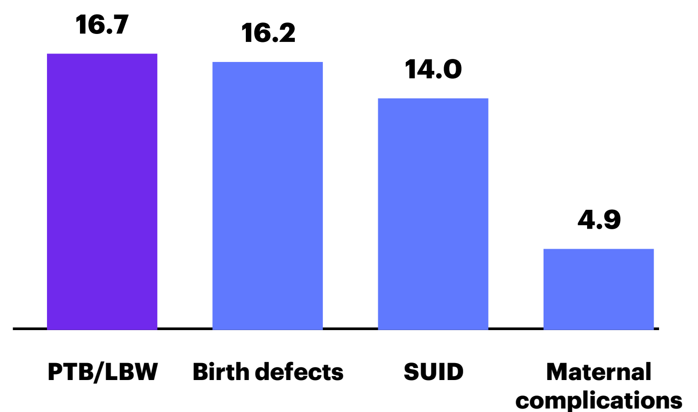
Infant mortality rate by maternal race/ethnicity

Rate per 1,000 live births, 2021-2023



Leading causes of infant death

Percent of total deaths by underlying cause, 2021-2023



Note: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death. Other causes account for 48.2% of infant deaths. Leading causes of infant death chart was updated on February 2026.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2013-2023.

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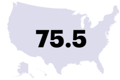
New Jersey

The rate of inadequate prenatal care among babies born to Pacific Islander moms is 2.2x the state rate

16.2
PERCENT

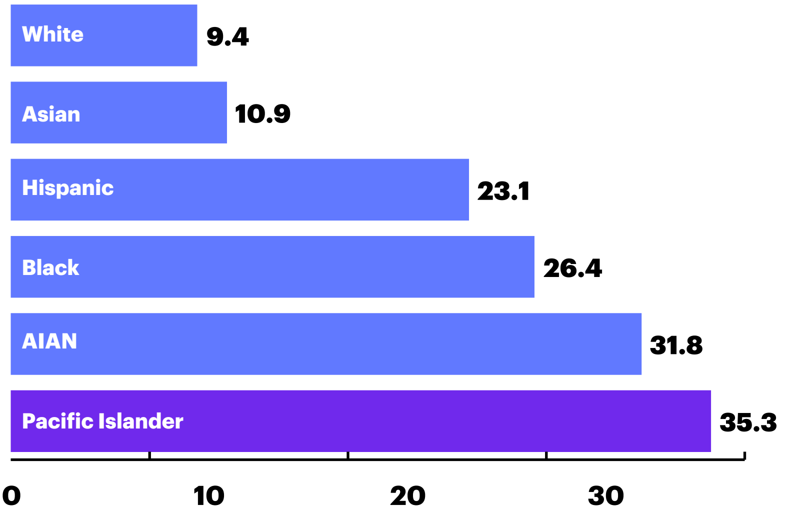
INADEQUATE PRENATAL CARE
Percentage of babies whose mom received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

74.8
PERCENT



FIRST TRIMESTER INITIATION OF PRENATAL CARE
Percentage of babies whose mom started prenatal care in the first trimester of pregnancy.

Inadequate prenatal care by maternal race/ethnicity, 2022-2024



Note: PI = Pacific Islander; AIAN = American Indian/Alaska Native.

The measures below are important indicators for the health of pregnant and postpartum women in New Jersey

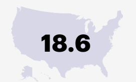
26.7
PERCENT

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.

78.7
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.

23.9
PER 100,000 BIRTHS



MATERNAL MORTALITY
Rate of death from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.

Sources: National Center for Health Statistics, Natality data, 2024; National Center for Health Statistics, Mortality data, 2019-2023; HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). December 2024. Agency for Healthcare Research and Quality, Rockville, MD. https://datatools.ahrq.gov/hcup-fast-stats.

	Preterm birth	Infant mortality	Low-risk Cesarean	Adequate PNC*	Severe maternal morbidity	Maternal mortality
Measure	9.4%	3.7	26.7%	73.0%	78.7	23.9
Rank	10th of 52	4th of 52	33rd of 52	42nd of 52	13th of 47	25th of 48
Direction†	Worsened	Worsened	Improved†	Worsened†	Improved	Improved
HP2030 Target	9.4% of live births	5.0 deaths per 1k births	23.6% of low-risk births	80.5% of live births	64.4 per 10K hospital deliveries	15.7 deaths per 100K births

Note: *Measure differs from inadequate PNC. Adequate is presented to align with Healthy People 2030 target. Rank determined for all states with available data with 1 being the best. †Denotes statistically significant change from prior year (*P*<0.05). See **Technical Notes** for details.

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New Jersey

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

All efforts were assessed on 9/26/2025.

MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.

MEDICAID EXPANSION

State has adopted this policy, which allows for greater access to preventive care before, during, and after pregnancy.

DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.

PAID FAMILY LEAVE

State has required employers to provide a paid option for families out on parental leave.

MENTAL HEALTH

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

MATERNAL MORTALITY REVIEW

State has a maternal mortality review committee to understand causes of deaths, identify preventive factors, and recommend changes to improve care and save lives.

Legend

State has the indicated program/policy

State reimburses up to $1,500

State is progressing legislation but not yet active

State does not have the indicated program/policy

New Jersey's Medicaid program, NJ FamilyCare, covered 29,951 births in 2024

29.6
PERCENT
LIVE BIRTHS PAID BY MEDICAID

March of Dimes recognizes the vital importance of Medicaid, which pays for 4 in 10 deliveries nationwide (as high as 62% in some states). Access to Medicaid coverage ensures that individuals can receive preventive services and other clinical care before, during, and after pregnancy.

Given Medicaid's critical role in supporting maternal, infant, and child health, March of Dimes urges states to:

- Maintain or expand eligibility and benefits for pregnant and postpartum individuals, caregivers, and children.
- Ensure that Medicaid enrolled moms and babies continue receiving care without disruption during the implementation of policy changes.
- Clearly communicate any policy changes, including work requirements, address verification, frequent eligibility reviews, and retroactive coverage limits, and allow ample time for contacting and completion of updates.
- Increase access to care in communities impacted by hospital closures or maternity care deserts.
- Increase access to evidence-based, quality telehealth services and technology, including remote monitoring, and support alignment of reimbursement across payers.
- Provide sufficient reimbursement to all providers to encourage participation in Medicaid programs.

Note: See **Policy and Program Booklet** for more details.

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

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