



2,217 babies were born preterm in Puerto Rico in 2024. Puerto Rico ranks 48th of 52 (includes all states, District of Columbia, and Puerto Rico) for preterm birth with a rate of 12.2%.



Puerto Rico has made significant improvement in low-risk Cesarean births since last year.

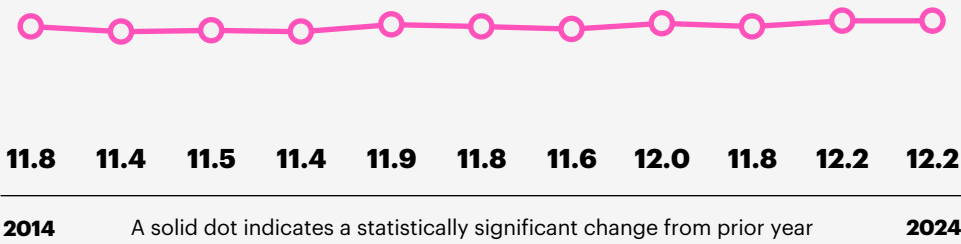
Puerto Rico is currently implementing three of four supportive maternal and infant health initiatives.

The preterm birth rate in Puerto Rico was **12.2%** in 2024, the same as the rate in 2023

**PRETERM
BIRTH
GRADE**

F

Percentage of live births born preterm

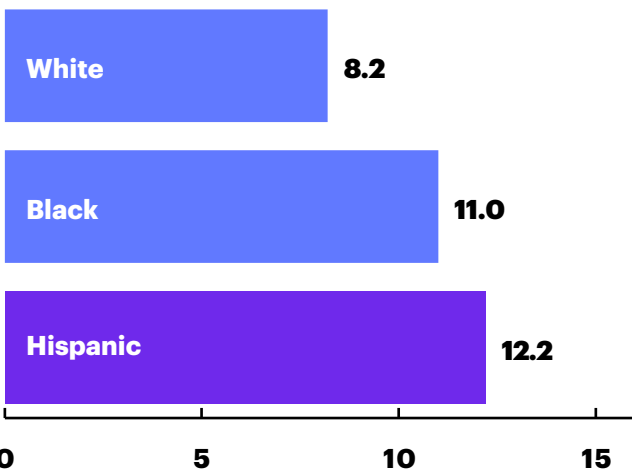


US RATE	PR RATE	PR RANK
10.4	12.2	48

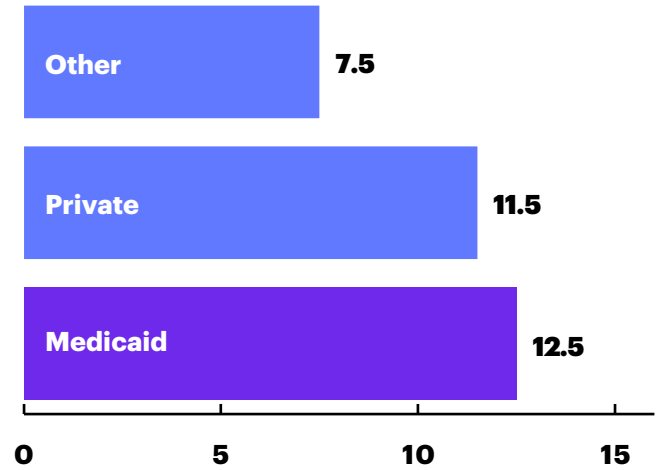
Note: The change in 2024 was not a statistically significant ($P < 0.05$) increase or decrease compared to 2023. Statistical significance means the difference is unlikely to be due to chance and likely reflects a meaningful change, though it may not always be large.

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



Preterm birth rate by insurance type, 2022-2024



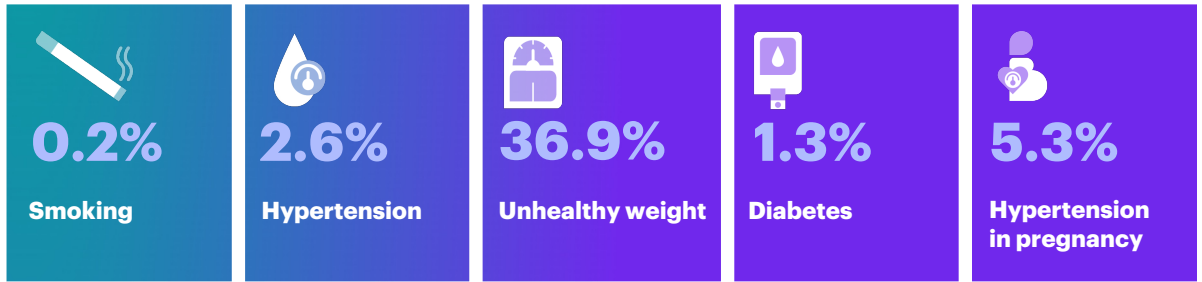
Note: These data can serve as a starting point for discussions about addressing disparities caused by community factors and experiences. Preterm birth rates for "other" insurance types: self pay: 7.0%; Tricare: N/A; Indian Health Service: N/A; and all other types: 15.9%.

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

Puerto Rico

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, 132 babies died before their first birthday

INFANT MORTALITY RATE

7.1

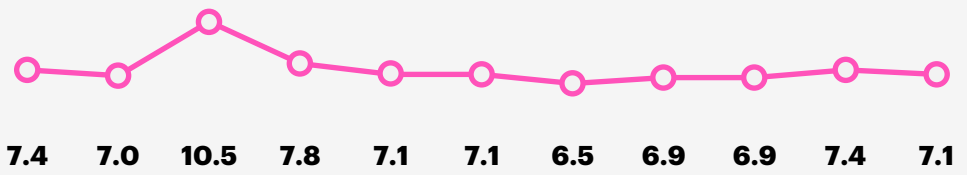
US RATE

5.6

PR RANK

46

Rate per 1,000 live births



2013

A solid dot indicates a statistically significant change from prior year

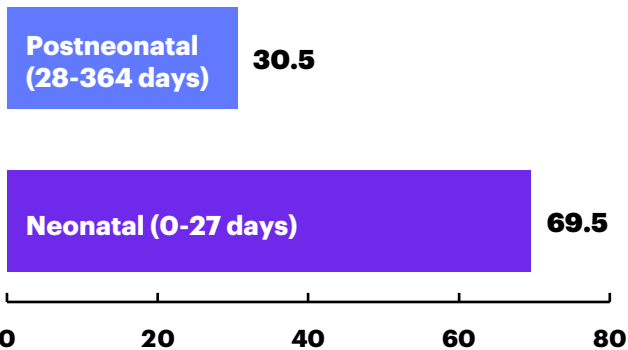
2023

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

Over one third of all infant deaths in Puerto Rico occur in the first 4 weeks of life, higher than the US percent

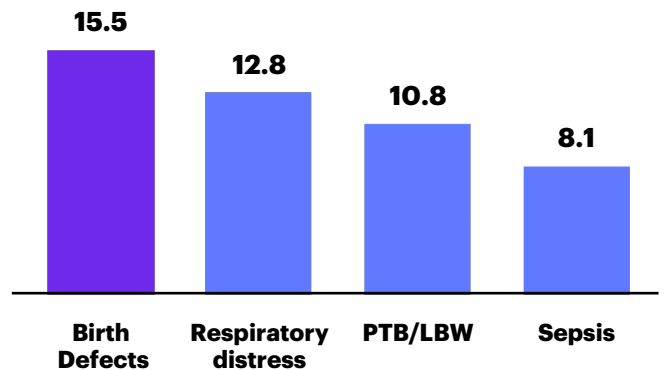
Infant mortality rate by timing of death

Percent of total deaths by period, 2021-2023



Leading causes of infant death

Percent of total deaths by underlying cause, 2021-2023



Note: PTB/LBW = preterm birth and low birth weight. Other causes account for 52.8% of infant deaths.

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

Puerto Rico

The rate of inadequate prenatal care among babies born to Black moms is 2.7x the territory rate

9.3

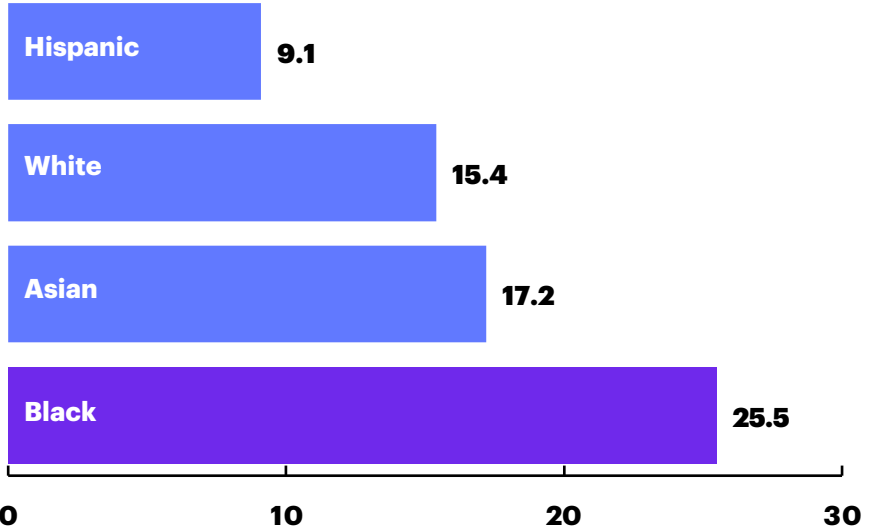
PERCENT

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.



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



82.9

PERCENT

FIRST TRIMESTER INITIATION OF PRENATAL CARE

Percentage of babies whose mom started prenatal care in the first trimester of pregnancy.



The measures below are important indicators for the health of pregnant and postpartum women in Puerto Rico

47.1

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.



307.0

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.



59.2

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, US Territories Natality data, 2024; Death and Birth Certificates, 2019-2022. Puerto Rico Department of Health; Puerto Rico Maternal Mortality Surveillance System, 2023; Puerto Rico Health Insurer Commissioner, 2022.

	Preterm birth	Infant mortality	Low-risk Cesarean	Adequate PNC*	Severe maternal morbidity	Maternal mortality
Measure	12.2%	7.1	47.1%	86.1%	307.0	59.2
Rank	48th of 52	46th of 52	52nd of 52	4th of 52	N/A	N/A
Direction†	No change	Improved	Improved†	Worsened	N/A	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.

Puerto Rico

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

All efforts were assessed on 9/26/2025.



PAID FAMILY LEAVE

Territory requires private sector employers to provide a paid option while out on parental leave.



DOULA REIMBURSEMENT

Territory Medicaid agency is actively reimbursing doula care.



MENTAL HEALTH

Territory Medicaid program requires and reimburses for postpartum mental health screening.



MATERNAL MORTALITY REVIEW

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

Legend



Territory has the indicated funding/policy



Territory reimburses up to \$1,500



Territory is progressing legislation but not yet active



Territory does not have the indicated funding/policy

Puerto Rico's Medicaid program, Plan Vital, covered 11,855 births in 2024



65.8

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, US Territories Natality data, 2024.