



Postpartum Checkup

New Jersey — PRAMS, 2018-2023



Background

Postpartum care visits are essential to ensuring the health and well-being of birthing individuals after childbirth. They provide parents with the opportunity to share questions or concerns with their medical provider. During these visits, medical providers check for warning signs of serious health concerns related to pregnancy and birth, some of which can be fatal if action is not taken.¹ Additionally, postpartum checkups can offer important insights into the health, safety, and viability of future pregnancies, especially for those who have recently experienced a miscarriage, stillbirth, or infant loss.¹

The American College of Obstetricians and Gynecologists (ACOG) advises that initial checkups for all birthing individuals should occur within the first three weeks postpartum.² For those who experienced high blood pressure during their pregnancy, the first checkup should occur within 3-10 days.² ACOG recommends that birthing persons undergo a comprehensive checkup no later than 12 weeks post-birth.³ The visits should be ongoing, assessing the physical, social, and psychological well-being of the birthing person, including domains such as contraception, birth spacing, infant feeding practices, sexuality, and chronic disease.³

The COVID-19 pandemic greatly impacted the uptake of postpartum care visit. According to Bellerose and Steenland, postpartum visit attendance declined by 5.8% during the first 9 months of the pandemic.⁴ Additionally, non-Hispanic Black and Hispanic populations had a slower rebound in postpartum visit rates afterwards compared to non-Hispanic White persons.⁴ Increasing the rate of postpartum care visits among birthing individuals can be a crucial step in reducing maternal morbidity and mortality, as “more than half of pregnancy-related deaths occur in the postpartum period.”⁵

Pregnancy Risk Assessment Monitoring System (PRAMS)

Data for this report was obtained from the New Jersey PRAMS query set on the New Jersey State Health Assessment Data website.⁶ New Jersey PRAMS is a joint research project of the New Jersey Department of Health (NJDOH) and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants and impacts maternal and child health policy and practice.

One out of every 50 women giving birth each month is randomly selected for the PRAMS survey. More than 30,000 NJ mothers were included between 2002-2023 with an average response rate of 69%.

National Goals to Increase Use of Health Care Services

National Goals & Recommendations	Objectives & Recommendations
The American College of Obstetricians and Gynecologists (ACOG) [†]	All women should have contact with a maternal care provider within the first three weeks postpartum. [†] Postpartum visits should be ongoing, as needed, with a comprehensive postpartum visit no later than twelve weeks post-delivery. [†]
Healthy People 2030 Objective	MICH-04 - Reduce maternal deaths to 15.7 per 100,000
[†] American College of Obstetricians and Gynecologists - Optimizing Postpartum Care (acog.org)	

New Jersey PRAMS: Postpartum Checkup

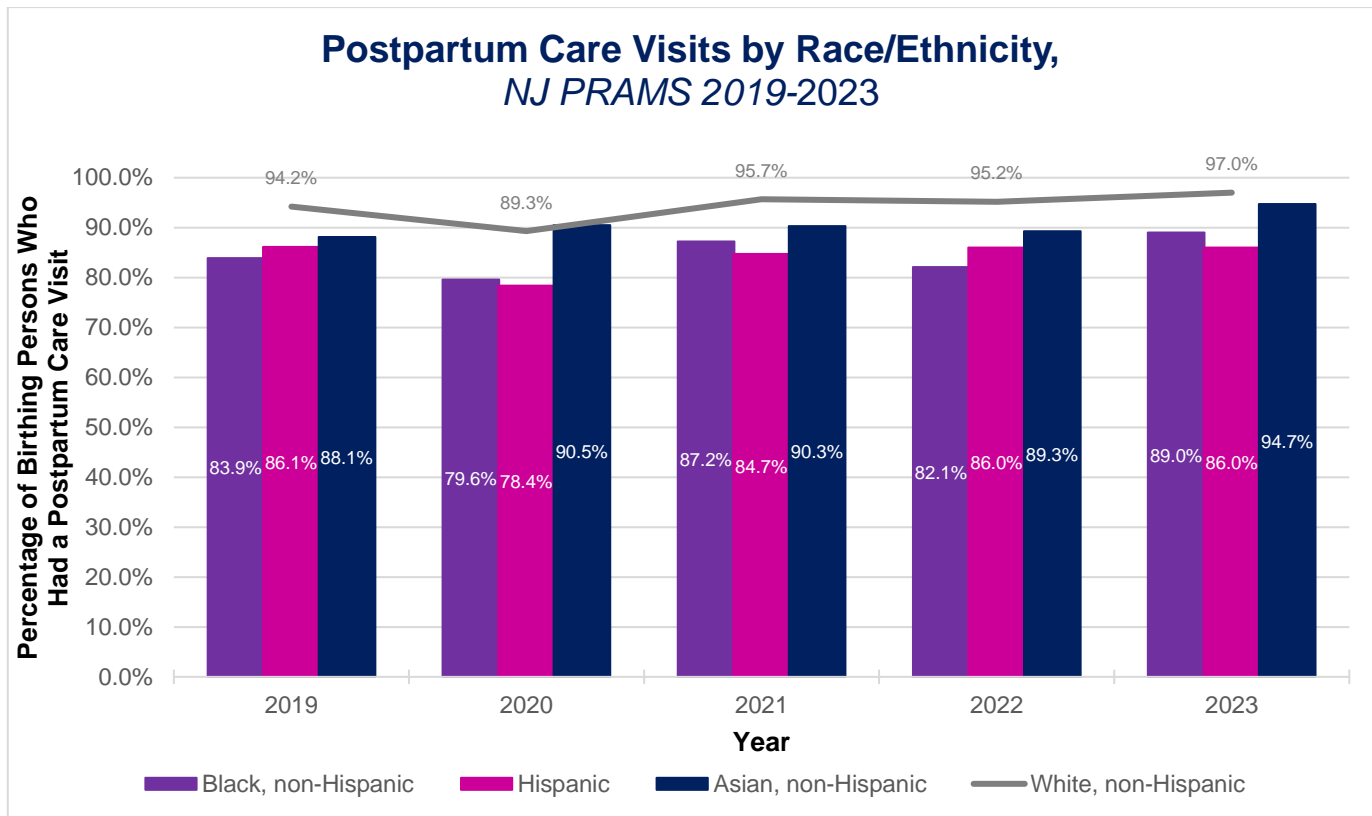
Postpartum Care Visit Rates

PRAMS data assess progress on Healthy People 2030 and ACOG Health Care Services objectives.

	New Jersey, % (CI)						All PRAMS Sites, % (CI)*
	2018	2019	2020	2021	2022	2023	2022
Postpartum visit for mother/birthing individual	89.5 (87.5-91.2)	89.5 (87.4-91.3)	84.9 (82.5-87.1)	90.4 (88.2-92.3)	89.9 (87.6-91.7)	92.4 (90.1-94.2)	90.6 (90.1-91.1)

Note: All percentages and their corresponding confidence intervals (CI) are weighted.

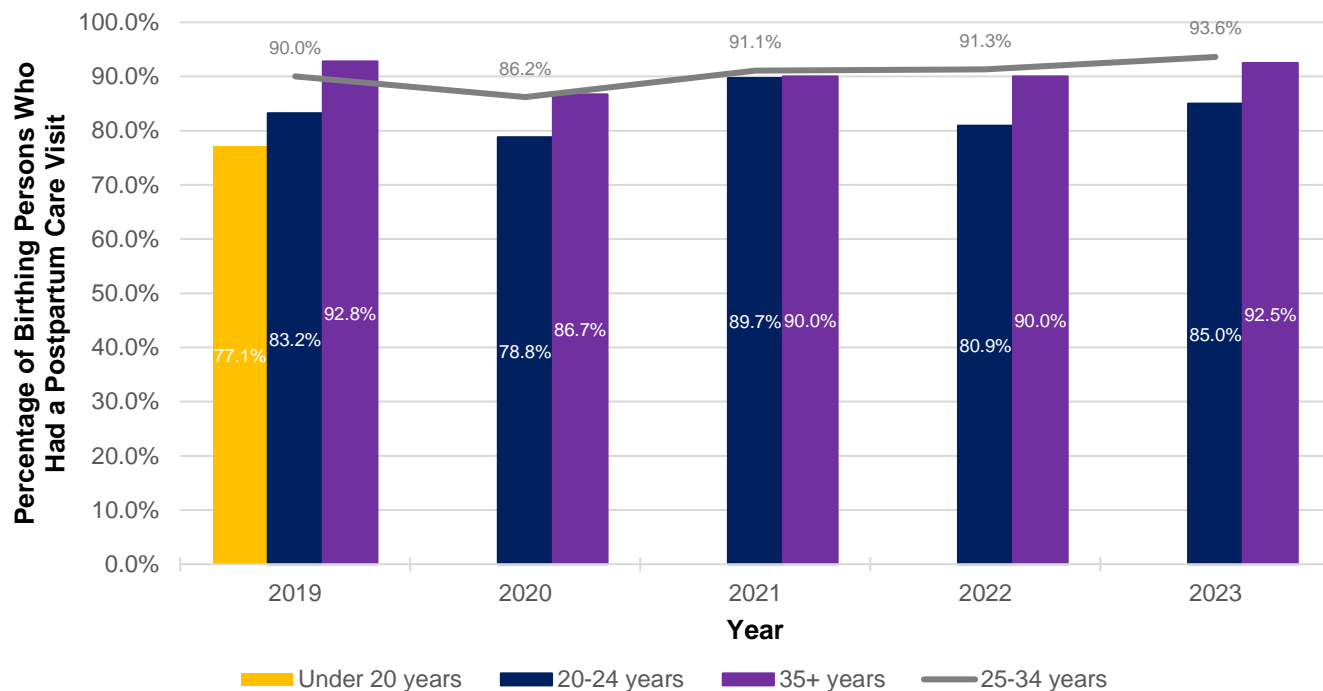
* PRAMS sites aggregated for 2022: Alabama, Arizona, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Kansas, Kentucky, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York City, New York State, North Dakota, Northern Mariana Islands, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming that met the required 50% response rate threshold for inclusion.



Note: For the year 2023, results for White, non-Hispanic, and Asian, non-Hispanic are statistically unreliable and fluctuate widely across time periods due to random variation (chance). Please use caution when interpreting these values.

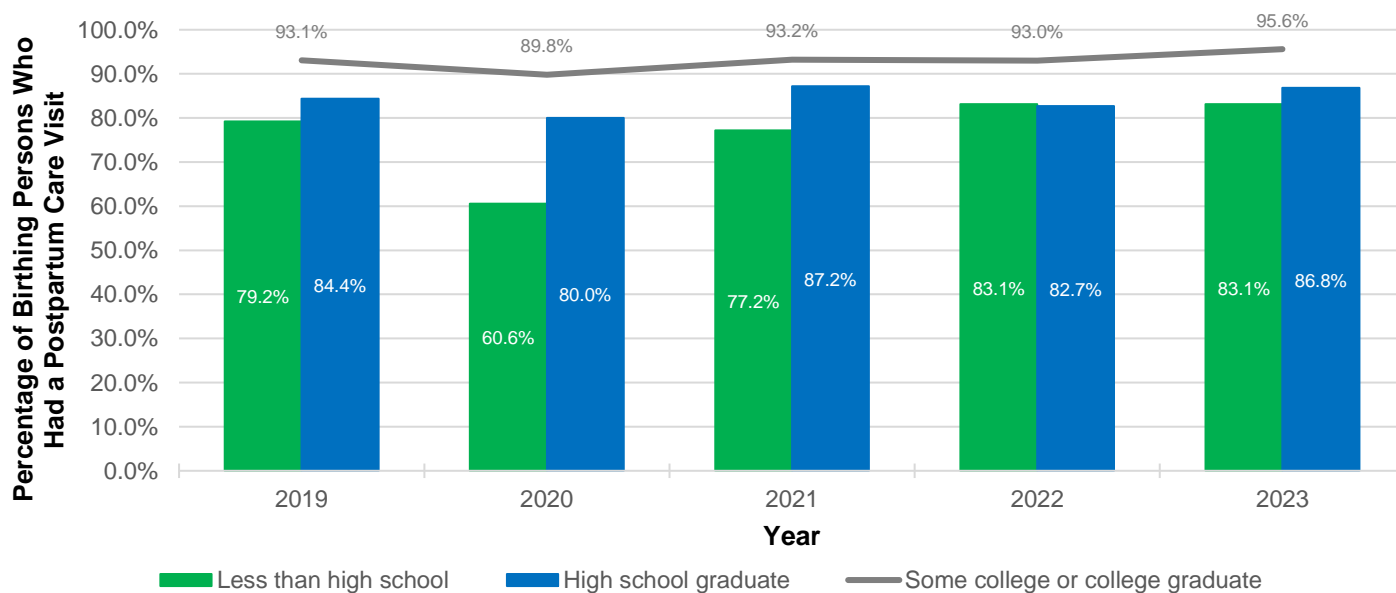
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Postpartum Care Visits by Age, NJ PRAMS 2019-2023



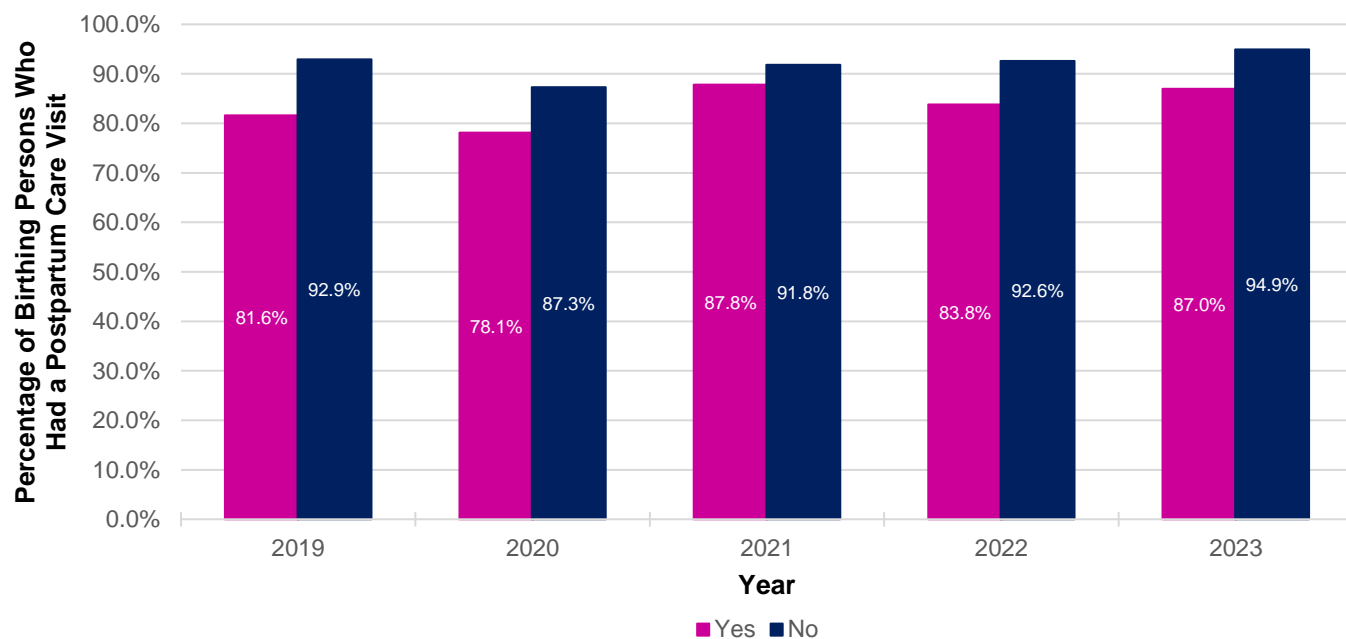
Note: Results for those under 20 years old (2020-2023) were omitted because percentages based on fewer than 30 completed surveys do not meet the standard for data release. Results for 20-24 years old (2021, 2023) are statistically unreliable and fluctuate widely across time periods due to random variation (chance). Please use caution when interpreting these values.

Postpartum Care Visits by Educational Attainment, NJ PRAMS 2019-2023

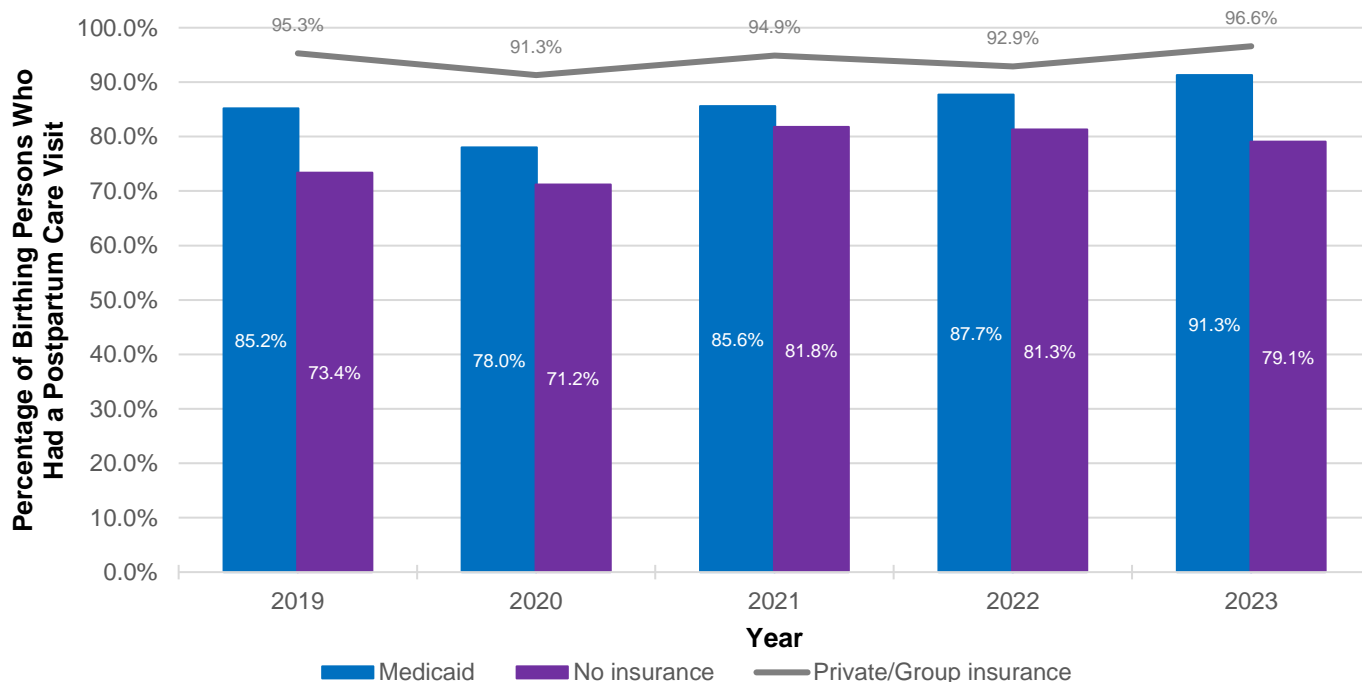


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**Postpartum Care Visits by WIC Status During Pregnancy,
NJ PRAMS 2019-2023**



**Postpartum Care Visits by Insurance Postpartum,
NJ PRAMS 2019-2023**



New Jersey PRAMS: Postpartum Checkup

Summary of Results

In 2023, compared to 2020 (*COVID-19 pandemic*), higher rates of postpartum care visits have been observed for all races/ethnicity, age, educational attainment, WIC status, and health insurance coverage groups.

Historically, the following groups consistently have lower rates of postpartum care visits:

- Black, non-Hispanic, and Hispanic individuals (compared to White, non-Hispanic)
- 20–24-year-olds (compared to 25–34-year-olds)
- Those with a high school education or less (compared to individuals with at least some college)
- WIC participants
- Those who use Medicaid or do not have insurance postpartum (compared to those using Private/Group insurance)

Resources

New Jersey Department of Health: <https://www.nj.gov/health/>

New Jersey Department of Health, Healthy Women Healthy Families-[Department of Health | Maternal and Child Health | Healthy Women Healthy Families \(nj.gov\)](#)

ConnectingNJ: <https://www.nj.gov/connectingnj/>

References

1. Your postpartum checkups. www.marchofdimes.org. Published September 2023. <https://www.marchofdimes.org/find-support/topics/postpartum/your-postpartum-checkups>
2. Ramos D. What to Expect at a Postpartum Checkup—And Why the Visit Matters. www.acog.org. Published February 2024. <https://www.acog.org/womens-health/experts-and-stories/the-latest/what-to-expect-at-a-postpartum-checkup-and-why-the-visit-matters#:~:text=The%20first%20checkup%20should%20be>
3. Committee on Obstetric Practice. Optimizing Postpartum Care. www.acog.org. Published May 2018. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care#:~:text=The%20comprehensive%20postpartum%20visit%20should>
4. Bellerose M, Steenland MW. Association Between the Coronavirus Disease 2019 (COVID-19) Pandemic and National Disparities in Postpartum Visit Attendance. Obstetrics & Gynecology. 2022;141(1):170-172. doi: <https://doi.org/10.1097/aog.0000000000005014>
5. Postpartum Care | Medicaid. www.medicaid.gov. <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/maternal-infant-health-care-quality/postpartum-care/index.html>
6. New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS). Retrieved on May 20, 2025 from New Jersey Department of Health, New Jersey State Health Assessment Data website: <https://www.doh.nj.gov/doh-shad/query/selection/prams/PRAMSSelection.html>.

To learn more about PRAMS methods and to see data availability by state and year, visit:

<https://www.cdc.gov/prams> For more information on NJ PRAMS:

<http://www.nj.gov/health/fhs/maternalchild/outcomes/prams/>

