

New Jersey Hospital Maternity Care Report Card, 2023

Summary of Findings and Recommendations



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Overview of Delivery Hospitalizations for New Jersey Birthing People in 2023

- The racial/ethnic profile of New Jersey birthing people is changing; racial and ethnic groups that are not non-Hispanic White represent 55% of all births in 2023 compared to 46% in 2000.
- There were 95,106 live births at licensed birthing general acute care hospitals compared to 96,944 live births in 2022.
- The number of birthing people covered by a private insurance was 59,597 compared to 62,373 in 2022, and those covered by Medicaid was 32,508 compared to 30,885 in 2022.
- The rate of cesarean birth was 32.6%, which was nearly the same as the 2022 rate (32.4%).
- The rates of obstetric hemorrhage increased to 58 from 52 per 1,000 delivery hospitalizations in 2022; post-admission infections to 22 from 21 per 1,000 delivery hospitalizations in 2022; and severe maternal morbidity (SMM) with transfusion to 25 from 23 per 1,000 delivery hospitalizations in 2022.
- There were higher rates of cesarean deliveries with complications as compared to vaginal deliveries per 1,000 delivery hospitalizations: obstetric hemorrhage (130 cesarean versus 23 vaginal); post-admission infections (29 cesarean versus 19 vaginal); and SMM with transfusion (48 cesarean versus 14 vaginal).

Variation in Characteristics and Outcomes by Hospital in 2023

- Nineteen (19) birthing hospitals (of the 47 total) had higher rates of obstetric hemorrhage than the statewide rate of 57.8 per 1,000 delivery hospitalizations, an increase from 15 out of 48 birthing hospitals in 2022.
- Eleven (11) birthing hospitals (of the 47 total) had higher rates of SMM with transfusion than the statewide rate of 25 per 1,000 delivery hospitalizations, a decrease from 13 out of 48 birthing hospitals in 2022.
- Thirteen (13) birthing hospitals (of the 47 total) had higher post-admission infection rates than the statewide rate of 22.1 per 1,000 delivery hospitalizations, a similar proportion as in 2022 (13 out of 48 birthing hospitals).
- Episiotomy rates varied widely among hospitals, from 0.5% to 17.8% (with statewide rate of 3.6%), which were similar to the 2022 range and statewide rate.
- Vaginal Birth after Cesarean (VBAC) rates for all delivery hospitalizations varied by hospital, ranging from 0% to 7% (with statewide rate of 2.5%), which were almost the same as the 2022 hospital range and statewide rate.

Delivery Complication Rates by Race/Ethnicity in 2023

- Non-Hispanic Black birthing people continued to have the highest rate of SMM with transfusion (41.2 per 1,000 delivery hospitalizations, an increase from 38.5 per 1,000 delivery hospitalizations in 2022). Hispanic birthing people had the second highest rate of 28.8 per 1,000 delivery hospitalizations. The lowest rate was among non-Hispanic White birthing people at 17.7 per 1,000 delivery hospitalizations.
- Non-Hispanic Black birthing people had the highest rate of obstetric hemorrhage (68.2 per 1,000 delivery hospitalizations, an increase from 64.9 per 1,000 delivery hospitalizations in 2022). Hispanic birthing people had the second highest rate of 57.2 per 1,000 delivery hospitalizations. The lowest rate was among Other/Multi-race birthing people at 50.2 per 1,000 delivery hospitalizations.
- Non-Hispanic Asian birthing people had the highest rate of post-admission infection at a rate of 32.8 per 1,000 delivery hospitalizations (an increase from 28.8 per 1,000 delivery hospitalizations in 2022). Hispanic birthing people had the second highest rate of 29.5 per 1,000 delivery hospitalizations. The lowest rate was among non-Hispanic White birthing people at 13.8 per 1,000 delivery hospitalizations.
- Non-Hispanic Asian birthing people had the highest rate of third- and fourth-degree perineal lacerations without instrument (4.5 per 100 delivery hospitalizations, nearly the same rate as that in 2022). Non-Hispanic Black birthing people had the second highest rate of 3.6 per 100 delivery hospitalizations. The lowest rate was among non-Hispanic White birthing people at 1.6 per 100 delivery hospitalizations.
- Non-Hispanic Asian birthing people had the highest rate of episiotomy (8.9 per 100 delivery hospitalizations, a decrease from 10.3 per 100 delivery hospitalizations in 2022). Non-Hispanic White birthing people had the second highest rate of 3.7 per 100 delivery hospitalizations. The lowest rate was among non-Hispanic Black birthing people at 1.6 per 100 delivery hospitalizations.

Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Births in 2023

- The rate of cesarean births among nulliparous (first time birthing people), with a term (37 or more completed weeks of gestation), singleton (one fetus), in a vertex position (head-first presentation of the fetus), or NTSV cesarean births, slightly increased to 25.4% in 2023 from 24.3% in 2022. The percentage of birthing acute care hospitals in New Jersey that achieved the U.S. Department of Health and Human Services Healthy People 2030 target of 23.6% or fewer NTSV cesarean births decreased to 38% in 2023 from 44% in 2022. Please see the table below for additional details.

Year	Percentage of Birthing Acute Care Hospitals in NJ achieving the Healthy People 2030 target of 23.6 or fewer NTSV cesarean births (per 100 live births)	NJ statewide rate of NTSV cesarean births (per 100 live births)
2023	38%	25.4
2022	44%	24.3
2021	42%	24.9
2020	35%	25.9
2019	33%	26.7
2018	20%	27.8
2016	16%	30.3

Recommendations

In collaboration with New Jersey Maternal and Infant Health Innovation Authority and the New Jersey Maternal Mortality Quality Collaborative:

- Further research is needed to understand the mechanisms that contribute to obstetric hemorrhage, post-admission infections, and SMM with transfusion at the hospital level.
- Variation in outcomes between hospitals highlight the need to encourage the use of standardized practice guidelines, such as the adoption of a standard measure for Quantitative Blood Loss (QBL) to ensure accuracy of data.
- Birthing people who experienced cesarean deliveries had significantly higher risk-adjusted complication rates for SMM with transfusion, post-admission infections, and obstetric hemorrhage. Therefore, modifiable risk factors that contribute to higher complication rates need to be identified.
- Disparities in outcomes by race/ethnicity and other maternal indicators should be considered in combination with findings from the New Jersey Maternal Mortality Review Committee, and policy recommendations should be made in alignment with the Nurture NJ strategies.