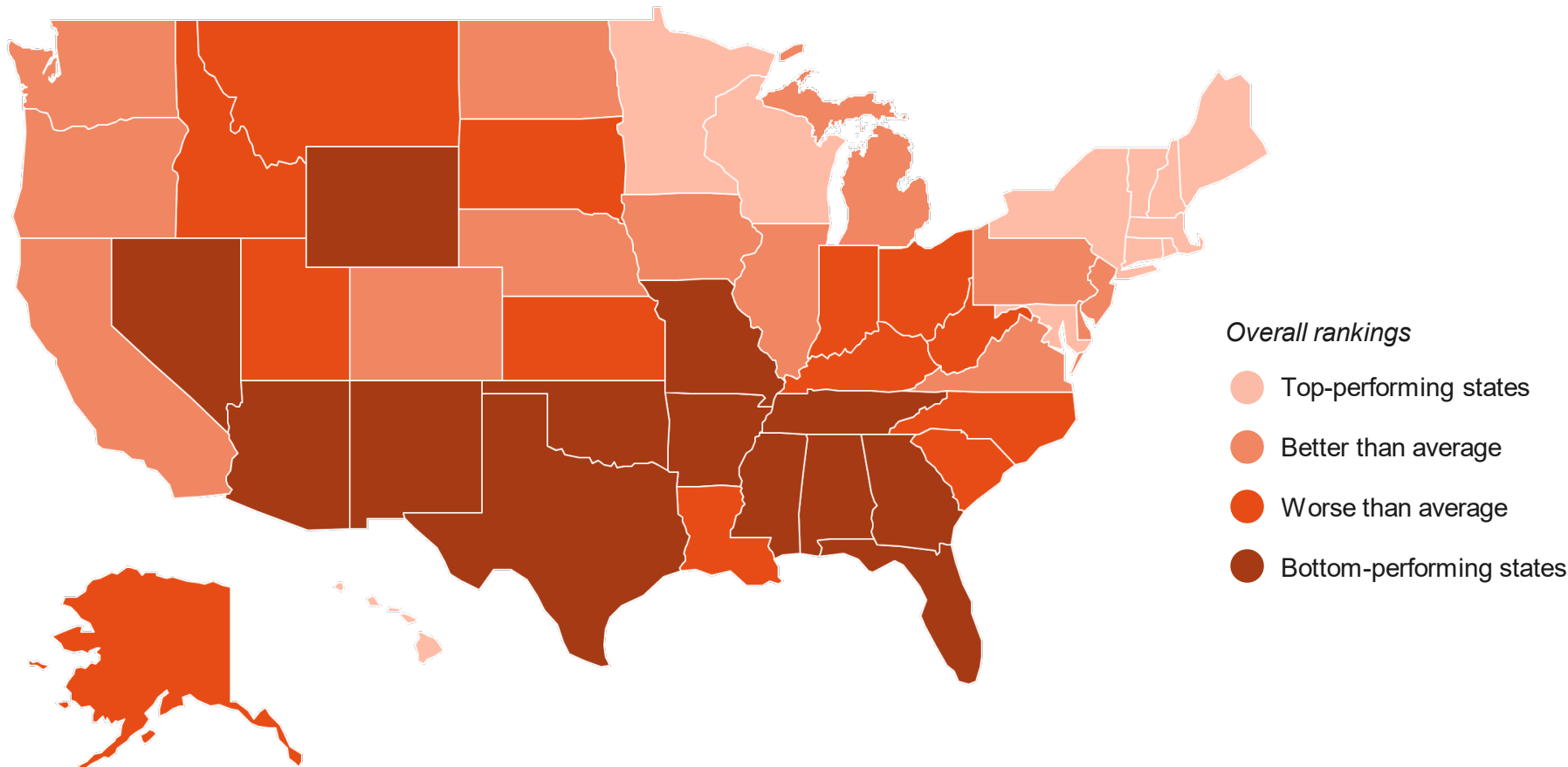


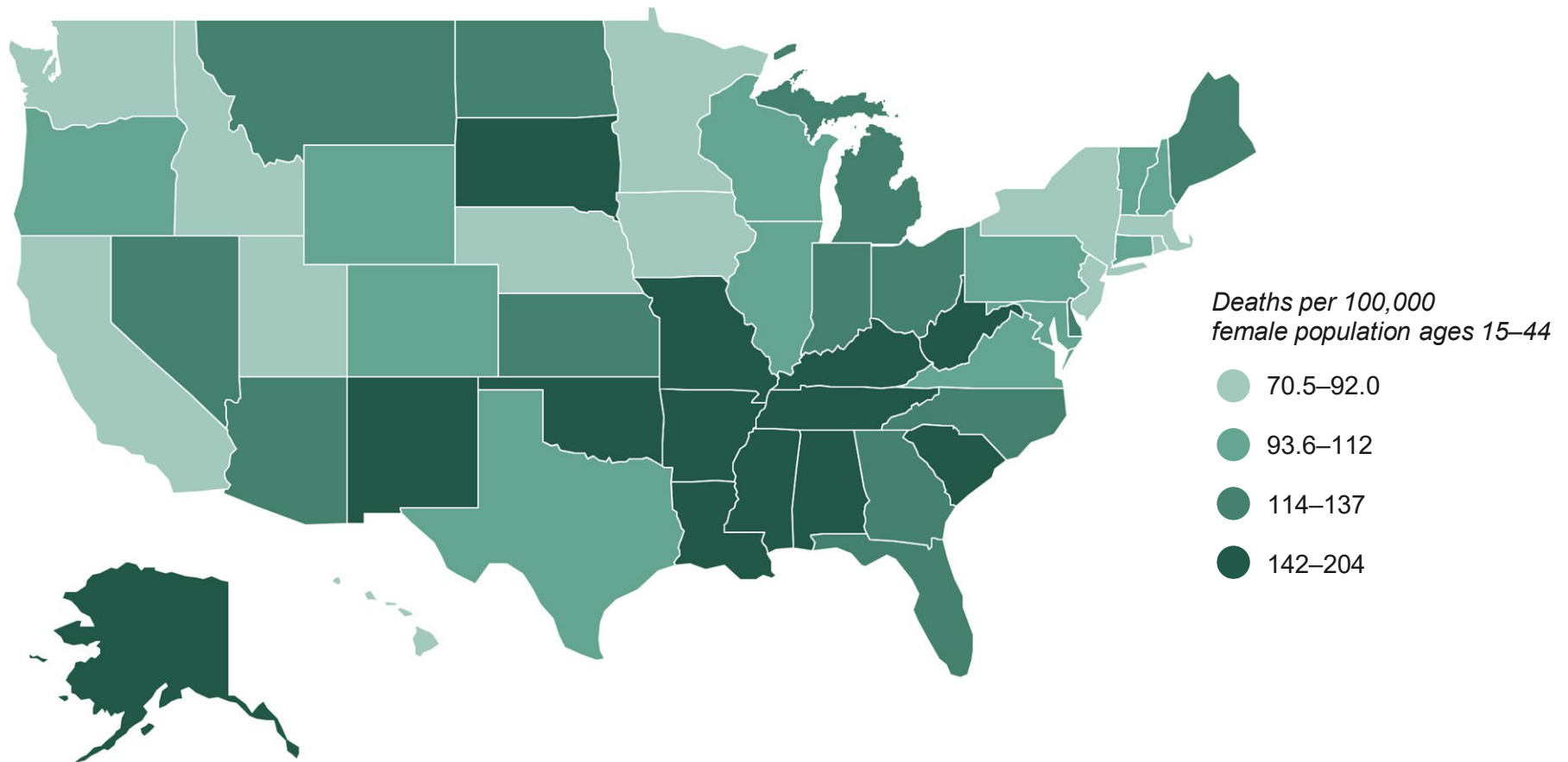
# Massachusetts, Vermont, and Rhode Island top the overall rankings of health system performance for women.



Data: Overall performance scores from the Commonwealth Fund 2024 State Scorecard on Women’s Health and Reproductive Care.



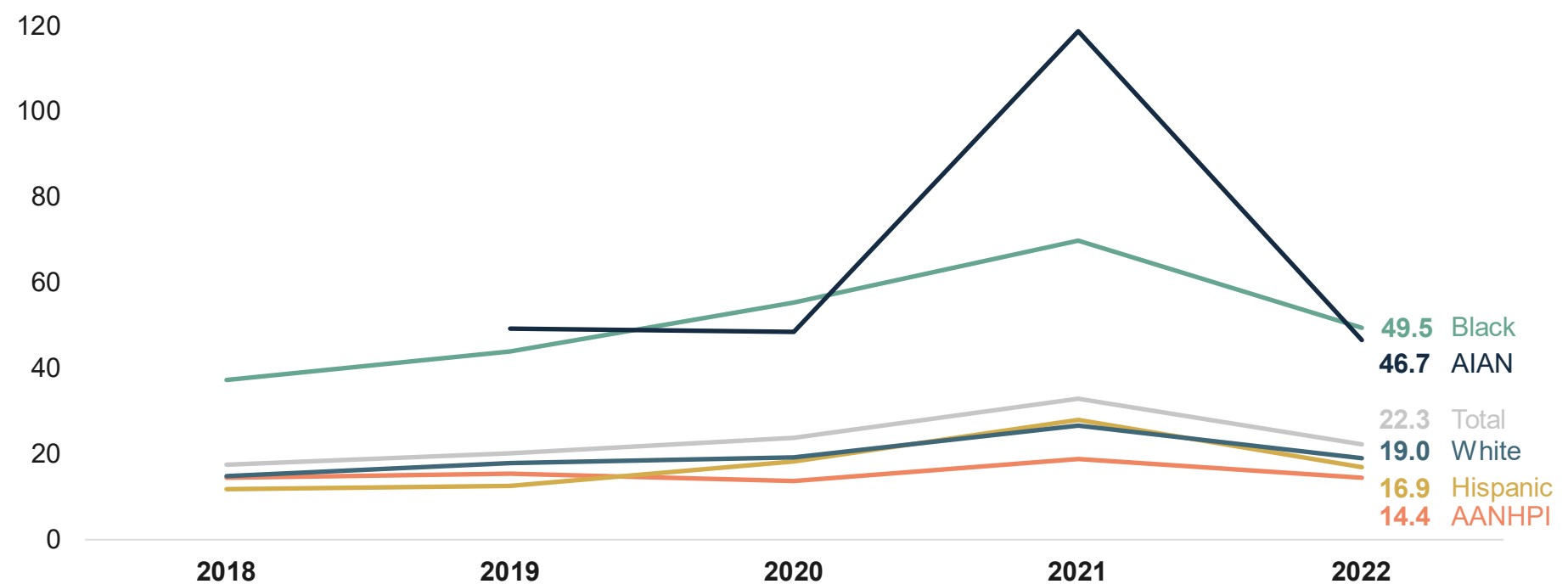
# All-cause mortality for women of reproductive age is highest in southeastern states.



Data: CDC National Vital Statistics System (NVSS): WONDER, 2022.

# The maternal mortality rate nearly doubled between 2018 and 2022, with rates for Black and American Indian and Alaska Native women increasing the most.

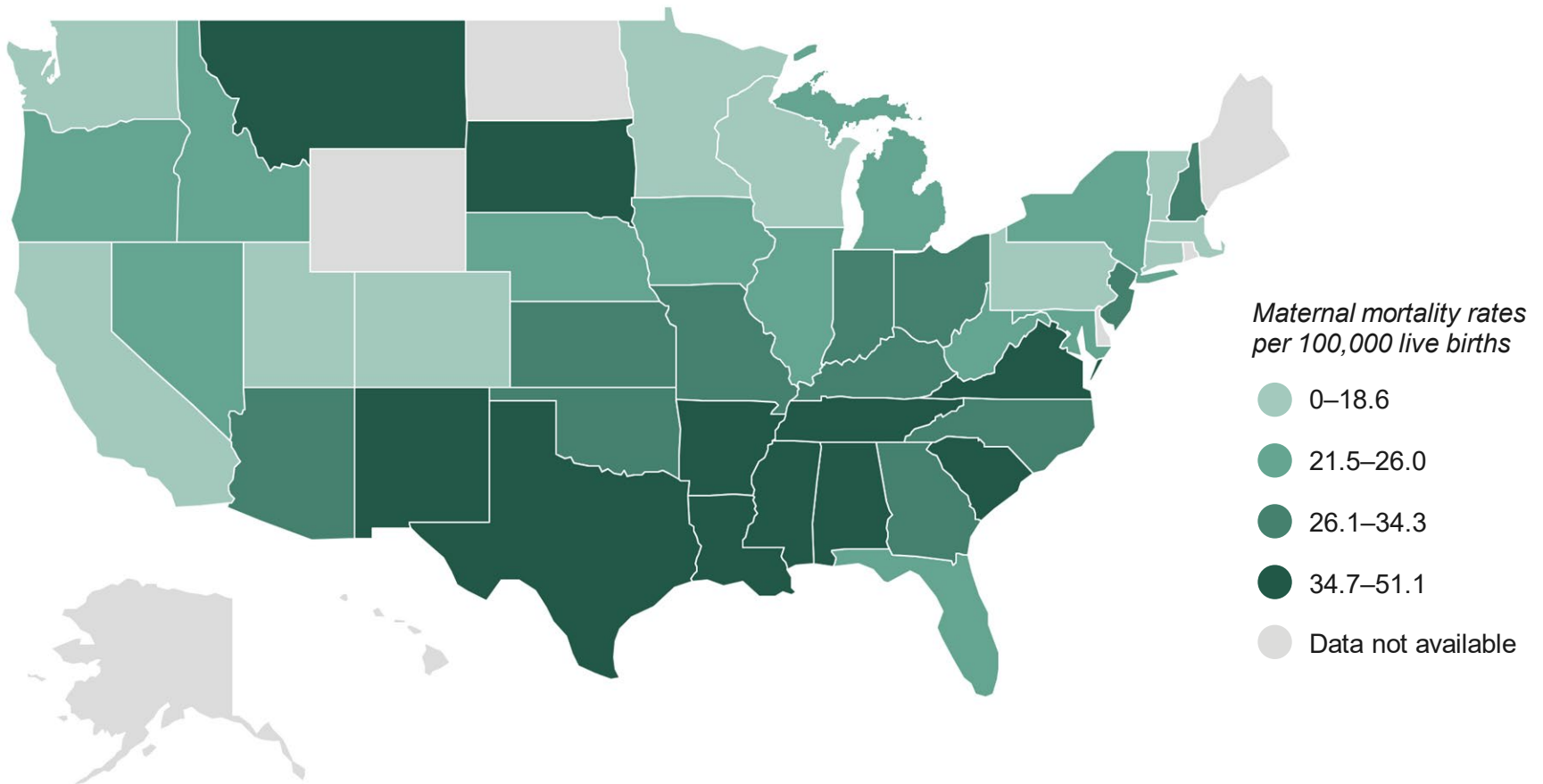
Maternal mortality rate per 100,000 live births, 2018–2022



Note: Maternal deaths include those assigned to ICD-10 codes A34, O00–O95, and O98–O99 and occur while pregnant or within 42 days of being pregnant. Rates shown are for American Indian/Alaska Native (AIAN; non-Hispanic); Asian American, Native Hawaiian and Pacific Islander (AANHPI; non-Hispanic); Black (non-Hispanic); white (non-Hispanic); and Hispanic (any race) people, based on information from decedent's death certificate. 2018 AIAN rate is not available because of CDC data suppression standards for small numbers of deaths. AA and NHPI data are combined because NHPI data alone are not available for 2018–2022 because of CDC data suppression standards for small numbers of deaths.

Data: Donna L. Hoyert, *Health E-stat: Maternal Mortality Rates in the United States, 2022* (National Center for Health Statistics, May 2024); and authors' calculations using data from the National Vital Statistics System (NVSS), Natality and Mortality, via CDC WONDER, 2018–2022.

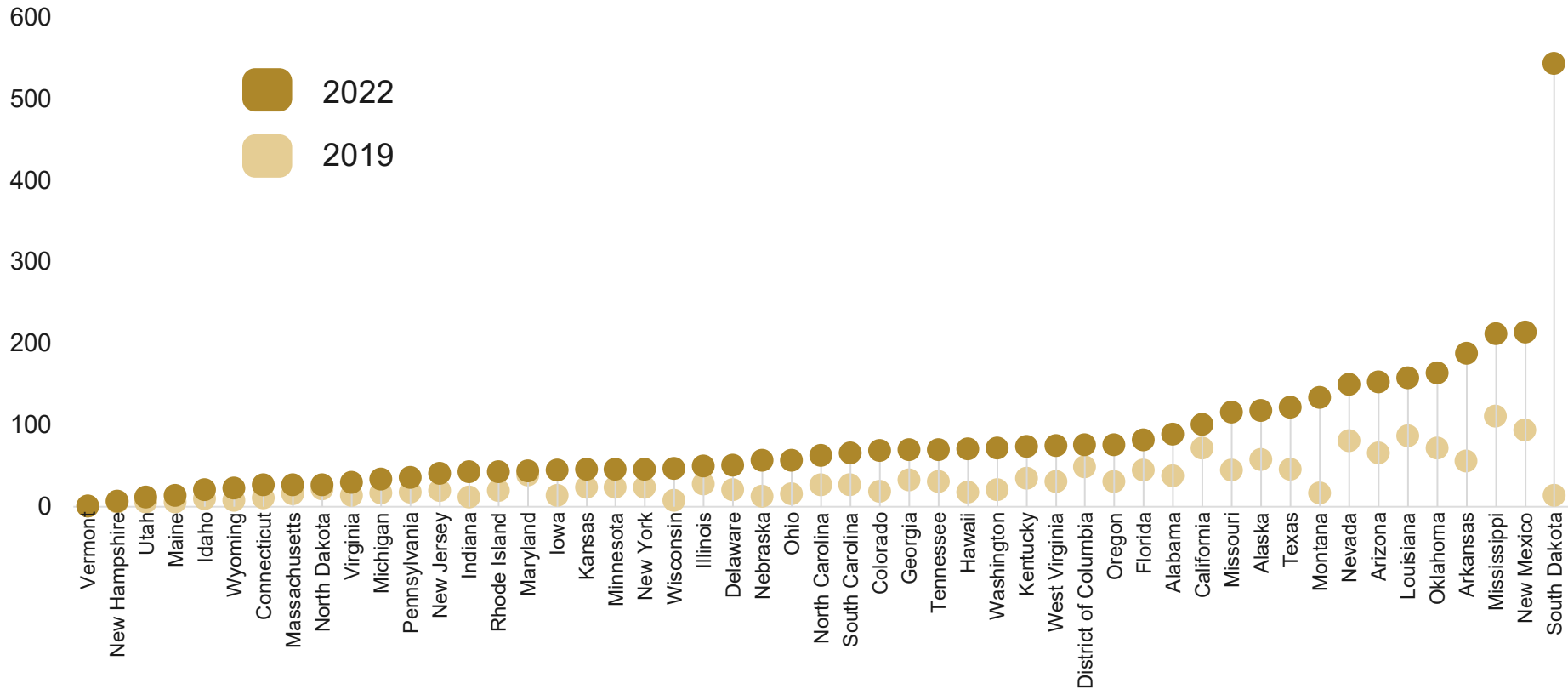
# The highest rates of maternal mortality are in the Mississippi Delta region.



Data: CDC National Vital Statistics System (NVSS): WONDER, 2020–2022.

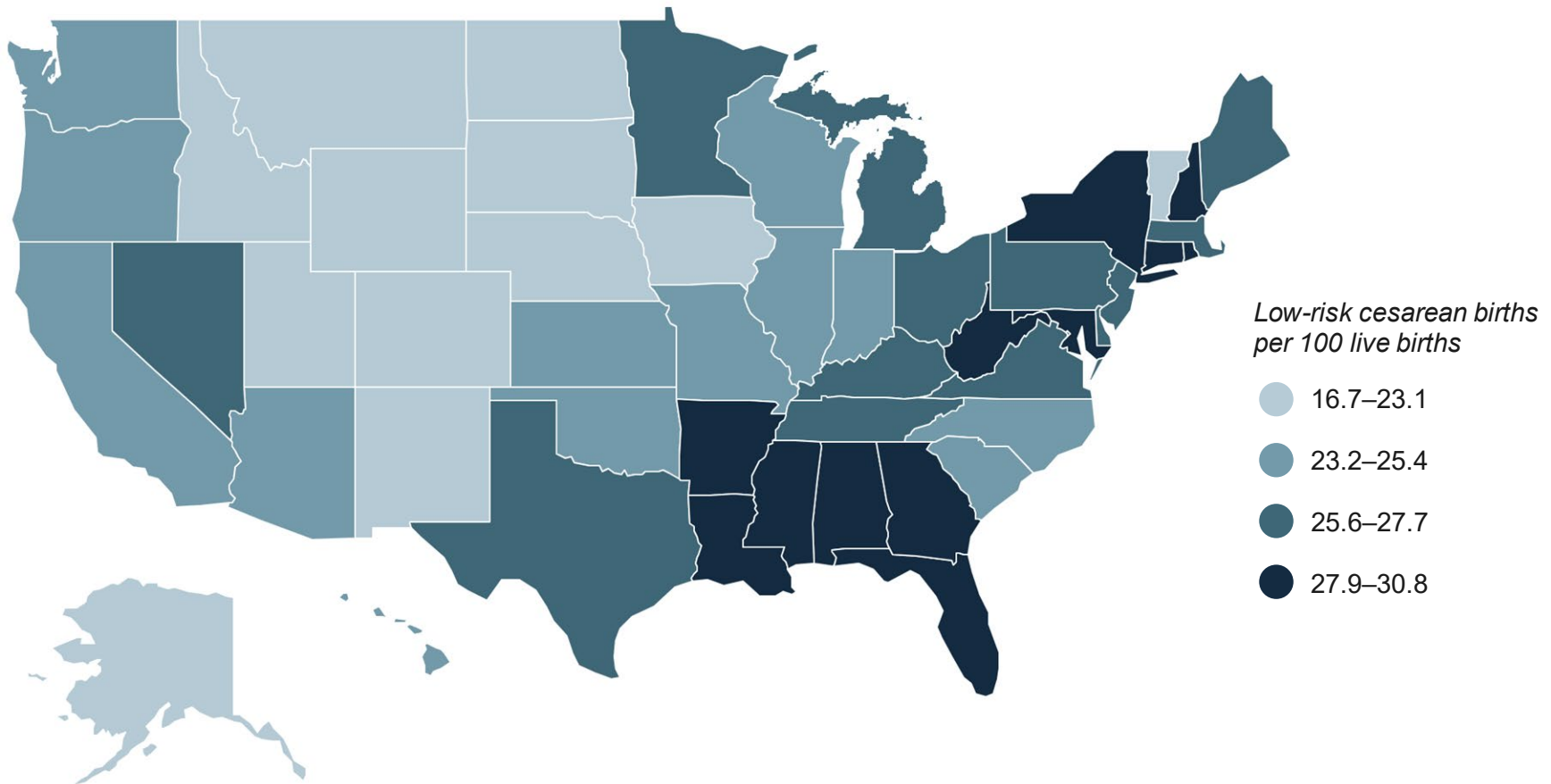
# Syphilis infection rates among women of reproductive age have increased in nearly all states since 2019.

*Syphilis prevalence, infection rate per 100,000 women ages 15–44*



Data: CDC Sexually Transmitted Infections Surveillance, 2022.

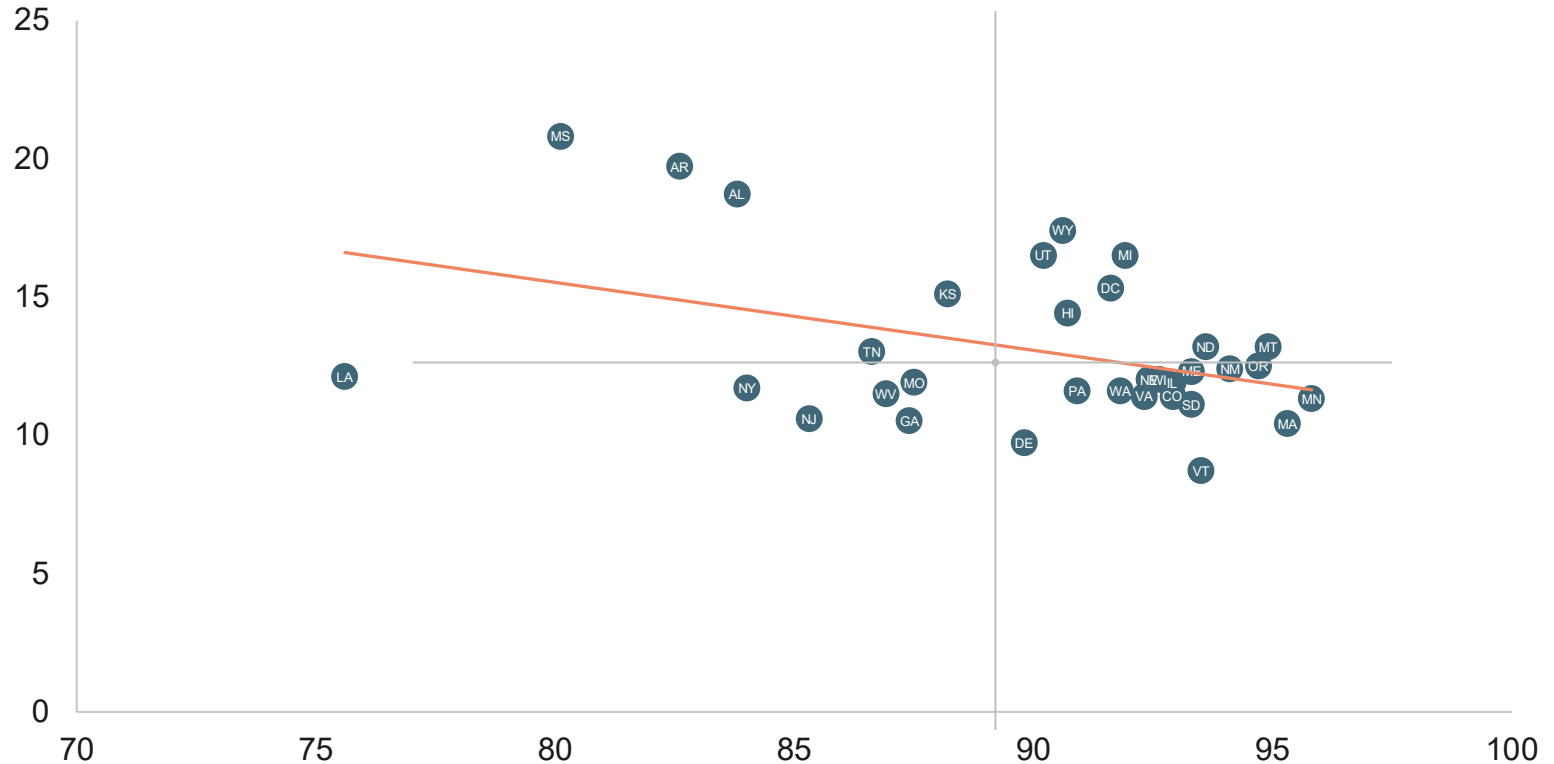
# Low-risk cesarean births — a key indicator of lower quality maternal health care — is more common on the East Coast and in the southern U.S.



Note: Includes singleton, full term (37 completed weeks or more of gestation based on the obstetric estimate), vertex (not breech), cesarean deliveries to women having a first birth.  
Data: Brady E. Hamilton, Joyce A. Martin, and Michelle J.K. Osterman, *Births: Provisional Data for 2022*, Vital Statistics Rapid Release no. 28 (National Center for Health Statistics, June 2023).

# States with higher rates of postpartum depression tend to also have lower rates of postpartum depression screening.

Percent of women who recently gave birth with **self-reported postpartum depression**

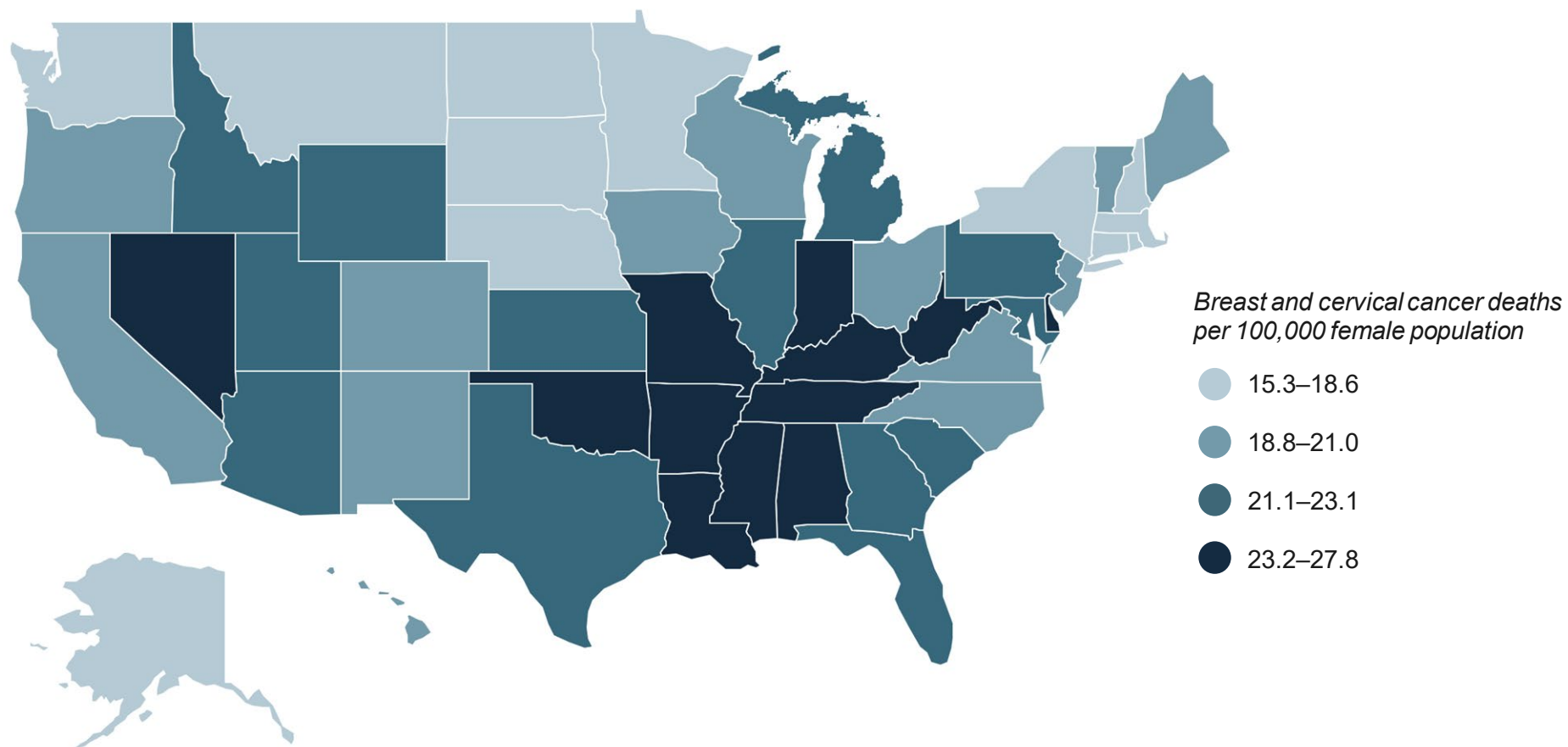


Percent of women who recently gave birth who were **screened for postpartum depression**

Notes: Crossbars set at the observed U.S. rate. Orange line is the correlation between the two indicators; the Spearman correlation coefficient ( $r_s = -0.29$ ) suggests a weak to moderate correlation. Data not available in all states.

Data: [Pregnancy Risk Assessment Monitoring System \(PRAMS\) automated research file](#), 2021.

# Breast and cervical cancer deaths are highest in southern states.

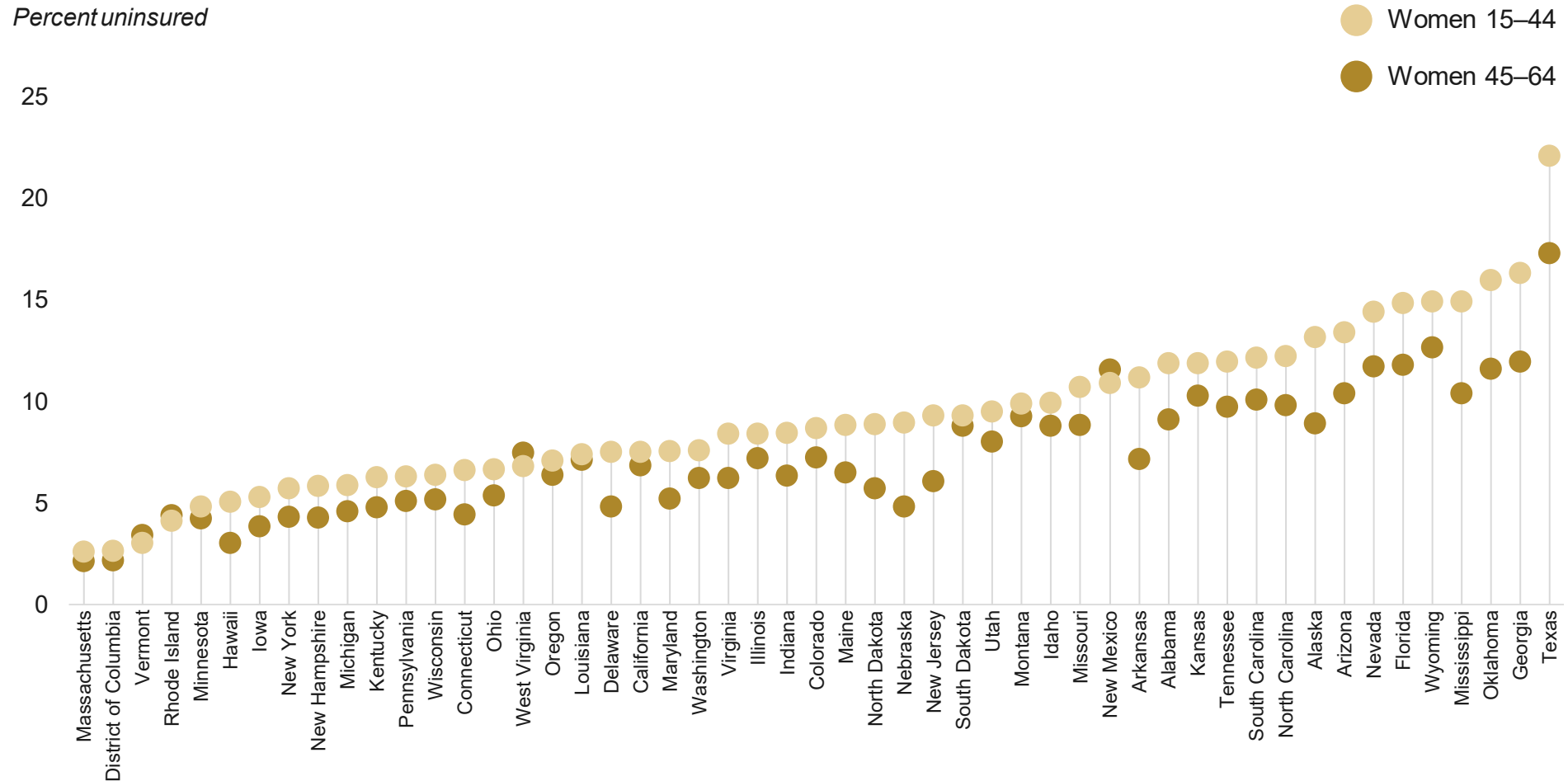


Data: CDC WONDER, 2022.



# Women ages 15 to 44 have slightly higher uninsured rates than women ages 45 to 64.

Percent uninsured

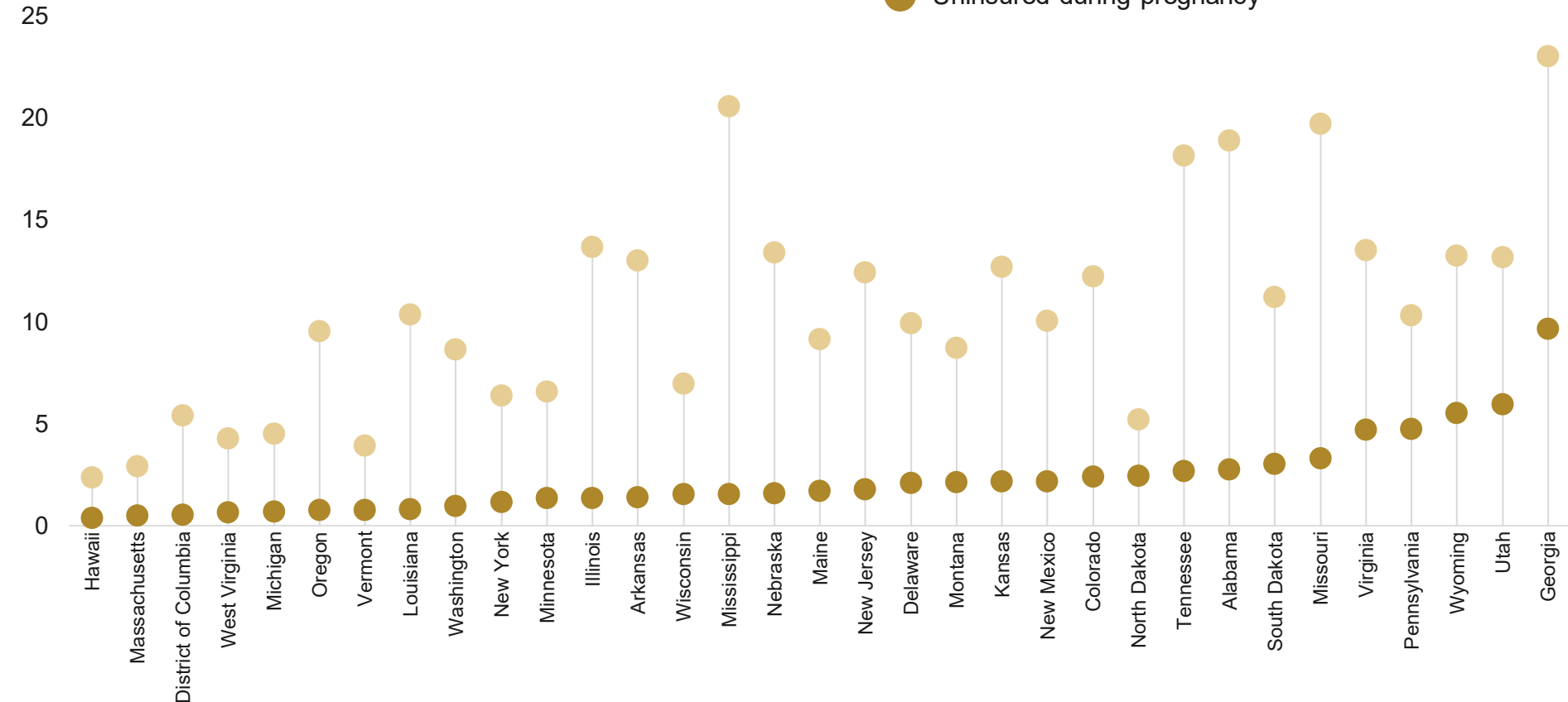


Note: States are sorted by the uninsured rate among women ages 15-44.  
 Data: American Community Survey, Public Use Microdata Sample (PUMS), 2022.

# Women giving birth are more likely to have health insurance coverage during pregnancy than before.

Percent uninsured

- Uninsured before pregnancy (1 month preconception)
- Uninsured during pregnancy



Note: Pre-conception refers to 1 month before pregnancy. Data not available in all states.

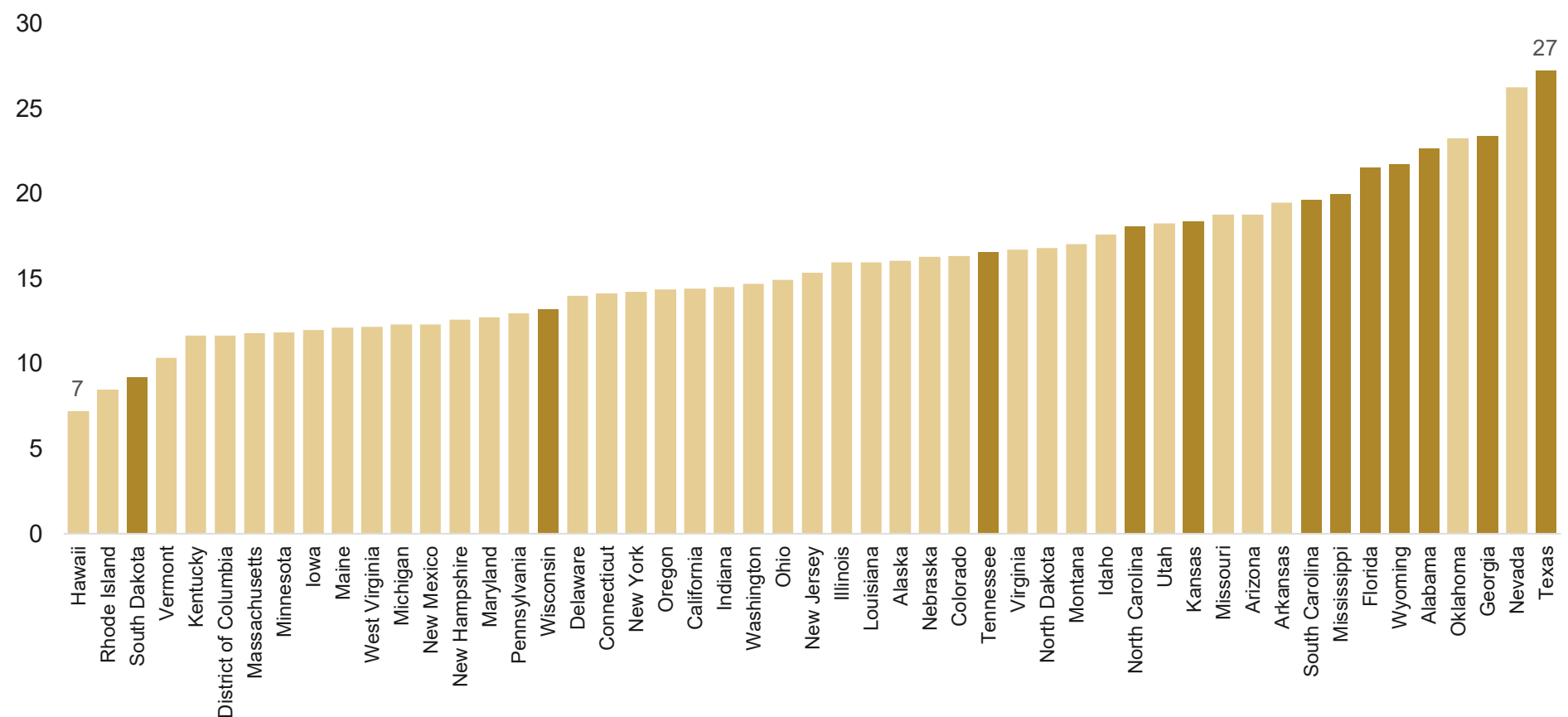
Data: [Pregnancy Risk Assessment Monitoring System \(PRAMS\) automated research file, 2021.](https://doi.org/10.26099/6qr0-t974)

Source: Sara R. Collins et al., 2024 *State Scorecard on Women's Health and Reproductive Care* (Commonwealth Fund, July 2024).

<https://doi.org/10.26099/6qr0-t974>

# In states that have not expanded Medicaid, women of reproductive age are more likely to skip needed care because of cost.

Percent of women ages 18–44 who went without care because of cost

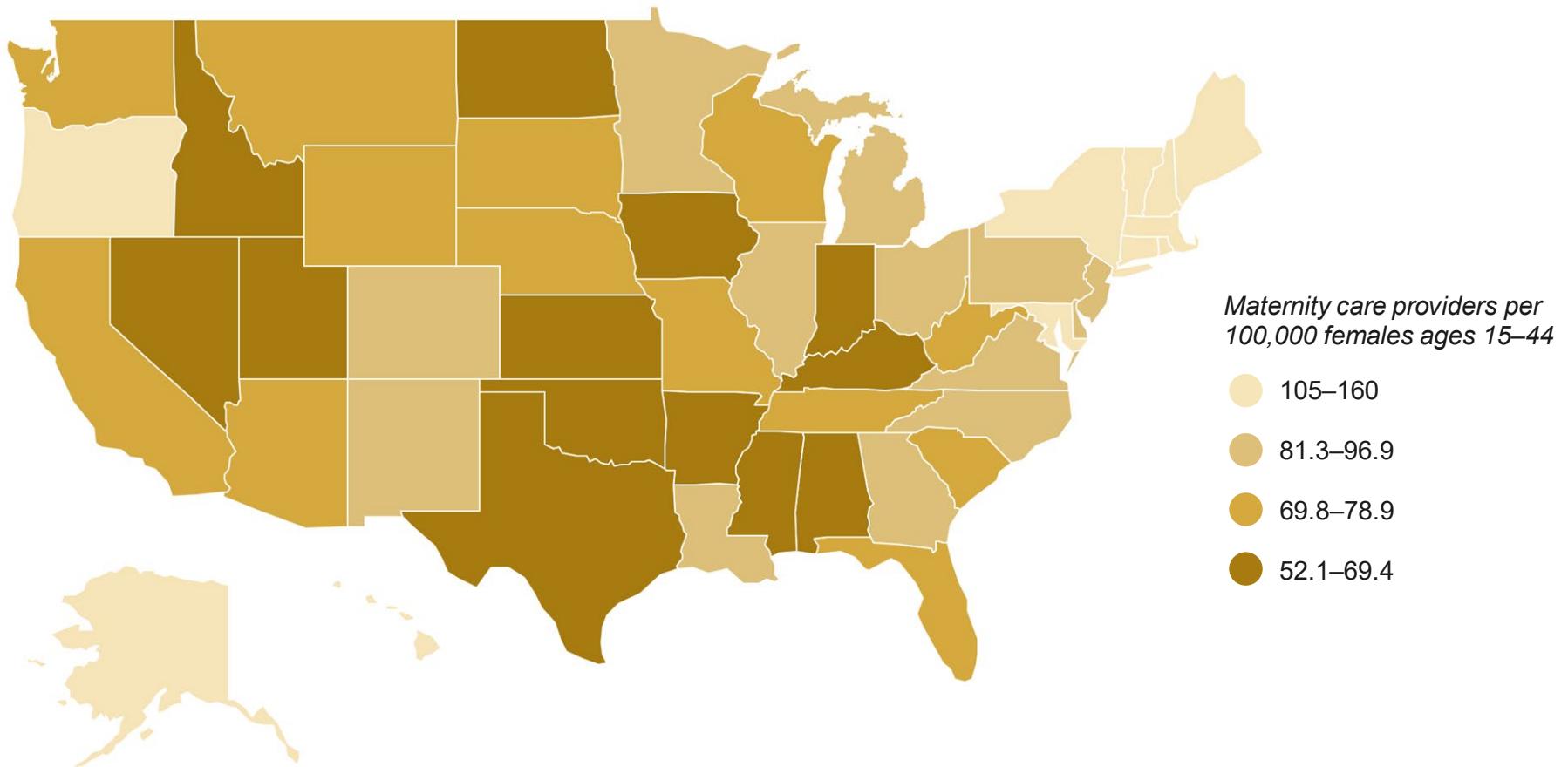


Note: States in darker shade had not expanded Medicaid before January 1, 2022.

Data: Behavioral Risk Factor Surveillance System (BRFSS), 2022; and [“Status of Medicaid Expansion,”](#) Commonwealth Fund, last updated June 20, 2023.



# States with abortion restrictions tend to have the fewest number of maternity care providers.



Notes: Maternity care workforce includes M.D. + D.O. (obstetrics and gynecology), nurse midwives, and certified nurse midwives. As of July 3, 2024, there are abortion bans in Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, and West Virginia. There are gestational limits of six weeks in Florida, Georgia, and South Carolina; 12 weeks in Nebraska and North Carolina; and 15 to 18 weeks in Arizona and Utah.

Data: Area Health Resource File, 2022–2023; and [“Tracking Abortion Bans Across the Country,”](#) *New York Times*, accessed July 3, 2024.