national collaborative for infants & toddlers

Maternal Health

Fast Facts

To provide you with the best science at the ready, please find the following science-approved facts for you to use in your campaigns and materials. After each fact, you will find fast facts based on the science, which can be cut and pasted word-for-word without the need for additional science review.

Please note that our Fast Facts on Nutrition Security have great information on the impact of nutrition during pregnancy and can be accessed here.

Prenatal and Postpartum Care

FACT 1

Prenatal care is essential to identifying high-risk pregnancies early, closely monitoring maternal and fetal health, and enabling timely interventions that prevent morbidity and mortality. Regular prenatal care reduces the risk of pregnancy complications and lowers the risk of complications for baby.

Fast Facts:

- Prenatal care helps find risks early in pregnancy.
- Regular prenatal visits help providers monitor the health of both the pregnant person and the baby.
- Timely care can help prevent complications or reduce their impact.

Sources:

Eunice Kennedy Shriver National Institute of Child Health and Human Development. What is prenatal care and why is it important? Updated April 15, 2026. https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care

Karrar SA, Vadakekut ES, Hong PL. Initial antepartum care. In: *StatPearls* [Internet]. Treasure Island, FL: StatPearls Publishing; 2026. Updated August 12, 2024. Available from: https://www.ncbi.nlm.nih.gov/books/NBK570635/

FACT 2

A growing number of people are going without timely prenatal care. From 2021 to 2024, prenatal care beginning in the second trimester increased from 15.4% to 17.3% and late (third trimester) or no care increased from 6.3% to 7.3%. Late or no care increased in 36 states and D.C.

Fast Facts:

- More people are starting prenatal care later in pregnancy or missing it altogether.
- Late or no prenatal care is increasing across much of the country, including 36 states and Washington, D.C.

Sources:

Osterman MJK, Martin JA. Changes in timing of prenatal care initiation: United States, 2021–2024. *NCHS Data Brief*. 2026;(550):1–11. doi:10.15620/cdc/174642

FACT 3

The weeks following birth, or postpartum period, are a critical period for a woman and her infant and the postpartum visit should include a comprehensive assessment of physical, social, and sociological well-being. In 2018, the American College of Gynecologists (ACOG) estimated that as many as 40% of women do not attend a postpartum visit. Postpartum care receipt is lower among individuals with Medicaid coverage, rural residents, and people of underrepresented racial and ethnic groups, with disparities further compounded for people who belong to multiple of these identities.

Fast Facts:

- Up to 4 in 10 women may miss their postpartum visit.
- Postpartum care is less common for people covered by Medicaid, people in rural areas, and people of underrepresented racial and ethnic groups.
- The postpartum visit is a key chance to check physical recovery, mental health, blood pressure, and ongoing needs.

Sources:

American College of Obstetricians and Gynecologists. *Optimizing postpartum care* (Committee Opinion No. 736). *Obstet Gynecol*. 2018;131(5):e140–e150. Accessed May 5, 2026. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care

Interrante JD, Admon LK, Carroll C, Henning-Smith C, Chastain P, Kozhimannil KB. Association of health insurance, geography, and race and ethnicity with disparities in receipt of recommended postpartum care in the US. *JAMA Health Forum*. 2022;3(10):e223292. doi:10.1001/jamahealthforum.2022.3292

Maternal Morbidity and Mortality

FACT 4

Maternal mortality rates in the U.S. dropped to 17.9 deaths per 100,000 live births in 2024. However, significant racial, ethnic, and geographic disparities persist. Black women had the highest mortality rate at 44.8 deaths per 100,000 live births, which was significantly higher than the rates for white women (14.2), Hispanic women (12.1), and Asian women (18.1). State-level rates varied widely, from 17.6 deaths per 100,000 live births in California to 60.1 deaths per 100,000 live births in Mississippi, with states in the Deep South report higher pregnancy-related death ratios than states in the Northeast and West.

Fast Facts:

- Maternal deaths have declined overall, but the risk is still much higher for Black women.
- Where someone lives can affect their risk of dying from pregnancy-related causes.
- State rates vary widely, showing that policy, access to care, and health systems matter.

Sources:

Declercq E, Zephyrin LC. *Maternal mortality in the United States, 2025.* Commonwealth Fund; July 29, 2025. Issue Brief. doi:10.26099/kdfd-fc19

Hoyert DL. *Maternal mortality rates in the United States, 2024.* NCHS Health E-Stats. National Center for Health Statistics; March 2026;(113):1–7. https://www.cdc.gov/nchs/data/hestat/hestat113.htm

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FACT 5

In 2022, 85.7% of pregnancy-related deaths were determined by Maternal Mortality Review Committees (MMRCs) to be preventable, with most occurring postpartum (67.9%). The largest share occurred 43-365 days postpartum (37.8%), followed by 7-12 days postpartum (20.6%) and 1-6 days postpartum (9.5%), while 11.2% occurred on the day of delivery and 20.9% occurred during pregnancy.

Fast Facts:

- Most pregnancy-related deaths reviewed in 2022 were considered preventable.
- Most pregnancy-related deaths in 2022 happened after birth, not during delivery.
- The months after birth are a critical window for follow-up care and support.

Sources:

Centers for Disease Control and Prevention. *Pregnancy-related deaths: Data from Maternal Mortality Review Committees.* CDC; April 20, 2026. Accessed May 5, 2026. https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/

FACT 6

In 2022, the leading causes of pregnancy-related death were mental health conditions (27.7%), cardiovascular conditions, including cardiomyopathy (16.6%), and infection (12.2%). Mental health conditions were the leading cause of pregnancy-related deaths among non-Hispanic white people, Hispanic people, and American Indian or Alaska Native people. Cardiovascular conditions, including cardiomyopathy, were the leading cause of pregnancy-related death among non-Hispanic Black people.

Fast Facts:

- Mental health conditions were the leading cause of pregnancy-related deaths in 2022.
- Heart-related conditions and infection were also major causes of pregnancy-related deaths.
- The leading causes differ by race and ethnicity, which points to the need for more tailored care and support.

Source:

Centers for Disease Control and Prevention. *Pregnancy-related deaths: Data from Maternal Mortality Review Committees.* CDC; April 20, 2026. Accessed May 5, 2026. https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/

FACT 7

Severe maternal morbidity, defined as unexpected short- or long-term health problems resulting from being pregnant or giving birth, affects an estimated 50,000 to 60,000 women each year, with disproportionately higher rates among non-Hispanic Black women and those from lower-income communities.

Fast Facts:

- Severe pregnancy or birth complications affect an estimated 50,000 to 60,000 women each year.
- These complications can affect health right away and long after pregnancy.
- Black women and people in lower-income communities face higher rates of serious maternal health problems.

Source:

Gunja MZ, Tikkanen R, Seervai S, et al. Severe maternal morbidity in the United States: a primer. Commonwealth Fund. Published October 2021. https://www.commonwealthfund.org/publications/issue-briefs/2021/oct/severe-maternal-morbidity-united-states-primer

Maternal Health and Cardiovascular Health

FACT 8

Cardiovascular conditions, including cardiomyopathy, are among the most common causes of pregnancy-related deaths in the United States, accounting for 16.6% of all such deaths in 2022. Notably, cardiovascular conditions were the leading cause of pregnancy-related death (20.0%) among non-Hispanic Black people.

Fast Facts:

- Heart conditions are one of the leading causes of pregnancy-related deaths in the United States.
- In 2022, heart-related conditions accounted for about 1 in 6 pregnancy-related deaths.
- Heart-related causes were the leading cause of pregnancy-related death among non-Hispanic Black people.

Source:

Centers for Disease Control and Prevention. *Pregnancy-related deaths: Data from Maternal Mortality Review Committees.* CDC; April 20, 2026. Accessed May 5, 2026. https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/

FACT 9

Hypertension complicates 5-10% of all pregnancies and contributes to substantial maternal morbidity and mortality. In 2022, 5.1% of pregnancy-related deaths were related to hypertensive disorders of pregnancy, the majority of which occurred after delivery when blood pressure peaks.

Fast Facts:

- High blood pressure affects about 5% to 10% of pregnancies.
- High blood pressure can become dangerous during pregnancy and after delivery.
- Blood pressure often peaks after birth, which makes postpartum monitoring important.

Source:

Centers for Disease Control and Prevention. *Pregnancy-related deaths: Data from Maternal Mortality Review Committees.* CDC; April 20, 2026. Accessed May 5, 2026. https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/

Countouris M, Mahmoud Z, Cohen JB, et al. Hypertension in pregnancy and postpartum: current standards and opportunities to improve care. *Circulation.* 2025;151(7):490–507. doi:10.1161/CIRCULATIONAHA.124.073302

FACT 10

The majority of hypertension-related maternal deaths occur after delivery, underscoring the importance of postpartum blood pressure control. However, limited data and unclear clinical guidance on when to transition to nonpregnant treatment thresholds contributes to variations in clinical practice and inconsistent management of postpartum hypertension.

Fast Facts:

- Many high blood pressure-related maternal deaths happen after delivery.
- Postpartum blood pressure care can help catch problems during a high-risk window.
- Clearer clinical guidance could help providers manage postpartum high blood pressure more consistently.

Source:

Countouris ME, Shah SJ, Parikh NI, et al. Hypertension in pregnancy and the postpartum period: current standards and opportunities to improve care. *Circulation.* 2025;151(7):490–507. doi:10.1161/CIRCULATIONAHA.124.073302

FACT 11

Home blood pressure monitoring (HBPM), when combined with other clinical interventions, can lower blood pressure in nonpregnant adults with hypertension and provides an alternative to in-person postpartum BP visits. Postpartum HBPM in the six weeks after delivery improves BP monitoring and reduces racial disparities in BP ascertainment compared with usual in-person care.

Fast Facts:

- Checking blood pressure at home can make postpartum care easier to access.
- Home monitoring can help providers track blood pressure without requiring an in-person visit every time.
- Postpartum home blood pressure monitoring may help reduce gaps in follow-up care.

Source:

Countouris ME, Shah SJ, Parikh NI, et al. Hypertension in pregnancy and the postpartum period: current standards and opportunities to improve care. *Circulation.* 2025;151(7):490–507. doi:10.1161/CIRCULATIONAHA.124.073302

FACT 12

Many adverse pregnancy outcomes (APOs) are linked to future cardiovascular disease (CVD) risk factors, including hypertension, type 2 diabetes, and high cholesterol. Women with a history of APOs and poor cardiovascular health face a 2.5-fold higher risk of future CVD compared to women without APOs who maintain high cardiovascular health. However, good heart health after childbirth can mitigate the excess risk associated with APOs: women who achieved high cardiovascular health scores after pregnancy have a similar risk for CVD as those with good heart health measures and no history of pregnancy complications.

Fast Fact:

- Pregnancy complications can be an early warning sign for future heart health risks.
- People with pregnancy complications and poor heart health later face a higher risk of future heart disease.
- Good heart health after pregnancy can help reduce a higher risk of future heart disease, particularly for women who experienced pregnancy complications.

Source:

Chen H, Li R, Liu S, et al. Life's Essential 8 and cardiovascular disease in women with a history of adverse pregnancy outcomes. *Eur J Prev Cardiol.* 2025;32(10):833–842. doi:10.1093/eurjpc/zwaf021

Parikh NI, Gonzalez JM, Anderson CAM, et al; American Heart Association Council on Epidemiology and Prevention; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Cardiovascular and Stroke Nursing; and Stroke Council. Adverse pregnancy outcomes and cardiovascular disease risk: unique opportunities for cardiovascular disease prevention in women: a scientific statement from the American Heart Association. *Circulation.* 2021;143(18):e902–e916. doi:10.1161/CIR.0000000000000961

Social Drivers of Maternal Health Outcomes

FACT 13

A systematic review of 83 studies examining social drivers of health and maternal outcomes found that more than 94% of studies show associations between social factors and maternal health. Key drivers linked to adverse maternal outcomes included race and ethnicity, public or no health insurance coverage, and lower levels of maternal education. Other key social factors like housing insecurity, financial strain, lack of social support, and psychosocial stressors have not been systematically examined in relation to maternal outcomes.

Fast Fact:

- Social and economic conditions are closely tied to maternal health.
- Insurance coverage, education, race, and ethnicity are among the factors linked to maternal health outcomes.
- Housing, financial stress, social support, and daily stress need more study, but they likely matter too when it comes to maternal health.

Source:

Mehta LS, Sharma G, Creanga AA, et al; American Heart Association Advocacy Coordinating Committee. Call to action: maternal health and saving mothers: a policy statement from the American Heart Association. *Circulation.* 2021;144(15):e251–e269. doi:10.1161/CIR.0000000000001000

Wang E, Glazer KB, Howell EA, Janevic TM. Social determinants of pregnancy-related mortality and morbidity in the United States: a systematic review. *Obstet Gynecol.* 2020;135(4):896–915. doi:10.1097/AOG.0000000000003762

FACT 14

Research demonstrates that structural racism is a critical determinant of racial and ethnic disparities in adverse-pregnancy outcomes. Black women are more likely than white women to receive obstetric care in hospitals providing lower quality of care, and many Black women report experiencing discrimination when receiving prenatal care.

Fast Fact:

- Racism in systems and institutions helps drive unequal maternal health outcomes.
- Black women are more likely to receive care in hospitals with lower quality scores for maternity care.
- Many Black women report discrimination during prenatal care, which can affect trust, safety, and outcomes.

Source:

Creanga AA, Bateman BT, Mhyre JM, Kuklina E, Shilkrut A, Callaghan WM. Performance of racial and ethnic minority-serving hospitals on delivery-related indicators. Am J *Obstet Gynecol.* 2014;211(6):. doi:10.1016/j.ajog.2014.06.006

Hailu EM, Maddali SR, Snowden JM, Carmichael SL, Mujahid MS. Structural racism and adverse maternal health outcomes: A systematic review. *Health Place.* 2022;78:102923. doi:10.1016/j.healthplace.2022.102923

Hall WJ, Chapman MV, Lee KM, et al. Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. Am J Public Health. 2015;105(12):e60-e76. doi:10.2105/AJPH.2015.302903

Salm Ward TC, Mazul M, Ngui EM, Bridgewater FD, Harley AE. "You learn to go last": perceptions of prenatal care experiences among African-American women with limited incomes. Matern Child Health J. 2013;17(10):1753-1759. doi:10.1007/s10995-012-1194-5

FACT 15

Medicaid is the largest payer of pregnancy-related services, covering 41.5% of all births in 2023. Medicaid expansion has been linked to decreases in maternal and infant mortality and improved birth outcomes, and Medicaid postpartum extension has been associated with increased use of postpartum services and greater continuity of coverage which may help mitigate maternal morbidity, mortality, and racial disparities.

Fast Fact:

- Medicaid pays for more than 4 in 10 births in the United States.
- Expanding Medicaid has been linked to better maternal and infant health outcomes.
- Keeping Medicaid coverage after birth can help more people get postpartum care.

Source:

Center for Children and Families, Georgetown University McCourt School of Public Policy. How Medicaid supports maternal and infant health. Published February 28, 2025. https://ccf.georgetown.edu/2025/02/28/how-medicaid-supports-maternal-and-infant-health/

Gordon SH, Sommers BD, Wilson IB, Trivedi AN. Effects Of Medicaid Expansion On Postpartum Coverage And Outpatient Utilization. *Health Aff (Millwood).* 2020;39(1):77-84. doi:10.1377/hlthaff.2019.00547

Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: final data for 2023. Natl Vital Stat Rep. 2025;74(1):1–49. https://www.cdc.gov/nchs/data/nvsr/nvsr74/nvsr74-1.pdf

Swartz JJ, Lawson Avis A, Bundorf MK, Domino ME. Postpartum Medicaid use in birthing parents and access to financed care. *JAMA Health Forum.* 2025;6(6):e251630. doi:10.1001/jamahealthforum.2025.1630

Wang X, Pengetnze YM, Eckert E, Keever G, Chowdhry V. Extending Postpartum Medicaid Beyond 60 Days Improves Care Access and Uncovers Unmet Needs in a Texas Medicaid Health Maintenance Organization. Front Public Health. 2022;10:841832. Published 2022 May 3. doi:10.3389/fpubh.2022.841832

FACT 16

Over 35% of counties in the U.S. are considered maternity care deserts where there is no access to birthing hospitals, birth centers offering obstetric care, or obstetric providers. In 2022, these maternity care deserts impacted over 2.3 million women of reproductive age and 150,000 births. Maternity care access varies widely by state, with the greatest need for maternity care concentrated in the South.

Fast Fact:

- More than one-third of U.S. counties are maternity care deserts.
- In these counties, people may not have nearby access to birthing hospitals, birth centers, or maternity care providers.
- The South has some of the greatest maternity care access needs.

Source:

March of Dimes. *Nowhere to go: maternity care deserts across the United States.* March of Dimes; 2024. Accessed May 5, 2026. https://www.marchofdimes.org/maternity-care-deserts-report

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FACT 17

Pregnant individuals living in rural areas experience maternal mortality rates up to twice the rate of individuals in urban areas. Even after controlling for sociodemographic and clinical factors, rural residence is associated with a 9% greater probability of maternal morbidity and mortality. Limited access to maternal care likely contributes to these disparities, as about 6 in 10 maternity care deserts are in rural, less populated areas.

Fast Fact:

- Expectant parents in rural areas can face much higher maternal death rates than those in urban areas.
- Rural communities often have fewer maternity care options nearby.
- About 6 in 10 maternity care deserts are in rural, less populated areas.

Source:

Bozkurt B, Planey AM, Aijaz M, et al. Disparities in Maternal Health Visits Between Rural and Urban Communities in the United States, 2016-2018. *Perm J.* 2024;28(2):36-46. doi:10.7812/TPP/23.067

Kozhimannil KB, Interrante JD, Henning-Smith C, Admon LK. Rural–urban differences in severe maternal morbidity and mortality in the United States, 2007–2015. *Health Aff (Millwood).* 2019;38(12):2077–2085. doi:10.1377/hlthaff.2019.00805

March of Dimes. *Nowhere to go: maternity care deserts across the United States.* March of Dimes; 2024. Accessed May 5, 2026. https://www.marchofdimes.org/maternity-care-deserts-report

FACT 18

Babies born in U.S. counties with areas with no or limited access to maternity care face higher risks of premature birth and infant mortality. Living in a maternity care desert or low access county is associated with a 13% and 11% increased risk for preterm birth, respectively, compared to living in a full-access county; and infants born in counties with no maternity care access have a 14% higher risk of death compared to infants in full-access areas.

Fast Fact:

- Babies born in areas with limited maternity care face higher risks of being born too early.
- Infants in counties with no maternity care access have a higher risk of death than infants in full-access counties.
- Access to maternity care affects both maternal health and infant health.

Source:

Lucas R, Thames T, Chestnut JF, DeMaria AL, Stoneburner A. Maternity Care Access and Infant Mortality. *JAMA Netw Open.* 2025;8(11):e2542831. Published 2025 Nov 3. doi:10.1001/jamanetworkopen.2025.42831

March of Dimes. *Nowhere to go: maternity care deserts across the United States.* March of Dimes; 2024. Accessed May 5, 2026. https://www.marchofdimes.org/maternity-care-deserts-report

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FACT 19

Stable housing promotes positive maternal and child health outcome, while housing instability is associated with inadequate prenatal care, pregnancy complications, and adverse birth outcomes. Research shows that housing instability and homelessness are associated with preterm birth, low birthweight, neonatal intensive care unit (NICU) admission.

Fast Fact:

- Stable housing supports healthier pregnancies and healthier babies.
- Housing instability is linked to less prenatal care and more pregnancy complications.
- Homelessness and housing instability are linked to preterm birth, low birthweight, and newborn intensive care stays.

Source:

DiTosto JD, Holder K, Soyemi E, Beestrum M, Yee LM. Housing instability and adverse perinatal outcomes: a systematic review. *Am J Obstet Gynecol MFM.* 2021;3(6):100477. doi:10.1016/j.ajogmf.2021.100477

Reece J. More Than Shelter: Housing for Urban Maternal and Infant Health. Int J Environ Res Public Health. 2021;18(7):3331. Published 2021 Mar 24. doi:10.3390/ijerph18073331

Zeeck E, Le L, Watson K, Richards J. Housing instability: what works evidence accelerator. National Center for Education in Maternal and Child Health, Georgetown University; 2024.

Impact of Maternal Health on Child Development

FACT 20

Throughout pregnancy, maternal nutrition and mental health play an important role in a child's long-term growth and well-being. Adequate nutrition supports optimal fetal development, while poor nutrition can lead to complications with lifelong health consequences. Similarly, maternal stress, anxiety, and depression are associated with adverse prenatal outcomes including premature birth, low birth weight, and learning disabilities due to defects in brain development.

Fast Fact:

- A parent's nutrition and mental health during pregnancy can shape a child's long-term health.
- Good nutrition supports healthy fetal growth and brain development.
- High stress, anxiety, and depression during pregnancy are linked to risks like early birth, low birth weight, and learning challenges.

Source:

Naaz A, Muneshwar KN. How Maternal Nutritional and Mental Health Affects Child Health During Pregnancy: A Narrative Review. *Cureus.* 2023;15(11):e48763. Published 2023 Nov 13. doi:10.7759/cureus.48763

FACT 21

During the first 1,000 days, from conception through a child's second birthday, the brain grows more rapidly than any other time in life. Proper nutrition provides essential building blocks for this growth, while insufficient nutrition, defined as the absence of key nutrients and/or "toxic stress" caused by food insecurity, can cause lasting, irreparable damage to a child's developing brain and body.

Fast Fact:

- The first 1,000 days, from pregnancy to age 2, are a major period of brain growth.
- Nutrition during this window helps build the brain and body.
- Missing key nutrients during this time can have lasting effects on a child's development.

Source:

1,000 Days. *Good Nutrition Is Essential to Brain Development in the First 1,000 Days.* 2021. Available at: https://thousanddays.org/wp-content/uploads/1000Days-Nutrition_Brief_Brain-Think_Babies_FINAL.pdf

Deoni SCL, Dean DC III, Joelson S, et al. Socioeconomic disparities in infant brain development are related to differences in parental language input and diet. *Nature.* 2022;610: 482–488. Available at: https://www.nature.com/articles/s41586-022-04554-y

Likhar A, Patil MS. Importance of Maternal Nutrition in the First 1,000 Days of Life and Its Effects on Child Development: A Narrative Review. *Cureus.* 2022;14(10):e30083. Published 2022 Oct 8. doi:10.7759/cureus.30083

FACT 22

Maternal mental health during the postpartum period impacts early childhood development. Studies show that maternal postpartum depressive symptoms negatively impact infant cognitive development, language development, infant behaviors, overall infant health, and quality of sleep.

Fast Fact:

- Postpartum depression can affect both parent and baby.
- A parent's mental health after birth is linked to infant learning, language, sleep, behavior, and overall health.
- Screening and support after birth can help families get needed care sooner.

Source:

Slomian J, Honvo G, Emonts P, Reginster JY, Bruyère O. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Womens Health (Lond).* 2019;15:1745506519844044. doi:10.1177/1745506519844044

Maternal and Child Health and Parental Leave

FACT 23

Paid maternity leave has a positive impact on the physical and mental health of mothers and children, including reductions in postpartum depression, infant mortality, and maternal and infant rehospitalizations, as well as improved infant attachment and child development, greater preventive care use, and increased breastfeeding initiation and duration.

Fast Fact:

- Paid maternity leave supports the health of both mothers and babies.
- Paid leave is linked to lower postpartum depression, fewer rehospitalizations, and better infant health.
- Paid leave supports breastfeeding, preventive care, bonding, and child development.

Source:

Van Niel MS, Bhatia R, Riano NS, et al. The Impact of Paid Maternity Leave on the Mental and Physical Health of Mothers and Children: A Review of the Literature and Policy Implications. Harv Rev Psychiatry. 2020;28(2):113-126. doi:10.1097/HRP.0000000000000246

FACT 24

Shorter parental leave durations (defined as less than seven weeks of leave) were associated with a higher risk of not accessing postpartum care. One study in Rhode Island found that paid parental leave was associated with an increase in attending a postpartum care visit, particularly among women from underrepresented racial groups.

Fast Fact:

- When a mom can't take enough time off work after having a baby it can make it harder to get postpartum care.
- Parental leave shorter than seven weeks is linked to a higher chance of missing postpartum care.
- Paid parental leave may help more people attend postpartum visits, especially among those most at risk.

Source:

Keefe-Oates B, Janiak E, Gottlieb B, Chen JT. Disparities in Postpartum Care Visits: The Dynamics of Parental Leave Duration and Postpartum Care Attendance. Matern Child Health J. 2024;28(9):1506-1516. doi:10.1007/s10995-024-03929-z

Steenland MW, Short SE, Galarraga O. Association between Rhode Island's paid family leave policy and postpartum care use. *Obstet Gynecol.* 2021;137(4):728-730. doi:10.1097/AOG.0000000000004303

FACT 25

Paid paternity leave is associated with positive health outcomes for mothers and children, including decreased infant mortality and hospitalizations, increased receipt of timely infant vaccines, reduced risk of maternal postpartum health complications, and improved maternal mental health. Furthermore, longer periods of paternity leave are associated with more frequent engagement in developmental and caretaking activities during infancy and early childhood.

Fast Fact:

- Paid leave for fathers can support healthier outcomes for mothers and babies.
- Paternity leave is linked to better infant health, including fewer hospitalizations and more timely vaccines.
- Longer paternity leave is linked to more father involvement during infancy and early childhood.

Source:

Khan MS. Paid family leave and children health outcomes in OECD countries. Child Youth Serv Rev. 2020;116:105259. doi:10.1016/j.childyouth.2020.105259

Laflamme L, Månsdotter A, Lundberg M, Magnusson C. Dangerous dads? Ecological and longitudinal analyses of paternity leave and risk for child injury. J Epidemiol Community Health. 2012;66(11):1001-1004. doi:10.1136/jech-2011-200181

Nick JM, Sahin S, Roberts LR, Hatton A, Cafferky B. Effect of paternity leave or fathers' parental leave on infant health: a systematic review protocol. JBI Evid Synth. 2025;23(4):792-800. doi:10.11124/JBIES-24-00046

Persson P, Rossin-Slater M. When Dad Can Stay Home: Fathers' Workplace Flexibility and Maternal Health. Am Econ J Appl Econ. 2024;16(4):186-219. doi:10.1257/app.20220400

Petts RJ, Knoester C. Paternity Leave-Taking and Father Engagement. J Marriage Fam. 2018;80(5):1144-1162. doi:10.1111/jomf.12494

Yang YT, Wallington SF, Morain S. Paid Leave for Fathers: Policy, Practice, and Reform. Milbank Q. 2022;100(4):973-990. doi:10.1111/1468-0009.12590

Additional fast facts on the health impact of paid family and medical leave can be found here: INSERT LINK

Midwives, Doulas, and Birth Centers

FACT 26

Midwifery care is associated with fewer interventions during birth, higher rates of breastfeeding, a higher likelihood of postpartum depression screening, significantly fewer adverse neonatal outcomes, and higher patient satisfaction. This suggests that greater integration of midwifery care into health systems can potentially reduce health disparities.

Fast Fact:

- Midwifery care is linked to fewer interventions during birth and significantly fewer negative birth outcomes.
- Midwifery care is linked to higher breastfeeding rates and more postpartum depression screening.
- Better integration of midwives into health systems may help improve access and reduce disparities.

Source:

Bourdeau AI, Harley KG, Nguyen AM. Association between maternity care practitioner type and postpartum depression screening. *Birth.* 2023;50(4):923-934. doi:10.1111/birt.12735

Combellick JL, Telfer ML, Ibrahim BB, et al. Midwifery care during labor and birth in the United States. Am J *Obstet Gynecol.* 2023;228(5S):S983-S993. doi:10.1016/j.ajog.2022.09.044

Vedam S, Stoll K, MacDorman M, et al. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS One. 2018;13(2):e0192523. Published 2018 Feb 21. doi:10.1371/journal.pone.0192523

FACT 27

Doula care is associated with positive birth outcomes—including reduced cesarean section frequency, low birth weight, and preterm birth—as well as improved maternal mental health, and greater breastfeeding success. Doulas may also help mitigate health disparities by providing comprehensive psychosocial and health support and as intermediaries between pregnant women and health care providers.

Fast Fact:

- Doula support is linked to better birth outcomes.
- Doula care is associated with lower rates of cesarean birth, low birth weight, and preterm birth.
- Doulas can provide emotional, practical, and communication support during pregnancy and birth.

Source:

Sobczak A, Taylor L, Solomon S, et al. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. *Cureus.* 2023;15(5):e39451. Published 2023 May 24. doi:10.7759/cureus.39451

FACT 28

Evidence from the Strong Start for Mothers and Newborns Initiative, which evaluated enhanced prenatal care models for Medicaid beneficiaries, found that midwifery-led birth centers were associated with earlier access to prenatal care; improved birth outcomes—including lower rates of preterm birth, low birth weight, and cesarean delivery; and higher breastfeeding rates. Notably, these birth centers were also associated with reduced disparities for non-Hispanic Black and Hispanic women.

Fast Fact:

- Midwifery-led birth centers have been linked to earlier prenatal care and better birth outcomes.
- Midwifery-led birth centers have shown lower rates of preterm birth, low birth weight, and cesarean delivery.
- Midwifery-led birth centers were linked to reduced disparities for Black and Hispanic women.

Source:

Alliman J, Stapleton SR, Wright J, Bauer K, Slider K, Jolles D. Strong Start in birth centers: Socio-demographic characteristics, care processes, and outcomes for mothers and newborns. *Birth.* 2019;46(2):234-243. doi:10.1111/birt.12433

National Partnership for Women & Families. *Spotlight on success: the Strong Start for Mothers and Newborns initiative.* Published September 2020. Accessed May 20, 2026. https://nationalpartnership.org/report/spotlight-on-success-the-strong-start-for-mothers-and-newborns-initiative/

Tobacco and Maternal and Infant Health

FACT 29

According to the 2024 National Survey on Drug Use and Health, 6.9% of pregnant women reported using tobacco products, including cigarettes, and 6.4% reported nicotine vaping. Pregnancy influences many women to stop smoking, with more than half of women who smoked before pregnancy quitting smoking while pregnant (56.1%). However, postpartum smoking relapses are also common in 39.8% of women who quit smoking during pregnancy.

Fast Fact:

- Some pregnant women report using tobacco or vaping nicotine during pregnancy.
- More than half of women who smoked before pregnancy quit while pregnant.
- Many people who quit during pregnancy start smoking again after birth, so postpartum support matters.

Source:

Kipling L, Bombard J, Wang X, Cox S. Cigarette Smoking Among Pregnant Women During the Perinatal Period: Prevalence and Health Care Provider Inquiries - Pregnancy Risk Assessment Monitoring System, United States, 2021. *MMWR Morb Mortal Wkly Rep.* 2024;73(17):393-398. Published 2024 May 2. doi:10.15585/mmwr.mm7317a2

Shenoy SG, Dogra D, Shenoy RD, et al. Postpartum smoking relapse among women who quit during pregnancy: findings from the US Pregnancy Risk Assessment Monitoring System (2016–2022). *J Womens Health (Larchmt).* 2026. doi:10.1177/15409996261459353

Substance Abuse and Mental Health Services Administration. 2024 National Survey of Drug Use and Health (NSDUH) releases. Accessed June 16, 2026. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2024

FACT 30

Smoking during pregnancy is associated with a higher risk of adverse health outcomes for both mothers and infants, including miscarriage, stillbirth, low birthweight, preterm birth and sudden infant death syndrome. Maternal exposure to secondhand smoke is also associated with many of the same adverse outcomes like low birthweight, preterm birth, stillbirth, and certain birth defects. Beyond these immediate risks, smoking during pregnancy can result in longer-term health issues, such as asthma, obesity, and cognitive impairments, that persist and affect the child throughout their life.

Fast Fact:

- Smoking during pregnancy raises health risks for both the expectant mom and the baby.
- Secondhand smoke during pregnancy is also linked to serious risks, including low birthweight and preterm birth.
- The effects of smoking during pregnancy can last beyond birth, including higher risks for asthma, obesity, and learning challenges.

Source:

American College of Obstetricians and Gynecologists' Committee on Obstetric Practice. Tobacco and nicotine cessation during pregnancy. *ACOG Committee Opinion No. 807*. Published May 2020. Accessed June 16, 2026. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/05/tobacco-and-nicotine-cessation-during-pregnancy

Avşar TS, McLeod H, Jackson L. Health outcomes of smoking during pregnancy and the postpartum period: an umbrella review. *BMC Pregnancy Childbirth*. 2021;21(1):254. Published 2021 Mar 26. doi:10.1186/s12884-021-03729-1

Centers for Disease Control and Prevention. Smoking, pregnancy, and babies. Reviewed October 13, 2023. Accessed June 16, 2026. https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html

Suzuki, D., Wariki, W.M.V., Suto, M. *et al*. Secondhand Smoke Exposure During Pregnancy and Mothers' Subsequent Breastfeeding Outcomes: A Systematic Review and Meta-Analysis. *Sci Rep* 9, 8535 (2019). https://doi.org/10.1038/s41598-019-44786-z