

Governor Phil Murphy

ICYMI: First Lady Tammy Murphy, New Jersey Department of Health Release Third NJ Report Card of Hospital Maternity Care

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Report Card Highlights Improved Cesarean Delivery Rates Across New Jersey

As part of its mission to improve maternal health outcomes and racial disparities in care, First Lady Tammy Murphy and the New Jersey Department of Health today released the third New Jersey Report Card of Hospital Maternity Care (https://nj.gov/health/maternal/morbidity/mhh_reportcard/) that includes interactive data on hospital-specific and statewide surgical births, complication rates and severe maternal birth complications. The report card, which captures the most updated data available from 2019, illustrates improved Cesarean delivery rates which dropped from 34.4 percent to 33.3 percent. These delivery rates have steadily improved since the release of the first (<https://www.nj.gov/health/news/2020/approved/20200904a.shtml>) New Jersey Report Card of Hospital Maternity Care, which showed Cesarean delivery rates at 35.7 percent. While sometimes medically necessary, Cesarean deliveries are associated with elevated risks for hemorrhage, infection, complications from anesthesia, future pregnancy complications and infant respiratory problems.

Additionally, in 2019, the national target for surgical/Cesarean birth rates by hospital among women considered at low risk for birth complications was 24.7 per 100 live births, and New Jersey's rate was above that target at 26.7 per 100 live births. Sixteen out of 49 New Jersey birthing hospitals met that benchmark, which is an improvement over the last report when only 10 of those hospitals met that benchmark.

However, disparities persist among Black and Hispanic mothers in New Jersey. The rate for these complications were more than double for non-Hispanic Black mothers than non-Hispanic White mothers. Non-Hispanic Black mothers had the highest rate of severe maternal morbidity with transfusion at a rate of 35.6 per 1,000 delivery hospitalizations, while the rate for non-Hispanic White mothers was the lowest at 13.6 per 1,000 delivery hospitalizations. This is an improvement from the 2018 report card, which indicated a severe maternal morbidity with a transfusion rate of 37.7 per 1,000 delivery hospitalizations among non-Hispanic Black mothers.

"Without reliable data, we cannot fully understand and address New Jersey's maternal health crisis or its causes," **said First Lady Tammy Murphy**. "A key piece of our Nurture New Jersey Maternal and Infant Health Strategic Plan is improving the quality and usage of our state data, which will help us reach our goal of reducing the state's maternal mortality by 50 percent over five years and eliminate racial disparities in birth outcomes. While our data continues to show improvement in areas of Cesarean sections, New Jersey still has much work to do to improve maternal and infant health outcomes for our mothers and babies of color. Our mission is to make New Jersey the safest place in the nation to delivery and raise a baby."

"Across New Jersey's health system there is a shared commitment to reducing maternal mortality, morbidity, and disparities and we recognize that accurate, timely, and granular data are the backbone of all quality improvement efforts," **said Health Commissioner Judith Persichilli**.

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The public Report Card dashboard allows users to select a New Jersey birthing hospital and view the total number of births, methods of delivery and complication rates, including obstetric hemorrhage, third- and fourth-degree perineal lacerations, post-admission infections and severe maternal morbidity (https://nj.gov/health/maternal/documents/MM_definitions_infographic.pdf). Severe maternal morbidity is defined as unexpected outcomes of labor and delivery that result in significant short- or long-term health impacts. These include aneurysm, cardiac arrest, sepsis, eclampsia, severe anesthesia complications, blood transfusion and other unexpected outcomes. The dashboard enables users to compare rates by hospital and view statewide breakdowns by race. Outcomes by factors such as a mother's race/ethnicity, age, education level, pre-pregnancy body mass index and health insurance type can also be selected. In addition to the rate of Cesarean births among first-time mothers who carried a single fetus to term (37 or more weeks) in a head-first position (Nulliparous Term Singleton and Vertex), the latest report also includes Vaginal Birth After Cesarean (VBAC) rates.

To view previous Maternal Health Hospital Report Cards visit:
https://nj.gov/health/maternal/morbidity/mhh_reportcard/
(https://nj.gov/health/maternal/morbidity/mhh_reportcard/) .

To learn more about Nurture NJ, visit NurtureNJ.nj.gov (<https://nj.gov/governor/admin/fl/nurturenj.shtml>).

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This data included in the report card is part of the Department's Maternal Data Center (<https://nj.gov/health/maternal/>) which is updated regularly with resources for the public and providers, and presents the Department's latest maternal health data.

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