

Governor Phil Murphy

ICYMI: First Lady Tammy Murphy, Acting Health Commissioner Baston Unveil NJ Report Card on Hospital Maternity Care

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The First-in-the-Nation Report Card's New Redesign Empowers New Jersey Expecting Mothers with Critical Data

TRENTON – First Lady Tammy Murphy and New Jersey Department of Health Acting Commissioner Kaitlan Baston today released the [New Jersey Report Card of Hospital Maternity Care](https://urldefense.com/v3/_https://t.e2ma.net/click/n7lq2k/7ys5259b/zg9bq7_!!J30X0ZrnC1oOtbA!!0gYvEpH_hMPkNXOgMFY4Q21GgzG10A8Ldlz1BmQ90fouekUh3uxfB38o) (https://urldefense.com/v3/_https://t.e2ma.net/click/n7lq2k/7ys5259b/zg9bq7_!!J30X0ZrnC1oOtbA!!0gYvEpH_hMPkNXOgMFY4Q21GgzG10A8Ldlz1BmQ90fouekUh3uxfB38o). The report card is the first of its kind in the nation and outlines key metrics on maternal health care derived from 2021 and 2022 hospital deliveries reported to the New Jersey Department of Health (NJDOH) through general acute care hospital discharges and electronic birth records. The report card comes in a new redesigned format allowing viewers easy access to additional metrics and improved interactive features, and was designed with the needs of expecting moms front of mind.

"The NJ Report Card on Hospital Maternity Care allows us to evaluate our progress, identify best practices, and plan our next steps as we work to make New Jersey the safest, most equitable state in the nation to deliver a baby," said **First Lady Tammy Murphy**. "Most importantly however, the new report card has additional interactive features and critical statistics that empower moms and families with important information to guide their decisions. We still have a long way to go to remedy our disparities, but our first-in-the-nation report card moves us in the right direction to ensure accountability, transparency and the best possible care for our moms and babies."

"These metrics clearly demonstrate the continued work needed to ensure safe and equitable maternal outcomes for all birthing people in New Jersey," said **Acting Health Commissioner Dr. Kaitlan Baston**. "We will continue to redouble our efforts, working with Nurture NJ and the New Jersey Maternal and Infant Health Innovation Authority, of which I am a member, to strive for safer and healthier deliveries."

While the newly release report card provides additional features, a user-friendly format, and additional important data, New Jersey has issued its first-in-the-nation Report Cards annually since 2019 to inform families about quality improvement efforts. The metrics include interactive data on hospital-specific and statewide births including complication rates and severe maternal morbidity. This information is designed to be user-friendly to help birthing people make informed decisions about the care and outcomes at hospitals across New Jersey. To add to this consumer-focused purpose, new metrics have been added for each of the state's birthing hospitals: recognition as a Baby-Friendly hospital; availability of lactation consultants; 24/7 availability of neonatologists and/or perinatologists; availability of special care nurseries and/or neonatal intensive care units; and nurse-to-patient ratio in postpartum units.

The Murphy Administration has been consistently and unwaveringly dedicated to improving maternal health outcomes and decreasing maternal and infant mortality disparity through Nurture NJ, First Lady Murphy's initiative launch in 2019. The First Lady unveiled the Nurture NJ Maternal and Infant Health Strategic Plan in January 2021, which is aimed at reducing New Jersey's maternal mortality by 50 percent over five years and eliminating racial disparities in birth outcomes. The Department of Health, in partnership with the Office of the First Lady and thousands of Nurture NJ partners across the state, is committed to helping make this a reality, and will work tirelessly on the efforts outlined in the Nurture NJ Strategic Plan to see this through.

The redesign of the report card supports a recommendation in the [Nurture NJ Maternal and Infant Health Strategic Plan](https://urldefense.com/v3/_https://t.e2ma.net/click/n7lq2k/7ys5259b/f99bq7_!!J30X0ZrnC1oOtbA!!0gYvEpH_hMPkNXOgMFY4Q21GgzG10A8Ldlz1BmQ90fouekUh3uxfB38o) (https://urldefense.com/v3/_https://t.e2ma.net/click/n7lq2k/7ys5259b/f99bq7_!!J30X0ZrnC1oOtbA!!0gYvEpH_hMPkNXOgMFY4Q21GgzG10A8Ldlz1BmQ90fouekUh3uxfB38o).

Recommendation 6.3.1: The Department of Health should prioritize the planned overhaul of the state data infrastructure to provide access to more timely and granular maternal and infant mortality and morbidity data, with priority given to improved user navigability, and ease of analysis of maternal health by multi-health factors.

Governor Murphy has signed over 60 pieces of maternal and infant health legislation, including measures that focused on family planning, Medicaid, health equity and data innovation, including P.L. 2018, c.82 that established the report card as well as P.L.2019, c.75 that established the New Jersey Maternal Mortality Review Committee and the New Jersey Maternal Data Center. This report card is part of the larger New Jersey Maternal Data Center in the Department of Health, which is responsible for developing data collection and submission protocols for maternal mortality, morbidity and racial and ethnic disparity data from relevant health care facilities in the state; conducting data analyses and developing reports and a public-facing dashboard on the state of maternal health; and disseminating information and analyses to the New Jersey Maternal Mortality Review Committee, and eventually the newly established the New Jersey Maternal and Infant Health Innovation Authority, other relevant stakeholders, and the public.

According to the report card, annual maternity data from New Jersey's hospitals show a drop in cesarean birth rates but also highlights that, while some progress has been made, significant work still remains to reduce disparities in maternal health outcomes.

The racial/ethnic profile of New Jersey birthing people is changing: minority groups (people other than non-Hispanic White) represent about 55 percent of all births in 2022 compared to 46 percent in 2000.

Overall, statewide cesarean delivery rates have decreased from 34.4 percent in 2018 to 32.4 percent in 2022. These surgical delivery rates have steadily improved since the release of the first New Jersey Maternity Hospital Report Card, which showed cesarean delivery rates at 35.7 percent.

The U.S. Department of Health and Human Services Healthy People 2030 national target for surgical/cesarean birth rates among birthing people considered at low risk for birth complications was 23.6 per 100 live births, and New Jersey's 2022 rate for birthing acute care hospitals was near that target at 24.3 per 100 live births. Twenty-one out of 48 New Jersey birthing hospitals achieved the benchmark of 23.6 percent or fewer, which is an improvement over the 2021 report in which 20 of those hospitals met that benchmark and from 2020, which only included 17 hospitals. Cesarean deliveries still have higher rates of complications compared to vaginal deliveries per 1,000 delivery hospitalizations, including: obstetric hemorrhage (118 per 1,000 cesarean hospital deliveries versus 19.7 vaginal deliveries); post-admission infections (26.6 cesarean versus 17.9 vaginal); and Severe Maternal Morbidity (SMM) with transfusion (43.3 cesarean versus 12.8 vaginal). New Jersey's progress reducing surgical deliveries should be commended.

However, disparities continue to persist among Black and Hispanic mothers in New Jersey, according to the report, which also includes 2021 data. While there has been some improvement in obstetric hemorrhage rate among Non-Hispanic Black birthing people with 64.8 per 1,000 delivery hospitalizations in 2022, compared to 65.3 per 1,000 delivery hospitalizations in 2021, hemorrhage rates are still highest for non-Hispanic black birthing people, followed by Hispanic birthing people with a rate of 53.6 per 1,000 in 2022. The rate for non-Hispanic White birthing people was the lowest at 47.3 (2022) per 1,000 delivery hospitalizations.

Non-Hispanic Black birthing people also had the highest rate of severe maternal morbidity with transfusion at rate of 38.5 per 1,000 delivery hospitalizations in 2022, only slightly improved from the 2021 rate of 38.8, and an increase from the 2020 rate of 36.5. Hispanic birthing people had the second highest rate of 26.4 (2022) per 1,000 delivery



hospitalizations compared to non-Hispanic White birthing people at 16.3 per 1,000 delivery hospitalizations in 2022.

Key among the report's recommendations, in collaboration with the New Jersey Maternal and Infant Health Innovation Authority, is the need for further research to understand the contributors to obstetric hemorrhage, third- and fourth-degree perineal lacerations that occur during vaginal births, post-admission infection, and SMM at the hospital level. Also cited was the need to identify, through carefully designed research studies, modifiable risk factors that contribute to cesarean deliveries.

To view previous Report Cards visit: [nj.gov/health/maternal/morbidity/mhh_reportcard](https://urldefense.com/v3/https://t.e2ma.net/click/n7lq2k/7ys5259b/v1acq7_!!J30X0ZrnC1oQtbA!!0gYvFpH_hMPkNXOgMFY4Q21GgzG10A8Ldlz1BmQ90fouekUh3uxfB38o)
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To learn more about the Nurture NJ Maternal and Infant Health Strategic Plan, visit [NurtureNJ.nj.gov](https://urldefense.com/v3/https://t.e2ma.net/click/n7lq2k/7ys5259b/bubcq7_!!J30X0ZrnC1oQtbA!!0gYvFpH_hMPkNXOgMFY4Q21GgzG10A8Ldlz1BmQ90fouekUh3uxfB38o)
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Office of Governor PO Box 001
Trenton, NJ 08625
609-292-6000