Maternal mortality rates in the United States are rising. The U.S. has the highest rate of maternal death among developed nations with significant racial disparities and large differences in rates between states. The Society for Maternal-Fetal Medicine (SMFM) has identified five important ways that states are addressing the rising rates of maternal mortality: 1) the establishment of maternal mortality review committees, 2) the establishment of perinatal quality collaboratives, 3) the expansion of Medicaid, 4) reporting of maternal death data stratified by race/ethnicity, and 5) participation in the Alliance for Innovation on Maternal Health program. This fact sheet details the progress New Jersey has made toward reducing maternal mortality. To view other state fact sheets, visit SMFM.org/scorecard.

**Efforts by New Jersey to Prevent Maternal Deaths**

<table>
<thead>
<tr>
<th>Year</th>
<th>Maternal Mortality Review Committee</th>
<th>Perinatal Quality Collaborative</th>
<th>Medicaid Expansion</th>
<th>Reports Maternal Mortality Data by Race/Ethnicity</th>
<th>Alliance for Innovation on Maternal Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✶</td>
<td>✶</td>
</tr>
<tr>
<td>2019</td>
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<td>✓</td>
<td>✓</td>
<td>✶</td>
<td>✶</td>
</tr>
<tr>
<td>2020</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✶</td>
<td>✶</td>
</tr>
</tbody>
</table>

New Jersey's Medicaid program covers pregnant people up to 199% of the federal poverty level.

**Insurance Coverage for Reproductive-Aged Women and New Mothers in New Jersey**

11% of women 15-44 years of age are without health insurance.

Pregnant people and new mothers with monthly incomes of $3,602 or less are eligible for Medicaid coverage (family of 3).

Many new mothers lose Medicaid coverage 60 days after giving birth.

**Pregnancy-Related Mortality Ratio**

(number of pregnancy-related deaths per 100,000 live births)

<table>
<thead>
<tr>
<th>Race</th>
<th>New Jersey</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>–</td>
<td>28.3^</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>–</td>
<td>13.8^</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>44.5</td>
<td>41.7^</td>
</tr>
<tr>
<td>Hispanic</td>
<td>–</td>
<td>11.6^</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>5.8</td>
<td>13.4^</td>
</tr>
<tr>
<td>Overall</td>
<td>15.0</td>
<td>17.3**</td>
</tr>
</tbody>
</table>

*2014-2016. Data are from a draft report and not yet publicly available.
**2017 | ’2014-2017

Black women in New Jersey are nearly 8 times more likely to die from pregnancy-related causes than white women.
State Actions Aimed at Reducing Maternal Deaths

Maternal Mortality Review Committees
- Gather and analyze data and
- Make recommendations

Driving Action by

Perinatal Quality Collaboratives
- Build the infrastructure for and advance system-wide quality improvement efforts

AIM
- Implement patient safety bundles

Policymakers
- Advance policy reforms, including expanding and extending Medicaid coverage

Postpartum Medicaid Extension
SMFM recommends that states provide 12 months of comprehensive postpartum Medicaid coverage to all new mothers.

No Extension
Enacted
Implementing
Implementing
Limited Coverage Extension*
Limited Coverage Extension
Full Coverage Extension

*A section 1115 waiver that would permit New Jersey to provide 6 months of continuous postpartum Medicaid coverage to new mothers who meet income eligibility requirements is pending with the U.S. Department of Health and Human Services.

Website

Most Recent Report

Year Most Recent Report Released
2016

Does Most Recent Report Include Recommendations?
Yes

Local Resources

Perinatal Quality Collaboratives
http://www.njha.com/njpqc

Medicaid

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Review data sources and methodology at https://www.smfm.org/scorecardmethodology.