ADVOCATES for CHILDREN OF NEW JERSEY

NEWARK KIDS COUNT

DATA SNAPSHOT 2025

Newark Maternal and Infant Health:
A Decade of Progress and Challenges

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Newark, New Jersey has made several strides in improving infant birth outcomes over the past ten years. This includes a decrease in the percentage of babies born with low birthweights and in the percentage of preterm babies. Infant and fetal mortality rates in Newark have declined as well. While these trends are all positive, it is crucial to note that when compared to the state overall, Newark still has room for improvement. In 2024, 9.7% of Newark babies were born with low birthweights compared to 7.8% for New Jersey, and 10.4% of Newark babies were preterm compared to 9.6% for the state. The 2018-2022, infant mortality rate for Newark was 6.4 per 1,000 births, which is almost twice that of the state during the same period. The data also unfortunately shows a pattern of Black, non-Hispanic individuals facing worse outcomes than their peers, whether at the state or city level. The information in this data snapshot will take a look at the most recent data available from the New Jersey State Health Assessment Data, part of the New Jersey Department of Health.

Births at a Glance

In 2024, Newark had 3,985 births, with the majority (50%) to Hispanic women of any race, followed by 39% to Black, non-Hispanic women. The age at which Newark women are giving birth has shifted notably compared to a decade prior. In 2014, 54% of Newark births were to women in their 20s and 34% were to those in their 30s. In 2024, however, births to women in their 30s shifted to 43%, and to 46% for those in their 20s — indicating a rise in the age at which women are giving birth.

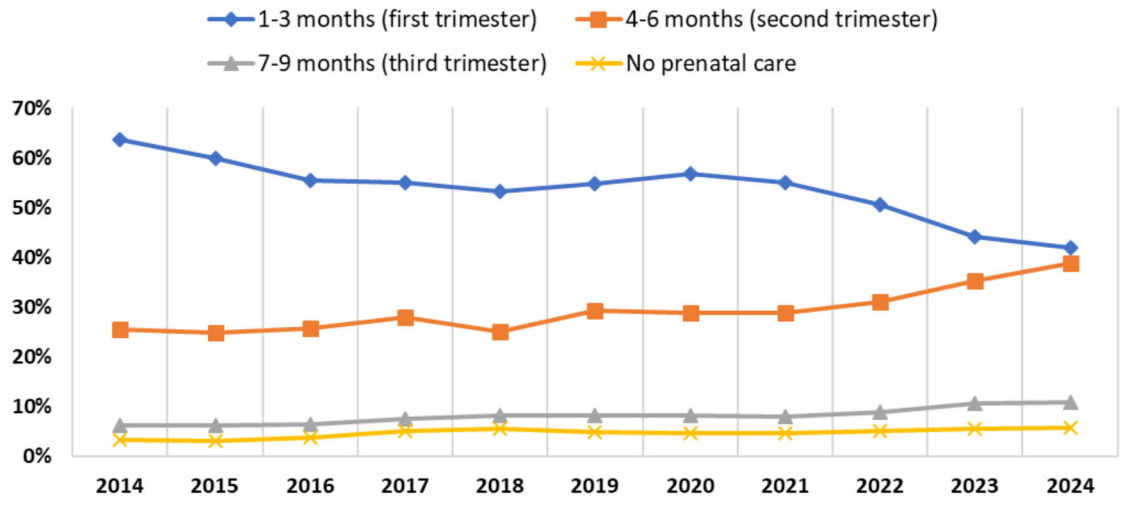
Decline of Early Prenatal Care

To ensure that expecting women experience healthy pregnancies, it is important to have prenatal care. Prenatal care is the medical care one receives for the duration of their pregnancy, where the provider checks on both the mother and baby. It is best to not only receive prenatal care early, but also regularly, throughout the pregnancy. Prenatal care is beneficial as it can help with early detection of any existing health issues or those that may occur during pregnancy.[1] Early prenatal care begins in the first trimester of a woman's pregnancy. In 2024, the percentage of expecting women receiving early prenatal

care was 73% statewide and 42% for the city of Newark. Both figures decreased from a decade earlier, when they stood at 79% for New Jersey and 64% for Newark.

While prenatal care beginning in the first trimester is decreasing, there is an increase in the percentage of women beginning prenatal care in their second trimester, especially in Newark, as illustrated in the graph below. Women often delay prenatal care for a variety of reasons, such as financial barriers, inadequate access to health providers, transportation, not being aware of pregnancy, and personal beliefs, to name a few.[2, 3] In New Jersey, NJ Family Care, the state's health insurance program for low-income families, helps to provide expecting women with prenatal care as long as they are U.S. citizens, or lawfully present immigrants, and have a family income at or below 205% of the Federal Poverty level. In 2024, six in 10 Newark women who gave birth had Medicaid, which remains consistent with the rate of birthing recipients in 2014. Another resource available is the New Jersey Supplemental Prenatal and Contraceptive Program (NJSPCP), which offers prenatal and family planning services to expecting women who do not qualify for NJ FamilyCare/Medicaid because of their immigration status.

Figure 1. Percentage of Newark births by trimester of prenatal care onset, 2014-2024



Source: Percentage of births by trimester of prenatal care onset in Newark, 2014–2024. Data from New Jersey State Health Assessment Data, New Jersey Birth Certificate Database, by New Jersey Department of Health, 2025. Percentages represent trimester of prenatal care onset. Data accessed August 15, 2025.

Infant and Fetal Mortality

The Center for Disease Control defines infant mortality as the death of an infant before his or her first birthday. There are several causes for infant mortality, such as birth defects, sudden infant death syndrome, preterm birth, and low birthweight, to name a few.[4] The overall infant mortality rate for 2018-2022 was 6.4 per 1,000 births for Newark and 3.8 for New Jersey. This is a decrease from 2013-2017 period when the infant mortality rate for Newark was 8.6, and 4.5 for the state. In Newark, the infant mortality rate for Black, non-Hispanic infants was 11.3 from 2013-2017, and decreased to 9.7 in the 2018-2022 period. While the infant mortality rate for Black, non-Hispanic infants has seen a decline, more work remains to be done to improve health outcomes from the beginning for all. Sadly, the higher infant mortality rate for Black, non-Hispanic infants is not unique to Newark, as this is a trend seen statewide. New Jersey's Black, non-Hispanic infant mortality rate during 2018-2022 was 8.4, which is more than

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two times that of the overall rate for all races and ethnicities combined.

Fetal mortality rate is another important yet overlooked indicator that warrants greater attention. The fetal mortality rate is the number of fetal deaths at 20 or more weeks of gestation per 1,000 live births. Fetal deaths are more commonly known as stillbirths. New Jersey's fetal mortality rate was 6.7 in 2019 and has since dropped to 5.4. For Newark, the fetal mortality rate was 13.2 in 2019 and also declined in 2023 to 9.0. Stillbirths can be caused by "a broad range of maternal, fetal, and placental conditions."[5] Chronic health conditions like diabetes and hypertensive disorders can also increase the risk of a stillbirth. In New Jersey, the majority of fetal deaths with a known cause are due to placenta, umbilical cord, and membrane complications.[6] The fetal mortality rate for Black mothers in New Jersey in 2023 was 9.1 — the highest amongst all racial and ethnic groups. The CDC finds that some factors that may contribute to racial and ethnic disparities "include differences in maternal preconception health, socioeconomic status, access to quality health care, stress, and racism, including institutional bias."[7]

Preterm Births and Low Birthweight Infants

Preterm births have fortunately seen a steady decline over a period of 10 years. In Newark, preterm births in 2024 decreased to 10.4%, compared to 12.3% in 2014 (Figure 2). A birth is considered preterm if the infant is delivered before 37 weeks of pregnancy. Many factors may increase the risk for a preterm delivery, such as a mother's ethnicity, age, and stress, among others.[8] The preterm birth rate for infants born to women of Black, non-Hispanic descent and to those of Hispanic descent (of any race) has decreased as well. However, it is crucial to note that while the preterm birth rate for babies of Black, non-Hispanic descent has declined, it remains as high as the overall preterm birth rate from a decade ago, signifying that disparities persist and continued progress is needed.

The percentage of infants born with low birthweights shows a decline as well. An infant is characterized as having a low birthweight if they are born weighing less than 2,500 grams, or about 5 lbs, 8 oz. In Newark, 9.7% of babies were born with low birthweight in 2024, which is a slight decrease from 10.4% a decade ago. In the same vein as preterm births, there was a higher percentage (12.9%) of babies of Black, non-Hispanic descent born with low birthweight in 2024. The CDC reports that, after congenital malformations, low birthweight and short gestation together are the second most common cause of infant death.[9]

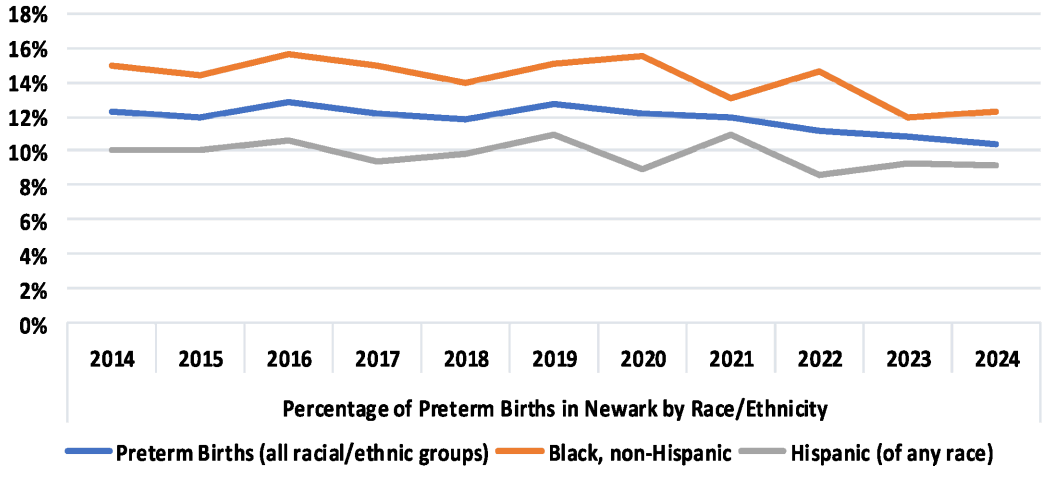
Call to Action

The data tell a story about Newark that demands attention. The city has experienced highs and lows in the state of its infant and maternal health over the last decade. The percentages of both preterm births and babies born with low birthweight have decreased. While the infant mortality rate has also decreased, it remains higher than the state's rate.

Although the Brick City has seen improvement in some indicators, examining the data in detail shows the persistent racial disparities in infant and maternal health. This solicits community discussions to arrive at solutions in order to provide

Newark Preterm Births Declining Overall, But Racial Disparities Persist

Figure 2. Percentage of Newark Births That Were Preterm by Race/Ethnicity, 2014-2024



Source: Percentage of total births that were preterm by race/ethnicity in Newark, 2014–2024. Data from New Jersey State Health Assessment Data, New Jersey Birth Certificate Database, by New Jersey Department of Health, 2025. Preterm birth is defined as less than 37 weeks gestation. Data accessed August 15, 2025.

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a better future for Newark's children. Many elements contribute to these racial disparities, including stress, racism, and other social/economic factors.[10]

It is important to look at the whole picture to understand what is causing the strain on the well-being of Newark's children. A study that interviewed expecting black mothers in Newark about their experiences with their pregnancies found that the women struggled with accessing healthcare, had negative experiences with providers, were unaware of the services and supports available to them, and preferred providers who had backgrounds similar to theirs.[11] Amongst other efforts, diversifying the healthcare workforce and expanding access to comprehensive healthcare for mothers and babies can help mitigate the underlying factors causing health disparities, and eventually lead to better outcomes for Newark's children.[12]

Sources/Endnotes

All data in this report are from the New Jersey Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database.

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