

Advancing Maternal Health Equity in New Jersey:

Insights from the 2023 NJ Maternity Care Report Card of Hospital Maternity Care

December 2025

Overview

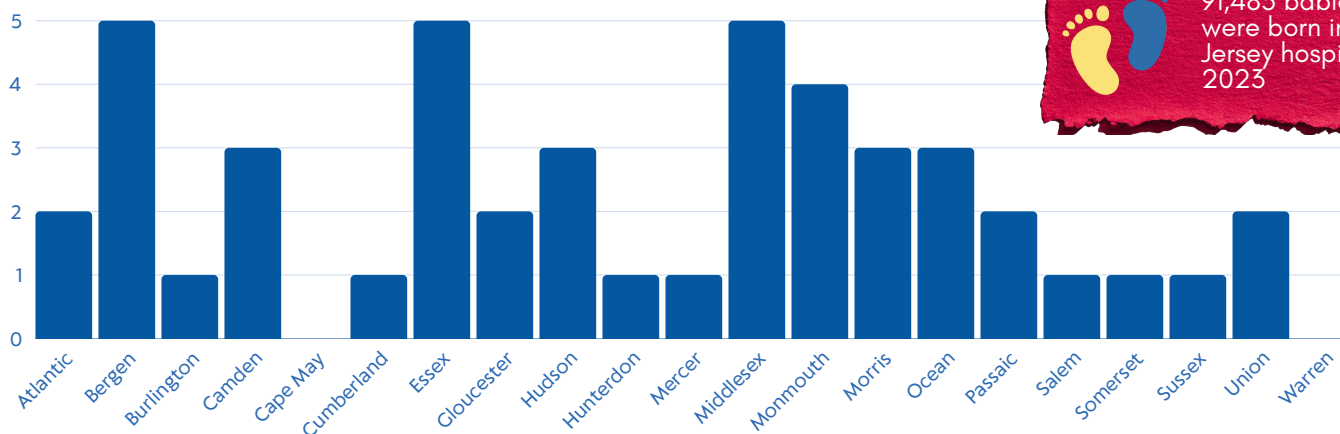
The New Jersey Report Card of Hospital Maternity Care, created through a 2018 law signed by Governor Murphy, provides vital transparency to strengthen maternal health outcomes statewide. ACNJ's analysis of the most recent 2023 Report Card data shows how dramatically birth experiences can differ across NJ hospitals. With 45 birthing hospitals classified into four perinatal levels, the state organizes facilities by the type of care they provide, from routine births to the highest-risk deliveries, to help ensure families receive the support they need.

NJ's Four Perinatal Hospital Types

Designation	Description
Regional Perinatal Center (Highest Level of Care) (13 TOTAL)	<ul style="list-style-type: none"> Serves high-risk mothers and newborns Provides consultation, referral, and transport services to affiliate hospitals
Intensive Community Perinatal Center (7 TOTAL)	<ul style="list-style-type: none"> Cares for complicated pregnancies and neonates For births expected to be >999 grams and ≥28 weeks gestation
Intermediate Community Perinatal Center (23 TOTAL)	<ul style="list-style-type: none"> Handles a high volume of complicated maternal and neonatal cases For births expected to be >1,499 grams and ≥32 weeks gestation
Basic Community Perinatal Center (2 TOTAL)	<ul style="list-style-type: none"> Supports uncomplicated pregnancies and healthy newborns For births expected to be >2,499 grams and ≥36 weeks gestation

As the former U.S. Surgeon General Vivek Murthy stated, "To put it simply: health equity is a civil rights issue," and this is nowhere more evident than in NJ's maternal health data.

Birthing Hospitals by County



Total Hospitals Births
91,485 babies were born in New Jersey hospitals in 2023

ACNJ's 2026 Maternal Health Policy Priorities

- Expand maternal health access and improve outcomes
- Increase birthing options for NJ families
- Strengthen the midwifery workforce
 - More pathways and training opportunities
 - Support professional autonomy
- Promote an equitable, culturally informed maternal health system
- Broaden access to community-based perinatal supports
- Advance doula initiatives
 - Increase Medicaid reimbursement rates
 - Expand approval of doula training programs under NJ FamilyCare

Understanding Hospital Performance in Maternal Care

To understand how hospital practices shape birth outcomes, California's Hospital Assessment and Reporting Task Force created a statewide performance reporting system using publicly available data. **Their work showed that even when two women have similar low-risk, first-time pregnancies, their birthing experiences can differ significantly based on the hospital where they deliver.** The task force used four key quality indicators—low-risk C-section, episiotomy, exclusive breastfeeding before discharge, and vaginal birth after C-section (VBAC)—to highlight these differences.

In NJ, 3 of these 4 indicators (low-risk C-section, episiotomy, and VBAC) are publicly reported on the Maternal Health Hospital Report Card. Instead of exclusive breastfeeding, this infographic uses Baby-Friendly Hospital recognition as a comparable indicator of supportive maternity

Measures That Matter for Moms and Babies

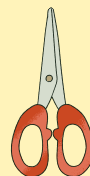
Segment	Characteristics	Risk/Benefits
Baby-Friendly Hospital Recognition	A Baby-Friendly Hospital provides evidence-based maternity care that supports breastfeeding and mother-baby bonding, with staff trained and practices aligned to the Ten Steps to Successful Breastfeeding.	Benefits include: <ul style="list-style-type: none">• Staff Expertise: All maternity staff are trained to provide consistent breastfeeding support.• Better Breastfeeding Outcomes: Higher rates of early and exclusive breastfeeding.• Stronger Bonding: Skin-to-skin contact and rooming-in support mother-baby connection.• Healthier Moms and Babies: Reduced risks of infections, obesity, SIDS, and postpartum depression.• Equitable Care: Standardized, evidence-based practices ensure consistent support for all families.
Episiotomy	<ul style="list-style-type: none">• An episiotomy is a surgical incision in the perineum to widen the vaginal opening during childbirth.• Current guidelines discourage routine use; ACOG recommends it only in very limited situations.	Risks include: <ul style="list-style-type: none">• Higher chance of severe perineal tears• Bladder or bowel control problems• Pelvic floor disorders• Infection and other complications• Slower recovery and potential chronic discomfort
Low-Risk Cesarean Birth Rate (NTSV C-Section)	Measures C-sections among first-time mothers with: <ul style="list-style-type: none">• Term pregnancies (≥ 37 weeks)• Singleton babies• Vertex (head-down) position	Benefits include: <ul style="list-style-type: none">• C-sections carry increased risks such as infection, blood clots, longer recovery, and complications in future pregnancies.• Reducing unnecessary C-sections among low-risk mothers is a Healthy People 2030 priority.
VBAC (Vaginal Birth After Cesarean)	A VBAC is a vaginal delivery following a previous C-section.	Benefits include: <ul style="list-style-type: none">• Lower maternal morbidity• Reduced risk of complications in future pregnancies



Baby-Friendly Hospitals



15 birthing hospitals are recognized as baby-friendly!



Episiotomy Rates

33 birthing hospitals meet or exceed the recommended episiotomy rate!



Low-Risk Cesarean Birth Rates

18 birthing hospitals meet or exceed the recommended rate



VBAC Rates

0 birthing hospitals meet or exceed the recommended rate

What Are Quality Indicators?

Quality indicators show whether maternity care is timely, appropriate, evidence-based, and respectful. They help identify gaps, track improvement, and increase transparency across hospitals.

Even with tools like the AIM (Alliance for Innovation on Maternal Health) quality-improvement bundles, NJ continues to see disparities in outcomes; underscoring why these indicators matter.

An analysis of nearly one million births in NJ found that Black women were 20% more likely to receive unnecessary C-sections—even when treated by the same doctors and hospitals as white women, highlighting persistent inequities and the need for ongoing monitoring of quality indicators.

Learn More & Contact Us

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