



**HEALTHY  
MOMS.  
STRONG  
BABIES.**

# **2025 Report Card in California**

## California State Summary



36,468 babies were born preterm in California in 2024.

California ranks 7th of 52 (includes all states, DC, and Puerto Rico) for preterm birth with a rate of 9.1%.

California has made significant improvement in adequate prenatal care reception since last year.

California is currently implementing five of six supportive maternal and infant health initiatives included in this year's Report Card.

# The preterm birth rate in California was **9.1%** in 2024, lower than the rate in 2023

## PRETERM BIRTH GRADE

# B-

U.S. RATE



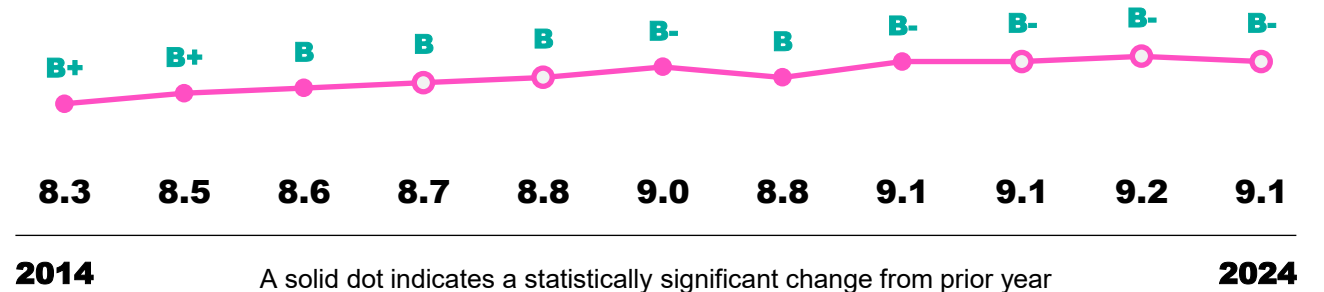
CA RATE



CA RANK

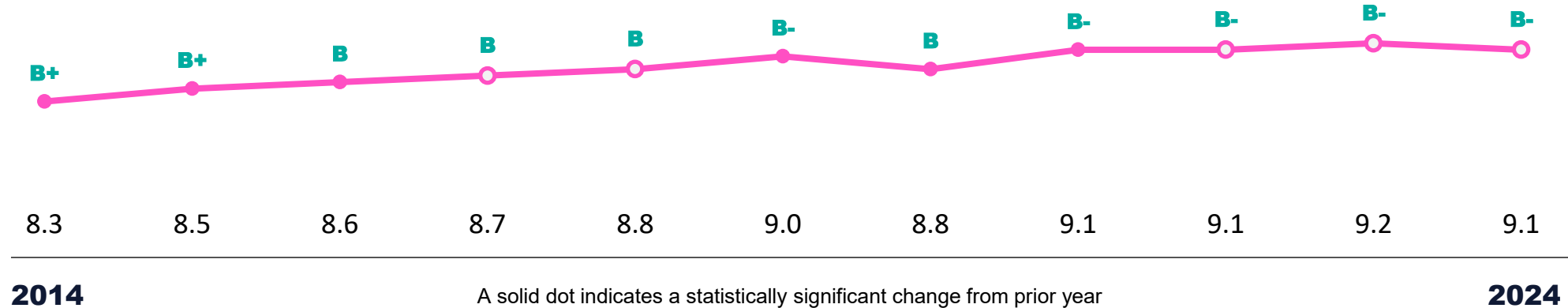


Percentage of live births born preterm



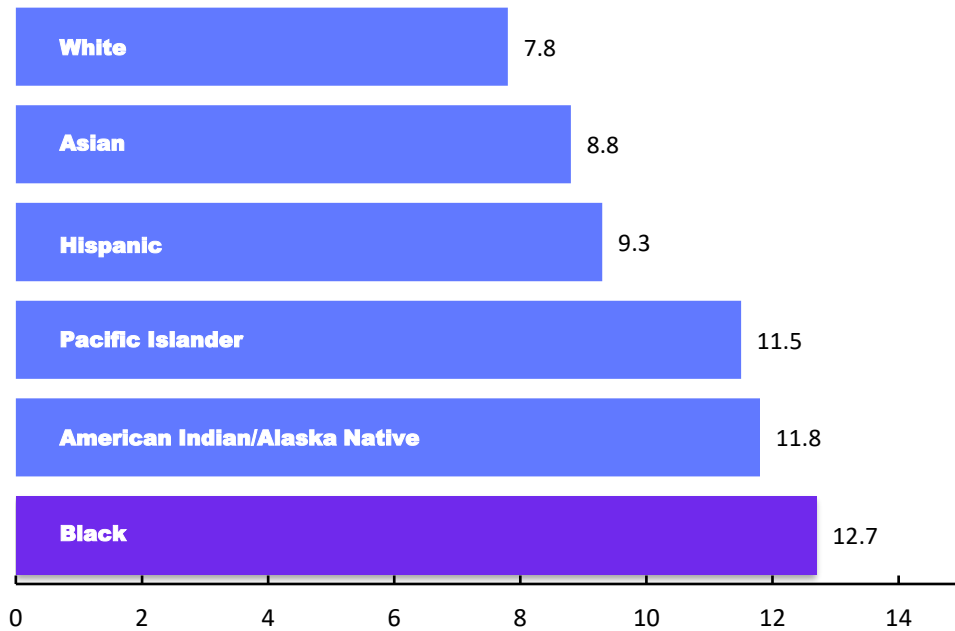
# Preterm birth trend in California, 2014-2024

Percentage of live births born preterm

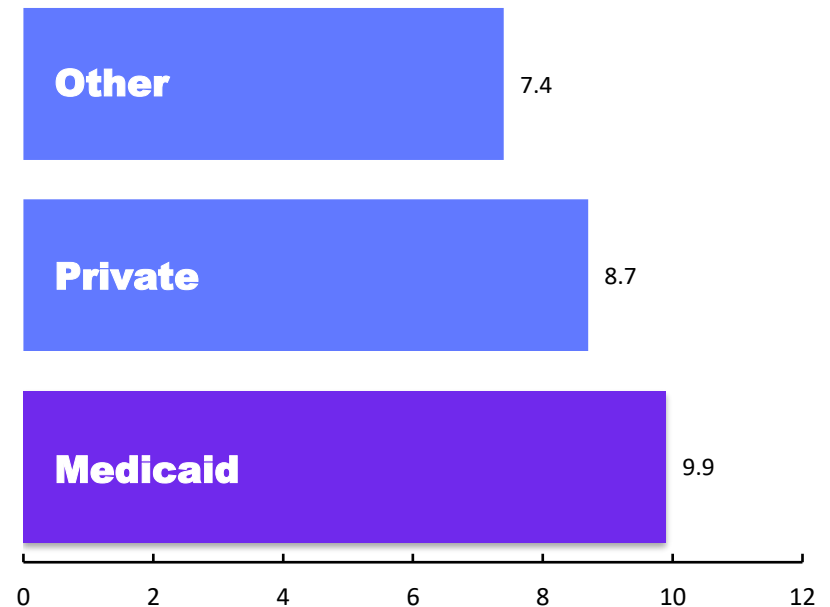


# The data below illustrates differences in preterm birth rates by race/ethnicity and insurance type, which may reflect broader social and economic factors

**Preterm birth rate by maternal race/ethnicity, 2022-2024**

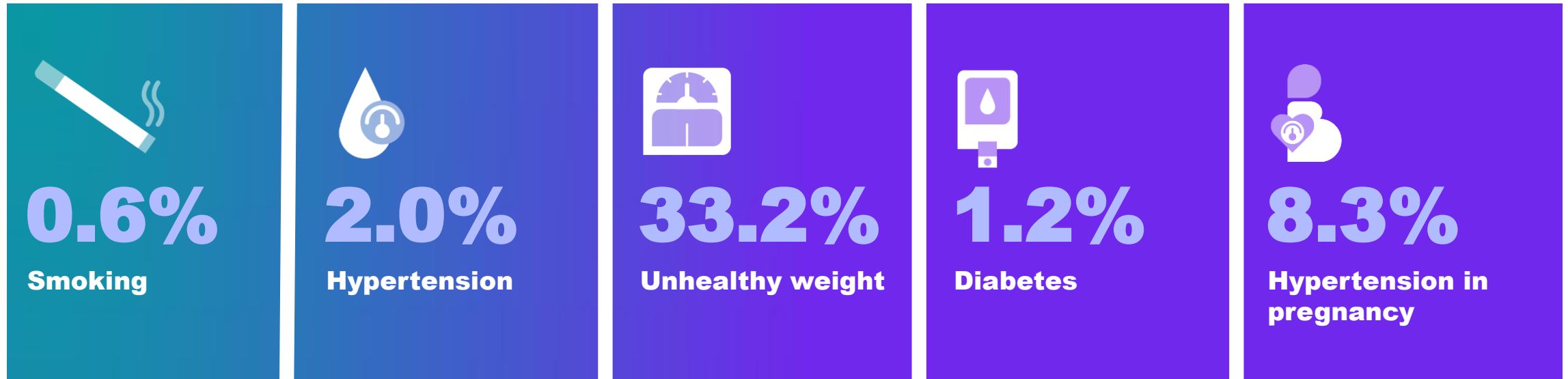


**Preterm birth rate by insurance type, 2022-2024**



# Some health conditions make people more likely to have a preterm birth or experience other poor birth outcomes

The tiles display the percentage of all live births exposed to each condition in 2024.



# Preterm birth grade and rate by county and city

COUNTY	Grade	Preterm Birth Rate	Change in Rate From Last Year
Alameda	B	8.8%	Improved
Contra Costa	C+	9.5%	Improved
Fresno	C	10.0%	No change
Kern	C	9.7%	Worsened
Los Angeles	C+	9.3%	Improved
Orange	B	8.7%	Improved
Riverside	C	9.8%	Worsened
Sacramento	C+	9.4%	Worsened
San Bernardino	C	10.0%	Improved
San Diego	B	8.8%	Improved
San Francisco	B+	8.4%	Improved
San Joaquin	C+	9.6%	Worsened
San Mateo	B+	8.4%	Improved
Santa Clara	B+	8.4%	Improved
Ventura	A	7.5%	Improved

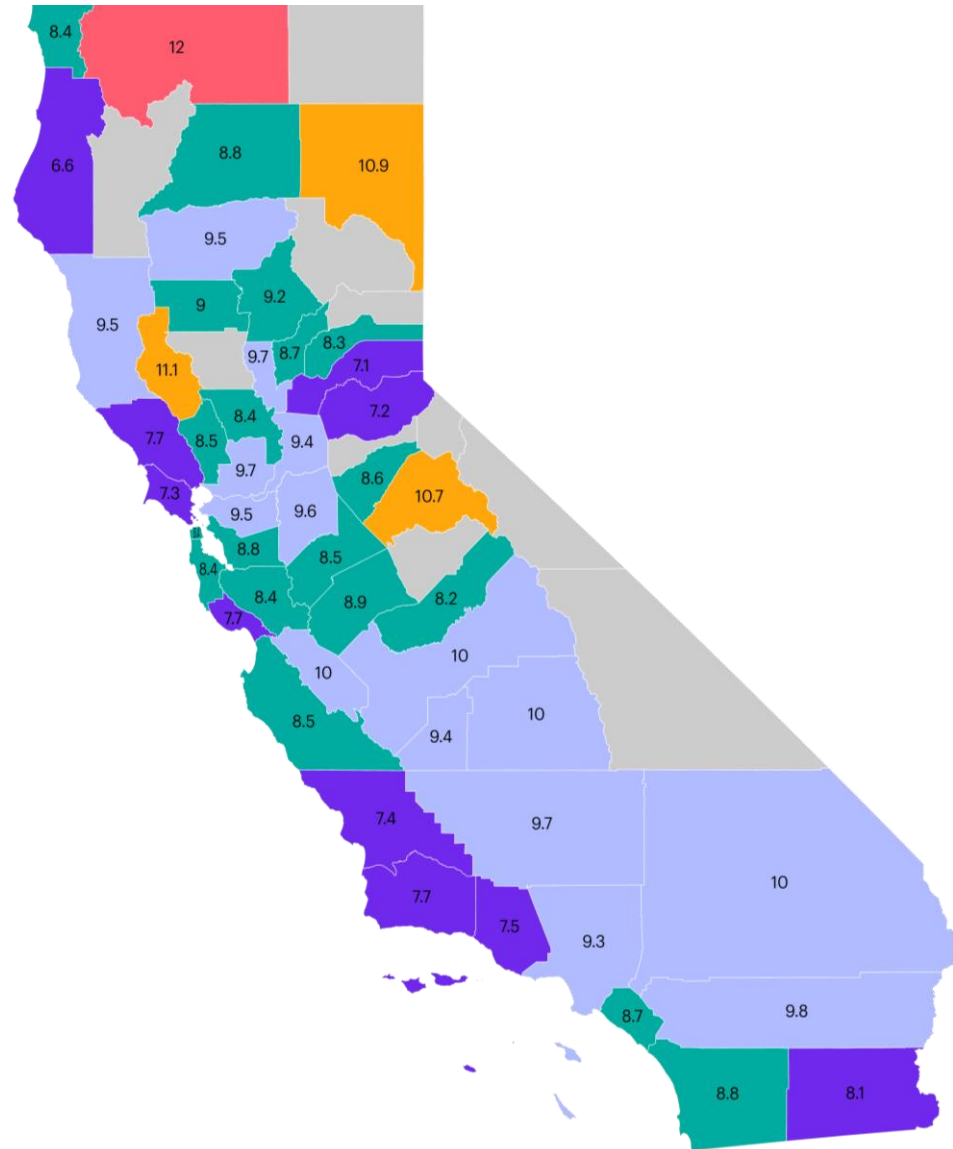
  

City	Grade	Preterm Birth Rate	Change in Rate From Last Year
Los Angeles, CA	C+	9.6%	Better

# Preterm birth rate and grade by county

Preterm birth grade

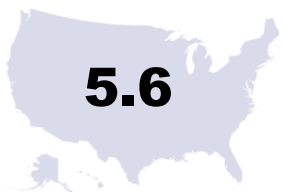
- A: 8.1% or less**
- B: 8.2 to 9.2%**
- C: 9.3 to 10.3%**
- D: 10.4 to 11.4%**
- F: 11.5% or greater**
- Not enough data**



# The infant mortality rate decreased in the last decade; In 2023, 1,642 babies died before their first birthday in California

**INFANT MORTALITY RATE** **4.1**

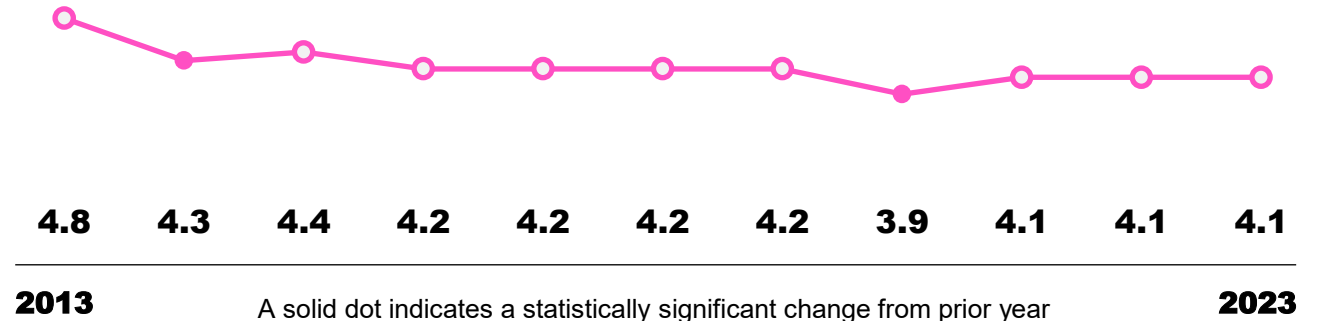
**U.S. RATE**



**CA RANK**

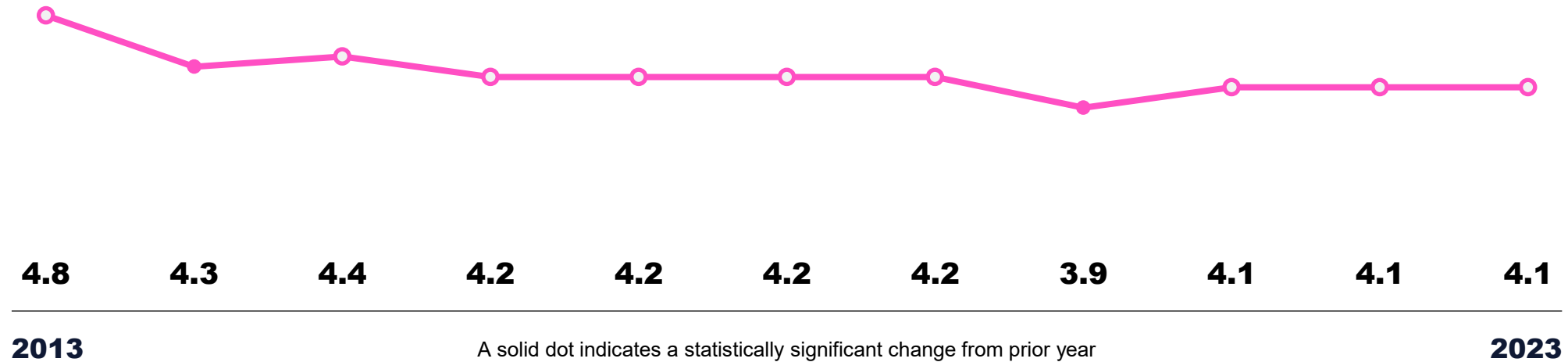


Rate per 1,000 live births



# Infant Mortality Trend in California, 2013-2023

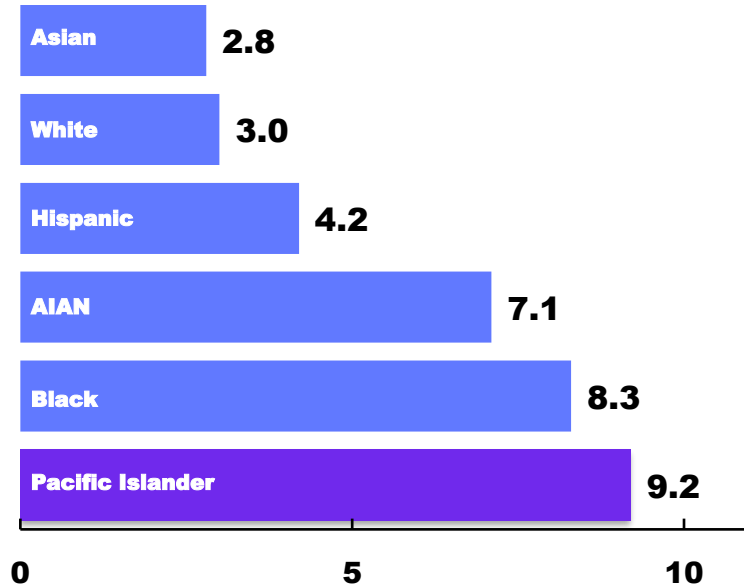
Rate per 1,000 live births



# The infant mortality rate among babies born to Pacific Islander moms in California is 2.2x the state rate

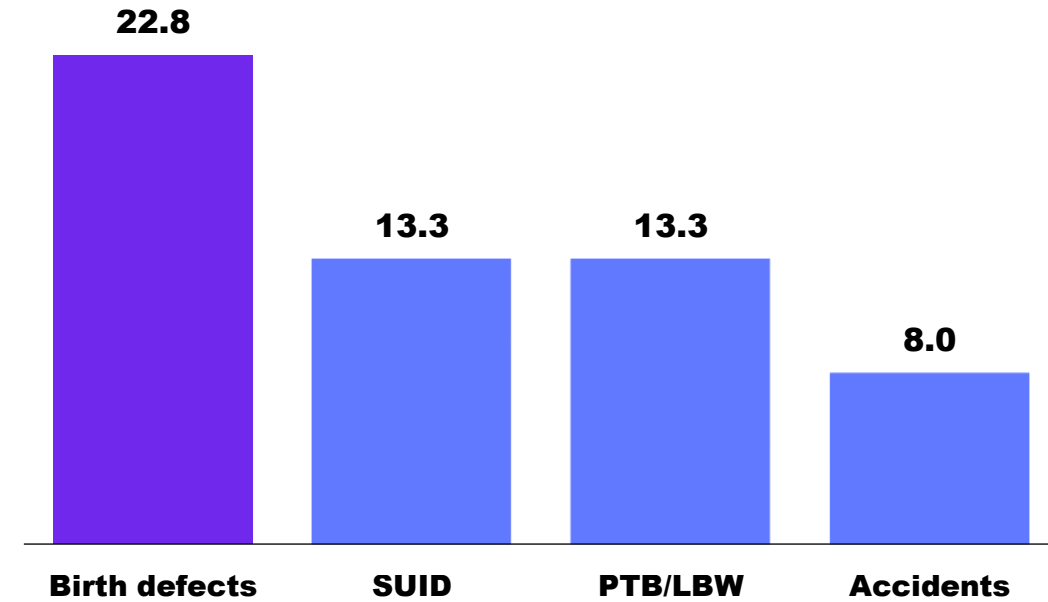
## Infant mortality rate by maternal race/ethnicity

Rate per 1,000 live births, 2021-2023



## Leading causes of infant death

Percent of total deaths by underlying cause, 2021-2023



# The rate of inadequate prenatal care among babies born to Pacific Islander moms is 2.0x the state rate

**9.6**  
PERCENT



## INADEQUATE PRENATAL CARE

Percentage of babies whose mom received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

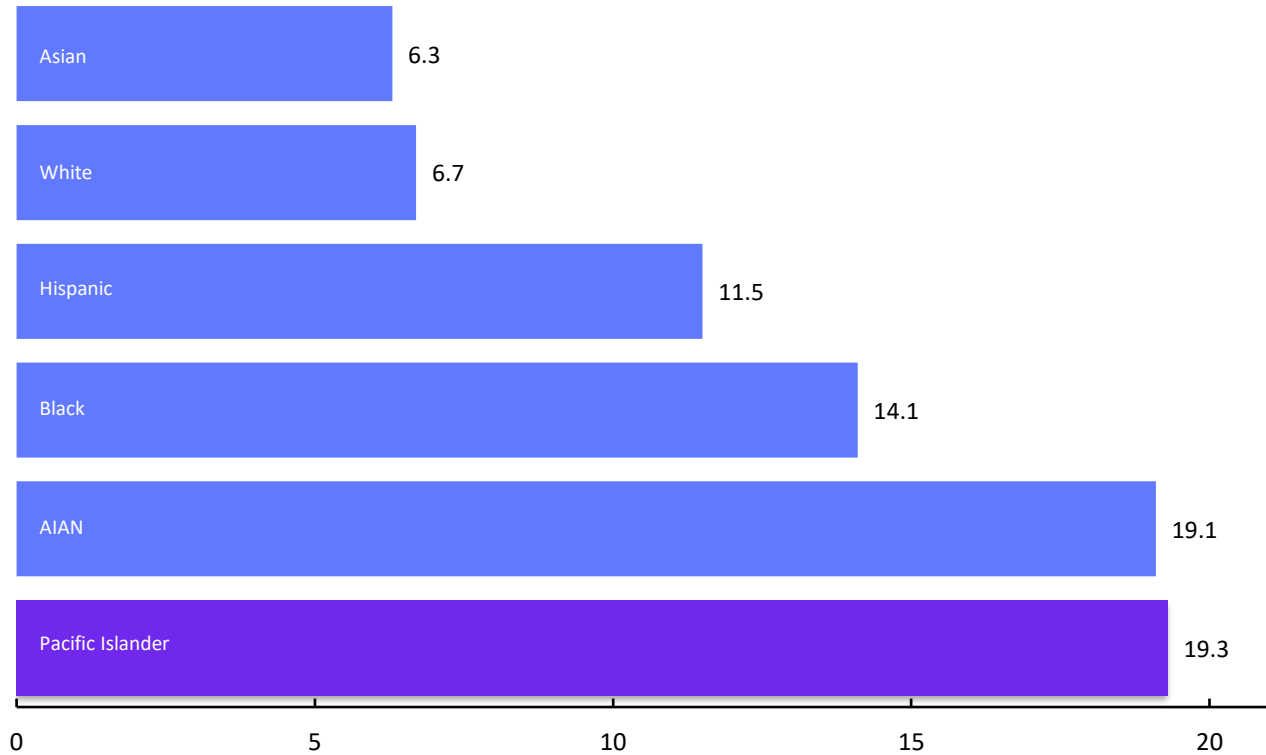
**84.3**  
PERCENT



## FIRST TRIMESTER INITIATION OF PRENATAL CARE

Percentage of babies whose mom started prenatal care in the first trimester of pregnancy.

Inadequate prenatal care by maternal race/ethnicity, 2022-2024



# The measures below are important indicators for the health of pregnant and postpartum women in California

**26.2**

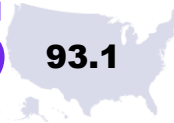


**PERCENT**

## **LOW-RISK CESAREAN BIRTH**

Percentage of Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

**110.5**



**PER 10,000 HOSPITAL DELIVERIES**

## **SEVERE MATERNAL MORBIDITY**

Rate of unexpected outcomes of labor and delivery that result in significant short or long-term health consequences.

**10.1**



**PER 100,000 BIRTHS**

## **MATERNAL MORTALITY**

Rate of death from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.

# California Summary Table

	Preterm birth	Infant mortality	Low-risk Cesarean	Adequate PNC*	Severe maternal morbidity	Maternal mortality
<b>Measure</b>	9.1%	4.1	26.2%	75.4%	110.5	10.1
<b>Rank</b>	7th of 52	6th of 52	28th of 52	34th of 52	41st of 47	1st of 48
<b>Direction†</b>	Improved	No change	Worsened	Improved†	Improved	Improved
<b>HP2030 Target</b>	9.4% of live births	5.0 deaths per 1k births	23.6% of low-risk births	80.5% of live births	88.2 per 10K hospital deliveries	15.7 deaths per 100K births

**Note:** \*Measure differs from inadequate PNC. Adequate is presented to align with Healthy People 2030 target. Rank determined for all states with available data with 1 being the best. †Denotes statistically significant change from prior year (P <0.05). See [Technical Notes](#) for details.

# Adoption of the following policies and programs, along with sufficient funding, is critical to improving maternal and infant health in California

All efforts were assessed on 9/26/2025.



## MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



## MEDICAID EXPANSION

State has adopted this policy, which allows for greater access to preventive care before, during, and after pregnancy.



## DOULA REIMBURSEMENT

State Medicaid agency is actively reimbursing doula care.



## PAID FAMILY LEAVE

State has required employers to provide a paid option for families out on parental leave.



## MENTAL HEALTH

State requires clinicians to screen Medicaid insured women for postpartum depression during a well-child visit and reimburses for the screening.



## MATERNAL MORTALITY REVIEW

State has a maternal mortality review committee to understand causes of deaths, identify preventive factors, and recommend changes to improve care and save lives.



# California's Medicaid program, Medi-Cal, covered 162,193 births in 2024



March of Dimes recognizes the vital importance of Medicaid, which pays for 4 in 10 deliveries nationwide (as high as 62% in some states). Access to Medicaid coverage ensures that individuals can receive preventive services and other clinical care before, during, and after pregnancy.

Given Medicaid's critical role in supporting maternal, infant, and child health, March of Dimes urges states to:

- **Maintain or expand eligibility and benefits** for pregnant and postpartum individuals, caregivers, and children.
- Ensure that **Medicaid enrolled moms and babies continue receiving care without disruption** during the implementation of policy changes.
- **Clearly communicate any policy changes**, including work requirements, address verification, frequent eligibility reviews, and retroactive coverage limits, and allow ample time for contacting and completion of updates.
- **Increase access to care** in communities impacted by hospital closures or maternity care deserts.
- **Increase access to evidence-based, quality telehealth services and technology**, including remote monitoring, and support alignment of reimbursement across payers.
- **Provide sufficient reimbursement** to all providers to encourage participation in Medicaid programs.

# 2025 MARCH OF DIMES REPORT CARD



## 2025 March of Dimes Report Card California

Scan for more data 



36,468 babies were born preterm in California in 2024. California ranks 7th of 52 (includes all states, DC, and Puerto Rico) for preterm birth with a rate of 9.1%.

California has made significant improvement in adequate prenatal care reception since last year.

California is currently implementing five of six supportive maternal and infant health initiatives included in this year's Report Card.

### The preterm birth rate in California was **9.1%** in 2024, lower than the rate in 2023

**PRETERM BIRTH GRADE**  
**B-**

**US RATE** 10.4  
**CA RATE** 9.1  
**CA RANK** 7

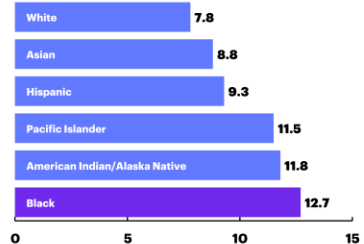
Percentage of live births born preterm



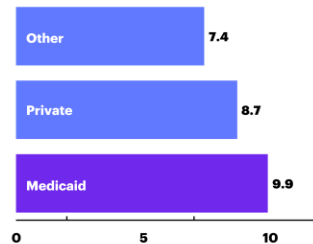
**Note:** The change in 2024 was not a statistically significant ( $P < 0.05$ ) decrease compared to 2023. Statistical significance means the difference is unlikely to be due to chance and likely reflects a meaningful change, though it may not always be large.

### The data below illustrates differences in preterm birth rates by race/ethnicity and insurance type, which may reflect broader social and economic factors

Preterm birth rate by maternal race/ethnicity, 2022-2024



Preterm birth rate by insurance type, 2022-2024



**Note:** These data can serve as a starting point for discussions about addressing disparities caused by community factors and experiences. Preterm birth rates for "other" insurance types: self pay: 5.1%; Tricare: 9.0%; Indian Health Service: N/A; and all other types: 8.8%.

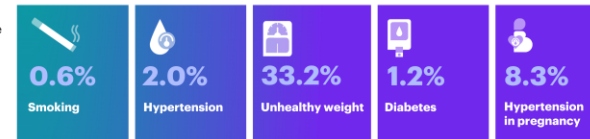
**Source:** National Center for Health Statistics, Natality data, 2014-2024.

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## California

### Some health conditions make people more likely to have a preterm birth or experience other poor birth outcomes

The tiles display the percentage of all live births exposed to each condition in 2024.



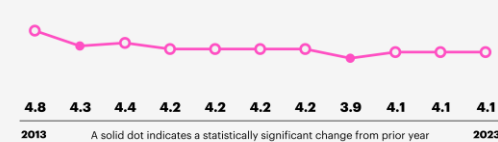
**Note:** More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. US percentages are as follows: smoking: 3.0%; hypertension: 3.4%; unhealthy weight: 34.8%; diabetes: 1.3% and hypertension in pregnancy: 10.4%.

### The infant mortality rate decreased in the last decade; in 2023, 1,642 babies died before their first birthday

**INFANT MORTALITY RATE**  
**4.1**

**US RATE** 5.6  
**CA RANK** 6

Rate per 1,000 live births

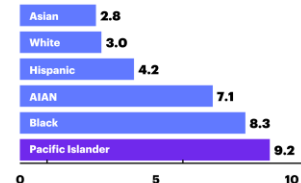


**Note:** The change in 2023 was not a statistically significant increase or decrease compared to 2022.

### The infant mortality rate among babies born to Pacific Islander moms is 2.2x the state rate

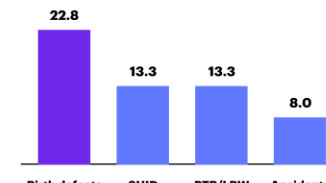
#### Infant mortality rate by maternal race/ethnicity

Rate per 1,000 live births, 2021-2023



#### Leading causes of infant death

Percent of total deaths by underlying cause, 2021-2023



**Note:** PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death. Other causes account for 42.6% of infant deaths.

**Source:** National Center for Health Statistics, Period Linked Birth/Infant Death data, 2013-2023.

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# 2025 MARCH OF DIMES REPORT CARD



## California

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#### MENTAL HEALTH

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#### MATERNAL MORTALITY REVIEW

State has a maternal mortality review committee to understand causes of deaths, identify preventive factors, and recommend changes to improve care and save lives.

**Legend** State has the indicated program/policy State reimburses up to \$1,500 State is progressing legislation but not yet active State does not have the indicated program/policy

### California's Medicaid program, Medi-Cal, covered 162,193 births in 2024



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- Increase access to care in communities impacted by hospital closures or maternity care deserts.
- Increase access to evidence-based, quality telehealth services and technology, including remote monitoring, and support alignment of reimbursement across payers.
- Provide sufficient reimbursement to all providers to encourage participation in Medicaid programs.

**Note:** See [Policy and Program Booklet](#) for more details.

**Source:** National Center for Health Statistics, Natality data, 2024.

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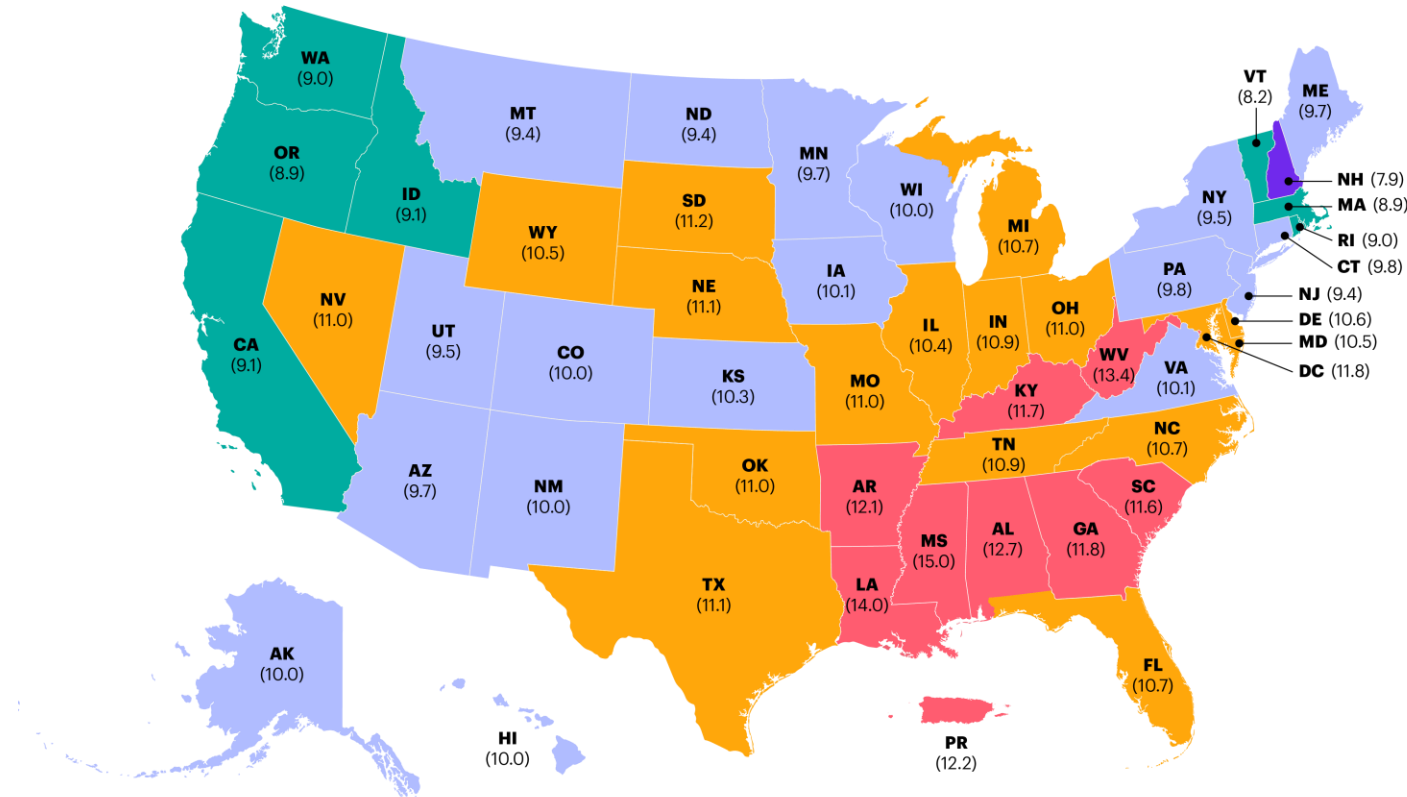


**HEALTHY  
MOMS.  
STRONG  
BABIES.**

**2025 US Report Card**

# The preterm birth grade was **D+** in 2024; half of all US states received a D or an F

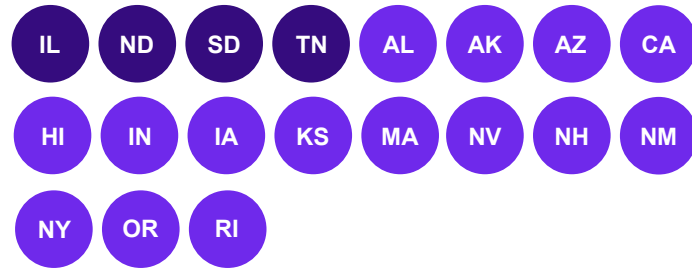
Preterm birth rate (born before 37 weeks gestation) and grade by state, 2024



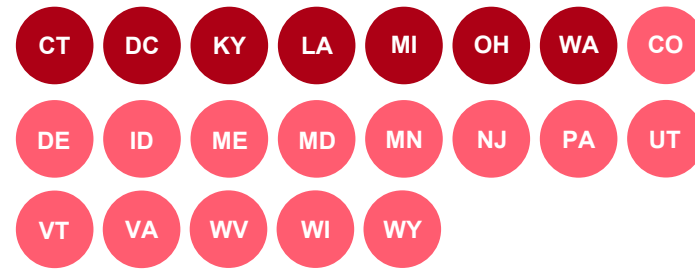
GRADE	PRETERM BIRTH RATE RANGE SCORING CRITERIA
<b>A</b>	Less than or equal to 7.7%.
<b>A-</b>	Preterm birth rate of 7.8 to 8.1%.
<b>B+</b>	Preterm birth rate of 8.2 to 8.5%.
<b>B</b>	Preterm birth rate of 8.6 to 8.9%.
<b>B-</b>	Preterm birth rate of 9.0 to 9.2%.
<b>C+</b>	Preterm birth rate of 9.3 to 9.6%
<b>C</b>	Preterm birth rate of 9.7 to 10.0%
<b>C-</b>	Preterm birth rate of 10.1 to 10.3%
<b>D+</b>	Preterm birth rate of 10.4 to 10.7%.
<b>D</b>	Preterm birth rate of 10.8 to 11.1%.
<b>D-</b>	Preterm birth rate of 11.2 to 11.4%.
<b>F</b>	Preterm birth rate greater than or equal to 11.5%.

11 states met the Healthy People 2030 target for preterm birth of 9.4% of all live births.

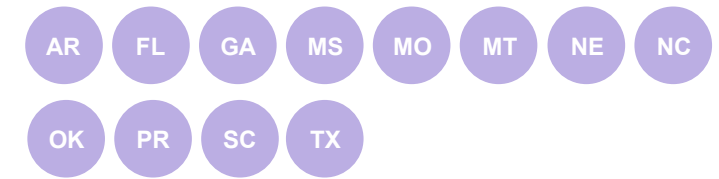
# More states saw preterm birth worsen than improve in the past year



**19** States with **improved** preterm birth rates



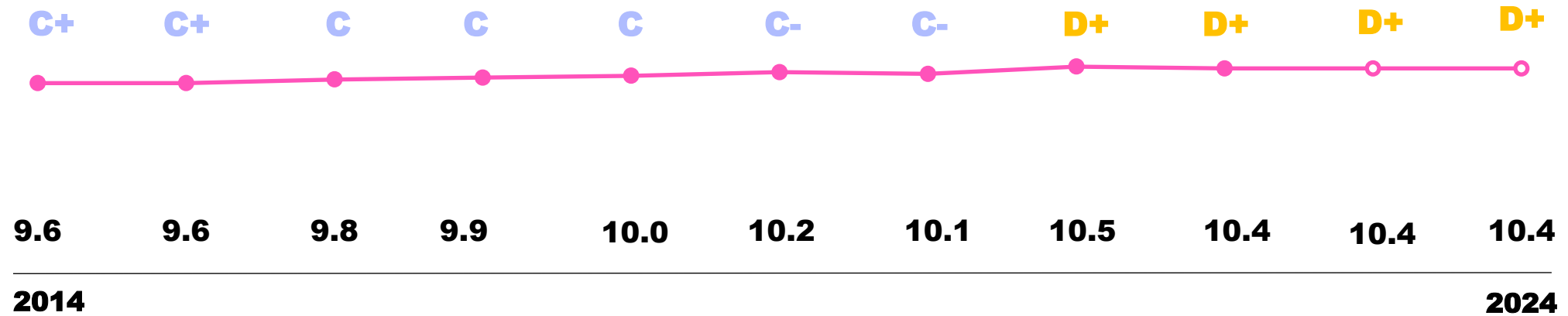
**21** States with **worsened** preterm birth rates



**12** States with **no change** in preterm birth rates

# The 2024 preterm birth rate was **10.4%** for the third year in a row

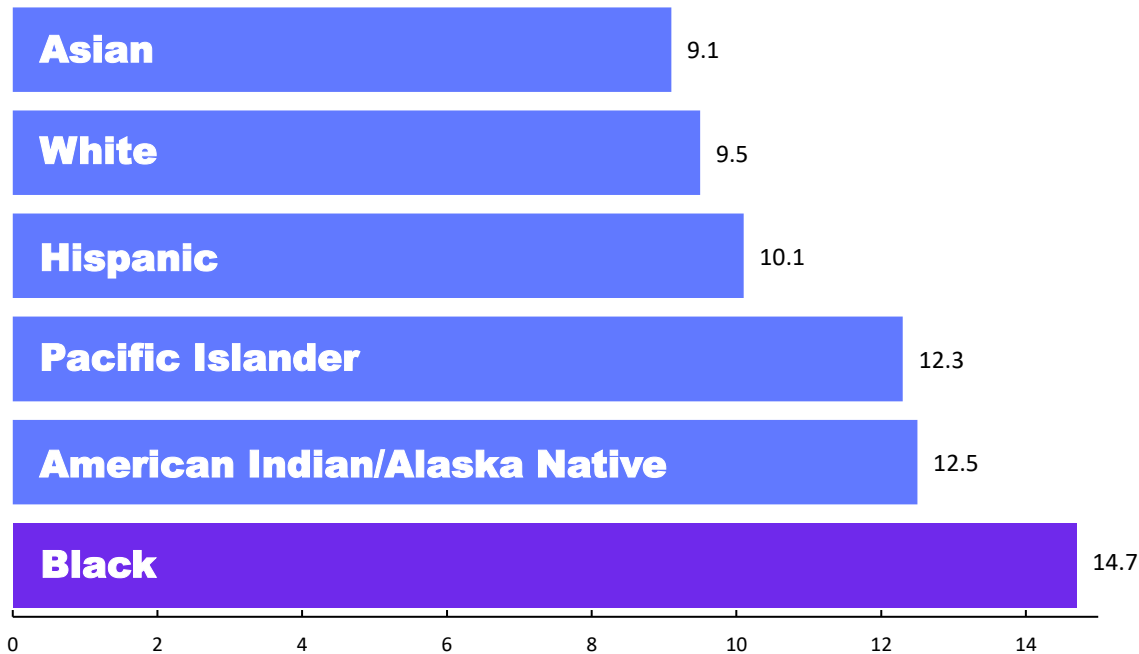
Preterm birth by year, 2014 to 2024



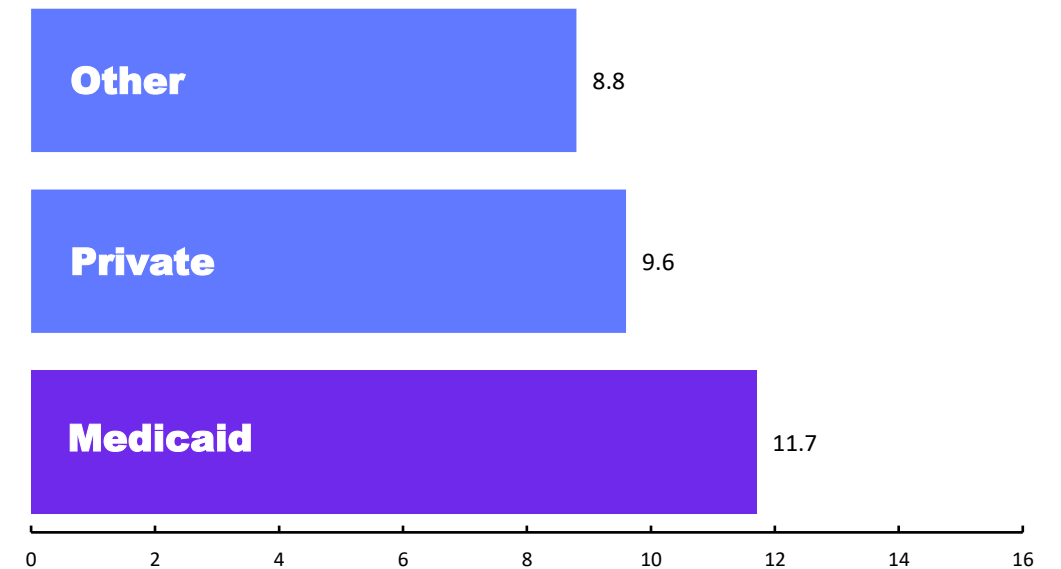
A solid dot indicates a statistically significant change from prior year

# The data below illustrates differences in preterm birth rates by race/ethnicity and insurance type, which may reflect broader social and economic factors

**Preterm birth rate by maternal race/ethnicity, 2022-2024**

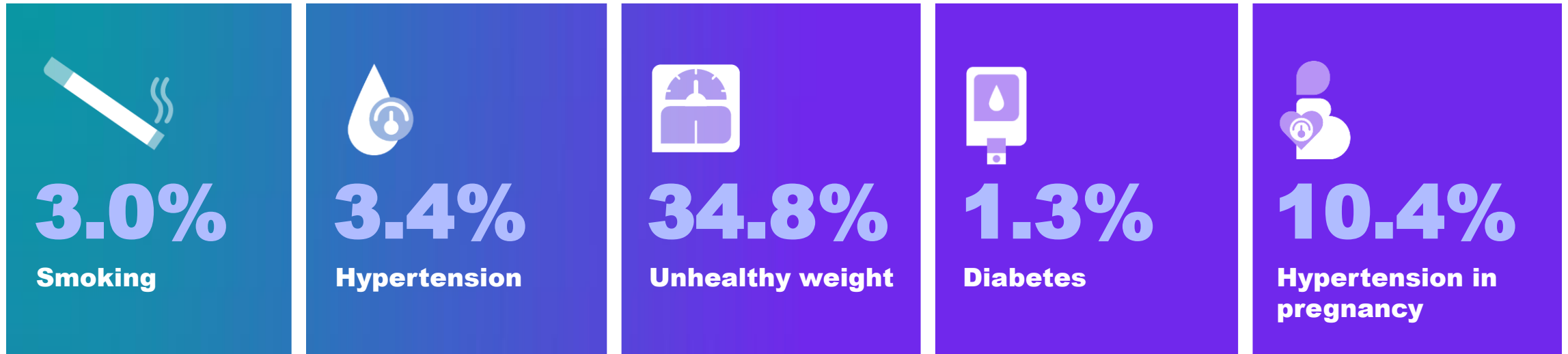


**Preterm birth rate by insurance type, 2022-2024**



# Some health conditions make people more likely to have a preterm birth or experience other poor birth outcomes

Percentage of all live births exposed to each condition, 2024



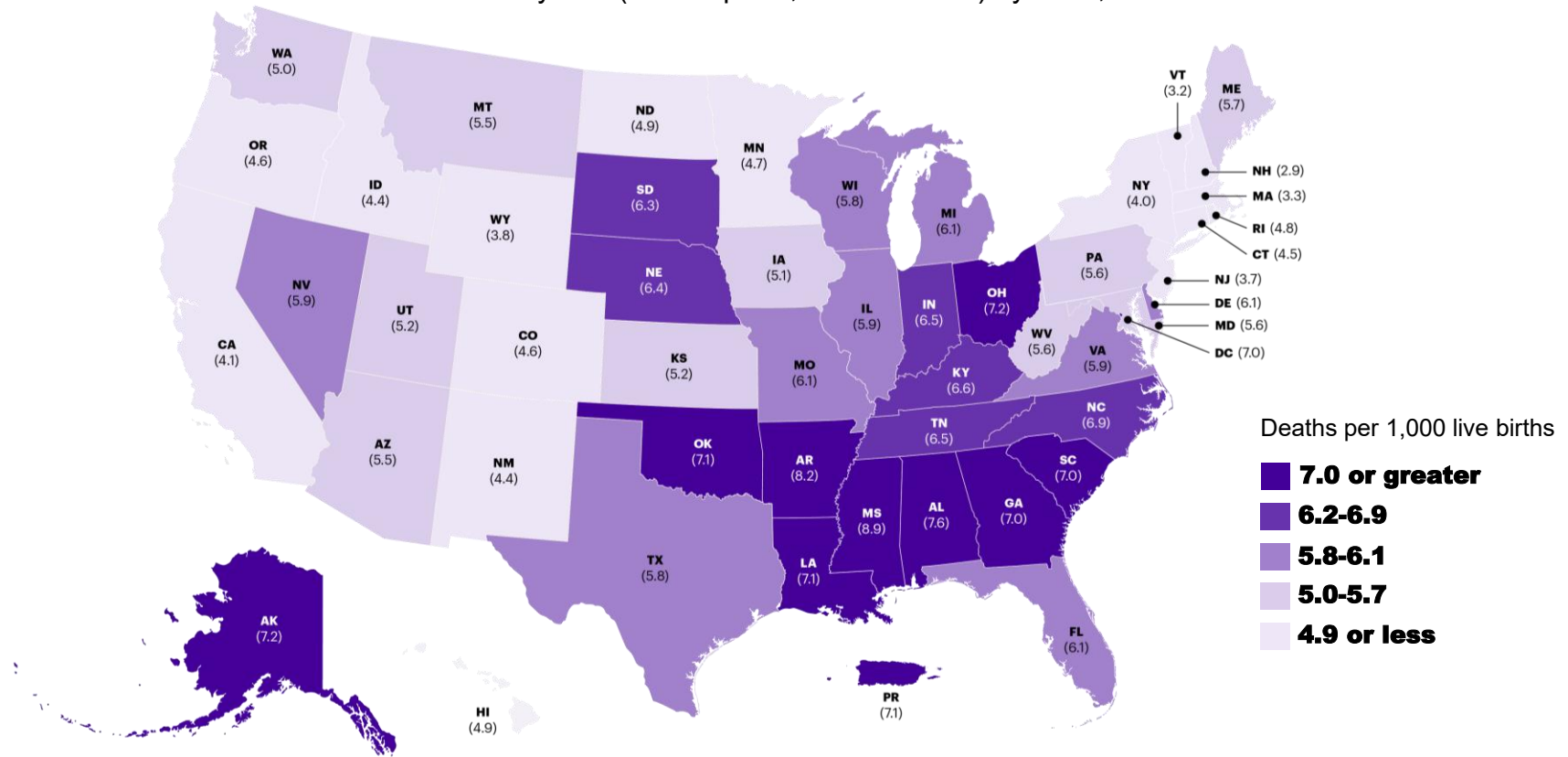
# Over 20,000 babies died before their first birthday; the highest rates occurred in the South and Midwest regions

Infant mortality rate (deaths per 1,000 live births) by state, 2023

## INFANT MORTALITY RATE

5.6 =

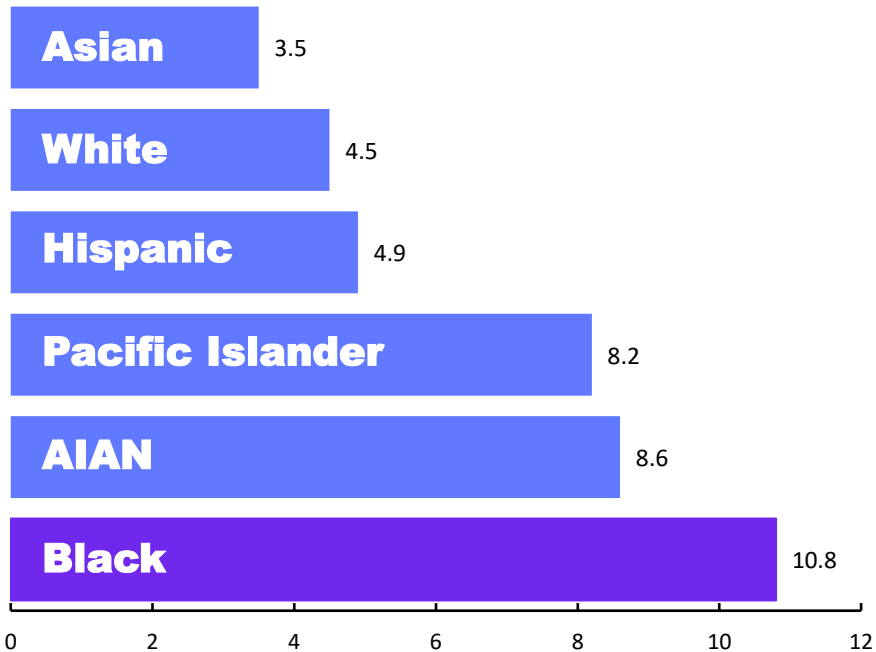
17 states met the Healthy People 2030 target for infant mortality of 5.0 deaths per 1,000 births.



# The infant mortality rate declined nearly 20% in the last two decades but the rate among babies born to Black moms is still 1.9x the national rate

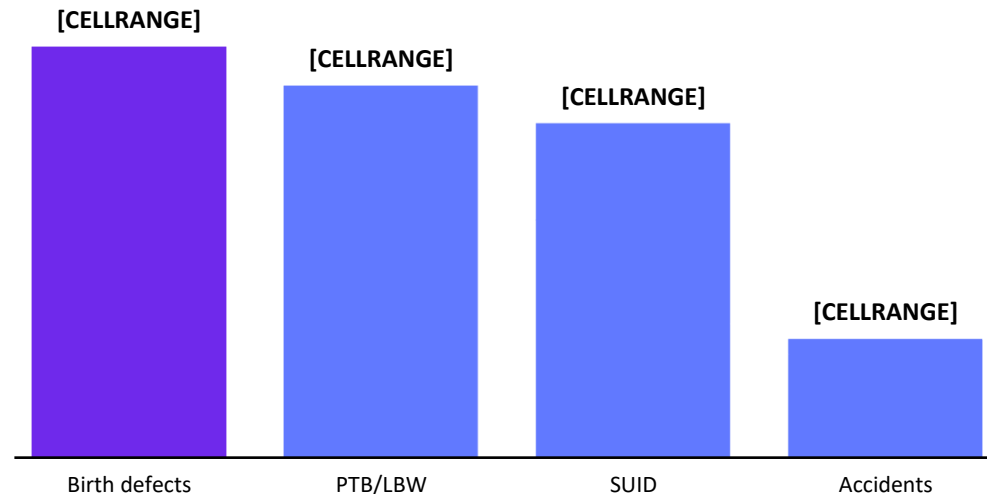
## Infant mortality by maternal race/ethnicity

Rate per 1,000 live births, 2021-2023



## Leading causes of infant death

Percent of total deaths by underlying cause, 2021-2023

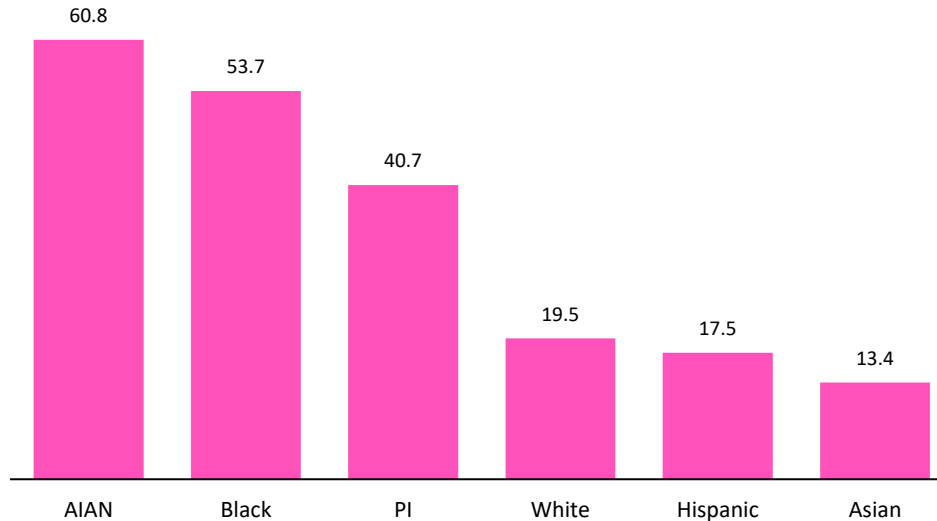


# Maternal mortality has returned to pre-pandemic rates. Still, 669 maternal deaths occurred in 2023 and disparities by race/ethnicity persist

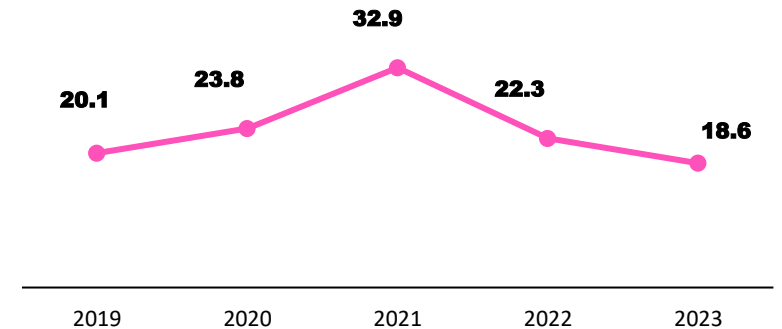
**MATERNAL MORTALITY RATE**  
**18.6**

Death from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.

Maternal mortality rate (deaths per 100,000 live births) by race/ethnicity, 2019-2023



Maternal mortality rate, 2019-2023



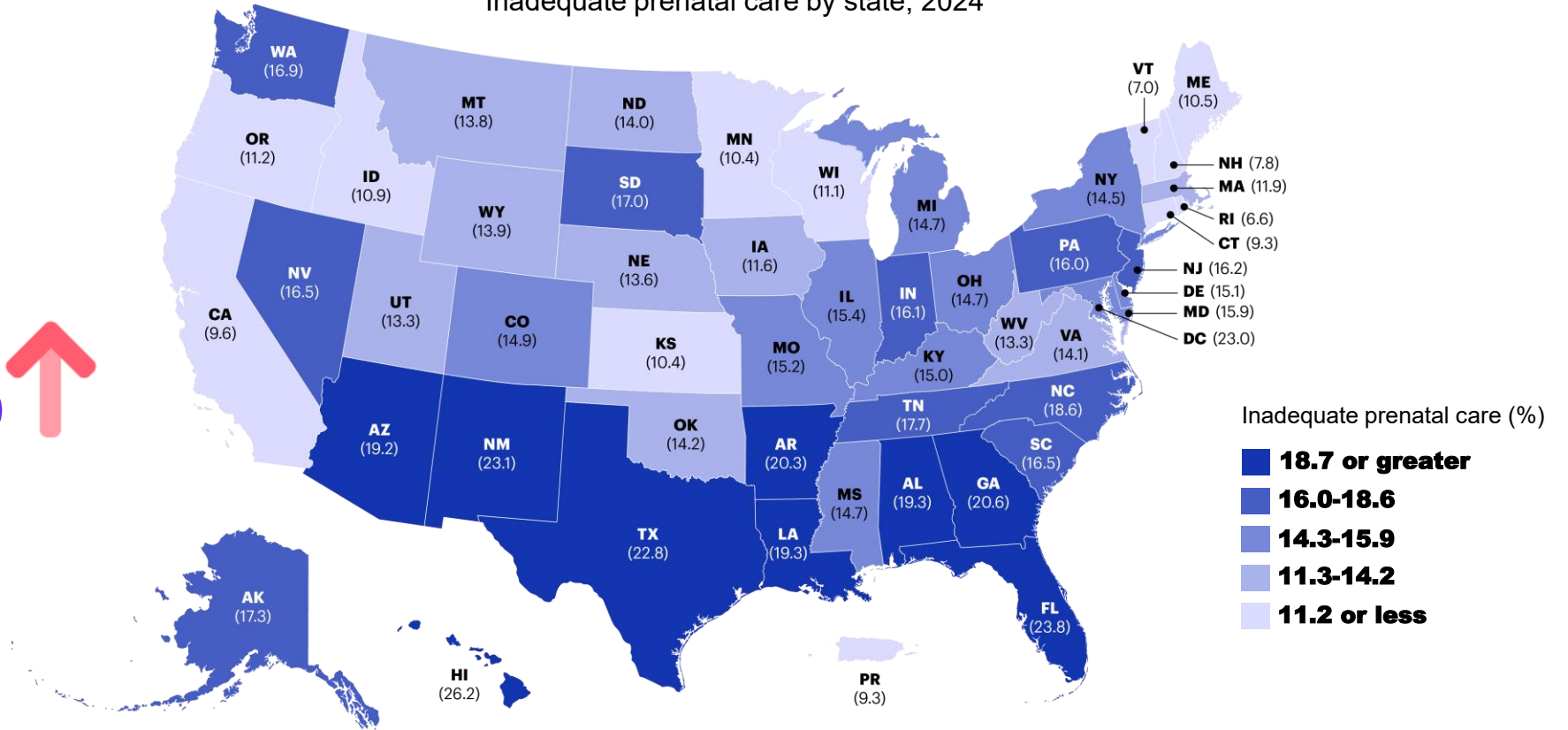
# Access to and quality of healthcare before, during, and after pregnancy can affect health outcomes

## INADEQUATE PRENATAL CARE

16.1% ↑

Percentage of babies whose mom received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Inadequate prenatal care by state, 2024



# Clinical Measures

75.5% ↓

## FIRST TRIMESTER INITIATION OF PRENATAL CARE

Percentage of babies whose mom started prenatal care in the first trimester of pregnancy.

26.6% =

## LOW-RISK CESAREAN BIRTH

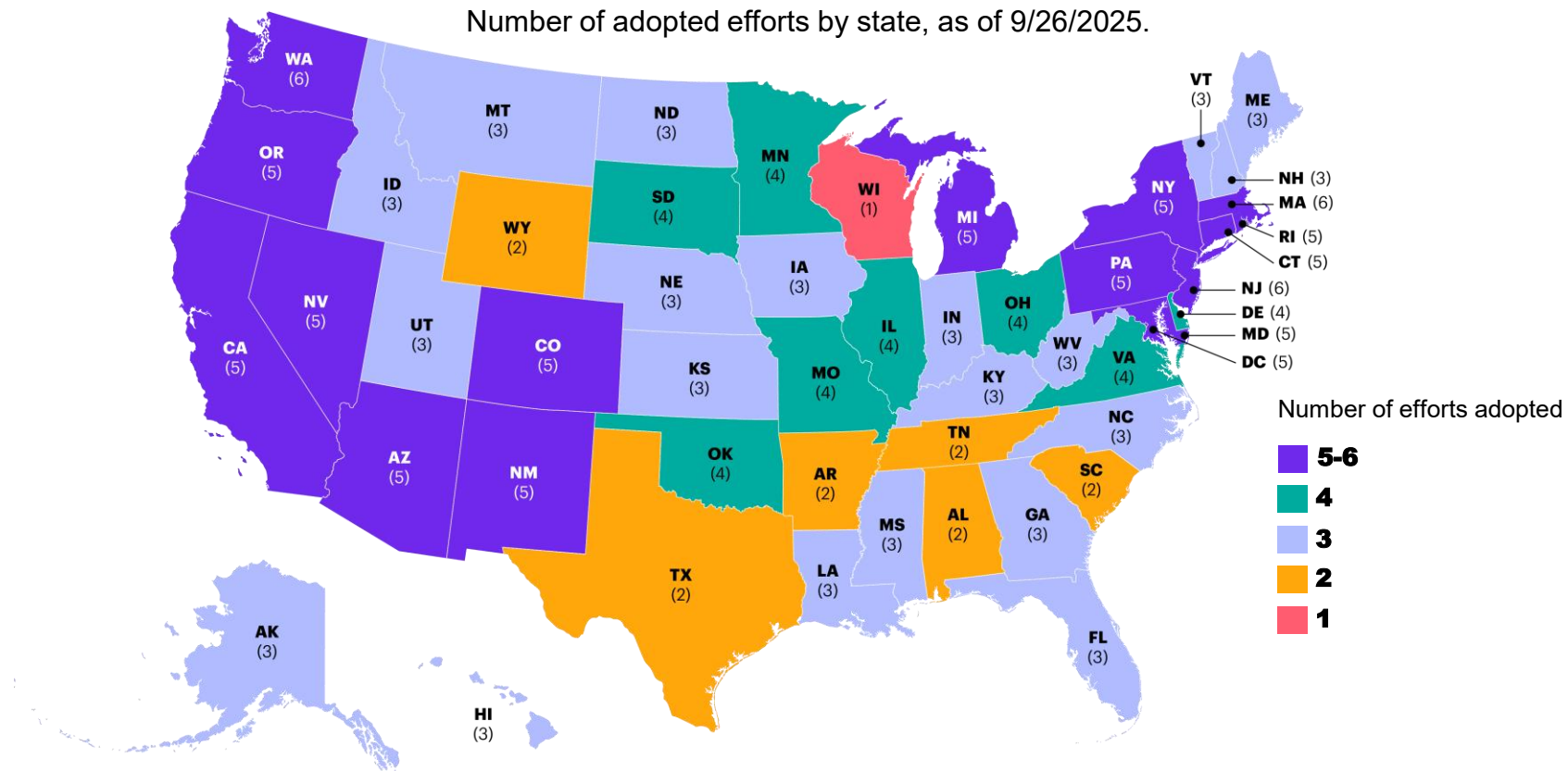
Percentage of Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.

93.1 PER 10,000 HOSPITAL DELIVERIES ↓

## SEVERE MATERNAL MORBIDITY

Rate of unexpected outcomes of labor and delivery that result in significant short or long-term health consequences.

# Adoption of supportive policies and programs, along with sufficient funding, is critical to improving and sustaining maternal and infant health



# Adoption of the following policies and programs, along with sufficient funding, is critical to improving and sustaining maternal and infant health

## MEDICAID EXTENSION

**Adopted in 48 states and DC**

Adoption of this policy extends coverage for women to one year postpartum.

## MEDICAID EXPANSION

**Adopted in 40 states and DC**

Adoption of this policy allows for greater access to preventive care before, during, and after pregnancy.

## DOULA REIMBURSEMENT

**25 states and DC reimburse for doula care**

Adoption of this policy requires that Medicaid reimburse for care and supports the sustainability of the doula workforce.

## PAID FAMILY LEAVE

**9 states and DC give 12 weeks paid leave**

Adoption of this policy requires employers to provide a paid option for families out on parental leave.

## MENTAL HEALTH SCREENING

**11 states require and reimburse**

Adoption of this policy requires clinicians to screen Medicaid insured women for postpartum depression during a well-child visit and reimburses for the screening.

## MORTALITY REVIEW

**50 states, DC, and Puerto Rico review maternal deaths**

These committees are used to understand causes of maternal deaths, identify preventive factors, and recommend changes to improve care and save lives.

2025 MARCH OF DIMES REPORT CARD

# Scan here to view your State's Report Card

