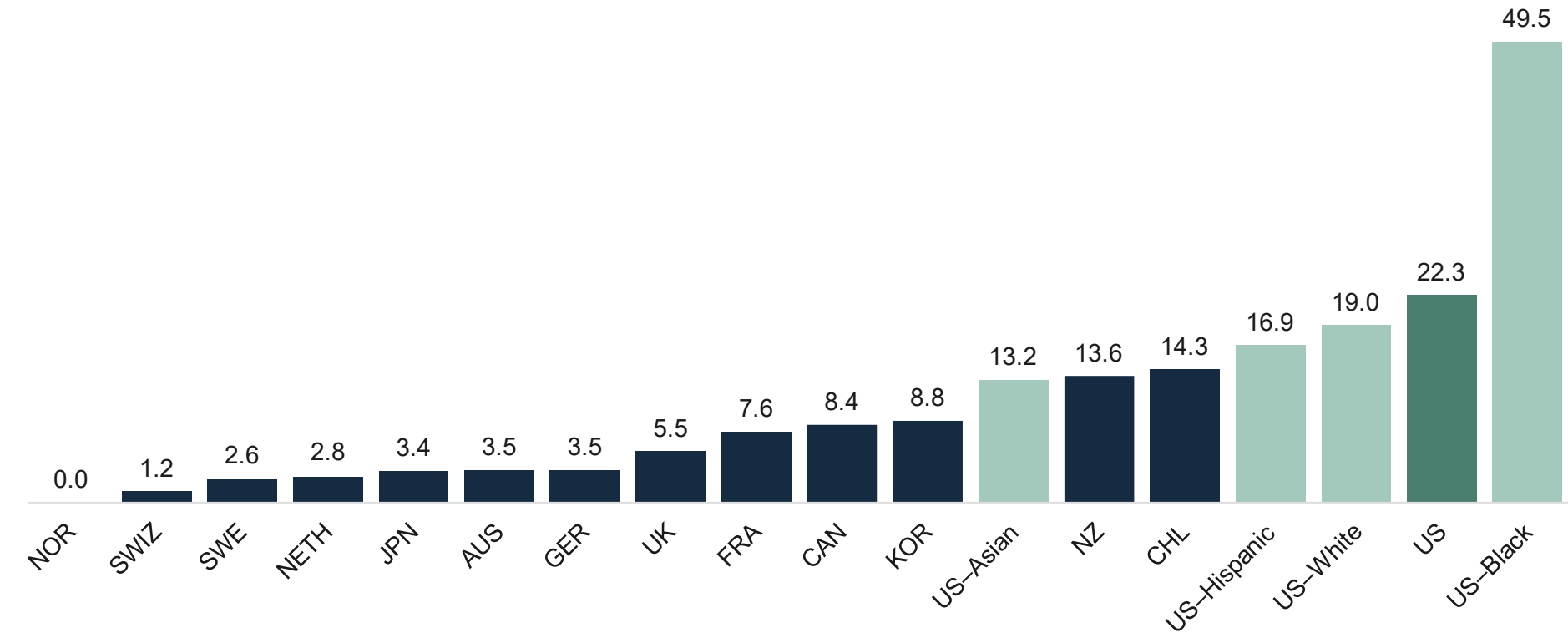


The United States continues to have the highest maternal death rate, with the rate for Black women by far the highest of any group.

Maternal deaths per 100,000 live births

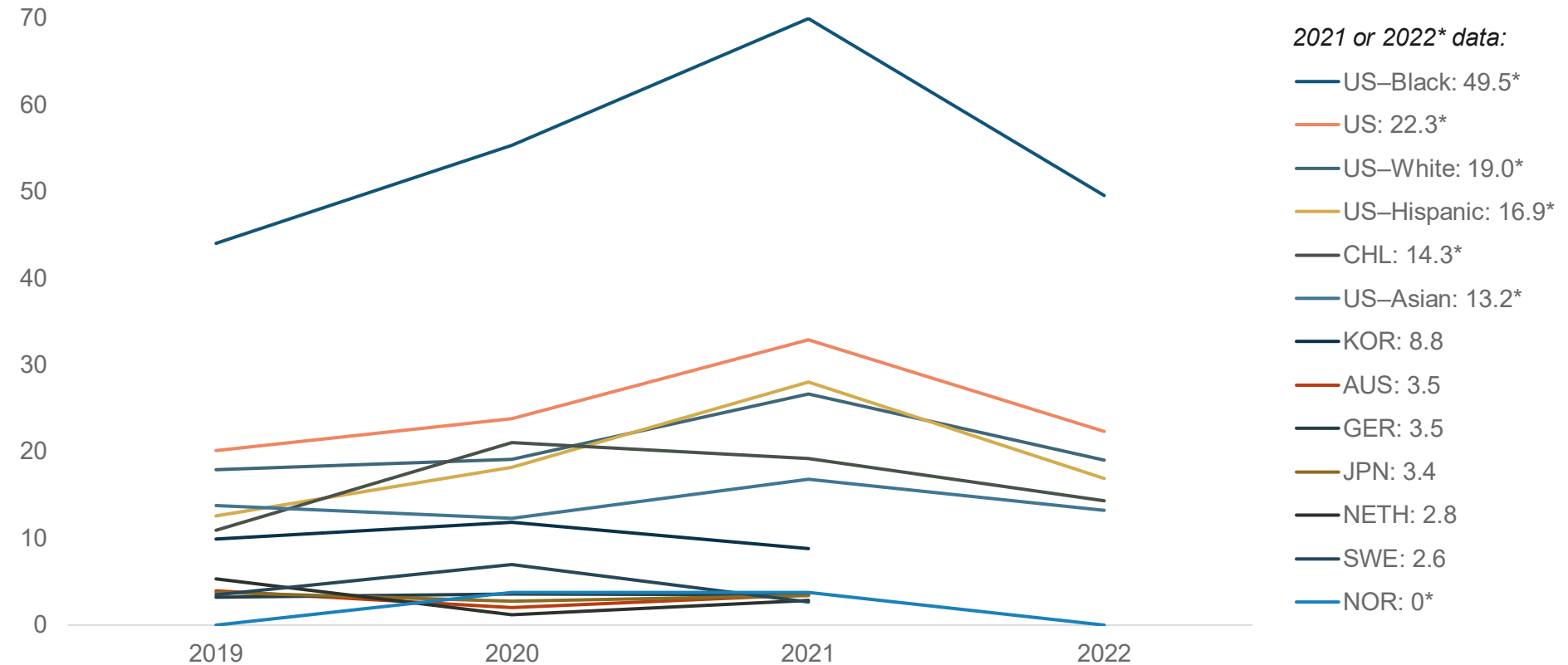


Notes: The maternal mortality ratio is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. For more information on how maternal mortality is defined, see Organisation for Economic Co-operation and Development, "[Maternal and Infant Mortality](#)," in *Health at a Glance 2023: OECD Indicators* (OECD, 2023). 2015 data for FRA; 2017 data for UK; 2018 data for NZ; 2020 data for CAN and SWIZ; 2021 data for AUS, GER, JPN, KOR, NETH, and SWE; 2022 data for CHL (provisional) NOR, and US. Due to sample size limitations, data for US-AIAN cannot be displayed. AIAN = American Indian and Alaska Native. Asian Americans include a wide range of distinct communities. Such groupings are imperfect, as they mask significant difference in maternal mortality rates.

Data: All country data from OECD Health Statistics 2023 extracted on February 29, 2024, except data for US are 2022 data from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, mortality and natality data files, "[Maternal Mortality Rates in the United States, 2022](#)."

While the maternal mortality rate increased in several countries during the COVID-19 pandemic, the rate has begun to decline since then.

Maternal deaths per 100,000 live births in countries with available data

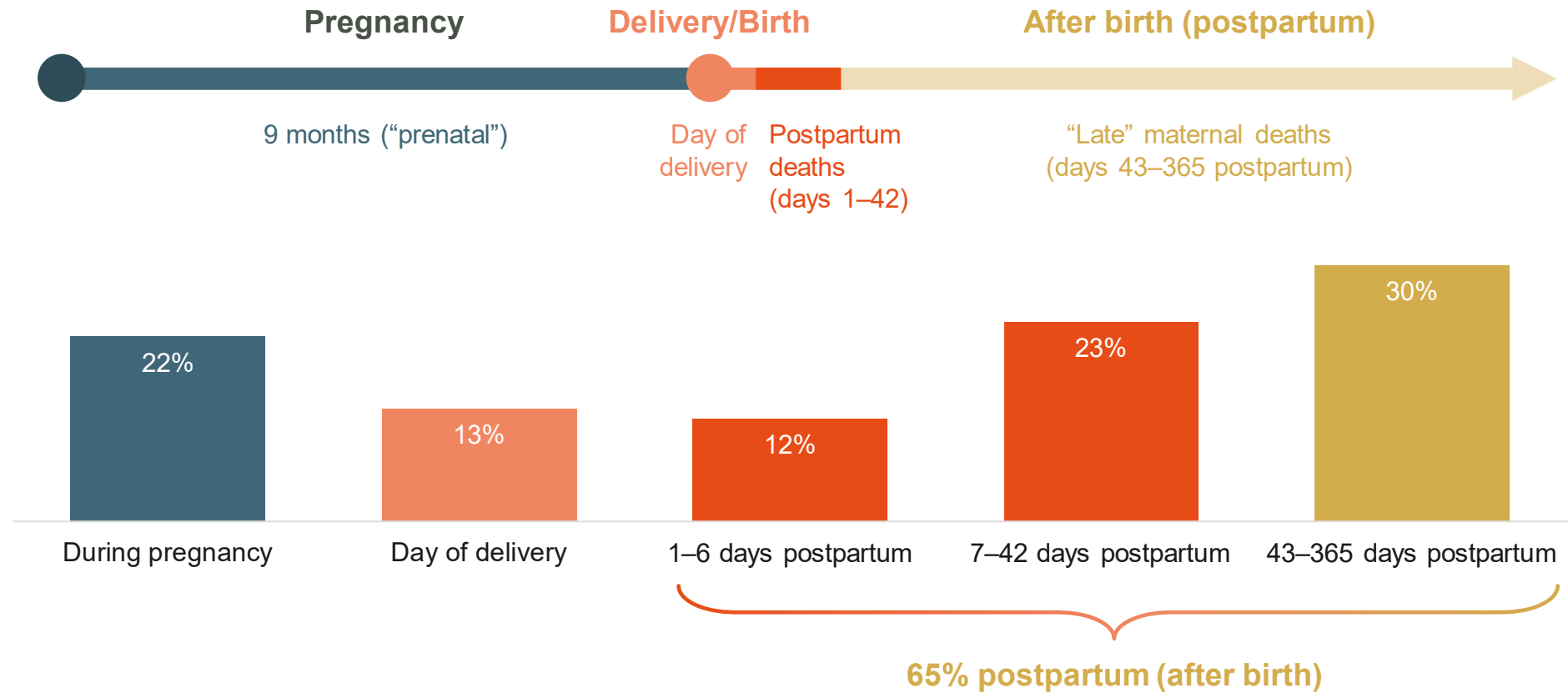


Notes: The maternal mortality ratio is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. For more information on how maternal mortality is defined, see Organisation for Economic Co-operation and Development, "[Maternal and Infant Mortality](#)," in *Health at a Glance 2023: OECD Indicators* (OECD, 2023). Only countries with at least 2021 data available are shown. Due to sample size limitations in earlier years, data for US-AIAN cannot be displayed. AIAN = American Indian and Alaska Native. Asian Americans include a wide range of distinct communities. Such groupings are imperfect, as they mask significant difference in maternal mortality rates.

Data: All country data from OECD Health Statistics 2023 extracted on February 29, 2024, except data for US are 2022 data from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, mortality and natality data files, "[Maternal Mortality Rates in the United States, 2022](#)."

Two-thirds of U.S. pregnancy-related deaths occur during the postpartum period.

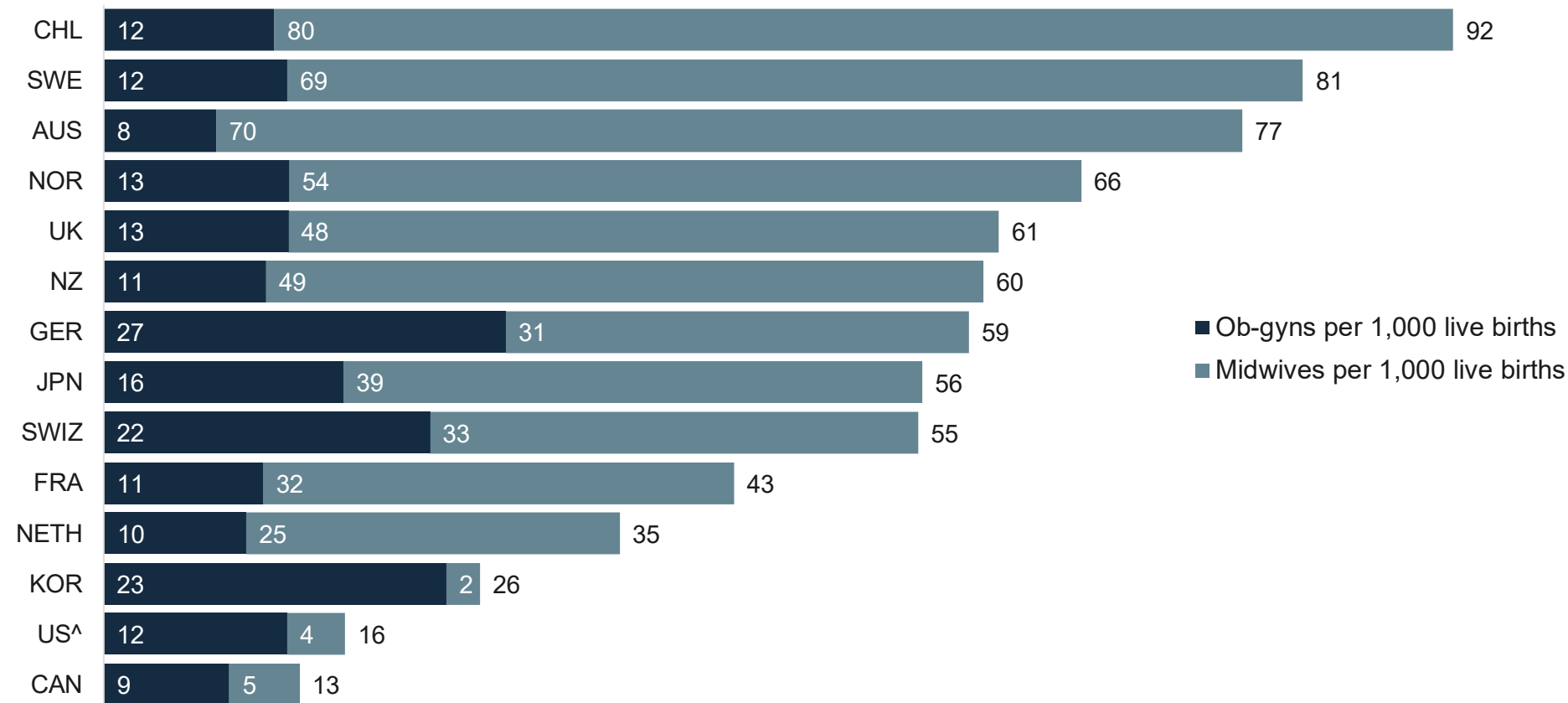
Distribution of pregnancy-related deaths by timing of death in relation to pregnancy, 2017–2019



Notes: Data from Maternal Mortality Review Committees in 36 US states; specific timing information is missing (n=2) or unknown (n=14) for 16 (1.6%) pregnancy-related deaths.
Data: Susanna Trost et al., *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019* (Centers for Disease Control and Prevention, 2022).

The U.S. and Canada continue to have the lowest supplies of midwives and ob-gyns.

Number of providers (head counts) per 1,000 live births*

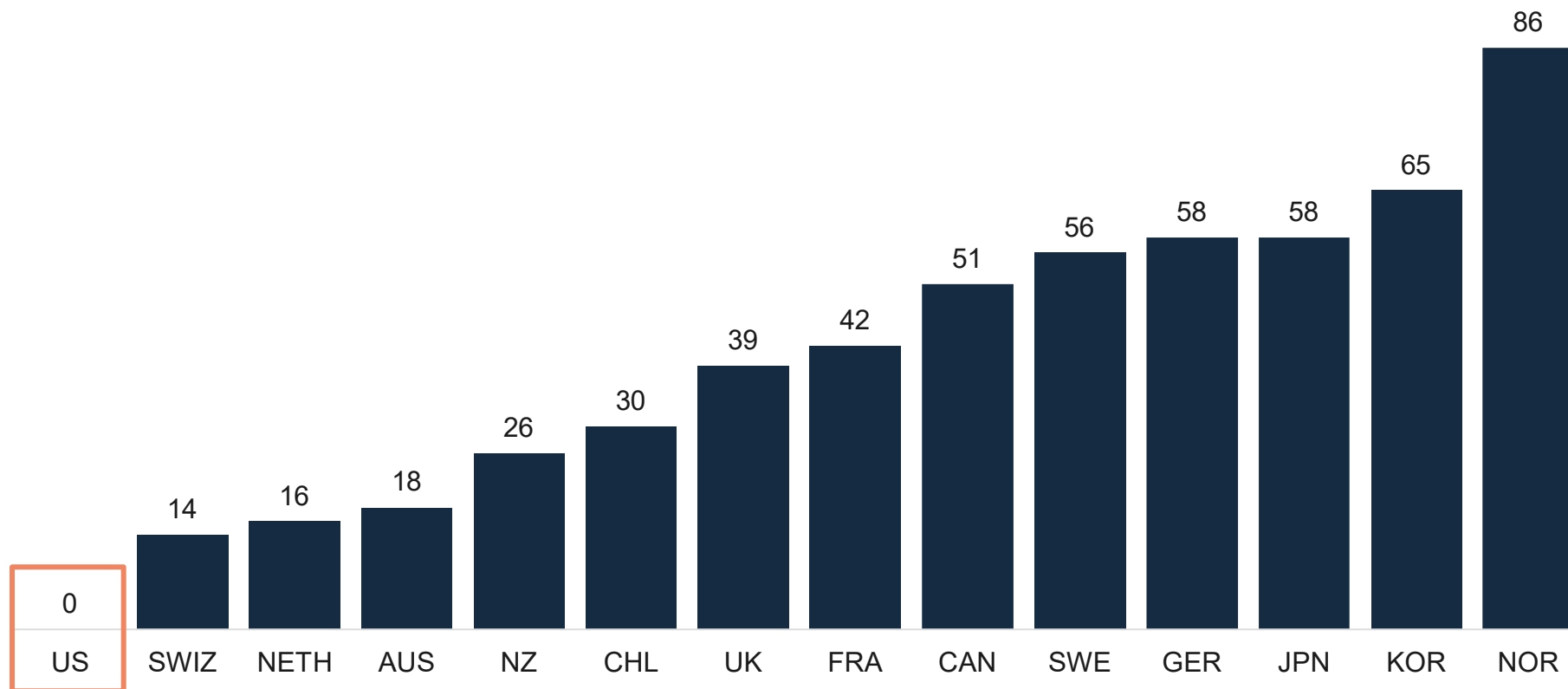


Note: * The sum figures shown to the right of the horizontal bars do not reflect the total maternity care workforce, since primary care physicians/family practitioners also deliver some care in many countries (not shown here). Each sum may not reflect the arithmetic sum of figures shown for ob-gyn and midwife providers because calculations were performed on exact figures, while the graph presents rounded figures.

Data: OECD Health Statistics 2023 data extracted on February 29, 2024, representing “practicing midwives” for all countries except CAN, CHL, and US, where data reflect midwives “licensed to practice.” Data for professionals “licensed to practice” tend to be higher than data for “professionally active,” while numbers of “practicing” professionals tend to be the lowest. 2021 data for FRA, GER, NETH, NZ, NOR, SWIZ, and US (ob-gyns); 2020 data for AUS, CAN, CHL, JPN, KOR (ob-gyns), SWE, and UK; 2016 for US (midwives); 2015 for KOR (midwives).

The U.S. stands alone as the only high-income country where there is no federally mandated paid leave policy.

Total weeks of federally mandated paid maternity, parental, and home care leave available



Notes: All country numbers reflect 2022 data. Information refers to paid maternity, paternity, parental and home-care leave entitlements to care for young children in place as of April 2022. Data reflect entitlements at the national or federal level only. It is assumed that: the relevant birth is of a healthy single child who is the first child in the household. For more details on assumptions, methodology, and definitions, see Organisation for Economic Co-operation and Development, "PF2.1. Parental Leave Systems," last updated Dec. 2022. SWE does not have a separate maternity leave scheme. For AUS, it is assumed that mothers take the first 12-week block of Parental Leave Pay right after birth are recorded as maternity leave. For NZ, the weeks of primary care leave are recorded as maternity leave. For JPN, the periods of parental leave that are earmarked for fathers and mothers must be used simultaneously if both parents are to use the entirety of their entitlement.

Data: OECD Health Statistics, 2023.