

State of Maternal Health Advocacy 2026

Oct 15, 2026

Executive summary

U.S. maternal deaths have fallen back to pre-pandemic levels, but progress has stalled and the gaps advocates have fought for years remain wide. The 2024 maternal mortality rate was 17.9 deaths per 100,000 live births (649 women), statistically unchanged from 2023.

- **Most deaths are preventable.** Review committees judged 85.7% of 2022 pregnancy-related deaths preventable.
- **Mental health is the leading cause.** Suicide and overdose drove 27.7% of pregnancy-related deaths in 2022.
- **Racial gaps persist.** Black women died at 3x the rate of White women in 2024.
- **Access is shrinking.** About 1 in 3 U.S. counties is a maternity care desert, and at least 96 labor and delivery units closed between January 2024 and May 2026.
- **Globally, progress has slowed.** An estimated 260,000 women died in 2023, and the world is off track for the 2030 SDG target.

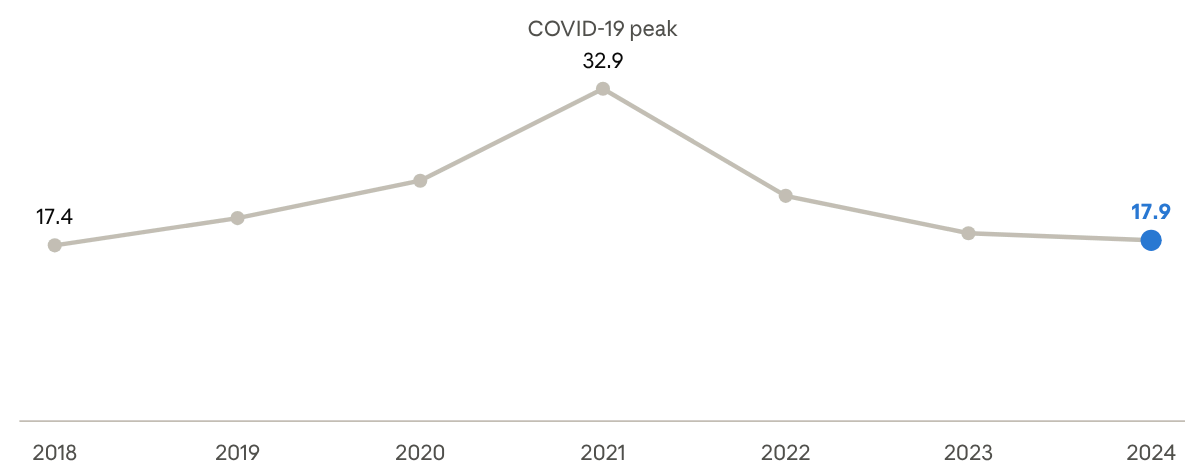
For 2026–2027, advocacy energy is shifting from winning new coverage to defending it, rebuilding rural capacity, and treating maternal mental health as core obstetric care.

Key metrics

The 2024 U.S. rate of 17.9 is close to 2018 levels after a 2021 pandemic spike, but it is not falling meaningfully. Provisional 2025 estimates sit in the 16–17 range.

U.S. maternal mortality is back near pre-pandemic levels, but not falling

Maternal deaths per 100,000 live births, 2018 to 2024



NCHS National Vital Statistics System, final data 2018–2024

Metric	Value	Year
U.S. maternal deaths	649	2024
Pregnancy-related deaths judged preventable	85.7%	2022
Share caused by mental health conditions	27.7%	2022
U.S. births financed by Medicaid	~4 in 10	latest
U.S. counties that are maternity care deserts	34.6%	2026
Maternal deaths worldwide	~260,000	2023
Global maternal mortality ratio (SDG target: 70)	197	2023
Global decline since 2000	40%	2000–2023

Sources: [NCHS](#), [Policy Center for Maternal Mental Health](#), [MMHLA](#), [KFF](#), [March of Dimes via TechTarget](#), [UNICEF](#)

Disparities and access

Who dies, and where they live, still predicts risk more than any single clinical factor. Black women's rate fell from 50.3 to 44.8 between 2023 and 2024, but the change was not statistically significant and the gap remains roughly threefold.

Group (2024)	Maternal deaths per 100,000 live births
Black, non-Hispanic	44.8
Asian, non-Hispanic	18.1
White, non-Hispanic	14.2
Hispanic	12.1
Age 40 and older	62.3
Age under 25	13.7

Source: [NCHS, Maternal Mortality Rates in the United States, 2024](#)

Maternity care deserts are spreading. March of Dimes' 2026 report finds 34.6% of counties have no obstetric clinicians or birthing facilities.

Access metric (2026)	Value
Women of reproductive age living in deserts	2.4 million
Women in low- or moderate-access counties	3.4 million
Rural vs. urban counties lacking OB clinicians	58% vs. 19%
Labor and delivery closures, Jan 2024 – May 2026	96+ in 35 states
Travel distance in deserts vs. full-access counties	~3x farther
Women of reproductive age uninsured	~1 in 9

Source: [March of Dimes 2026 report, via TechTarget](#)

Policy landscape 2026

The central policy fight has moved from expanding coverage to protecting it. Medicaid finances about 4 in 10 U.S. births, so any change to Medicaid eligibility or financing lands directly on maternal care.

- **Postpartum coverage.** The option to extend Medicaid postpartum coverage from 60 days to 12 months is now permanent federal law. Advocates are focused on enrollment continuity and on states that still lag ([KFF tracker](#)).

- **Data infrastructure.** Maternal Mortality Review Committee data is the only national source that captures suicide and overdose deaths and judges preventability, making its funding a priority for advocates ([Health Affairs](#)).
- **Rural obstetrics.** March of Dimes has endorsed the Rural Obstetrics Readiness Act, which would fund training for obstetric emergencies in hospitals without labor and delivery units.
- **Community care.** Doula access, mobile clinics and guaranteed income pilots are moving from pilot to policy in several states and cities.

Advocacy priorities for 2026–2027

Five priorities follow directly from the data above.

1. **Protect coverage.** Defend Medicaid eligibility and 12-month postpartum coverage, and track enrollment losses after policy changes.
2. **Make mental health maternal care.** Fund perinatal mental health screening, treatment and substance use care through the full postpartum year.
3. **Rebuild rural capacity.** Back obstetric emergency readiness, telehealth and midwifery to offset labor and delivery closures.
4. **Close the racial gap.** Tie funding to measurable reductions in Black maternal mortality and fund community-led models such as doulas.
5. **Protect the data.** Sustain Maternal Mortality Review Committees and national surveillance so progress can be measured.

Sources

- [NCHS: Final 2024 Maternal Mortality Data \(Mar 2026\)](#)
- [Policy Center for Maternal Mental Health: Latest NVSS & MMRC data \(May 2026\)](#)
- [MMHLA: Key takeaways from latest CDC pregnancy-related death data](#)
- [Health Affairs Forefront: Protecting national data on preventable maternal deaths](#)
- [TechTarget: March of Dimes 2026 maternity care deserts report \(Aug 2026\)](#)
- [KFF: Medicaid Postpartum Coverage Extension Tracker \(Jul 2026\)](#)
- [UNICEF: Trends in Maternal Mortality 2000 to 2023](#)
- [UNFPA: Trends in Maternal Mortality 2000–2023](#)