



# Changes in Timing of Prenatal Care Initiation: United States, 2021–2024

Michelle J.K. Osterman, M.H.S., and Joyce A. Martin, M.P.H.

## Key findings

Data from National Vital Statistics System

- After increasing from 2016 (77.1%) to 2021 (78.3%), prenatal care beginning in the first trimester decreased to 75.5% in 2024.
- From 2021 to 2024, care beginning in the second trimester increased from 15.4% to 17.3%, and late or no care increased from 6.3% to 7.3%.
- From 2021 to 2024, prenatal care beginning in the first trimester decreased, while care beginning in the second trimester and late or no care increased, for all maternal age groups.
- First trimester prenatal care decreased, while second trimester prenatal care and late or no care increased, for nearly all race and Hispanic-origin groups from 2021 to 2024.
- From 2021 to 2024, late or no care increased in 36 states and the District of Columbia.

## Introduction

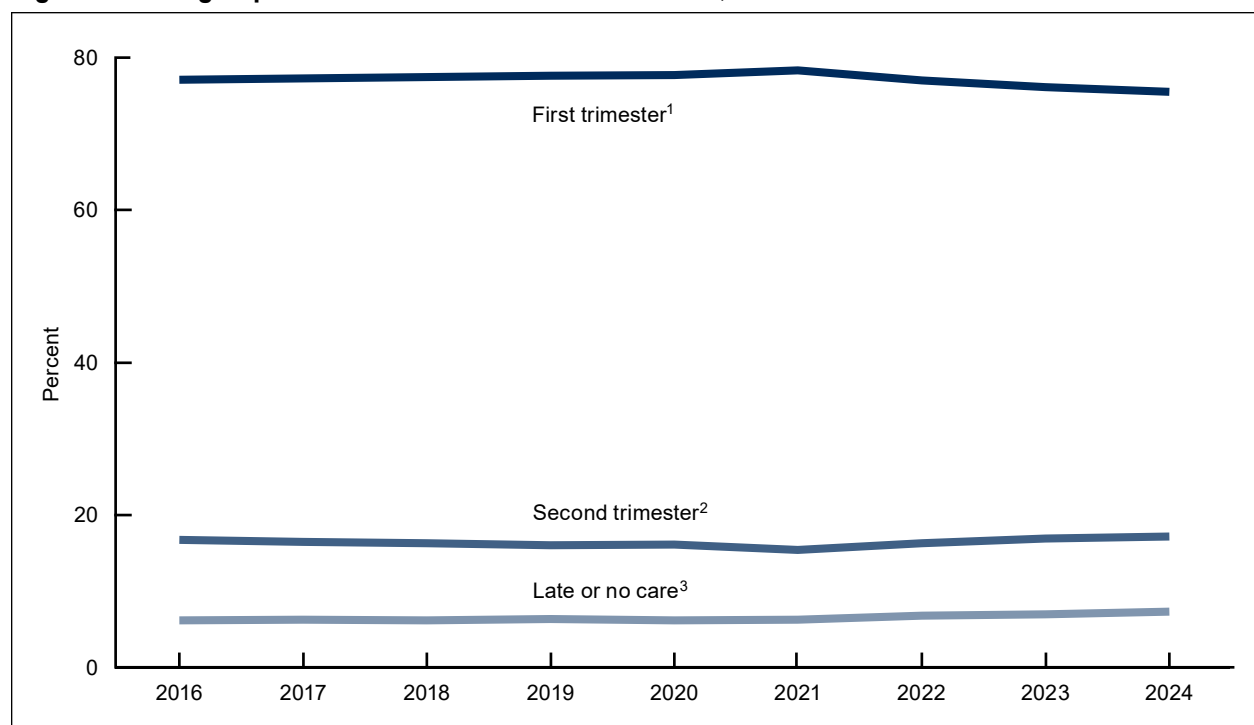
Early prenatal care initiation can improve the likelihood of a healthy pregnancy and baby (1). A recent report shows shifts in the timing of prenatal care initiation, with a decrease in care beginning in the first trimester and increases in care beginning in the second and third trimesters and for mothers who had received no care (2). This report describes trends in the timing of prenatal care initiation from 2016 (the first year for which national data are available based on the 2003 birth certificate revision) to 2024. Changes by maternal age, race and Hispanic origin, and late (beginning in the third trimester) or no care by state of residence also are shown from 2021 to 2024.



## Trends

- From 2016 to 2021, prenatal care beginning in the first trimester increased 2% from 77.1% to 78.3%; care beginning in the second trimester decreased 8% from 16.7% to 15.4%; and late or no prenatal care fluctuated, ranging from 6.2% to 6.4% (Figure 1, Table 1).
- From 2021 to 2024, first trimester prenatal care declined 4%, from 78.3% to 75.5%.
- Prenatal care beginning in the second trimester increased 12% from 2021 to 2024, from 15.4% to 17.3%.
- Late or no care increased 16% from 2021 (6.3%) to 2024 (7.3%).

Figure 1. Timing of prenatal care initiation: United States, 2016–2024



<sup>1</sup>Increasing trend from 2016 to 2021, then a decreasing trend from 2021 to 2024 ( $p < 0.05$ ).

<sup>2</sup>Decreasing trend from 2016 to 2021, then an increasing trend from 2021 to 2024 ( $p < 0.05$ ).

<sup>3</sup>Increasing trend from 2021 to 2024 ( $p < 0.05$ ).

NOTE: Late care is prenatal care beginning in the third trimester.

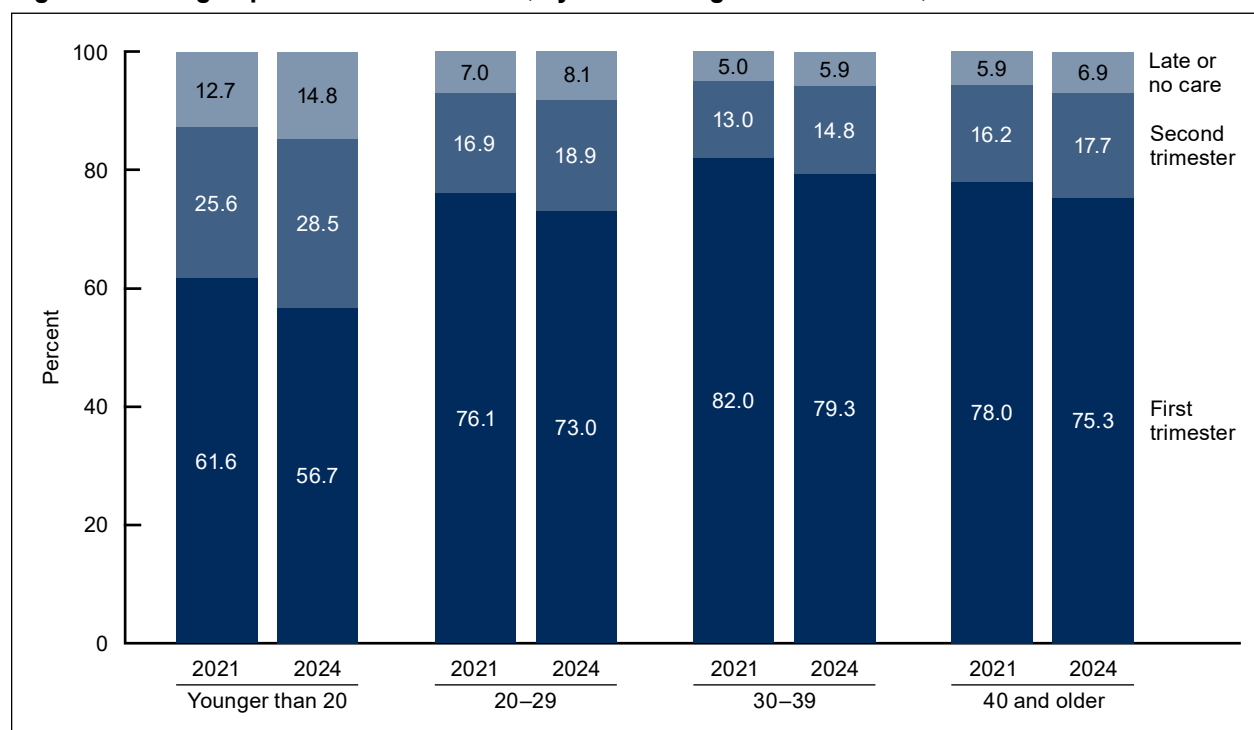
SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.

## Maternal age

- Prenatal care beginning in the first trimester decreased, while care beginning in the second trimester and late or no care increased, for all maternal age groups from 2021 to 2024 (Figure 2, Table 2).

- The largest decrease in first trimester prenatal care was for mothers younger than age 20 (8%, from 61.6% to 56.7%), followed by mothers ages 20–29 (76.1% to 73.0%), 30–39 (82.0% to 79.3%), and 40 and older (78.0% to 75.3%).
- The largest increases in second trimester prenatal care were for mothers in their 30s (14%, from 13.0% to 14.8%), followed by mothers in their 20s (16.9% to 18.9%), mothers younger than 20 (25.6% to 28.5%), and mothers age 40 and older (16.2% to 17.7%).
- From 2021 to 2024, late or no care increased 16% to 18% for all age groups: from 12.7% to 14.8% for mothers younger than 20, 7.0% to 8.1% for mothers in their 20s, 5.0% to 5.9% for mothers in their 30s, and 5.9% to 6.9% for mothers age 40 and older.
- For both 2021 and 2024, mothers younger than 20 had the lowest percentage of prenatal care beginning in the first trimester and the highest percentages of second trimester and late or no care.

**Figure 2. Timing of prenatal care initiation, by maternal age: United States, 2021 and 2024**



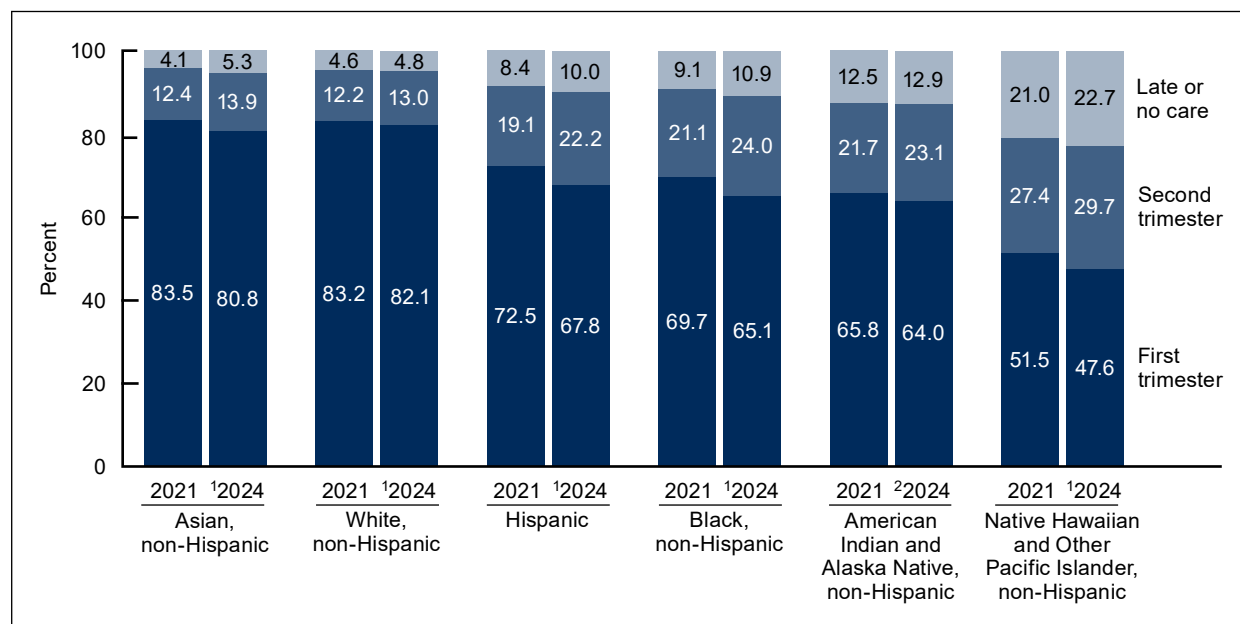
NOTES: All differences from 2021 to 2024 are statistically significant at  $p < 0.05$ . Late care is prenatal care beginning in the third trimester. Percentages by age group may not add to 100% due to rounding. For both years, mothers younger than 20 had the lowest percentage of prenatal care beginning in the first trimester and the highest percentages of second trimester care and late or no care. Mothers ages 30–39 had the highest percentage of first trimester prenatal care and the lowest percentages of second trimester care and late or no care.

SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.

## Race and Hispanic origin

- Prenatal care beginning in the first trimester decreased, while care beginning in the second trimester and late or no care increased, for nearly all race and Hispanic-origin groups from 2021 to 2024 ([Figure 3](#), [Table 3](#)).
- The largest decrease in the percentage of mothers receiving prenatal care in the first trimester from 2021 to 2024 was for Native Hawaiian and Other Pacific Islander non-Hispanic (subsequently, Native Hawaiian and Other Pacific Islander) mothers at 8% (from 51.5% to 47.6%). This decrease was followed by Black non-Hispanic (subsequently, Black) (69.7% to 65.1%), Hispanic (72.5% to 67.8%), American Indian and Alaska Native non-Hispanic (subsequently, American Indian and Alaska Native) (65.8% to 64.0%), Asian non-Hispanic (subsequently, Asian) (83.5% to 80.8%), and White non-Hispanic (subsequently, White) (83.2% to 82.1%) mothers.
- The largest increase in second trimester prenatal care from 2021 to 2024 was among Hispanic mothers at 16% (from 19.1% to 22.2%), followed by Black (21.1% to 24.0%), Asian (12.4% to 13.9%), Native Hawaiian and Other Pacific Islander (27.4% to 29.7%), White (12.2% to 13.0%), and American Indian and Alaska Native (21.7% to 23.1%) mothers.
- The largest increase in late or no prenatal care from 2021 to 2024 was among Asian mothers at 29% (from 4.1% to 5.3%), followed by Black (9.1% to 10.9%), Hispanic (8.4% to 10.0%), Native Hawaiian and Other Pacific Islander (21.0% to 22.7%), and White (4.6% to 4.8%) mothers. The difference for American Indian and Alaska Native mothers (from 12.5% to 12.9%) was not significant.
- For both years, Native Hawaiian and Other Pacific Islander mothers had the lowest percentage of prenatal care beginning in the first trimester and the highest percentages of second trimester care and late or no care.

**Figure 3. Timing of prenatal care initiation, by race and Hispanic origin of mother: United States, 2021 and 2024**



<sup>1</sup>All differences from 2021 are statistically significant at  $p < 0.05$ .

<sup>2</sup>First and second trimester differences from 2021 are statistically significant; late or no care difference from 2021 is not significant,  $p < 0.05$ .

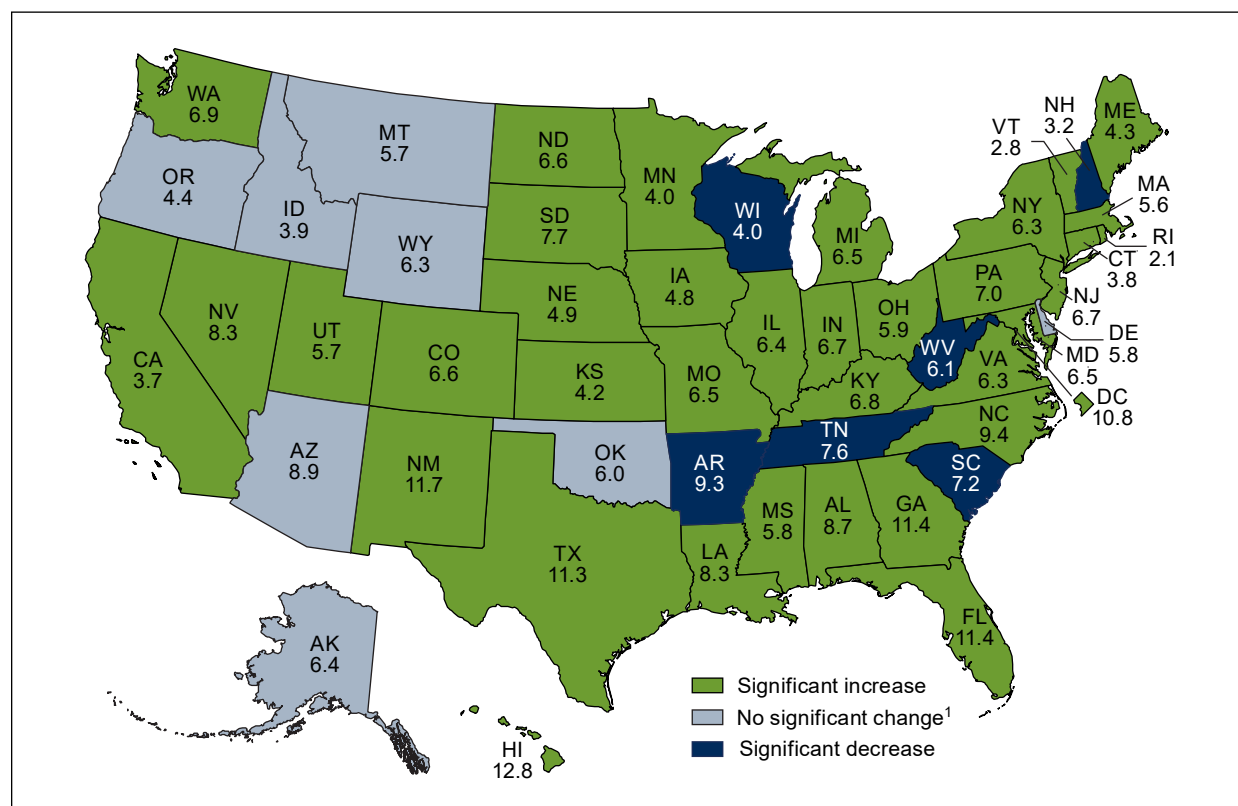
NOTES: Late care is prenatal care beginning in the third trimester. Percentages by race and Hispanic-origin group may not add to 100% due to rounding. For both years, Native Hawaiian and Other Pacific Islander non-Hispanic mothers had the lowest percentage of first trimester prenatal care and the highest percentages of second trimester care and late or no care. For 2021, Asian non-Hispanic mothers had the highest percentage of first trimester prenatal care and the lowest percentage of late or no care, and White non-Hispanic mothers had the lowest percentage of second trimester care. For 2024, White non-Hispanic mothers had the highest percentage of first trimester prenatal care and the lowest percentages of second trimester care and late or no care.

SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.

## State of residence

- Late or no prenatal care increased in 36 states and the District of Columbia from 2021 to 2024 (Figure 4, Table 4).
- The largest increases in late or no prenatal care occurred in Utah (54%, from 3.7% to 5.7%), followed by Massachusetts (3.7% to 5.6%) and Rhode Island (1.4% to 2.1%).
- Late or no prenatal care decreased in six states: Arkansas, New Hampshire, South Carolina, Tennessee, West Virginia, and Wisconsin. The changes from 2021 to 2024 in eight states were not significant.

**Figure 4. Percentage of late or no prenatal care, by state for 2024 and change in percentage by state from 2021 to 2024**



<sup>1</sup>At  $p < 0.05$ .

NOTE: Late care is prenatal care beginning in the third trimester.

SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.

## Summary

After increasing from 2016 to 2021, prenatal care beginning in the first trimester decreased each year from 2022 to 2024, when it reached 75.5%—lower than any year since national data became available again in 2016, based on the revised birth certificate. Over this time, corresponding increases were observed in prenatal care beginning in the second trimester, up 12% to 17.3%, and in late or no prenatal care, up 16% to 7.3%, which were the highest level for both since 2016.

From 2021 to 2024, first trimester prenatal care decreased with corresponding increases in second trimester and late or no care for all maternal age groups and for nearly all maternal race and Hispanic-origin groups (the difference in late or no care for American Indian and Alaskan Native mothers was not significant). Notably, in 2024, less than 50% of Native Hawaiian and Other Pacific Islander mothers received prenatal care in the first trimester.

Late or no care increased in 36 states and the District of Columbia. In 2024, more than 1 in every 10 mothers had late or no care in five states (Florida, Georgia, Hawaii, New Mexico, and Texas) and the District of Columbia.

## Definitions

**First trimester prenatal care:** Care beginning in the first 3 months of pregnancy.

**Second trimester prenatal care:** Care beginning in the 4th to 6th months of pregnancy.

**Late or no care:** Prenatal care beginning in the 7th month of pregnancy or later and mothers receiving no prenatal care.

## Data source and methods

This report uses data from the natality data file from the National Vital Statistics System. The vital statistics natality file is based on information from birth certificates and includes information for all births occurring in the United States (3).

The month in which prenatal care began is calculated from the “Date of the first prenatal visit” item on the birth certificate (the item also includes a checkbox for “No prenatal care”) and the gestational age of the newborn based on the obstetric estimate of gestation (3). The month prenatal care began was missing from 1.9% to 2.9% of birth records for 2016 through 2024.

The race and Hispanic-origin groups shown in this report follow the 1997 Office of Management and Budget standards (4).

Differences between 2021 and 2024 noted in the text are statistically significant at the 0.05 level unless otherwise noted, based on a pairwise comparison, which was assessed using a two-tailed z test. Long-term trends were evaluated using the Joinpoint Regression Program (5).

## About the authors

Michelle J.K. Osterman and Joyce A. Martin are with the National Center for Health Statistics, Division of Vital Statistics.

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5. National Cancer Institute. Joinpoint Regression Program (Version 4.8.0.0) [computer software]. 2020.

## Figure tables

**Data table for Figure 1. Timing of prenatal care initiation: United States, 2016–2024**

Year	First trimester <sup>1</sup>	Second trimester <sup>2</sup>	Late or no care <sup>3</sup>
2016	77.1	16.7	6.2
2017	77.3	16.5	6.3
2018	77.5	16.3	6.2
2019	77.6	16.0	6.4
2020	77.7	16.1	6.2
2021	78.3	15.4	6.3
2022	77.0	16.3	6.8
2023	76.1	16.9	7.0
2024	75.5	17.3	7.3

<sup>1</sup>Increasing trend from 2016 to 2021, then a decreasing trend from 2021 to 2024 ( $p < 0.05$ ).  
<sup>2</sup>Decreasing trend from 2016 to 2021, then an increasing trend from 2021 to 2024 ( $p < 0.05$ ).  
<sup>3</sup>Increasing trend from 2021 to 2024 ( $p < 0.05$ ).  
NOTE: Late care is prenatal care beginning in the third trimester.  
SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.

**Data table for Figure 2. Timing of prenatal care initiation, by maternal age: United States, 2021 and 2024**

Trimester and maternal age	2021	2024	Percent change, 2021 to 2024
First trimester			
Younger than 20	61.6	56.7	-8
20–29	76.1	73.0	-4
30–39	82.0	79.3	-3
40 and older	78.0	75.3	-3
Second trimester			
Younger than 20	25.6	28.5	11
20–29	16.9	18.9	12
30–39	13.0	14.8	14
40 and older	16.2	17.7	9
Late or no care			
Younger than 20	12.7	14.8	17
20–29	7.0	8.1	16
30–39	5.0	5.9	18
40 and older	5.9	6.9	17

NOTES: All differences from 2021 to 2024 are statistically significant at  $p < 0.05$ . Late care is prenatal care beginning in the third trimester. Percentages by age group may not add to 100% due to rounding. For both years, mothers younger than 20 had the lowest percentage of prenatal care beginning in the first trimester and the highest percentages of second trimester care and late or no care. Mothers ages 30–39 had the highest percentage of first trimester prenatal care and the lowest percentages of second trimester care and late or no care.  
SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.



**Data table for Figure 3. Timing of prenatal care initiation, by race and Hispanic origin of mother: United States, 2021 and 2024**

Trimester and maternal race and Hispanic origin	2021	2024	Percent change, 2021 to 2024
First trimester			
Asian, non-Hispanic	83.5	80.8	-3
White, non-Hispanic	83.2	82.1	-1
Hispanic	72.5	67.8	-6
Black, non-Hispanic	69.7	65.1	-7
American Indian and Alaska Native, non-Hispanic	65.8	64.0	-3
Native Hawaiian or Other Pacific Islander, non-Hispanic	51.5	47.6	-8
Second trimester			
Asian, non-Hispanic	12.4	13.9	12
White, non-Hispanic	12.2	13.0	7
Hispanic	19.1	22.2	16
Black, non-Hispanic	21.1	24.0	14
American Indian and Alaska Native, non-Hispanic	21.7	23.1	6
Native Hawaiian or Other Pacific Islander, non-Hispanic	27.4	29.7	8
Late or no care			
Asian, non-Hispanic	4.1	5.3	29
White, non-Hispanic	4.6	4.8	4
Hispanic	8.4	10.0	19
Black, non-Hispanic	9.1	10.9	20
American Indian and Alaska Native, non-Hispanic	12.5	12.9	†
Native Hawaiian or Other Pacific Islander, non-Hispanic	21.0	22.7	8

† Difference not significant from 2021 to 2024 at  $p < 0.05$ .  
NOTES: All differences from 2021 to 2024 are statistically significant at  $p < 0.05$  except late or no care for American Indian and Alaska Native non-Hispanic mothers. Late care is prenatal care beginning in the third trimester. Percentages by race and Hispanic-origin group may not add to 100% due to rounding. For both years, Native Hawaiian and Other Pacific Islander non-Hispanic mothers had the lowest percentage of first trimester prenatal care and the highest percentages of second trimester care and late or no care. For 2021, Asian non-Hispanic mothers had the highest percentage of first trimester prenatal care and the lowest percentage of late or no care, and White non-Hispanic mothers had the lowest percentage of second trimester care. For 2024, White non-Hispanic mothers had the highest percentage of first trimester prenatal care and the lowest percentages of second trimester care and late or no care.  
SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.

**Data table for Figure 4. Percentage of late or no prenatal care, by state for 2024 and change in percentage by state from 2021 to 2024**

Area of residence	2021	2024	Percent change, 2021 to 2024
Alabama	7.1	8.7	23
Alaska	6.6	6.4	†
Arizona	8.9	8.9	†
Arkansas	11.0	9.3	-15
California	3.2	3.7	16
Colorado	5.3	6.6	25
Connecticut	3.5	3.8	9
Delaware	6.0	5.8	†
District of Columbia	8.4	10.8	29
Florida	9.1	11.4	25
Georgia	7.9	11.4	44
Hawaii	11.3	12.8	13
Idaho	3.7	3.9	†
Illinois	5.0	6.4	28
Indiana	6.1	6.7	10
Iowa	4.0	4.8	20
Kansas	3.7	4.2	14
Kentucky	6.1	6.8	11
Louisiana	7.3	8.3	14
Maine	3.4	4.3	26
Maryland	6.0	6.5	8
Massachusetts	3.7	5.6	51
Michigan	5.4	6.5	20
Minnesota	3.3	4.0	21
Mississippi	5.3	5.8	9
Missouri	6.2	6.5	5
Montana	5.4	5.7	†
Nebraska	4.2	4.9	17
Nevada	7.6	8.3	9
New Hampshire	3.7	3.2	-14
New Jersey	5.7	6.7	18
New Mexico	10.8	11.7	8
New York	5.0	6.3	26
North Carolina	8.4	9.4	12
North Dakota	5.7	6.6	16
Ohio	5.5	5.9	7
Oklahoma	6.2	6.0	†
Oregon	4.2	4.4	†
Pennsylvania	6.6	7.0	6
Rhode Island	1.4	2.1	50
South Carolina	8.8	7.2	-18
South Dakota	6.6	7.7	17
Tennessee	7.9	7.6	-4
Texas	9.9	11.3	14
Utah	3.7	5.7	54
Vermont	2.1	2.8	33
Virginia	5.1	6.3	24
Washington	6.4	6.9	8
West Virginia	6.7	6.1	-9
Wisconsin	4.6	4.3	-7
Wyoming	5.8	6.3	†

† Difference not significant from 2021 at  $p < 0.05$ .  
NOTE: Late care is prenatal care beginning in the third trimester.  
SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.

## Suggested citation

Osterman MJK, Martin JA. Changes in timing of prenatal care initiation: United States, 2021–2024. NCHS Data Brief. 2026 Feb;(550):1–11. DOI: <https://dx.doi.org/10.15620/cdc/174642>.

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**ISSN 1941–4927 Print ed. | ISSN 1941–4935 Online ed.**

CS363224