### Table 36. Maternal mortality for complications of pregnancy, childbirth, and the puerperium, by race, Hispanic origin, and age: United States, selected years 1950-2007

(Data are based on death certificates)

<table>
<thead>
<tr>
<th>Race, Hispanic origin, and age</th>
<th>1950(^1)</th>
<th>1960(^1)</th>
<th>1970(^2)</th>
<th>1980(^3)</th>
<th>1990(^4)</th>
<th>2000(^5)</th>
<th>2005(^6)</th>
<th>2006(^7)</th>
<th>2007(^8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All persons</td>
<td>2,960</td>
<td>1,579</td>
<td>803</td>
<td>334</td>
<td>345</td>
<td>396</td>
<td>623</td>
<td>569</td>
<td>548</td>
</tr>
<tr>
<td>White</td>
<td>1,873</td>
<td>936</td>
<td>445</td>
<td>193</td>
<td>177</td>
<td>240</td>
<td>360</td>
<td>313</td>
<td>335</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1,041</td>
<td>624</td>
<td>342</td>
<td>127</td>
<td>153</td>
<td>137</td>
<td>231</td>
<td>218</td>
<td>179</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>153</td>
<td>137</td>
<td>231</td>
<td>218</td>
<td>179</td>
<td></td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>---</td>
<td>---</td>
<td>153</td>
<td>137</td>
<td>231</td>
<td>218</td>
<td>179</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latina(^1)</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>All persons</td>
<td>2,960</td>
<td>1,579</td>
<td>803</td>
<td>334</td>
<td>345</td>
<td>396</td>
<td>623</td>
<td>569</td>
<td>548</td>
</tr>
</tbody>
</table>

**NOTE:** Maternal mortality is considered an important indicator of women's health both internationally and nationally.

In the U.S., maternal mortality statistics are based on death certificates and collected by state and local vital records offices. The National Center for Health Statistics (NCHS) compiles the data across the 50 states and other registration areas.

Due to concerns about data quality in the ascertainment of maternal mortality, the 2003 revision of the standard death certificate introduced improved standards. In addition, electronic reporting systems have been introduced.

NCHS has been working with registration areas to adopt these improvements. Until all registration areas adopt the new standard, formulating a National-level maternal mortality rate is problematic and these data should be used with caution.

Prior to 1997, excludes data from states lacking an Hispanic-origin item on the death certificate.

See Appendix II, Hispanic origin.

Starting with 1999 data, cause of death is coded according to ICD-10. Major changes in the classification and coding of maternal deaths account for an increase in the number of maternal deaths under ICD-10. See Appendix II, Cause of death, Table V; International Classification of Diseases (ICD); Maternal death.

In 2003, states began adopting the 2003 revision of the U.S. Standard Certificate of death that introduced a standard question format for maternal deaths.

Increases are due to methodological changes in reporting and data processing.

Prior to 1979, excludes data from states lacking an Hispanic-origin item on the death certificate.

See Appendix II, Hispanic origin.

Rates are age-adjusted to the 1970 distribution of live births by mother's age in the United States. See Appendix II, Age adjustment; Table III.

Rates computed by relating deaths of women 35 years of age and over to live births to women 35-49 years of age.

See Appendix II, Race: Death and related rates.

Age-specific maternal mortality rates are not calculated because rates based on fewer than 20 deaths are considered unreliable.

NOTES: The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race.

For 1950 and 1960, rates were based on live births by race of child for all other years, rates are based on live births by race of mother.

Starting with 2003 data, some states allowed the reporting of more than one race on the death certificate.

For 1950 and 1960, the multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards for comparability with other states.

See Appendix II, Race. Rates are not calculated for American Indian or Alaska Native and Asian or Pacific Islander mothers because rates based on fewer than 20 deaths are considered unreliable.

Data for additional years are available. See Appendix III.


Health, United States 2010