

Trends and Characteristics in Gestational Hypertension: United States, 2016–2024

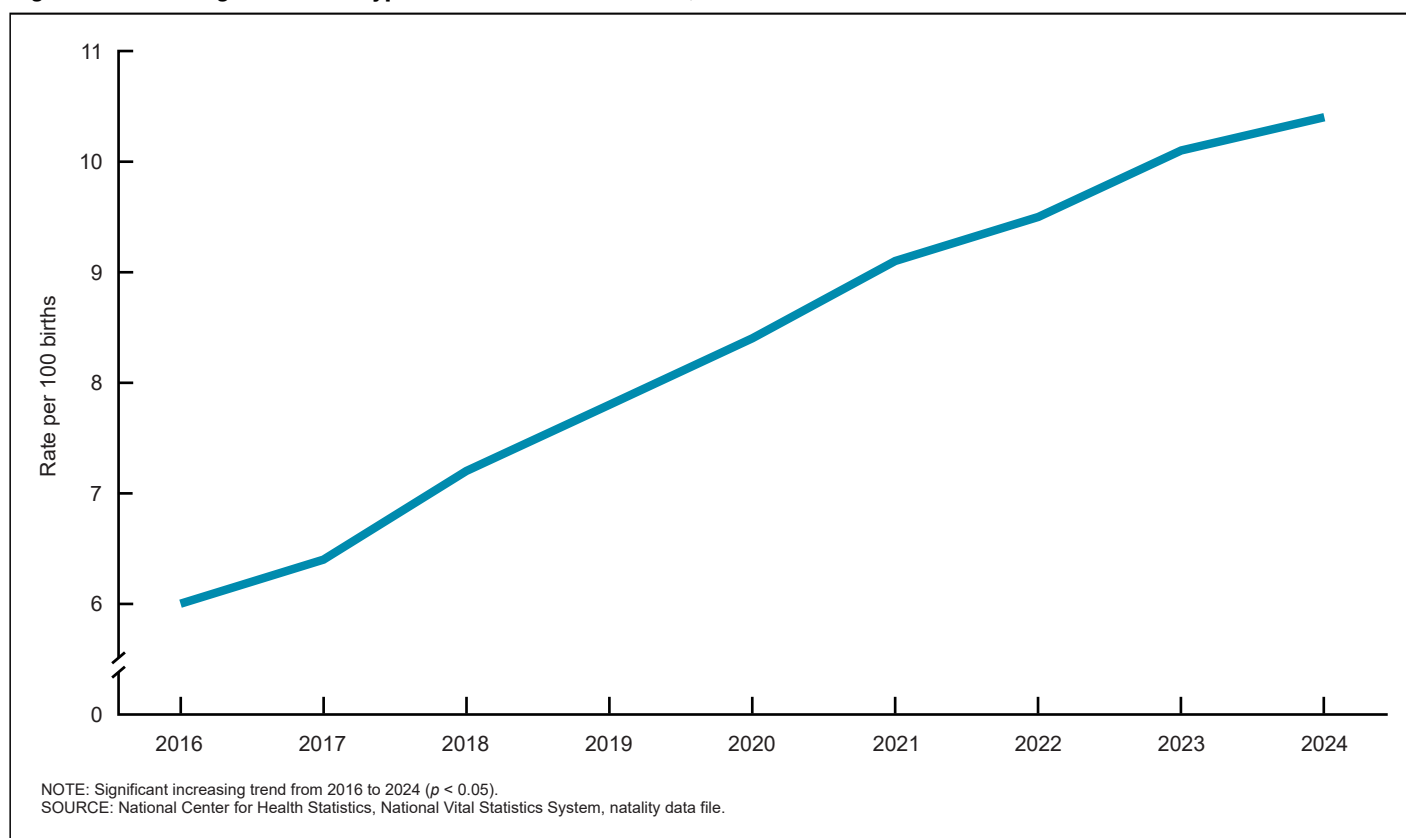
by Elizabeth C.W. Gregory, M.P.H.

Abstract

Objective—This report presents data on trends in gestational hypertension (hypertension diagnosed during pregnancy) among mothers giving birth in the United States from 2016 through 2024, as well as rates by selected maternal and infant characteristics for 2016 and 2024.

Methods—Data are from birth certificates and are based on 100% of births registered in the United States for 2016 through 2024. Descriptive tabulations on trends in gestational hypertension rates from 2016 through 2024 and rates by maternal race and Hispanic origin, age, body mass index, state of residence, and plurality for 2016 and 2024 are presented.

Figure 1. Rate of gestational hypertension: United States, 2016–2024



Results—Among mothers giving birth in 2024, the overall rate of gestational hypertension was 10.4%, an increase of 73% from 2016 (6.0%). In 2024, the rate of gestational hypertension varied by maternal race and Hispanic origin, ranging from a low of 7.1% for Asian non-Hispanic mothers to a high of 13.2% for American Indian and Alaska Native non-Hispanic mothers. By age, the rate was lowest for mothers younger than age 20 and 30–34 and highest for mothers 40 and older. The rate of gestational hypertension rose with increasing prepregnancy body mass index. By plurality, the rate of gestational hypertension was nearly 2 times higher for mothers with a twin or higher-order multiple birth than mothers with a singleton birth. By state, the rate of gestational hypertension was lower than 9.0% in nine states (New Jersey, California, Massachusetts, Utah, Nevada, New York, Idaho, Tennessee, and New Mexico) and the District of Columbia and was 13.0% or more in eight states (Minnesota, Oregon, Wyoming, New Hampshire, Ohio, Alabama, Alaska, and Louisiana).

Keywords: race and Hispanic origin • births • National Vital Statistics System (NVSS)

Introduction

Hypertensive disorders in pregnancy, which include chronic hypertension, chronic hypertension with superimposed preeclampsia, gestational hypertension, preeclampsia, and eclampsia (1–5), are common pregnancy complications and are among the leading causes of maternal morbidity and mortality in the United States (4,6,7). These disorders affect about 5%–16% of pregnancies and have been increasing over time (4,5,8–10). One study among delivery hospitalizations found that increases in pregnancy-associated hypertension (all hypertensive disorders during pregnancy except chronic hypertension) were largely responsible for the overall increase in hypertensive disorders in pregnancy, at least in more recent years (5). Adverse health outcomes of hypertensive disorders in pregnancy for the mother include placental abruption, organ damage or failure, maternal mortality, and cardiovascular disease later in life (1,4,6,7,9,11). Adverse perinatal outcomes include stillbirth, neonatal mortality, intrauterine growth restriction, preterm birth, and low birthweight (1,4,9,12).

On the birth certificate, maternal hypertension (elevation of blood pressure above normal for age, sex, and physiological condition) is divided into two mutually exclusive categories: prepregnancy hypertension (hypertension diagnosed prior to the onset of this pregnancy, which includes chronic hypertension) and gestational hypertension (hypertension diagnosed during this pregnancy, which includes pregnancy-induced hypertension and preeclampsia). A third category, eclampsia (hypertension with proteinuria with generalized seizures or coma), may be selected alone or in combination with prepregnancy or gestational hypertension (13,14). Due to changes in the diagnostic criteria for chronic hypertension in nonpregnant patients in 2017 and subnational birth data for eclampsia until 2022, only gestational hypertension is the focus of this report (15,16).

Birth certificate data on gestational hypertension, available since 1989, show that from 1989 to 2016, the rate of gestational hypertension increased 108% (17,18). This report describes overall trends in gestational hypertension from 2016, the first year for which national data are available based on the 2003 revision of the U.S. Standard Certificate of Live Birth (19) (which includes race data consistent with the 1997 Office of Management and Budget standards and data to calculate body mass index), through 2024, as well as rates of gestational hypertension by maternal race and Hispanic origin, age, body mass index, state of residence, and plurality for 2016 and 2024.

Methods

This analysis uses data from the birth certificate and is based on 100% of births registered in the United States for 2016 through 2024. Trend analysis on the overall rate of gestational hypertension was performed using data from 2016 through 2024 and a more detailed analysis was conducted on 2016 and 2024 data for rates of gestational hypertension by maternal race and Hispanic origin, age, body mass index, state of residence, and plurality.

The gestational hypertension item was added to the birth certificate with the 1989 revision. Birth certificate data on gestational hypertension is recommended to be collected from the mother's medical records, with the prenatal care record as the preferred source (14). Mothers are to be reported as having gestational hypertension if there is a diagnosis of elevated blood pressure above normal for age, sex, and physiological condition diagnosed in this pregnancy (includes both pregnancy-induced hypertension and preeclampsia) in her medical record (20). This definition differs from the clinical definition, which defines gestational hypertension as high blood pressure that develops after 20 weeks of pregnancy and ends shortly after delivery (21–23). Of the 3,628,934 births registered in the United States for 2024, 7,301, or 0.2%, were missing information on gestational hypertension. Data were also missing for 2.4% (88,355) of births for body mass index (BMI) and 1.0% (35,452) for maternal Hispanic origin. Births with missing values for race (304,965 or 8.4%), age (486, 0.01%), and plurality (1,598, 0.04%) were imputed. Records with missing information were excluded from analyses.

Race and Hispanic origin are reported separately on the birth certificate and are self-reported by the mother. All race and Hispanic-origin data are based on single-race reporting and are consistent with the 1997 Office of Management and Budget standards (24). The maternal race and Hispanic origin categories presented are: American Indian and Alaska Native non-Hispanic, Asian non-Hispanic, Black non-Hispanic, Native Hawaiian or Other Pacific Islander non-Hispanic, White non-Hispanic, and Hispanic. In this report, text references to non-Hispanic single-race groups omit the term “non-Hispanic.”

Maternal prepregnancy BMI is calculated from prepregnancy weight and height according to the following formula (25):

$$\frac{\text{mother's prepregnancy weight (lb)}}{\text{mother's height (in)}^2} \bullet 703$$

The National Center for Health Statistics (NCHS) provides a calculated categorization of maternal prepregnancy BMI that aligns with that established by the National Heart, Lung, and Blood Institute (26) for all adults. Categories are:

- Underweight = BMI less than 18.5
- Normal weight = BMI of 18.5 to less than 25.0
- Overweight = BMI of 25.0 to less than 30.0
- Obese = BMI of 30.0 and over

Rates of gestational hypertension are expressed as the number of live births to women with gestational hypertension per 100 live births. All statements about differences in rates in the text have been tested for statistical significance, and a statement that a given rate is higher or lower than another rate indicates that the rates are significantly different using a two-tailed z test at the alpha level of 0.05 (27). References to trends in rates over time (such as, trends in rates for 2016 through 2024) are statistically significant at the 0.05 level and were evaluated using the Joinpoint Regression Program (28). All estimates met NCHS standards for presentation (29,30).

Results

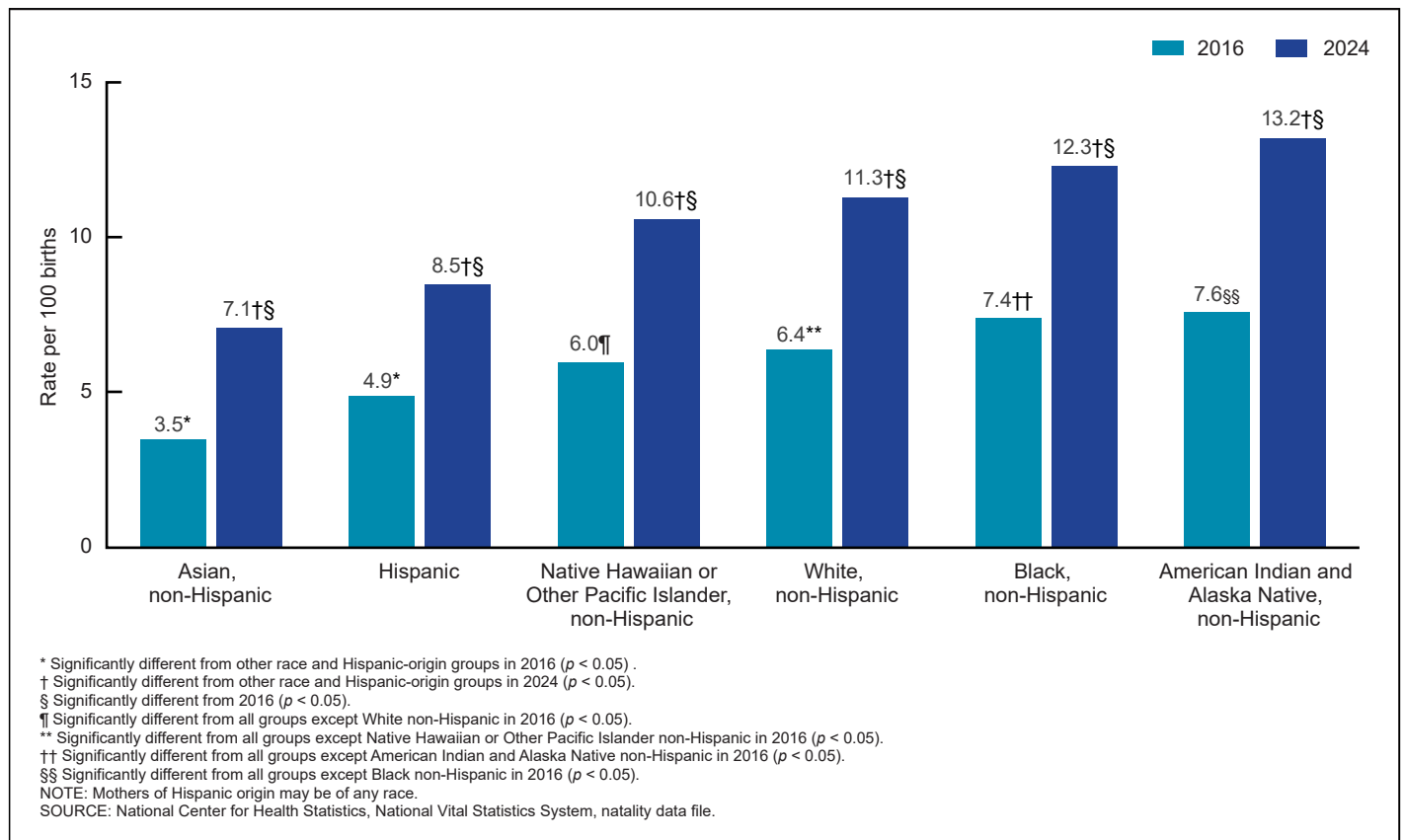
Overall trends

- The number of cases of gestational hypertension increased 60% from 2016 (235,693) to 2024 (377,267), an average annual increase of 6% (Table 1).
- The rate of gestational hypertension increased 73% from 2016 (6.0%) to 2024 (10.4%), an average annual increase of 7% (Table 1 and Figure 1).

Trends and differences by maternal race and Hispanic origin

- From 2016 to 2024, the rate of gestational hypertension increased for each of the six largest race and Hispanic-origin groups: 66% for Black (from 7.4% to 12.3%), 73% for Hispanic (4.9% to 8.5%), 74% for American Indian and Alaska Native (7.6% to 13.2%), 77% for Native Hawaiian or Other Pacific Islander (6.0% to 10.6%), 77% for White (6.4% to 11.3%), and 103% for Asian (3.5% to 7.1%) mothers (Table 2 and Figure 2).
- In 2024, the rate of gestational hypertension was lowest for Asian mothers, followed by Hispanic, Native Hawaiian or Other Pacific Islander, White, Black, and American Indian and Alaska Native mothers. This pattern was generally similar for 2016 (Table 2 and Figure 2).

Figure 2. Rate of gestational hypertension, by race and Hispanic origin of mother: United States, 2016 and 2024



Trends and differences by maternal age

- From 2016 to 2024, the rate of gestational hypertension increased for each maternal age group. The rate increased 59% (from 6.4% to 10.2%) for mothers younger than age 20, 78% (5.9% to 10.5%) for mothers ages 20–24, 84% (5.7% to 10.5%) for mothers ages 25–29, 74% (5.8% to 10.1%) for mothers ages 30–34, 64% (6.4% to 10.5%) for mothers ages 35–39, and 49% (8.2% to 12.2%) for mothers ages 40 and older (Table 2 and Figure 3).
- Patterns across age groups differed somewhat between the two years. In 2024, the rate was lowest for mothers younger than age 20 and 30–34 and highest for mothers 40 and older. In 2016, the rate was lowest for mothers ages 25–29 and highest for mothers 40 and older (Table 2 and Figure 3).

Trends and differences by maternal BMI

- From 2016 to 2024, the rate of gestational hypertension increased 104% (from 2.7% to 5.5%) for mothers who were underweight, 79% for those who were normal weight (3.8% to 6.8%), 67% for those who were overweight (6.0% to 10.0%), and 51% for those with obesity (10.2% to 15.4%) (Table 2 and Figure 4).
- In 2024, the rate of gestational hypertension increased with increasing maternal BMI; mothers who were underweight had the lowest rate and those with obesity had the highest rate. This pattern was also observed in 2016 (Table 2 and Figure 4).

Trends and differences by plurality

- From 2016 to 2024, the rate of gestational hypertension increased 76% (from 5.8% to 10.2%) for mothers with a singleton birth and 37% for mothers with a twin or higher-order multiple birth (12.4% to 17.0%) (Table 2 and Figure 5).
- In 2024, the rate of gestational hypertension was nearly twice as high for mothers with a twin or higher-order multiple birth compared with that for mothers with a singleton birth. This pattern was generally similar in 2016 (Table 2 and Figure 5).

Trends and differences by state of residence

- From 2016 to 2024, the rate of gestational hypertension increased in all 50 states and the District of Columbia, with increases ranging from 21% in Idaho to 144% in Hawaii (Table 3 and Figure 6).
- In 2024, the rate of gestational hypertension was less than 9.0% in nine states—New Jersey (6.9%), California (8.3%), Massachusetts (8.3%), Utah (8.3%), Nevada (8.4%), New York (8.5%), Idaho (8.7%), Tennessee (8.7%), and New Mexico (8.8%)—and in the District of Columbia (8.3%), and was 13.0% or higher in eight states—Minnesota (13.0%), Oregon (13.1%), Wyoming (13.1%), New Hampshire (13.3%), Ohio (13.6%), Alabama (13.7%), Alaska (14.5%), and Louisiana (14.6%) (Table 3 and Figure 6).

Figure 3. Rate of gestational hypertension, by age of mother: United States, 2016 and 2024

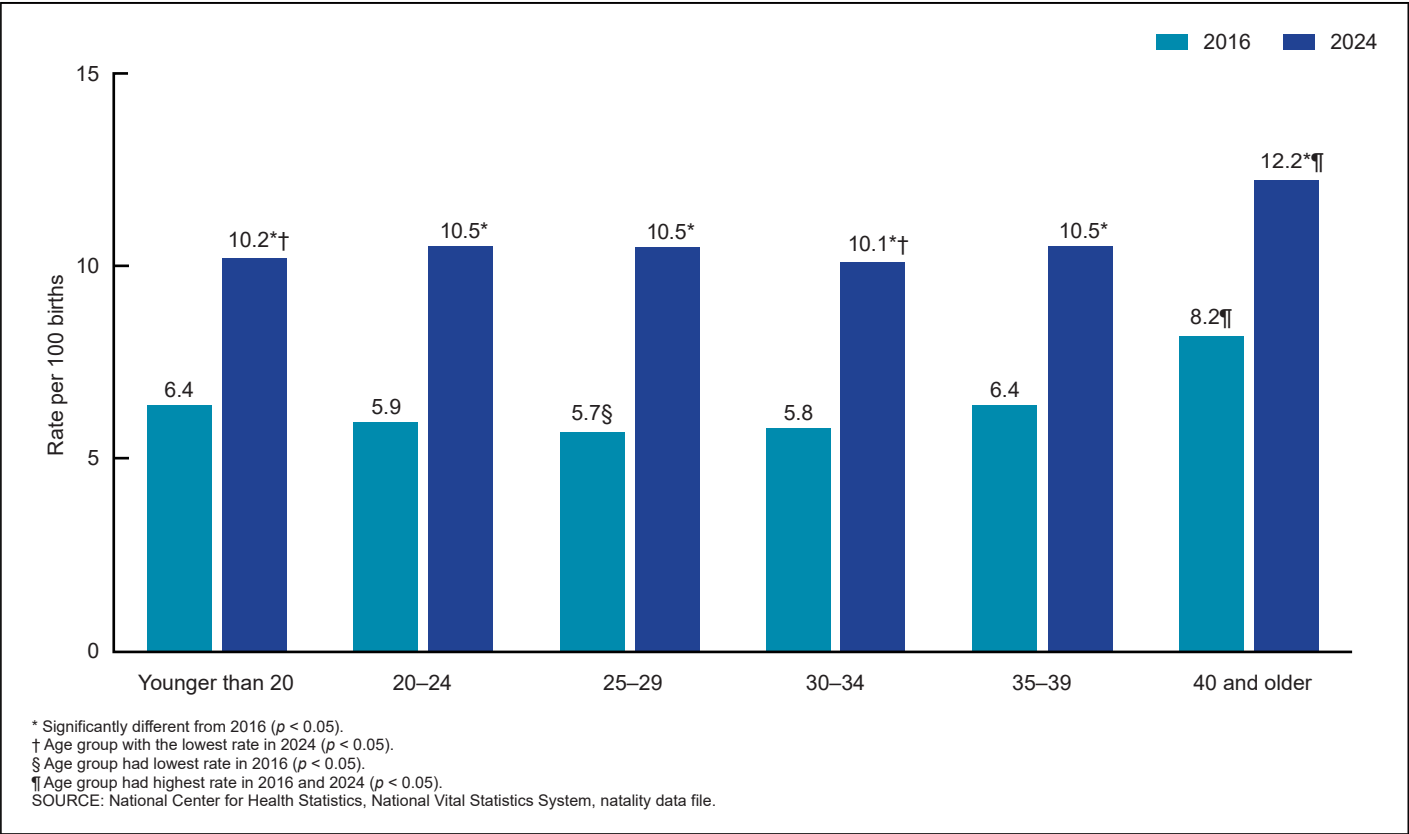
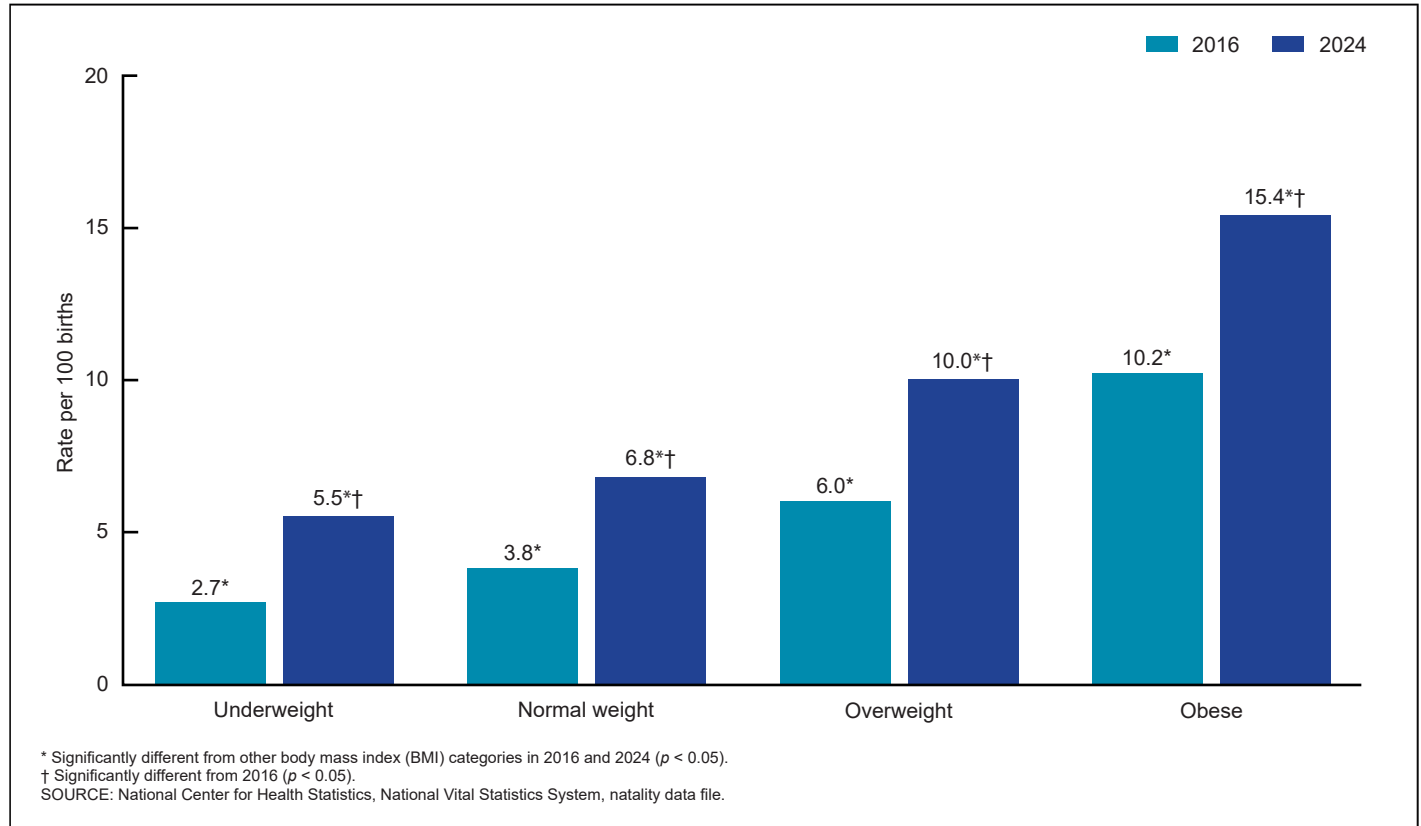


Figure 4. Rate of gestational hypertension, by body mass index: United States, 2016 and 2024

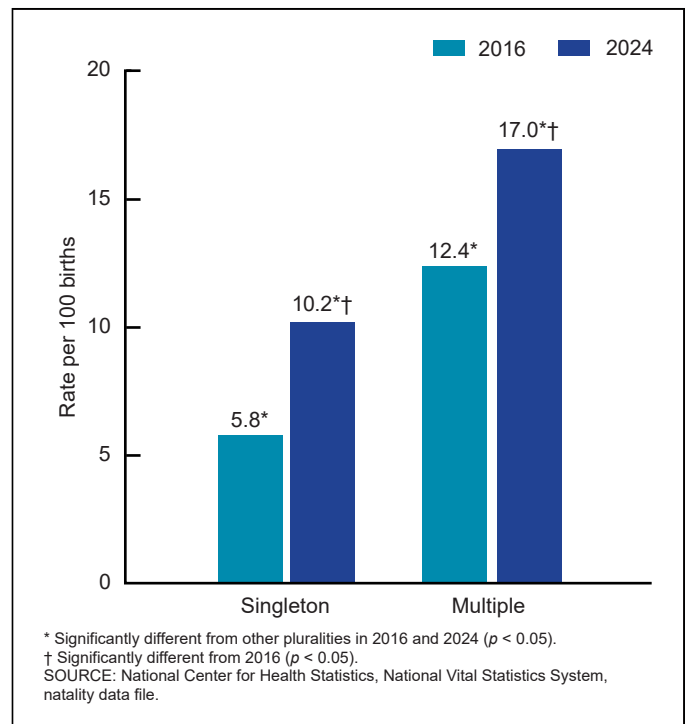
Discussion

In 2024, 1 out of every 10 mothers (10.4%) giving birth in the United States was diagnosed with gestational hypertension. The rate has increased steadily since 2016 (6.0%), for an overall increase of 73% and an average annual increase of 7%. From 2016 to 2024, gestational hypertension rates increased for all maternal race and Hispanic-origin groups, age groups, and BMI categories, as well as by plurality, and for all states and the District of Columbia.

In 2024, variation in the rate of gestational hypertension was observed across race and Hispanic-origin groups. The rate for American Indian and Alaska Native mothers, the group with the highest rate of gestational hypertension, was nearly twice that for Asian mothers, the group with the lowest rate. By maternal age, the rate was lowest for mothers younger than age 20 and 30–34 and highest for mothers 40 and older. The rate of gestational hypertension rose with increasing maternal BMI. By plurality, the rate was nearly twice as high for mothers with a twin or higher-order multiple birth compared with that for mothers with a singleton birth. By state of residence, the rate ranged from 6.9% in New Jersey to 14.6% in Louisiana.

The finding of an increase in gestational hypertension over time is consistent with other data sources that have found an increase in hypertensive disorders during pregnancy, with one study of delivery hospitalizations noting that increases were largely driven by increases in pregnancy-associated hypertension in more recent years (4–6). The findings in this report of higher rates of gestational hypertension among

women age 40 and older, those with overweight or obesity, and those with a multiple gestation pregnancy are consistent

Figure 5. Rate of gestational hypertension, by plurality: United States, 2016 and 2024

report hypertensive disorders during pregnancy that appear to meet the definitions for both (such as chronic hypertension with superimposed preeclampsia) is lacking.

Conclusion

Hypertensive disorders during pregnancy are common pregnancy complications and are among the leading causes of maternal morbidity and mortality in the United States (4,6,7). This report on gestational hypertension shows increases in gestational hypertension overall and across all maternal age, race and Hispanic-origin, BMI, and plurality categories as well as U.S. states from 2016 to 2024. A primary advantage of birth certificate data is that information is collected on all women giving birth in the United States each year, allowing for analysis of both national trends and trends for smaller population groups, such as Native Hawaiian or Other Pacific Islander subgroups. However, gestational hypertension is most likely underreported on the birth certificate. Despite potential reporting issues, trends and patterns in gestational hypertension observed in this report are consistent with known risk factors and findings from other studies and provide opportunities to examine gestational hypertension among all women giving birth in the United States.

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List of Detailed Tables

1. Number of cases and rate of gestational hypertension: United States, 2016–2024.	9
2. Number of cases and rate of gestational hypertension, by selected characteristics: United States, 2016 and 2024.	10
3. Number of cases and rate of gestational hypertension, by state of residence of mother: United States, 2016 and 2024	12

Table 1. Number of cases and rate of gestational hypertension: United States, 2016–2024

[Rates are number of births to women with gestational hypertension per 100 births]

Year	Total births	Number of cases of gestational hypertension	Rate (95% confidence interval)	Not stated*
2024.....	3,628,934	377,267	10.4 (10.4–10.4)	7,301
2023.....	3,596,017	361,780	10.1 (10.0–10.1)	5,752
2022.....	3,667,758	348,420	9.5 (9.5–9.5)	6,605
2021.....	3,664,292	333,633	9.1 (9.1–9.1)	5,205
2020.....	3,613,647	304,293	8.4 (8.4–8.5)	4,063
2019.....	3,747,540	291,626	7.8 (7.8–7.8)	3,284
2018.....	3,791,712	271,596	7.2 (7.1–7.2)	2,882
2017.....	3,855,500	248,282	6.4 (6.4–6.5)	3,711
2016.....	3,945,875	235,693	6.0 (6.0–6.0)	3,781

* No response reported for the “risk factors in this pregnancy” item on the birth certificate.

NOTE: Significant increasing trend from 2016 to 2024 ($p < 0.05$).

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

Table 2. Number of cases and rate of gestational hypertension, by selected characteristics: United States, 2016 and 2024

[Rates are number of births to women with gestational hypertension per 100 births in specified group]

Characteristic	Rate (95% confidence interval)		Percent change
	2016	2024	2016–2024
Total	6.0 (6.0–6.0)	10.4 (10.4–10.4)	73*
Race and Hispanic origin			
Non-Hispanic, single race†			
American Indian and Alaska Native§¶	7.6 (7.3–7.9)	13.2 (12.8–13.6)	74*
Asian¶**	3.5 (3.4–3.5)	7.1 (7.0–7.2)	103*
Black¶††	7.4 (7.3–7.4)	12.3 (12.2–12.4)	66*
Native Hawaiian or Other Pacific Islander¶§§	6.0 (5.5–6.5)	10.6 (10.0–11.2)	77*
White¶,¶¶	6.4 (6.4–6.4)	11.3 (11.3–11.4)	77*
Hispanic¶***	4.9 (4.8–4.9)	8.5 (8.5–8.6)	73*
Age (years)			
Younger than 20†††	6.4 (6.3–6.5)	10.2 (10.0–10.3)	59*
20–24	5.9 (5.8–5.9)	10.5 (10.4–10.6)	78*
25–29§§§	5.7 (5.7–5.8)	10.5 (10.4–10.5)	84*
30–34†††	5.8 (5.7–5.8)	10.1 (10.0–10.1)	74*
35–39	6.4 (6.4–6.5)	10.5 (10.4–10.5)	64*
40 or older¶¶¶	8.2 (8.1–8.4)	12.2 (12.0–12.4)	49*
Body mass index (BMI)			
Underweight (BMI less than 18.5)****	2.7 (2.6–2.8)	5.5 (5.3–5.6)	104*
Normal weight (BMI 18.5–24.9)****	3.8 (3.7–3.8)	6.8 (6.8–6.9)	79*
Overweight (BMI 25.0–29.9)****	6.0 (6.0–6.1)	10.0 (9.9–10.0)	67*
Obese (BMI greater than 29.9)****	10.2 (10.1–10.2)	15.4 (15.4–15.5)	51*
Plurality			
Singleton††††	5.8 (5.7–5.8)	10.2 (10.2–10.2)	76*
Twin and higher order††††§§§§	12.4 (12.2–12.5)	17.0 (16.8–17.3)	37*

Characteristic	Number of cases of gestational hypertension		Number of births		Not stated¶¶¶¶	
	2016	2024	2016	2024	2016	2024
Total	235,693	377,267	3,945,875	3,628,934	3,781	7,301
Race and Hispanic origin						
Non-Hispanic, single race†						
American Indian and Alaska Native	2,372	3,163	31,452	24,021	77	76
Asian	8,844	16,035	254,471	226,860	145	271
Black	41,191	58,075	558,622	473,377	578	1,133
Native Hawaiian or Other Pacific Islander	559	1,094	9,342	10,375	5	22
White	131,261	201,533	2,056,332	1,783,156	1,895	3,143
Hispanic***	44,675	83,941	918,447	984,092	625	1,643
Age (years)						
Younger than 20	13,536	14,119	212,062	139,000	235	413
20–24	47,007	63,949	803,978	611,800	825	1,408
25–29	65,727	103,494	1,149,122	990,817	1,065	1,919
30–34	64,213	112,079	1,111,042	1,112,409	1,032	2,049
35–39	35,194	65,062	547,488	622,517	493	1,174
40 or older	10,016	18,564	122,183	152,391	131	338
Body mass index (BMI)						
Underweight (BMI less than 18.5)	3,614	5,067	134,512	92,454	120	163
Normal weight (BMI 18.5–24.9)	63,890	89,794	1,701,087	1,319,471	1,336	1,824
Overweight (BMI 25.0–29.9)	59,988	98,766	998,761	990,685	784	1,032
Obese (BMI greater than 29.9)	102,050	175,594	1,002,622	1,137,969	736	1,095
Plurality						
Singleton	218,932	358,251	3,810,149	3,517,151	3,675	7,106
Twin and higher order	16,761	19,016	135,726	111,783	106	195

See footnotes at end of table.

Table 2. Number of cases and rate of gestational hypertension, by selected characteristics: United States, 2016 and 2024—Con.

[Rates are number of births to women with gestational hypertension per 100 births in specified group]

* Significant change ($p < 0.05$).

† Race and Hispanic origin are reported separately on birth certificates; people of Hispanic origin may be of any race. In this table, non-Hispanic women are classified by race. Race categories are consistent with the 1997 Office of Management and Budget standards. Single race is defined as only one race reported on the birth certificate.

§ Significantly different from all groups except Black non-Hispanic people in 2016 ($p < 0.05$).¶ Significantly different from other race and Hispanic-origin groups in 2024 ($p < 0.05$).** Significantly different from other race and Hispanic-origin groups in 2016 ($p < 0.05$).†† Significantly different from all groups except American Indian and Alaska Native non-Hispanic people in 2016 ($p < 0.05$).§§ Significantly different from all groups except White non-Hispanic people in 2016 ($p < 0.05$).¶¶ Significantly different from all groups except Native Hawaiian or Other Pacific Islander non-Hispanic people in 2016 ($p < 0.05$).

*** Includes all people of Hispanic origin of any race.

††† Age group had lowest rate in 2024 ($p < 0.05$).§§§ Age group had lowest rate in 2016 ($p < 0.05$).¶¶¶ Age group had highest rate in 2016 and 2024 ($p < 0.05$).**** Significantly different from other BMI categories in 2016 and 2024 ($p < 0.05$).†††† Significantly different from other pluralities in 2016 and 2024 ($p < 0.05$).

§§§§ Twin, triplet, quadruplet, quintuplet, and higher-order multiple deliveries.

¶¶¶¶ No response reported for the "risk factors in this pregnancy" item on the birth certificate.

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

Table 3. Number of cases and rate of gestational hypertension, by state of residence of mother: United States, 2016 and 2024

[Rates are number of births to women with gestational hypertension per 100 births in specified group]

Reporting area	Rate (95% confidence interval)		Percent change
	2016	2024	2016–2024
Total	6.0 (6.0–6.0)	10.4 (10.4–10.4)	73*
Alabama	7.2 (7.0–7.5)	13.7 (13.4–14.0)	90*
Alaska	8.9 (8.4–9.5)	14.5 (13.8–15.2)	63*
Arizona	6.2 (6.1–6.4)	10.9 (10.7–11.1)	76*
Arkansas	5.2 (5.0–5.5)	10.8 (10.5–11.2)	108*
California	3.9 (3.9–4.0)	8.3 (8.2–8.4)	113*
Colorado	5.9 (5.8–6.1)	12.9 (12.7–13.2)	119*
Connecticut	5.8 (5.6–6.1)	9.7 (9.3–10.0)	67*
Delaware	7.4 (6.9–7.9)	10.8 (10.2–11.4)	46*
District of Columbia	5.9 (5.4–6.4)	8.3 (7.7–8.9)	41*
Florida	5.5 (5.4–5.6)	10.1 (10.0–10.2)	84*
Georgia	6.0 (5.9–6.2)	10.6 (10.5–10.8)	77*
Hawaii	4.3 (4.0–4.6)	10.5 (10.0–11.0)	144*
Idaho	7.2 (6.8–7.5)	8.7 (8.4–9.1)	21*
Illinois	6.8 (6.7–7.0)	12.0 (11.8–12.2)	76*
Indiana	6.8 (6.6–7.0)	11.2 (10.9–11.4)	65*
Iowa	6.6 (6.3–6.8)	11.7 (11.4–12.1)	77*
Kansas	6.6 (6.3–6.8)	11.1 (10.8–11.4)	68*
Kentucky	7.9 (7.6–8.1)	11.7 (11.4–12.0)	48*
Louisiana	9.4 (9.1–9.6)	14.6 (14.3–14.9)	55*
Maine	7.0 (6.6–7.5)	12.2 (11.6–12.8)	74*
Maryland	6.2 (6.0–6.4)	11.8 (11.6–12.1)	90*
Massachusetts	4.1 (3.9–4.2)	8.3 (8.1–8.5)	102*
Michigan	6.5 (6.4–6.7)	10.6 (10.4–10.8)	63*
Minnesota	6.7 (6.5–6.9)	13.0 (12.7–13.2)	94*
Mississippi	6.4 (6.2–6.7)	11.1 (10.8–11.4)	73*
Missouri	7.4 (7.2–7.6)	12.0 (11.7–12.2)	62*
Montana	6.1 (5.7–6.5)	11.3 (10.7–11.8)	85*
Nebraska	5.7 (5.4–6.0)	10.8 (10.4–11.1)	89*
Nevada	4.5 (4.3–4.8)	8.4 (8.1–8.7)	87*
New Hampshire	8.2 (7.7–8.7)	13.3 (12.7–13.9)	62*
New Jersey	4.7 (4.6–4.8)	6.9 (6.8–7.1)	47*
New Mexico	6.5 (6.1–6.8)	8.8 (8.5–9.2)	35*
New York	6.4 (6.3–6.5)	8.5 (8.3–8.6)	33*
North Carolina	6.7 (6.6–6.9)	10.7 (10.5–10.9)	60*
North Dakota	5.7 (5.3–6.1)	11.3 (10.7–11.9)	98*
Ohio	8.1 (7.9–8.2)	13.6 (13.4–13.8)	68*
Oklahoma	5.8 (5.6–6.0)	9.4 (9.1–9.7)	62*
Oregon	7.3 (7.1–7.6)	13.1 (12.8–13.5)	79*
Pennsylvania	5.5 (5.4–5.6)	12.9 (12.7–13.1)	135*
Rhode Island	6.6 (6.1–7.0)	12.0 (11.4–12.7)	82*
South Carolina	7.4 (7.2–7.6)	12.8 (12.5–13.0)	73*
South Dakota	5.9 (5.5–6.3)	9.7 (9.2–10.3)	64*
Tennessee	5.6 (5.5–5.8)	8.7 (8.6–8.9)	55*
Texas	6.1 (6.0–6.2)	9.2 (9.1–9.3)	51*
Utah	5.8 (5.6–6.0)	8.3 (8.0–8.5)	43*
Vermont	8.1 (7.4–8.8)	12.1 (11.2–13.0)	49*
Virginia	4.5 (4.3–4.6)	10.0 (9.8–10.2)	122*
Washington	6.3 (6.2–6.5)	11.8 (11.6–12.0)	87*
West Virginia	6.6 (6.2–6.9)	12.1 (11.6–12.6)	83*
Wisconsin	6.2 (6.0–6.4)	11.4 (11.1–11.6)	84*
Wyoming	5.6 (5.1–6.1)	13.1 (12.3–14.0)	134*

Table 3. Number of cases and rate of gestational hypertension, by state of residence of mother: United States, 2016 and 2024—Con.

[Rates are number of births to women with gestational hypertension per 100 births in specified group]

Reporting area	Number of cases of gestational hypertension		Number of births		Not stated†	
	2016	2024	2016	2024	2016	2024
Total	235,693	377,267	3,945,875	3,628,934	3,781	7,301
Alabama	4,283	7,924	59,151	57,934	3	5
Alaska	996	1,287	11,209	8,943	75	66
Arizona	5,275	8,601	84,520	78,711	§	2
Arkansas	2,007	3,837	38,274	35,395	§	2
California	19,219	33,450	488,827	402,075	3	186
Colorado	3,956	8,309	66,613	64,268	12	32
Connecticut	2,062	3,338	36,015	34,599	694	29
Delaware	815	1,134	10,992	10,550	1	54
District of Columbia	581	630	9,858	7,616	15	3
Florida	12,336	22,457	225,022	224,389	416	2,289
Georgia	7,810	13,427	130,042	126,437	348	113
Hawaii	776	1,562	18,059	14,917	§	§
Idaho	1,606	2,031	22,482	23,276	24	19
Illinois	10,543	15,106	154,445	125,731	226	128
Indiana	5,650	8,895	83,091	80,257	4	542
Iowa	2,595	4,277	39,403	36,436	1	7
Kansas	2,510	3,770	38,053	33,984	§	1
Kentucky	4,337	6,184	55,449	52,913	281	93
Louisiana	5,908	7,804	63,178	53,305	§	§
Maine	894	1,414	12,705	11,601	15	7
Maryland	4,548	7,771	73,136	65,797	11	6
Massachusetts	2,915	5,659	71,317	68,184	96	184
Michigan	7,370	10,509	113,315	99,525	268	312
Minnesota	4,649	8,049	69,749	62,110	64	65
Mississippi	2,435	3,711	37,928	33,473	11	4
Missouri	5,502	8,127	74,705	67,998	1	2
Montana	751	1,276	12,282	11,331	12	§
Nebraska	1,510	2,665	26,589	24,785	37	20
Nevada	1,646	2,722	36,260	32,381	§	1
New Hampshire	995	1,559	12,267	11,770	107	34
New Jersey	4,807	7,028	102,647	101,372	7	12
New Mexico	1,594	1,887	24,692	21,328	§	4
New York	14,897	17,332	234,283	205,489	218	462
North Carolina	8,107	13,086	120,779	122,856	16	457
North Dakota	649	1,090	11,383	9,634	§	1
Ohio	11,147	17,212	138,085	126,795	27	17
Oklahoma	3,029	4,503	52,592	47,962	1	6
Oregon	3,341	5,110	45,535	38,963	2	1
Pennsylvania	7,689	16,342	139,409	127,299	21	535
Rhode Island	707	1,203	10,798	10,009	7	11
South Carolina	4,248	7,500	57,342	58,768	2	68
South Dakota	724	1,110	12,275	11,451	1	28
Tennessee	4,557	7,334	80,807	83,833	4	3
Texas	24,273	35,854	398,047	390,828	2	824
Utah	2,942	3,858	50,464	46,664	§	1
Vermont	466	608	5,756	5,023	§	§
Virginia	4,571	9,372	102,460	94,054	4	13
Washington	5,702	9,744	90,505	83,118	433	344
West Virginia	1,245	2,066	19,079	17,022	98	1
Wisconsin	4,103	6,743	66,615	59,686	213	305
Wyoming	415	800	7,386	6,089	§	2

* Significant change ($p < 0.05$).

† No response reported for the "risk factors in this pregnancy" item on the birth certificate.

§ Quantity 0.

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

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Contents

Abstract 1
Introduction 2
Methods 2
Results 3
 Overall trends 3
 Trends and differences by maternal race and Hispanic origin 3
 Trends and differences by maternal age 4
 Trends and differences by maternal BMI 4
 Trends and differences by plurality 4
 Trends and differences by state of residence 4
Discussion 4
Limitations 4
Conclusion 7
References 7
List of Detailed Tables 8

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