The Centers for Disease Control ranks New Jersey as having the eighth highest stillbirth rate in the United States (Gregory, Valenzuela, & Hoyert, 2022).

The most current New Jersey data available is from 2018. According to the New Jersey Department of Health (NJ DOH), the 2018 Statewide Fetal Mortality Rate (FMR) per 1,000 live births was 6.9. Racial disparities are prominent in New Jersey; the 2018 FMR per 1,000 live births was 3 times higher live births for birthing people who are black, non-Hispanic. The 2018 FMR per 1,000 live births was 3 times higher for black, non-Hispanic birthing individuals (14.5) than for birthing people who were white, non-Hispanic (4.7). Refer to Figure 1.

**FIGURE 1**
Statewide Fetal Mortality Rate per 1,000 Live Births, 2018 by Race/Ethnicity

![Bar chart showing the coronary heart disease death rate per 1,000 by age group for three different years: 2004, 2008, and 2012. The chart includes bars for age groups 0-14, 15-64, and 65+. The data shows a decrease in coronary heart disease deaths for all age groups across the years.](chart)

**Data Source:** 2018 Fetal Death and Birth Data from New Jersey Fetal Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Retrieved on Feb 21, 2023. Data Last Updated by NJSHAD Oct 5, 2021 from New Jersey Department of Health, New Jersey State Health Assessment Data website: [https://www-doh.state.nj.us/doh-shad/query/result/infantfetal/FetalVIP/FetMortRate.html#top](https://www-doh.state.nj.us/doh-shad/query/result/infantfetal/FetalVIP/FetMortRate.html#top)
The 2018 Fetal Mortality Rate (FMR) per 1,000 live births for birthing individuals who were Black, non-Hispanic was 14.5, which was twice as high as the statewide FMR for all races and ethnicities (6.9). The FMR per 1,000 live births was below the statewide rate for birthing individuals who were white, non-Hispanic (4.7), and Hispanic (of any race) (6.7).

According to NJ DOH, the 2018 Statewide Fetal Mortality Rate (FMR) per 1,000 live births was 6.9. Births to Mothers ages 15-19 (11.6) and 40-49 (9.3) were higher than the statewide FMR for all maternal age groups. Refer to Figure 2.

**FIGURE 2**
Statewide Fetal Mortality Rate per 1,000 Live Births, 2018 by Maternal Age Group

Most are surprised to learn that stillbirth is one of the most common adverse pregnancy outcomes in the United States (The American College of Obstetricians and Gynecologists & Society for Maternal-Fetal Medicine, 2020). Stillbirth occurs in 1 in 160 births. Even more shocking is that every pregnancy is at risk for stillbirth. Approximately 700 pregnancies end in stillbirth every year in New Jersey and over 21,000 in the United States (Centers for Disease Control, 2022). That is equivalent to the death of one kindergarten class every day in New Jersey. Every single day. Each one of these numbers represents a life lost, and a family forever changed.
The effects of stillbirth can be far reaching and may include:

- Mental health issues
- Stigma and social isolation
- Relationship strain
- Financial consequences
- Relationships with living and future children

CAUSES OF STILLBIRTH

Unfortunately, the cause of about one-third of stillbirths cannot be determined. Studies show that at least 25% of all stillbirths are preventable. The most common known causes include:

- Problems with the placenta or umbilical cord
- Preeclampsia (a form of high blood pressure during pregnancy)
- Birth defects
- Intrauterine growth restriction (IUGR)
- Infections
- Trauma (such as direct impact to the birthing person’s uterus/abdomen in a fall, motor vehicle accident or domestic violence)
- Other health conditions, including diabetes and high blood pressure

WHAT CAN YOU DO?

Advocate for yourself and your baby. Know your baby’s movement patterns and behavior. Make your healthcare provider aware of your health history and any new and/or concerning symptoms that may arise.
REFERENCES


CDC Wonder https://wonder.cdc.gov/


