



STATE OF MATERNITY CARE IN U.S. HOSPITALS

The Leapfrog Group 2025 Report on Trends

Report Highlights

- 1 C-section rates for low-risk, first-time mothers are not improving.**
After an encouraging decline in rates of cesarean procedures for low-risk, first-time mothers, in 2020 rates began climbing back up and that has not abated. Urgent action is needed to bring rates down.
- 2 Significant racial disparities exist in NTSV C-section rates in 20% of U.S. hospitals.**
For the first time, Leapfrog analyzed hospital-level Nulliparous, Term, Singleton, Vertex (NTSV) C-section rates by race and ethnicity nationally, revealing a disparity between non-Hispanic Black and non-Hispanic White patients in one out of every five hospitals. This is an alarming statistic, underscoring the urgent need for systemic change in U.S. maternity care.
- 3 Not all hospitals have policies in place to prevent early elective deliveries.**
86% of hospitals have such policies in place, meaning 14% do not. Early elective deliveries can result in longer hospital stays and significantly higher health care costs for both patients and payors.
- 4 Progress in reducing episiotomies is a bright spot.**
Leapfrog-reporting hospitals have achieved a remarkable 73% decrease in episiotomy rates from 2012 to 2024.
- 5 The majority of hospitals across the U.S. offer maternity care services that can help improve outcomes and overall patient experience.**
These services include doulas, certified midwives, lactation consultants, vaginal birth after a C-section (VBAC) and postpartum tubal ligation.

About the Report

Leapfrog collects and publicly reports data that hospitals provide voluntarily as part of the annual Leapfrog Hospital Survey. The Survey collects information about key aspects of maternity care including C-sections, episiotomies and early elective deliveries. These procedures can unnecessarily increase risks to both mothers and babies, as consistently shown by research and expert consensus. Leapfrog also asks hospitals to report the availability of five key maternity services: doulas, certified midwives, lactation consultants, vaginal birth after a c-section (VBAC) and postpartum tubal ligation. Over 1,700 hospitals provided maternity care quality data for this report through the 2024 Leapfrog Hospital Survey.

Leapfrog is the only organization to publicly report this maternity care quality data by hospital at the national level and continues to bridge the gap of available information about maternity care quality and services. Through transparency and a united focus on reducing maternal disparities, Leapfrog aims to galvanize improvements in maternal health care across the nation.

The United States is grappling with a growing maternity care crisis. An analysis by the CDC reveals that an astonishing 80% of pregnancy-related deaths in the United States are preventable.¹ Given these preventable deaths and the ongoing inequities in maternal health care, Leapfrog continues to leverage its network of hospitals, patients, purchasers and policymakers to make significant strides forward. The need for reform is urgent. Improving the quality of care, increasing access, enhancing data collection and providing more transparency through publicly available information is long overdue.

Leapfrog is the only organization to publicly report this maternity care quality data by hospital nationally.

View maternity care data for individual hospitals at leapfroggroup.org.



NTSV Cesarean Sections

Progress on reducing C-sections has stalled

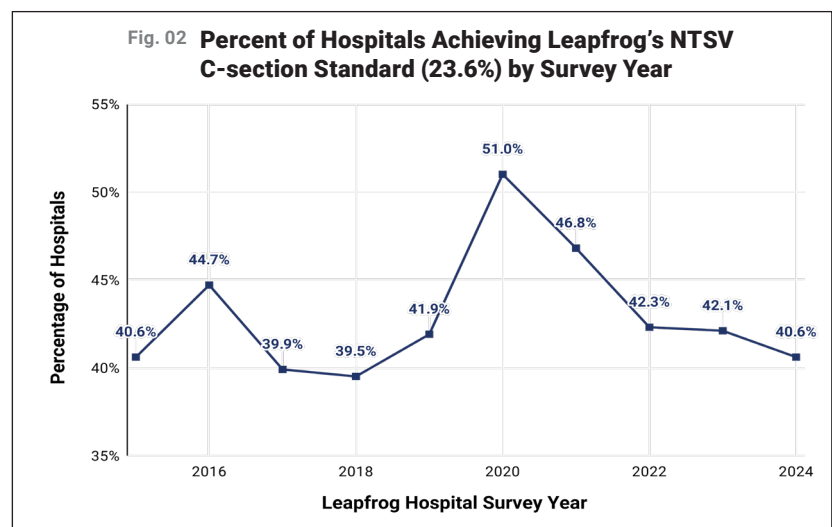
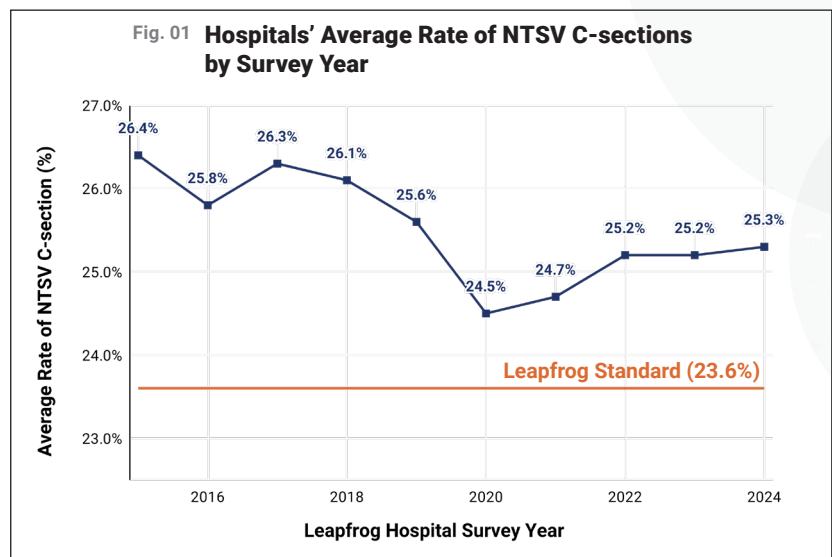
Each year, about one-third of U.S. births are by cesarean section.² While sometimes necessary, C-sections carry risks like infection, blood clots, longer recovery times and complications in future pregnancies. They can also affect newborn health, increasing the likelihood of NICU admission due to breathing difficulties.³ Despite efforts to reduce unnecessary procedures, U.S. C-section rates were declining until 2020 and now are worsening since the COVID-19 pandemic.

To address this, the Leapfrog Hospital Survey tracks the NTSV Cesarean Birth Rate, a nationally endorsed measure for first-time mothers carrying a single, full-term baby in a head-down position. This metric helps compare hospital performance and assess care for those least likely to need surgical delivery. Following expert recommendations from its national [Maternity Care Expert Panel](#), Leapfrog set a benchmark for all hospitals to meet the Healthy People 2030 goal—an NTSV C-section rate of 23.6% or lower.

On average, hospitals have not achieved the Leapfrog standard. Since Leapfrog began publicly reporting NTSV C-sections in 2015, there has been slow progress. The national rate in 2015 was 26.4% and the latest data from 2024 shows a lower rate of 25.3% (Fig. 01). For the past three years, the rate has stagnated.

This figure represents the national average, but rates vary widely. Looking at the percentage of hospitals meeting Leapfrog's Standard of 23.6% or lower, 40.6% of reporting hospitals met the standard in 2015 and the same percentage meet the standard as of 2024 (Fig. 02). This progress has stalled and there is much more work that needs to be done to reduce unnecessary C-sections.

C-section rates were declining until 2020 and are now worsening since the COVID-19 pandemic.



Disparities exist in NTSV C-section rates by race and ethnicity

With guidance from our [Maternity Care Expert Panel](#), Leapfrog aims to help hospitals identify disparities within their own patient populations. The data gives hospitals important insights to address disparities and recognize patterns in care delivery that need improvement.

1 in 5

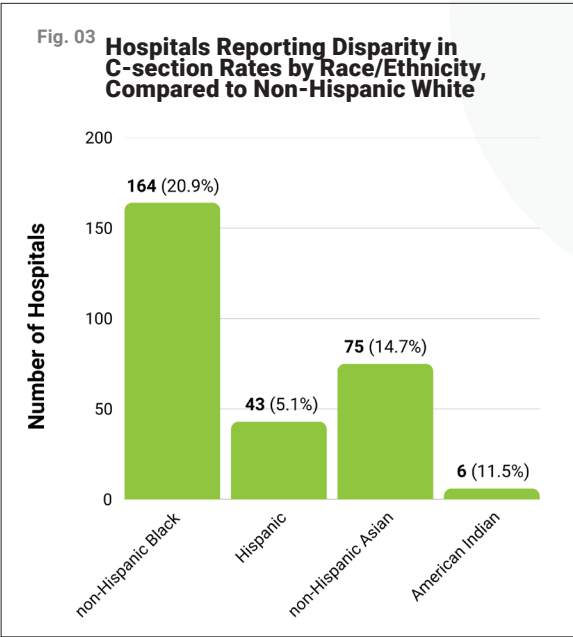
HOSPITALS REPORTING TO LEAPFROG SHOW A DISPARITY IN C-SECTION RATES BETWEEN BLACK AND WHITE PATIENTS



Leapfrog data reveals a disparity between non-Hispanic Black and non-Hispanic White patients in one out of every five hospitals (164 out of 784) (Fig. 03).

When comparing C-section rates between Hispanic and non-Hispanic White patients, 5.1% (43) of 836 hospitals exhibit a disparity. A disparity is observed in 14.7% (75) of 509 hospitals when comparing non-Hispanic Asian and non-Hispanic White patients, and in 11.5% (6) of 52 hospitals when comparing American Indian and non-Hispanic White patients' C-section rates.

View NTSV C-section performance rates for individual hospitals at leapfroggroup.org.



Episiotomies

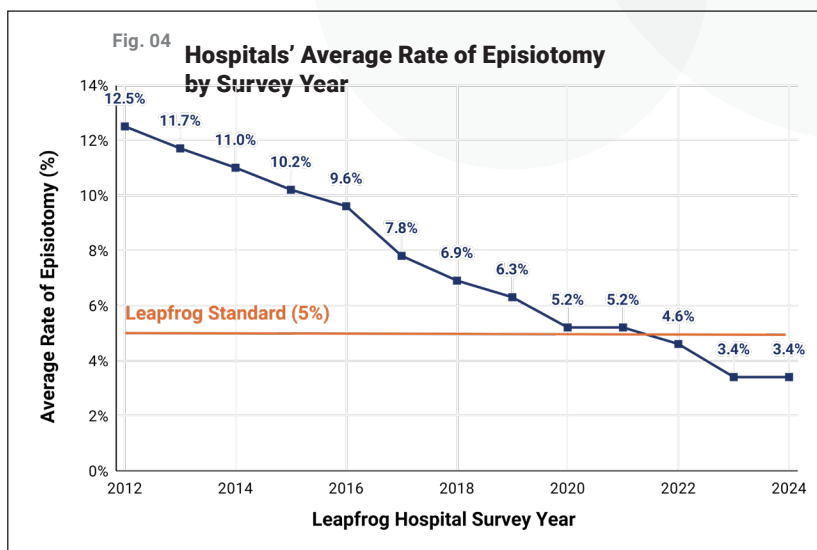
There is a continued decrease in the average episiotomy rate

An episiotomy is a surgical incision made in the perineum to enlarge the vaginal opening during childbirth. Current medical guidelines discourage its routine use, and the American College of Obstetricians and Gynecologists (ACOG) recommends it only in highly restricted circumstances. Episiotomies can increase the risk of severe perineal tears, loss of bladder or bowel control, pelvic floor disorders, infections and prolonged recovery, often leading to chronic discomfort.⁴

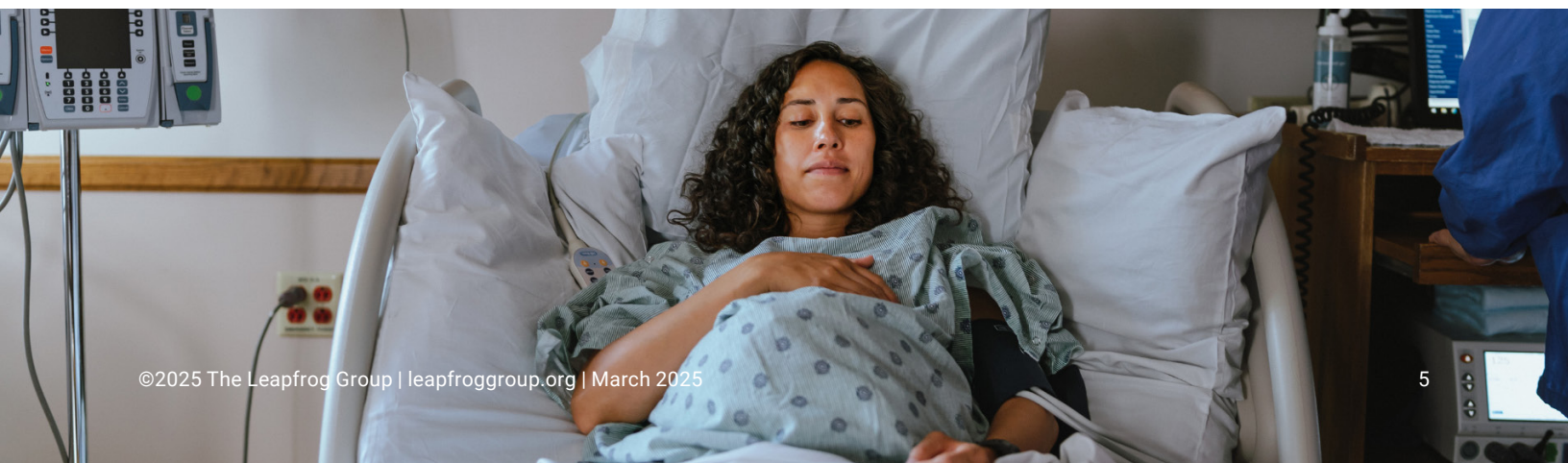
Leapfrog is the only organization that tracks and publicly reports hospital episiotomy rates. Based on expert guidance and research, Leapfrog sets a benchmark for hospitals to maintain an episiotomy rate of 5% or lower among vaginal deliveries.

The average episiotomy rate has declined by 73% since Leapfrog began public reporting rates in 2012 (Fig. 04). As of 2024, the national average has dropped to 3.4%, surpassing Leapfrog's standard—a testament to the positive changes in hospital practices.

While this is good news, Leapfrog publicly reports rates by hospital and finds that progress varies by hospital. Individual hospital rates may be accessed at leapfroggroup.org.



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Early Elective Deliveries

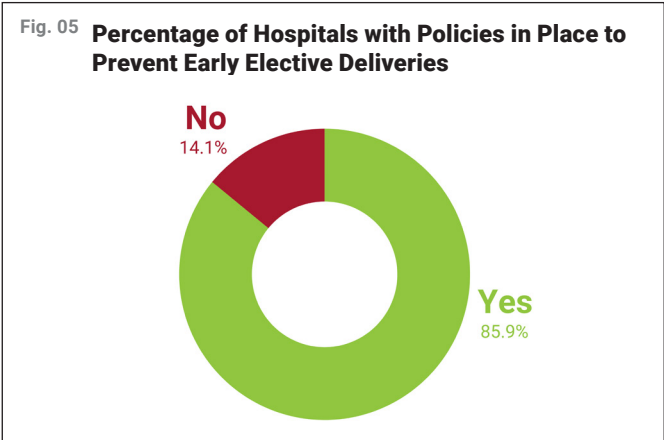
Not all hospitals have policies in place to prevent early elective deliveries

Early elective deliveries refer to births scheduled without a medical necessity before 39 weeks of gestation. Delivering before this crucial period can pose serious risks to both mothers and babies, including an increased likelihood of cesarean delivery, postpartum complications for mothers and babies, higher neonatal mortality rates and increased NICU admissions. Additionally, early elective deliveries often result in longer hospital stays and significantly higher health care costs for both patients and payors.⁵

Leapfrog’s public reporting of early elective delivery rates by hospital has played a key role in driving a national movement to reduce these unnecessary procedures, leading to sustained improvements in maternal and neonatal care.

However, despite the effectiveness of public reporting in galvanizing reduction in early elective deliveries, the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC) made the decision to no longer require reporting on early elective deliveries, which means Leapfrog cannot feasibly report rates by hospital.

To partially overcome this regrettable gap in knowledge, Leapfrog now asks hospitals if they have a policy in place to prevent early elective deliveries. In 2024 Leapfrog found that 85.9% of hospitals reporting to Leapfrog have such a policy in place. While this is a credit to the vast majority of hospitals, still one in seven hospitals reporting to Leapfrog have not adopted policies to reduce early elective deliveries (Fig. 05).



One in seven hospitals reporting to Leapfrog have not yet adopted policies to reduce early elective deliveries.

Search whether individual hospitals have a policy in place at leapfroggroup.org.



Patient-Requested Maternity Care Services

Leapfrog is the only organization that publicly reports by hospital on the following evidence-based maternity services that patients are most likely to ask about.

CERTIFIED MIDWIVES

Studies suggest that access to certified midwives for labor and delivery can reduce interventions such as unnecessary C-sections.⁶ Leapfrog finds that 61.0% of reporting hospitals have certified midwives available (Fig. 06). Unfortunately, this means that one in three hospitals reporting to Leapfrog do not provide access to midwives in labor and delivery units.

Leapfrog data also found regional variation in the availability of midwives in hospitals. In the South, fewer than 45% of hospitals offer midwifery services, while most Northeastern states exceed 75%. On the West Coast, the state of Washington stands out, with 88% of hospitals providing access to certified midwives, the highest percentage of any state in the U.S.

DOULAS

Nearly 90% of hospitals allow doulas to support patients during labor and delivery, a practice associated with improved birth experiences and outcomes (Fig. 06).⁷ Of those that allow doulas, only 7.5% report employing or contracting with doulas directly, while the rest report allowing patients to bring their own doulas.

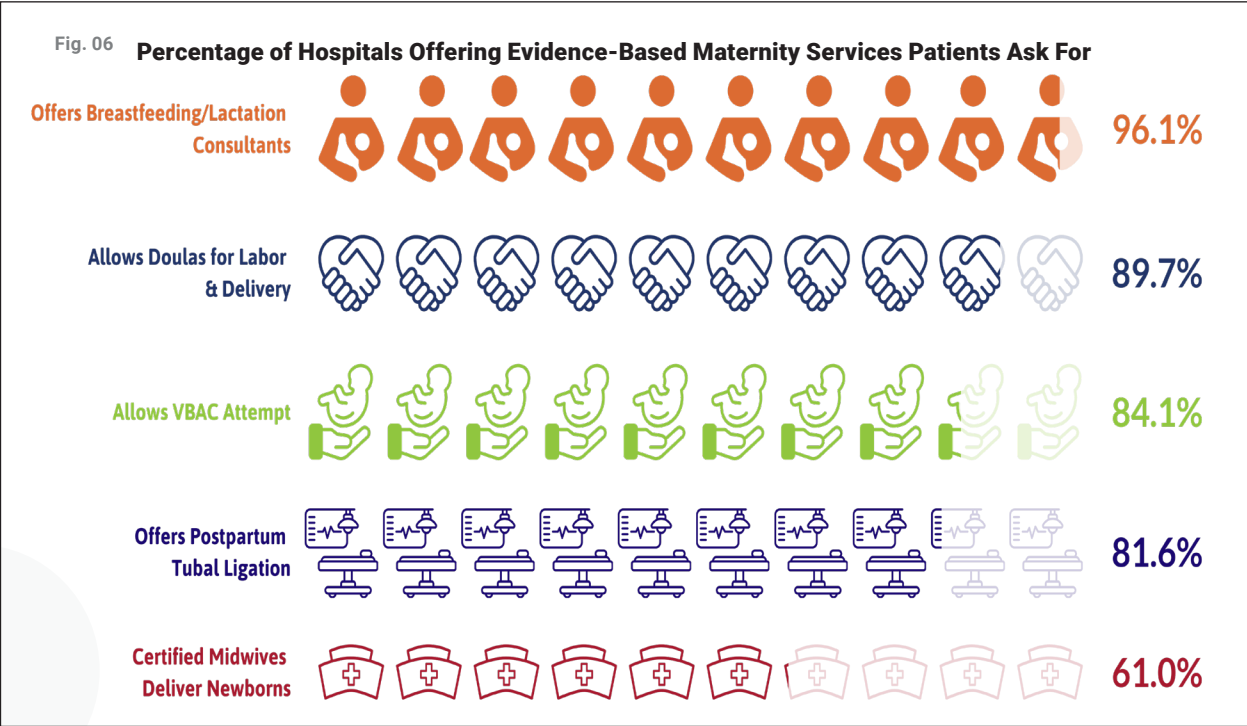
LACTATION CONSULTANTS

Lactation support was widely available, with 96.1% of hospitals offering breastfeeding consultants to assist new mothers (Fig. 06). Among those hospitals, 94% report offering lactation consultants in the hospital, 63% report offering lactation consultants in an outpatient setting and 17% report offering lactation consultants at home after discharge.

Search availability of these services at individual hospitals at leapfroggroup.org.



Maternity Care Services (Cont.)



VAGINAL BIRTH AFTER CESAREAN

Opportunities for vaginal birth after cesarean (VBAC) were provided by 84.1% of hospitals, supporting patients who wish to attempt a non-surgical delivery after a prior cesarean section (Fig. 06).

POSTPARTUM TUBAL LIGATION

Tubal ligation is a surgical procedure involving the cutting or blocking of the fallopian tubes to prevent future pregnancy and was offered by 81.6% of hospitals (Fig. 06). If a patient opts for the procedure, it is often done in combination with a cesarean section or shortly after vaginal delivery.

Search availability of these services at individual hospitals at leapfroggroup.org.

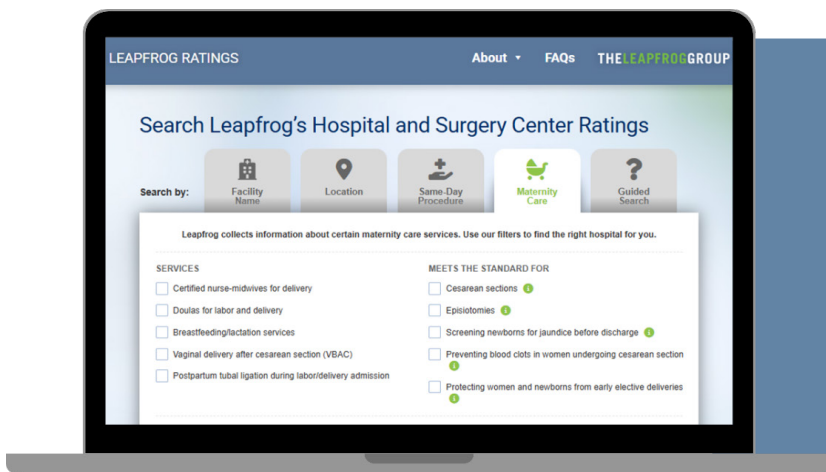


How to Use This Information

What Families Can Do

Expectant families should carefully research hospitals using Leapfrog's maternity care ratings. Look for hospitals that meet Leapfrog standards for episiotomy rate, and C-section rates and prevention of early elective deliveries. Families can also find more about the availability of key services like midwifery, doula support and lactation consultants.

Search for maternity care services at individual hospitals at leapfroggroup.org.



If a hospital is listed as “declined to respond,” it means they have chosen not to make their maternity care data public. Families can advocate for transparency by contacting the hospital and urging them to participate in the Leapfrog Hospital Survey.



RESOURCES

[*Hear Her Campaign Resources for Patients*](#), Centers for Disease Control and Prevention

[*Tips for Taking Charge of Your Maternity Care*](#), National Partnership for Women & Families

[*C-section Basics*](#), National Partnerships for Women & Families

[*Pregnancy Support and Topics*](#), March of Dimes

Doula Search Databases: [*DONA*](#), [*Pro Doula*](#), [*Black Doula Association*](#)

What Employers Can Do

With labor and delivery making up nearly a quarter of all hospitalizations, employers have a strong incentive to support high-quality maternity care. Unnecessary interventions, like C-sections, not only extend recovery time but also cost more than twice as much as vaginal births.⁸

Employers can:

- Advocate for hospital participation in the Leapfrog Hospital Survey and recognize those that do, ensuring employees have access to critical maternity care data that is publicly available only at leapfroggroup.org.
- Educate employees about choosing the right hospital— not just the right OBGYN—using Leapfrog’s [free ratings website](#).
- Consider direct contracting, Centers of Excellence, value-based purchasing or other purchasing agreements to ensure high quality maternity care for employees.
- Ensure health plans include covering doulas, midwives, lactation support and other key maternity services. The Purchasers Business Group on Health offers the PBGH Comprehensive Maternity Care Common Purchasing Agreement (below), a guide to set quality standards and create mechanisms for purchaser action and health plan/provider accountability.
- Encourage hospitals to improve maternity care standards by leveraging their collective influence.

RESOURCES

[*Leapfrog Employer Value Toolkit*](#), The Leapfrog Group

[*PBGH Comprehensive Maternity Care Common Purchasing Agreement*](#),
Purchaser Business Group on Health

[*PBGH Maternal Health & Birth Equity Lay Conference Summary*](#),
Purchaser Business Group on Health

[*Transforming Maternity Care Access*](#), Business Group on Health

[*The Crucial Role of Doulas for Black Birthing Patients*](#), Business Group on Health

[*The Value of Doula Care in Maternal Health*](#), 2024 Leapfrog Annual Meeting Panel

What Policymakers Can Do

By aligning policy efforts with data-driven strategies, policymakers can play a key role in improving the quality of maternity care nationwide.

Policymakers can:

- Advocate for transparency, including reporting by race and ethnicity, by requiring standardized reporting of maternal health outcomes by hospitals and other birthing centers nationally to pinpoint known disparities that allow for effective improvement strategies.
- Support coordinated efforts between hospitals, health care organizations and oversight bodies to drive measurable improvements in maternity care.
- Expand the use of outcomes-based measures in value-based purchasing programs and public reporting at both federal and state levels to incentivize high-quality care.
- Promote hospital participation in the Leapfrog Hospital Survey to assess and improve maternity care safety and quality.

RESOURCES

[*Transforming Maternal Health \(TMaH\) Model*](#), CMS.gov

[*Maternity Payment Reform*](#), National Partnership for Women and Families



What Hospitals Can Do

Hospitals that commit to transparency and continuous improvement set the standard for safe, high-quality maternity care.

Hospitals can:

- Set goals to achieve significant reductions in C-sections, early elective deliveries and episiotomies.
- Inspire transparency both internally and externally, using it to truly galvanize change within their hospital.
- Expand access to patient-requested maternity care services like certified midwives, doulas, lactation consultants, VBAC opportunities and postpartum tubal ligation.
- Track and report data by race and ethnicity to hold your team accountable and ensure equitable care for all.
- Connect with peer hospitals to share best practices and success stories, inspiring positive change within the industry.

RESOURCES

[*Better Maternal Health Outcomes Workbook*](#),
Institute for Healthcare Improvement (IHI)

[*Clinical and Practical Resources*](#),
AWHONN (Association of Women's Health,
Obstetric and Neonatal Nurses)

[*Resources for Health Professionals*](#),
March of Dimes

[*Safe Reduction of C-section Births*](#),
Alliance for Innovation on Maternal Health

[*Black Maternal Health*](#), IHI

[*Reducing NTSV C-section Birth*](#),
Perinatal Quality Institute

[*Expanding Equitable Doula Access*](#),
March of Dimes

LEAPFROG CASE STUDIES

[*Using Transparency to Spark Improvements in C-Section and Episiotomy Rates*](#),
An interview with Holy Name Medical Center

[*Implementing the Leapfrog Episiotomy Standard to Promote Improved Maternal Health*](#),
An interview with Texas Children's Hospital

[*How the Leapfrog Hospital Survey Helped Virginia Hospital Center Lower Its NTSV C-Section Rate*](#),
An interview with Virginia Hospital Center

See leapfroggroup.org for more resources and allied organizations making a difference in maternity care.