



# Fetal Mortality in Maine, 2023

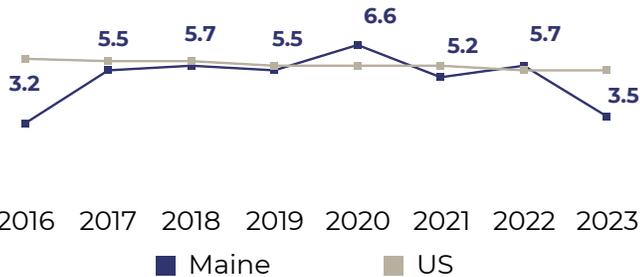
A summary of Maine's late fetal deaths



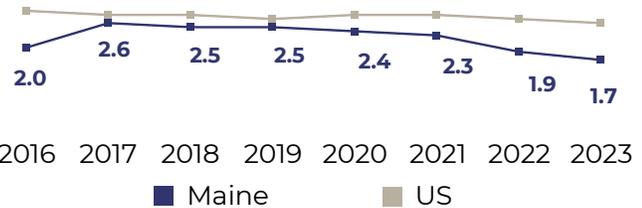
In 2023, there were **41** fetal deaths\* to Maine resident birthing parents. **20** of these were late fetal deaths or deaths occurring  $\geq 28$  weeks gestation.

## Fetal Mortality Trend

In 2023, the **total fetal mortality rate** ( $\geq 20$  weeks gestation) in Maine was **3.5** resident deaths per 1,000 live resident births + fetal deaths (n=41).



The **late fetal mortality rate** ( $\geq 28$  weeks gestation) in Maine was **2.6** resident deaths per 1,000 live resident births + fetal deaths  $\geq 28$  weeks (n=20).



## Cause of Death

In 2023, the most common cause of **late fetal death** in Maine was **placental, cord, and membrane complications**.

Cause	%
Placental, cord, and membrane complications (n=7)	35%
Unspecified cause** (n=5)	25%
Other causes (n=3)	15%
Maternal complications of pregnancy (n=2)	10%
Congenital malformations (n=2)	10%
Maternal conditions unrelated to pregnancy (n=1)	5%

## Gestational Age at Demise

One quarter (n=5) of **late fetal deaths** were **term stillbirths** (occurring at or after 37 weeks gestation).



## Weight at Demise

The majority of **late fetal deaths** occurred to fetuses of **low birthweight**.



\* Fetal deaths are reported if they occur  $\geq 20$  weeks gestation. Maine's MFIMR panel only reviews late fetal deaths, or those that occur  $\geq 28$  weeks gestation

\*\* Nationwide, a large proportion of fetal deaths are registered with an unspecified cause (Gregory ECW, Valenzuela CP, Hoyert DL. Fetal mortality: United States, 2021. National Vital Statistics Reports; vol 72 no 8. Hyattsville, MD: National Center for Health Statistics, 2023).

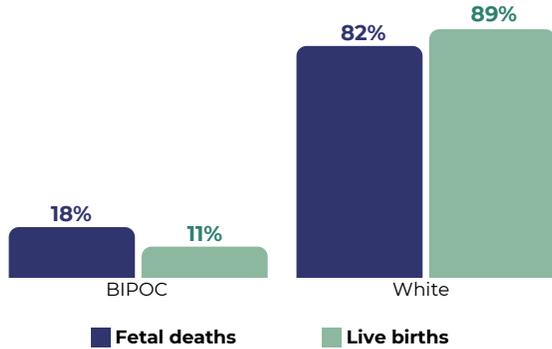
# Disparities in Late Fetal Mortality, 2019-2023

Demographic, socioeconomic, and maternal health characteristics of late fetal deaths occurring between 2019-2023 (n=127) to Maine residents.



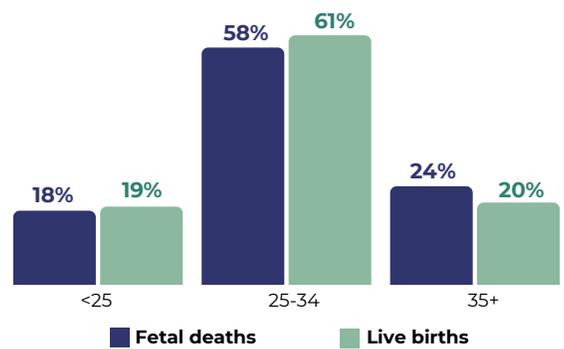
## Race

18% (n=22) of late fetal deaths were to **Black, Indigenous, and birthing people of Color (BIPOC)** vs. 11% of live births



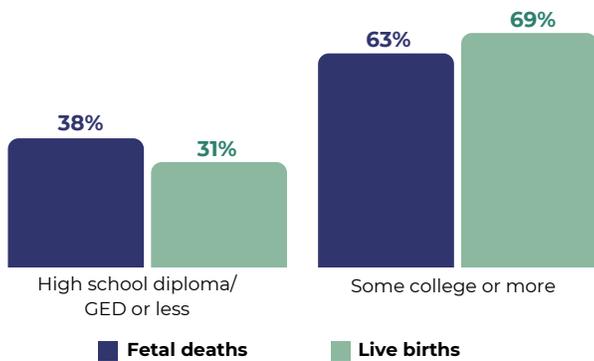
## Age

24% (n=30) of late fetal deaths were to birthing people **aged 35+** vs. 20% of live births



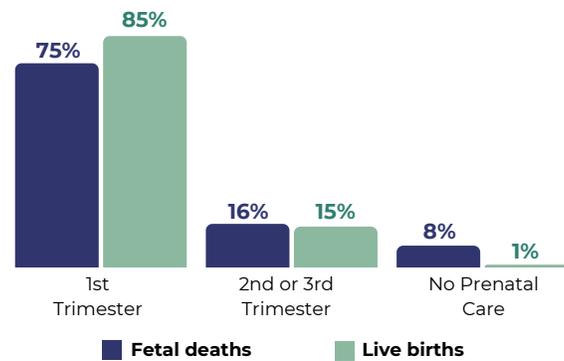
## Education

38% (n=42) were to birthing people **with a high school diploma or less** vs. 31% of live births



## Prenatal care

75% (n=83) **began prenatal care in the first trimester** vs. 85% of live births



Some *health conditions* were more prevalent in birthing people who experienced a **late fetal death** compared to those who experienced a **live birth**:



20% (n=26) had ≥1 **hypertensive condition\*** vs. 17% of live births



16% (n=20) had **diabetes\*\*** vs. 10% of live births



20% (n=25) had ≥1 **previous c-section** vs. 14% of live births

\*Includes eclampsia, gestational hypertension, and pre-pregnancy (chronic) hypertension  
\*\*Includes gestational and pre-pregnancy diabetes

Data source: Fetal death certificates, Maine CDC Data, Research, and Vital Statistics (DRVS). Fetal death certificates are collected for fetuses ≥20 weeks gestation at the time of death. This report displays data from fetal death records for fetuses ≥28 weeks gestation at the time of death (late fetal deaths).

## WHAT ARE WE DOING ABOUT FETAL MORTALITY?

The Maine Maternal, Fetal, and Infant Mortality Review (MFIMR) Panel is charged to:

- identify factors that contribute to maternal, fetal, and infant mortality
- identify the strengths and weaknesses of the current maternal/infant health care delivery system
- make recommendations to decrease the rate of maternal, fetal, and infant mortality.

For more information, visit:

[www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/maternal-infant/](http://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/maternal-infant/)

