Statistical Note:

Pregnancy Outcomes In the District of Columbia

2019-2023

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Acknowledgments

This report was compiled through the combined efforts of many individuals in the District of Columbia Department of Health (DC Health) Center for Planning, Policy, and Evaluation (CPPE) and the Data Management and Analysis Division (DMAD) within CPPE. It would not have been possible without the hard work, dedication, and contribution of healthcare providers, community groups, district hospitals, vital records administrators, community members, and parents.

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Recommended Citation: PREGNANCY OUTCOMES IN THE DISTRICT OF COLUMBIA 2019-2023. District of Columbia Department of Health, Center for Planning, Policy, and Evaluation. 2025. Accessed [access date] at.

May 2025

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1 Executive Summary

1.1 Introduction

This report provides a statistical summary of pregnancy outcomes among the District of Columbia (DC) residents reported to the DC Department of Health (DC Health) during the five-year period from 2019 to 2023. The pregnancy outcomes described in this report include live births, induced terminations of pregnancy (ITOPs), and fetal deaths of at least 20 weeks gestation or weighing at least 350 grams. Reporting of ITOPs to DC Health from 2019 to 2023 was voluntary. Additionally, DC Health does not receive reports on ITOPs performed in private physicians' offices. ITOPs performed on District residents outside of DC are included; however, demographic information on ITOPs performed for DC residents outside of DC is limited. Data on fetal deaths of less than 20 weeks of gestation or less than 350 grams are not available.

This pregnancy report differs from the natality report, which focuses on live births, by encompassing all pregnancy outcomes, including live births, ITOPs, and fetal deaths. It offers a holistic understanding of pregnancy trends across different demographics and time periods, highlighting variations in pregnancy outcomes beyond just live births.

1.2 Definition: Live Births, ITOPs, Fetal Deaths, and Pregnancy

Live Births: Defined by the U.S. Centers for Disease Control and Prevention (CDC) as "the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached." The District of Columbia uses this definition as the basis for compiling statistics of live births. Live birth registrations are codified into law and detailed under D.C. Official Code § 7–231.08[1].

ITOPs: Defined as an intentional termination of pregnancy before the fetus has developed enough to live if born. No limitations are enforced on the gestational age or delivery weight. ITOPs registrations are codified into law and detailed under D.C. Official Code § 7–231.15[2].

Fetal Death: Defined as death occurring before complete expulsion or extraction of a fetus at 20+ weeks gestation or weighing 350+ grams, excluding induced termination. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Fetal death registrations are codified into law and detailed under D.C. Official Code § 7–231.14[3]. Note: In some cases, the grams can be < 350 and the gestational age can be > 20 weeks.

Pregnancy: Refers to the period from conception to birth, regardless of whether the birth results a live or non-living outcome. In this report, the total number of pregnancies is computed by summing all pregnancy outcomes: Live births, ITOPs, and fetal deaths.

1.3 Covid-19 Impact

The COVID-19 pandemic significantly impacted pregnancy outcomes between 2020 and 2022, with notable changes in maternal and infant health indicators. Fetal deaths were higher between 2020 and 2022 compared to 2019 and 2023, suggesting increased health risks associated with pandemic-related disruptions. The general fertility rate showed a gradual declining trend from 2019 to 2023, as did the number of live births.

Among teenagers, the percentage of live births peaked in 2020 but declined sharply in subsequent years, while fetal deaths were also elevated in 2020. In addition to these trends, Perinatal Health and Infant Mortality Report 2019-2023 showed patterns related to maternal health indicators and reports of pregnancy complications such as preeclampsia and gestational diabetes increase. Maternal mortality rates were also slightly higher compared to pre-pandemic levels. Access to prenatal care was disrupted due to lockdowns and healthcare system strain, leading to fewer in-person visits and delayed interventions. According to the U.S. Government Accountability Office's 2022 report, Maternal Health Outcomes During The Pandemic, maternal deaths in the United States increased during the COVID-19 pandemic compared with pre-pandemic years. Between 2020 and 2021, approximately 25% of all maternal deaths nationally were associated with COVID-19, highlighting the pandemic's substantial impact on worsening maternal health outcomes during this period.

According to DC Health Natality Report 2019-2023 and Perinatal Health and Infant Mortality Report 2019-2023, preterm birth rates and low birth weight trends further underscore the pandemic's impact. Preterm births (defined as delivery before 37 weeks) accounted for 10.2% of all live births between 2019 and 2023, with rates remaining relatively stable overall but showing disparities by race and socioeconomic status. Black/African American mothers had the highest preterm birth rate at 13.6%, compared to 6.7% among White mothers and 9.3% among Hispanic mothers. Ward-level data revealed

the greatest burden in Ward 8, where preterm births reached 14.4%. Risk factors such as lack of prenatal care, smoking during pregnancy, and gestational hypertension were strongly associated with preterm delivery; mothers who received no prenatal care had a 25.5% preterm birth rate, compared to 9.7% among those initiating care in the first trimester.

DC Health Natality Report 2019-2023 and Perinatal Health and Infant Mortality Report 2019-2023 also showed increased Low Birth Weight (LBW) during the pandemic years in the District. A LBW birth is the birth of a newborn with a weight below 2,500 grams. The proportion of LBW infants rose from 9.8% in 2019 to 10.7% in 2023, with the highest rates observed among Black/African American mothers (15.9%) and in Ward 8 (17.1%, an 18% increase from 2019). Hispanic mothers also experienced a sharp rise in LBW births, from 6.4% to 8.6% over the same period. Among teenage mothers, LBW births climbed from 10.2% in 2019 to 16.6% in 2023, and preterm births rose from 9.9% to 14.9%, highlighting compounded risks for younger populations.

Mental health challenges also intensified during the pandemic years, with elevated rates of maternal anxiety and depression linked to social isolation and economic stress[4-6]. These factors, combined with increased medical complications and disparities in access to care, collectively underscore the significant and multifaceted impact of the pandemic on pregnancy outcomes[4-6].

1.4 Key Insights

Pregnancy Outcomes in District of Columbia (2023):

- Live births accounted for 84% of all pregnancies.
- ITOPs made up 15.2%, and fetal deaths were 0.8%.

Trends Over 2019 - 2023:

- Live births dropped by 13%, from 9,070 (2019) to 7,898 (2023), indicating a declining general fertility rate. The general fertility rate decreased from 48.7 (2019) to 44.2 (2023) per 1,000 women of reproductive age (15-44 years), showing a 9.2% decrease.
- Teen pregnancy rate saw a slight decrease of 0.5%, from 22.2 (2019) to 22.1 (2023) per 1,000 female teens.
- Overall ITOP rate increased from 7.6 (2019) to 8 (2023) per 1,000 women of reproductive age (15-44 years), showing a 5.3% increase. The increase in ITOP rate was particularly noticeable among teenagers aged 15 to 19, showing a 66.7% increase from 4.8 (2019) to 8 (2023) per 1,000 female teens.

- The number of fetal deaths fluctuated, with a decrease in 2023 compared to 2019 and a significant decline in the fetal death rate for teenage mothers.
- Fetal death rate per 1,000 live births peaked in 2022 at 12.6 and then dropped to 9.3 in 2023. The lowest record was 8.6 in 2021. Overall, fetal death rate increased by 8.1% between 2019 and 2023.
- Overall Pregnancy Rate per 1,000 women decreased from 56.7 (2019) to 52.7 (2023), showing a 7.1% decrease.
- Total pregnancy outcomes over the five-year period: Live births (42,572 or 86%), ITOPs (6,601 or 13%), and fetal deaths (433 or 1%).

Race and Ethnic Disparities:

- Black/African American women showed the highest percentage of pregnancies ending as ITOPs (19%), higher than White women (4.9%) and Hispanic/Latina women (9.8%).
- The decline in general fertility rates among White women (36.4 to 31.7 per 1,000 white women aged 15-44) along with a rise in the proportion of fetal deaths (0.4% to 0.8%) resulted a reduced share of live births from 2019 to 2023 compared with Black/African American and Hispanic/Latina women in the District.
- Hispanic/Latina women showed an increase in the proportion of ITOPs over the five-year period growing from 10.1% in 2019 to 14.6% in 2023.

Age-Based Differences:

- From 2019 to 2023, the proportion of pregnancies resulting in live births decreased by 17.1% among teenagers, by 6.6% among mothers aged 20-24, by 4.6% among mothers aged 25-29, and by 0.7% among mothers aged 30-39, while increasing by 1% among mothers aged 40 and above.
- The proportion of pregnancies ending in ITOPs increased by 61.2% among teenagers, by 20% among mothers aged 20-24, by 18.2% among mothers aged 25-29, and by 9.3% among mothers aged 30-39, while declining by 19% among mothers aged 40 and above.
- The proportion of pregnancies ending in fetal deaths increased by 20% among mothers aged 20-24, by 16.7% among mothers aged 30-39, and by 23.1% among mothers aged 40 and above, while declining by 44.4% among teenagers, and by 10% among mothers aged 25-29.
- Overall, women aged 40+ had fewer pregnancies over the five-year period but maintain high proportion of live births.

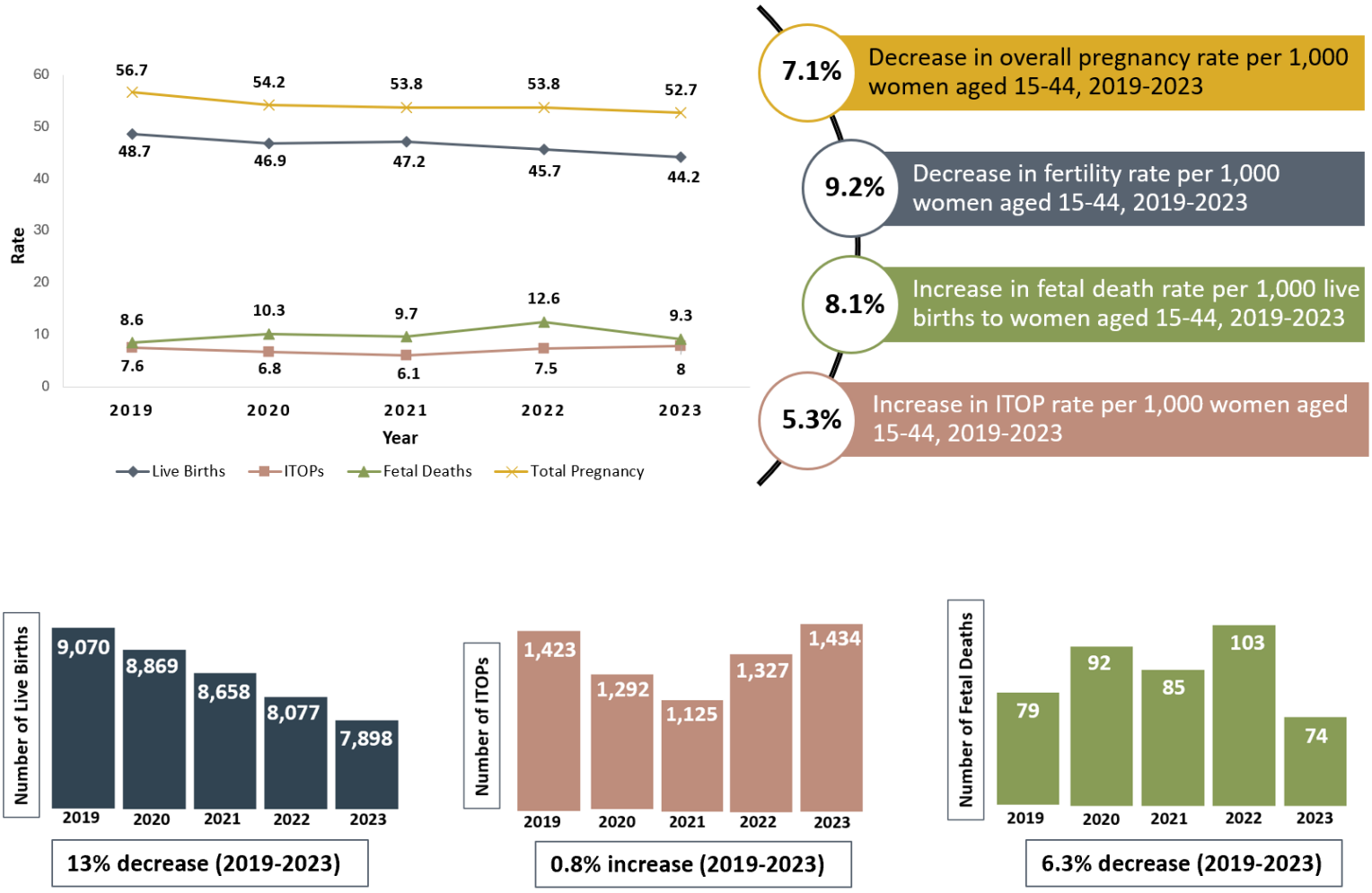
Overall Takeaways:

- While there were some positive trends in reducing teen birth rates, challenges persist in certain age and race/ethnic groups.
- The increasing ITOP rates among teenagers, Black/African American women, and Hispanic/Latina women; rising fetal death rates among White women; and an overall downward trend in the number of live births are areas of concern.
- The data highlights the need to continue tailoring reproductive health services and support age and community-specific needs.

1.5 Note on DC Map Redistricting

Some of the live birth data in this report are analyzed by geographic area, specifically by the District of Columbia's eight wards. These ward boundaries are redrawn every ten years to reflect population changes and ensure equitable representation of the District of Columbia City Council. Each ward has distinct demographic, economic, and cultural characteristics that can influence residents' health outcomes and access to resources. A significant change in the most recent redistricting in 2022 involved a large portion of Ward 2 being reassigned to Ward 6. While redistricting helps balance population size, it can also alter the demographic composition of wards, which affects data interpretation. To minimize bias related to these boundary changes, we report ward-level maps by time-period, grouping data from 2019-2021 separately from 2022-2023, when appropriate. This report excludes geographical data on ITOPs and fetal deaths due to significant limitations in data availability.

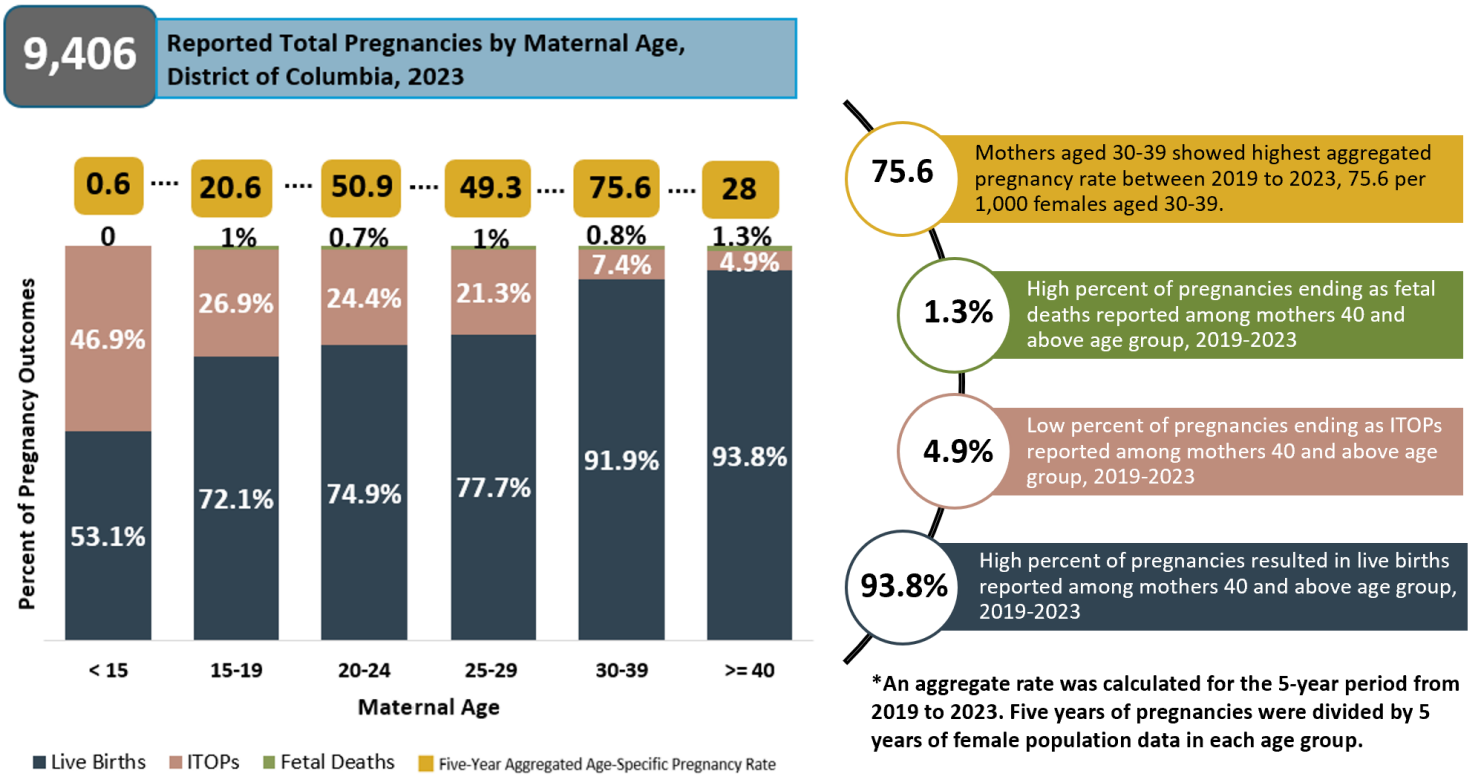
Figure 1. Overall Pregnancy Rates and Distribution of Pregnancy Outcomes, District of Columbia, 2019 – 2023

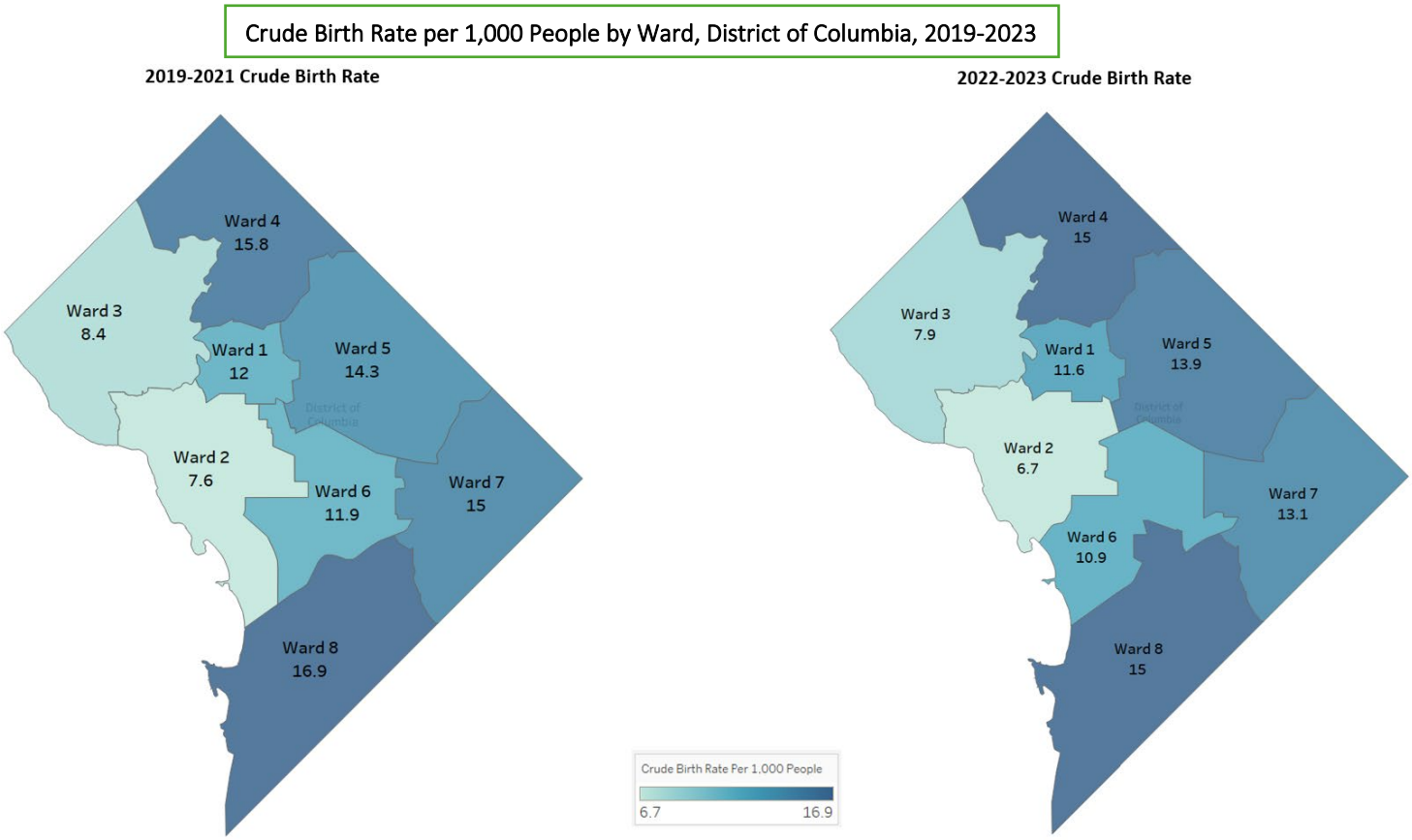


2 Summary of Pregnancy Outcomes by Maternal Age

2.1 Reported Total Pregnancy Outcomes by Maternal Age

Figure 2. Age-Specific Aggregated Pregnancy Rate and Percent of Pregnancy Outcomes by Maternal Age, District of Columbia, 2019 – 2023





Source: 2019-2023 DC Natality File, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health. Note: * Different maps are shown due to ward redistricting in 2022.

Figure 2 shows pregnancy rates and the percentage of pregnancy outcomes (live births, ITOPs, and fetal deaths) by maternal age group from 2019 to 2023. The highest percentage of live births (93.8%) occurred among women aged 40 and older. Women aged 30-39 had the highest number of pregnancies, with 91.9% resulting in live births. The percentage of pregnancies ending in live births increased with maternal age, suggesting that older mothers tend to carry pregnancies to term more often than younger ones. Pregnancies among girls under 15 were more likely to end in termination, with nearly half (46.9%) resulting in ITOPs. Fetal deaths were rare in all age groups but slightly higher (1.3%) among women over 40, reflecting increased pregnancy risks with advanced maternal age.

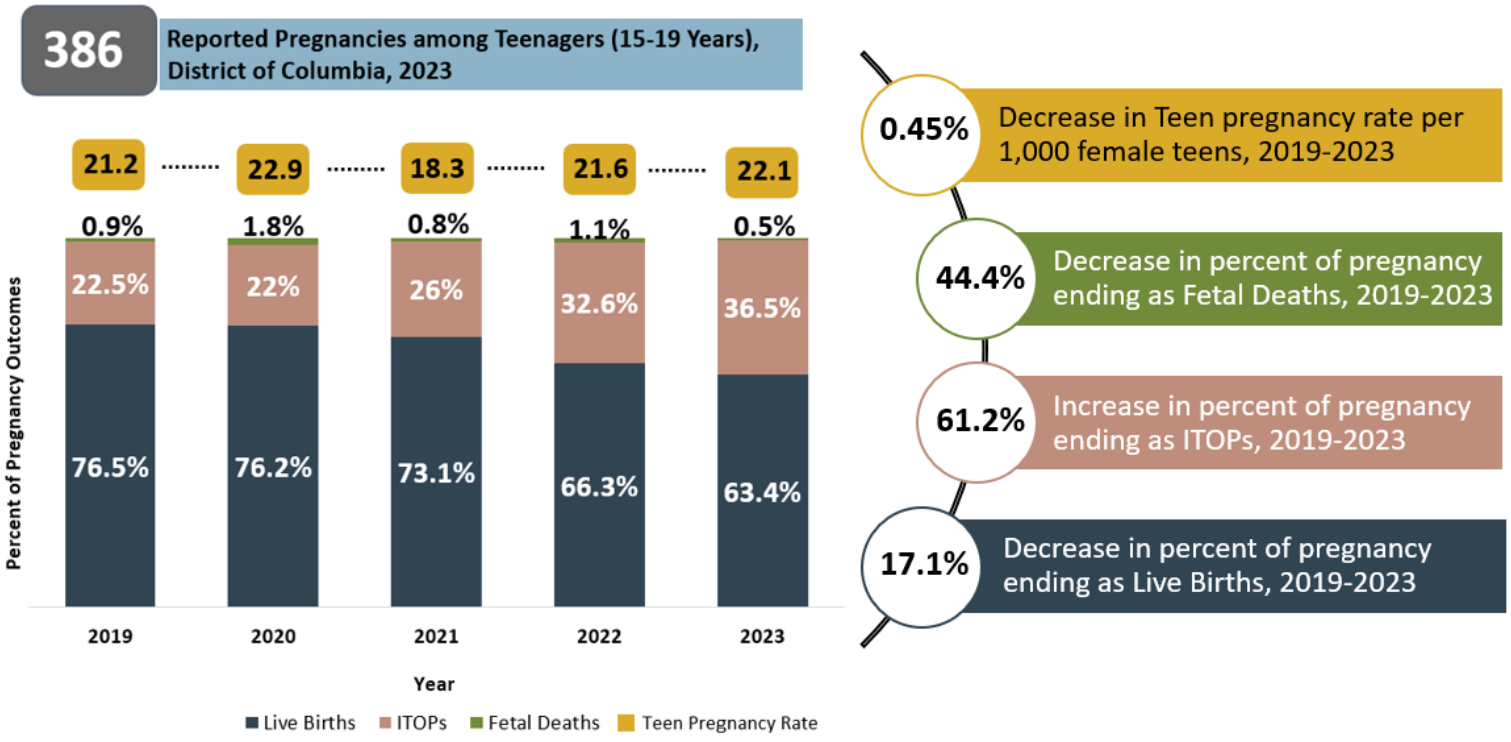
- Peak Reproductive Age (30-39): Highest number of pregnancies among women aged 30-39 (27,082 cases), reinforcing that this is the most common reproductive age range (Table 1). The high number of pregnancies in this age group aligns with the percentage of live births (91.9%) seen in Figure 2, indicating that most women choose to have children in their 30s.
- Pregnancy count increases steadily from aged < 15 (49 cases) to 30-39, then declines in the ≥ 40 group (3,254 cases). Advanced Maternal Age (≥ 40): Despite having a high percentage of live births, it has a lower total pregnancy count, suggesting that fewer women conceive at this age, but those who do often carry to term (Table 1).
- Young Adults (20-24 and 25-29): There are high pregnancy counts (6,810 and 10,476 cases, respectively), which show significant reproductive activity. Women in their 20s still have significant pregnancy numbers, but they are lower than those in their 30s (Table 1).

Crude Birth Rate (CBR) by Ward (2019-2023)

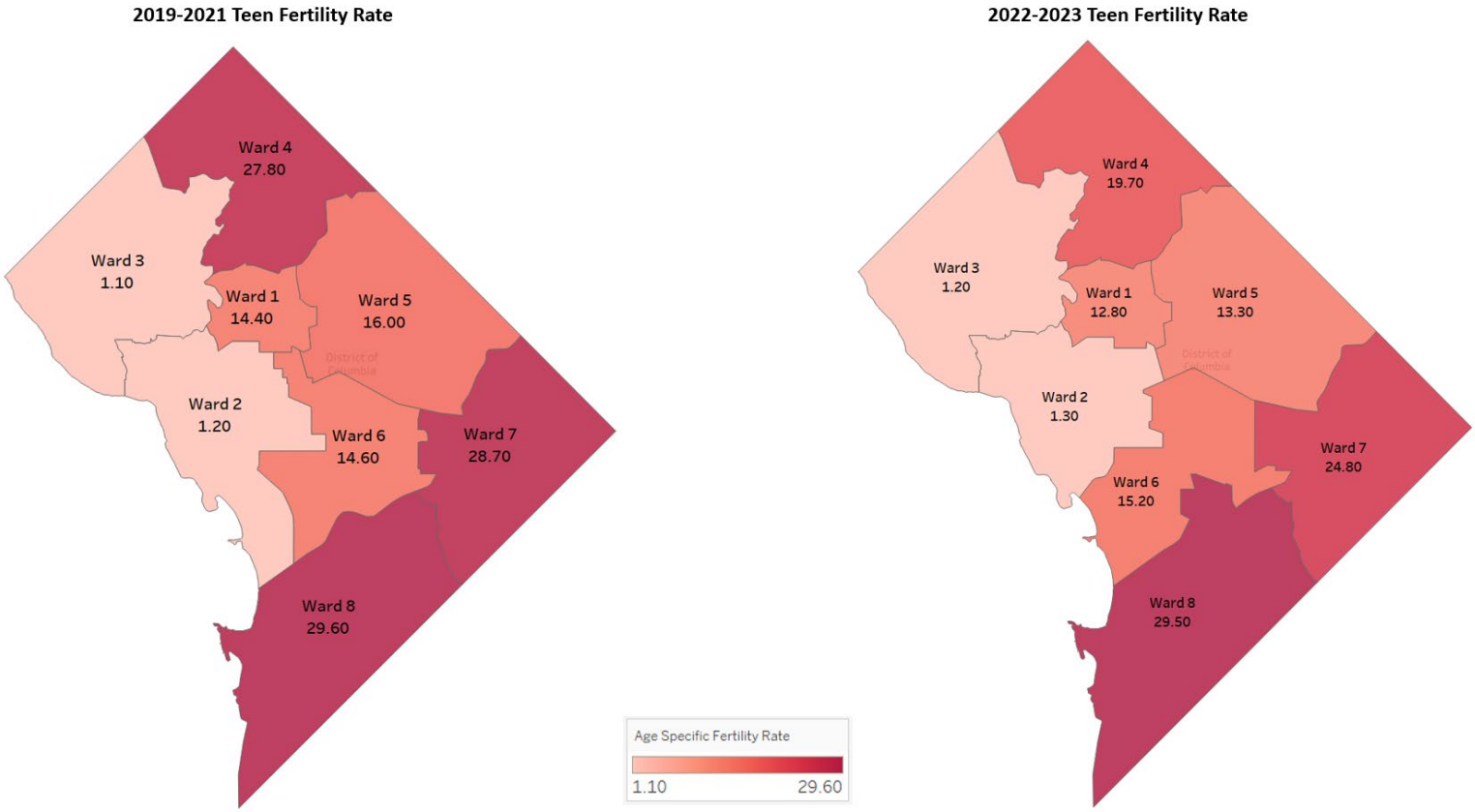
Maps shown in Figure 2 compare the crude birth rates (live births per 1,000 people) across all wards between two time periods due to ward redistricting in 2022: 2019-2021 and 2022-20233. Overall, most wards experienced a decline in CBRs between 2019-2021 and 2022-2023. Ward 8 maintained the highest CBR, but it declined from 16.9 (2019-2021) to 15 (2022-2023). Ward 4, Ward 7, and Ward 5 also remained among the highest, with Ward 4 slightly decreasing from 15.8 to 15, Ward 7 dropping from 15 to 13.1, and Ward 5 dropping from 14.3 to 13.9. Ward 1 and Ward 6 also saw a decrease in CBR, but those decreases were modest. Ward 2 and Ward 3 remained low between both time periods (from 7.6 to 6.7, and 8.4 to 7.9, respectively), indicating a consistently lower CBR.

2.2 *Pregnancy Outcomes Among Teenagers (15 – 19 Years)*

Figure 3. Pregnancy Rate and Distribution of Pregnancy Outcomes Among Teenagers by Year, District of Columbia, 2019 – 2023



Teen Fertility Rate per 1,000 Female Teens by Ward, District of Columbia, 2019-2023



Source: 2019-2023 DC Natality File, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health.
Note: * Different maps are shown due to ward redistricting in 2022.

Figure 3 represents pregnancy rate and percentage of pregnancy outcomes over time for teenagers (15-19 years) between 2019 and 2023.

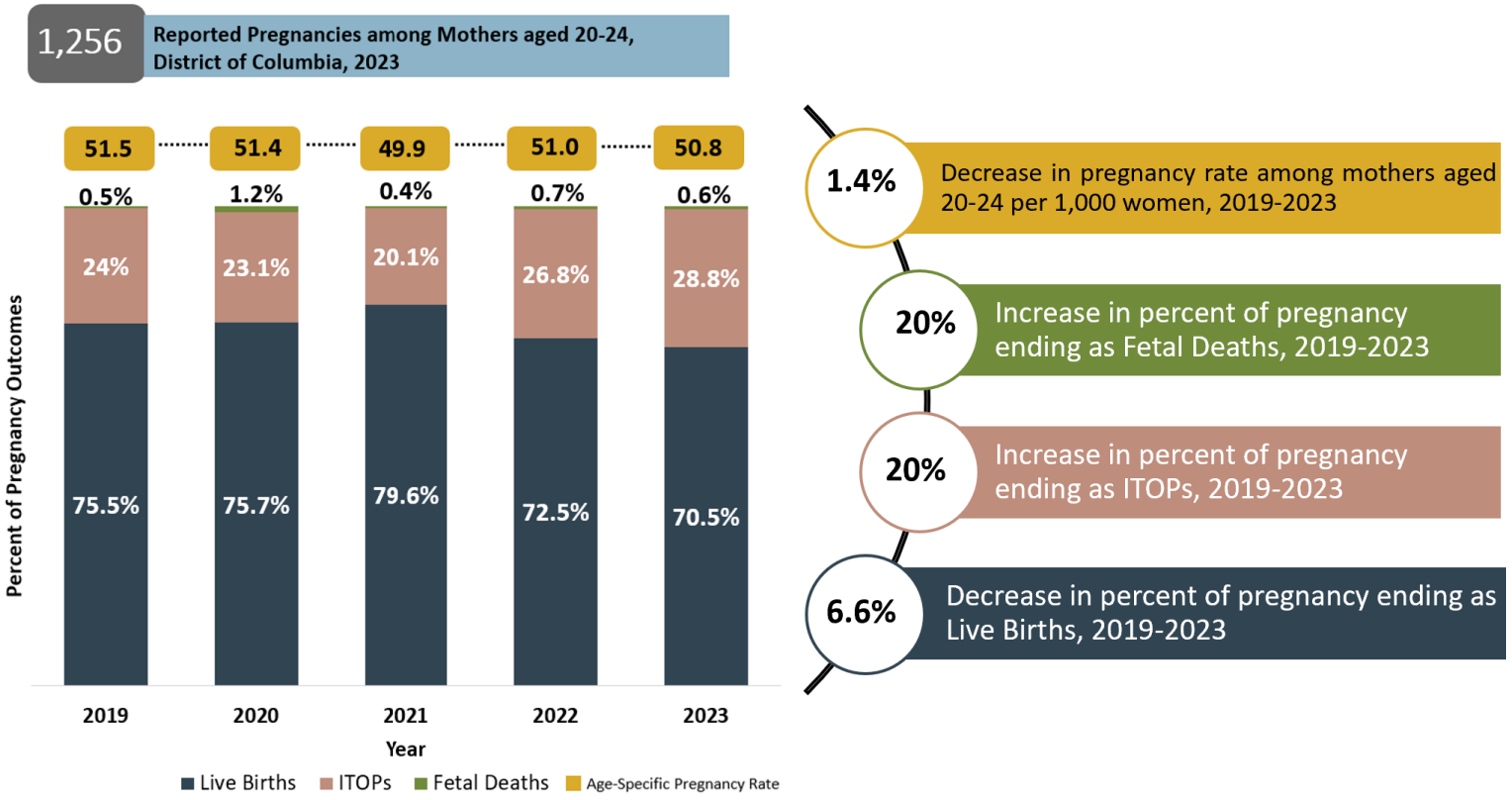
- Live Births: Declined from 76.5% (2019) to 63.4% (2023), showing a 17.1% decrease.
- ITOPs: Increased from 22.5% (2019) to 36.3% (2023), showing a 61.2% rise.
- Fetal Deaths: Dropped from 0.9% (2019) to 0.5% (2023), showing a 44.4% decrease; peaking at 1.5% in 2020.
- Pregnancy Rate: Slight decline from 22.2 (2019) to 22.1 (2023) per 1,000 female teens.
- Fertility Rate: Decreased from 16.2 (2019) to 14 (2023) per 1,000 female teens, showing a 13.6% decrease (Table 7).
- ITOP Rate: Increased by 66.7%, from 4.8 (2019) to 8 (2023) per 1,000 female teens.
- Fetal Death Rate: Decreased by 33.6%, from 12.2 (2019) to 8.1 (2023) per 1,000 live births.
- Younger Teen Fertility Rate (15-17): Slight decline from 10.8 (2019) to 10 (2023) per 1,000 female teens (Table 7).
- Older Teen Fertility Rate (18-19): Decreased by 26.3%, from 19 (2019) to 14 (2023) per 1,000 female teens (Table 7).

Teen Fertility Rate by Ward (2019-2023)

The maps in Figure 3 illustrate age-specific fertility rate among teenagers across all wards, comparing two periods: 2019-2021 and 2022-2023. Ward 8 consistently recorded the highest teen fertility rate: 29.6 (2019-2021) but slightly decreased to 29.5 (2022-2023) per 1,000 female teens. Ward 7 also showed a high teen fertility rate, but it declined from 28.7 to 24.8. Notable declines in teen fertility rate were seen in: Ward 4 (dropping from 27.8 to 19.7), Ward 5 (dropping from 16 to 13.3), and Ward 1 (dropping from 14.4 to 12.8). This suggests some progress in teen pregnancy prevention efforts. A slight increase in the teen fertility rate was observed in Ward 6 (increased modestly from 14.6 to 15.2). Ward 2 and Ward 3 continued to report the lowest teen fertility rates, both around 1.1-1.3 in each period. While there is a modest overall decline between the two time periods (2019-2021 and 2022-2023), the teen fertility rate in the District shows geographic disparities, particularly Wards 7 and 8. Addressing this issue requires continued equitable, ward-specific strategies that include improved access to reproductive healthcare, education, and supportive youth services.

2.3 Pregnancy Outcomes Among Women (aged 20 – 24 Years)

Figure 4. Pregnancy Rate and Distribution of Pregnancy Outcomes Among Mothers (aged 20 – 24), District of Columbia, 2019-2023

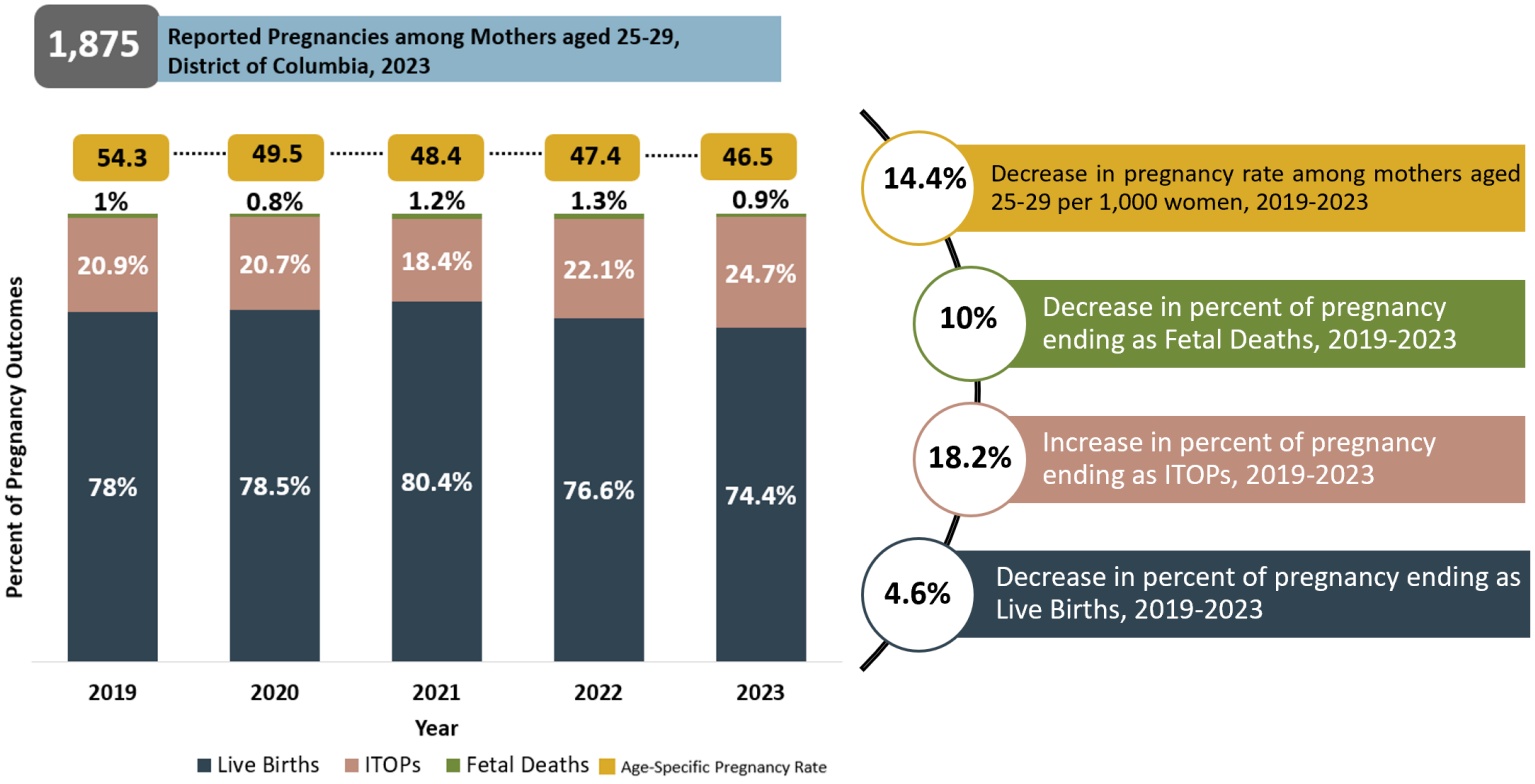


*Age-Specific Pregnancy Rate: Number of pregnancies to women within a specific age group per 1,000 women divide by female population in that same specific age group

- 20% increase in percentage of pregnancy ending as ITOPs between 2019 and 2023. ITOPs rose from 24% in 2019 to 28.8% in 2023.
- 20% increase in percentage of pregnancy ending as fetal deaths between 2019 and 2023. Fetal deaths peaked at 1.2% in 2020, then decreased to 0.4% in 2021, before slightly rising to 0.6% in 2023.

2.4 *Pregnancy Outcomes Among Women (aged 25 – 29 Years)*

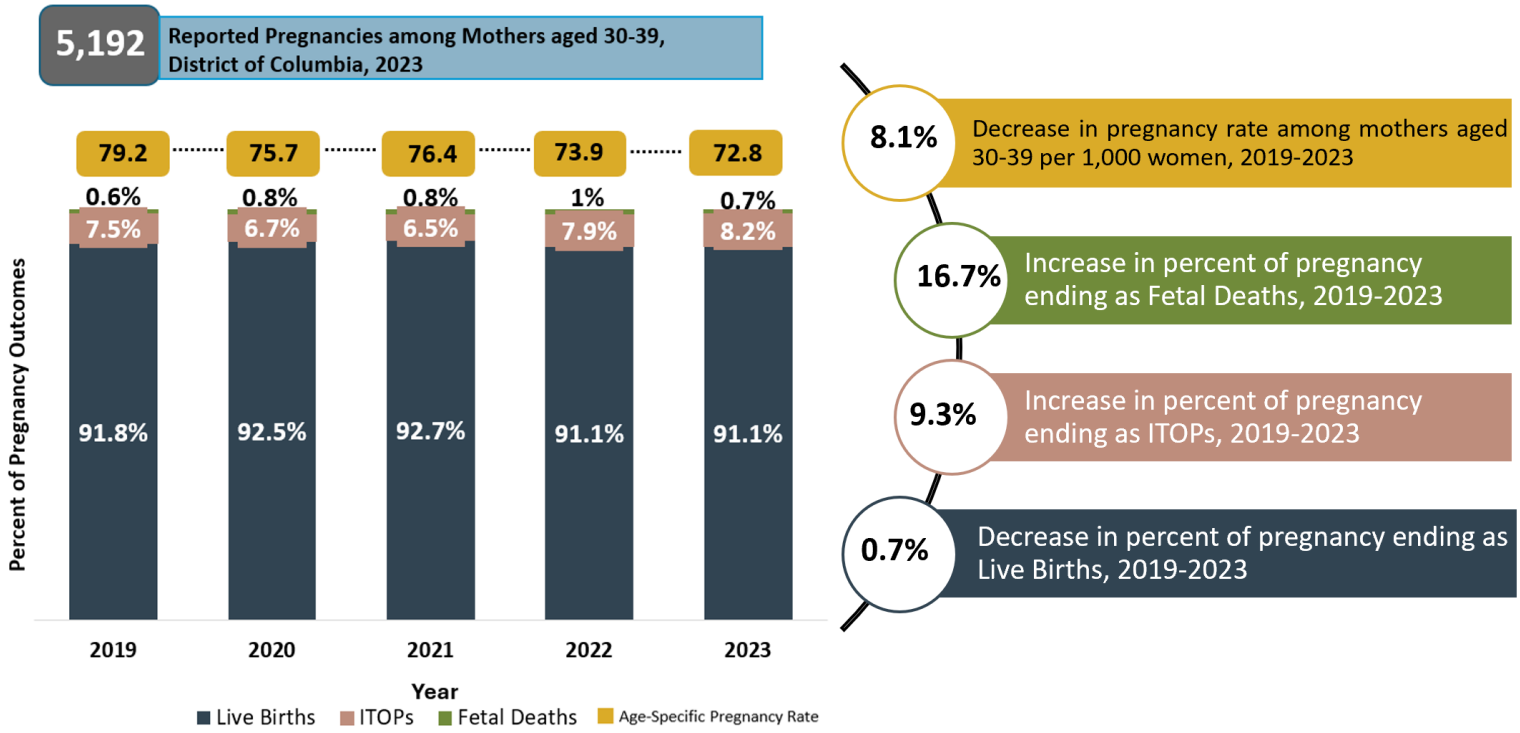
Figure 5. Pregnancy Rate and Distribution of Pregnancy Outcomes Among Mothers (aged 25 – 29), District of Columbia, 2019-2023



- 18.2% increase in percentage of pregnancy ending as ITOPs between 2019 and 2023. ITOPs increased from 20.9% in 2019 to 24.7% in 2023.
- 10% decrease in percentage of pregnancy ending as fetal deaths between 2019 and 2023. Fetal deaths showed some variation, down from 1% in 2019 to 0.9% in 2023, peaking at 1.3% in 2022.

2.5 Pregnancy Outcomes Among Women (aged 30 – 39 Years)

Figure 6. Pregnancy Rate and Distribution of Pregnancy Outcomes Among Mothers (aged 30 – 39), District of Columbia, 2019-2023



- 16.7% increase in percent of pregnancy ending as fetal deaths between 2019 and 2023. Fetal deaths rose from 0.6% in 2019 to 0.7% in 2023, peaking at 1% in 2022.
- ITOPs remained relatively low but still increased from 7.5% in 2019 to 8.2% in 2023, marking a 9.3% increase. Mothers in their 30s and older mothers (≥ 40 years) continue to have the lowest percentage of ITOPs.

2.6 *Pregnancy Outcomes Among Mothers aged 40 and above*

Figure 7. Pregnancy Rate and Distribution of Pregnancy Outcomes Among Mothers aged 40 and above by Year, District of Columbia, 2019 – 2023

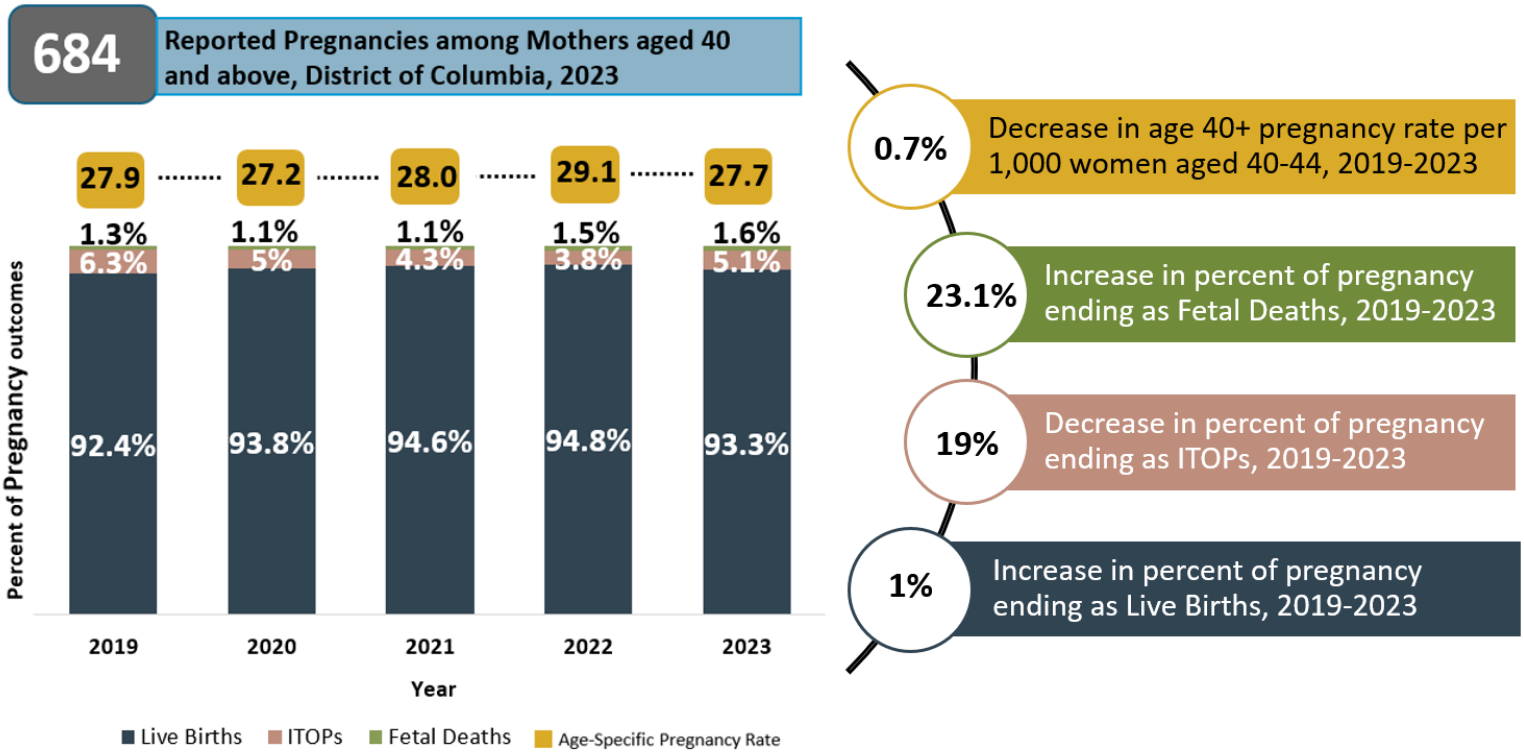


Figure 7 presents pregnancy rate and percentage of pregnancy outcomes over time for older mothers (≥ 40 years) between 2019 and 2023.

- Live Births: Remained consistently high, 92.4% (2019) to 93.3% (2023), peaking at 94.8% (2022). Overall, 1% increase-- indicating improved maternal health, planning, and fertility care.
- ITOPs: Decreased from 6.3% (2019) to 5.1% (2023), reaching a low of 3.8% in 2022. Overall, this represents a 19% decline, reflecting more intentional and desired pregnancies in this age group.
- Fetal Deaths: Increased from 1.3% (2019) to 1.6% (2023). Overall, this represents a 23.1% rise in fetal deaths, suggesting higher risks tied to advanced maternal age and possible complications from ART (e.g., multiple pregnancies, underlying health conditions).

2.7 Distribution of Live Births by Ward

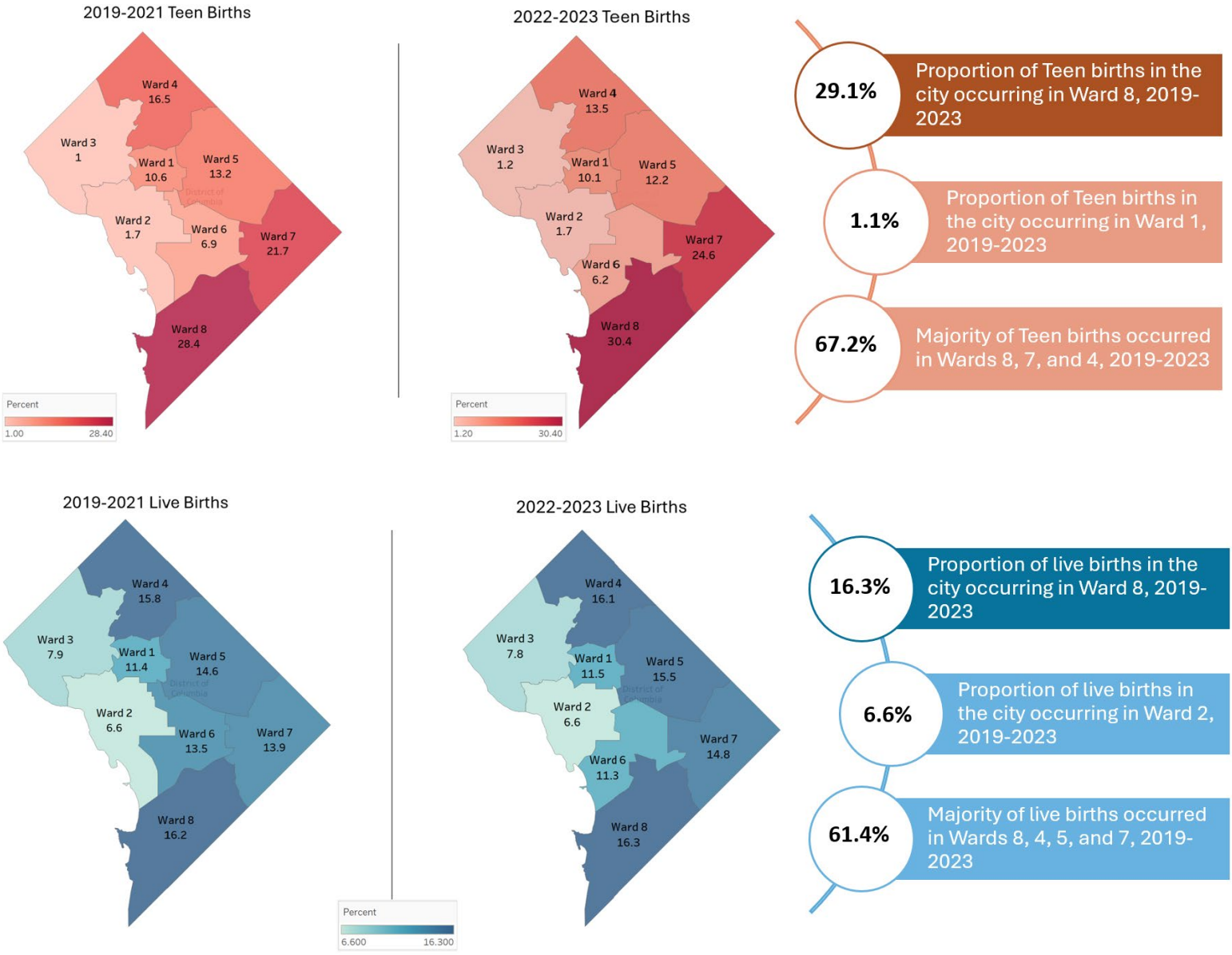


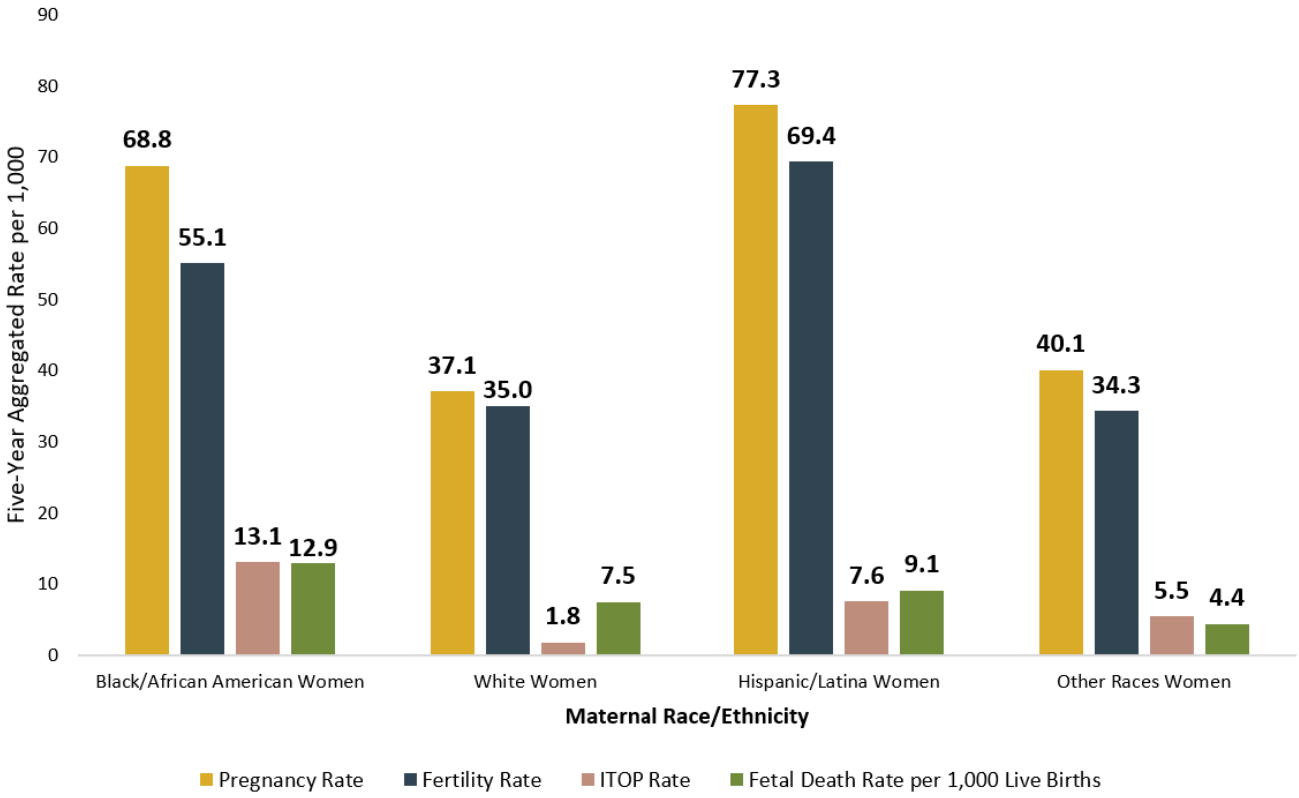
Table 3 presents counts and percentages of live births across all wards from 2019 to 2023. Ward 8 consistently had the highest percentage of live births, ranging from 16.6% in 2019 to 16.5% in 2023, with a lowest at 15.7% in 2021. Ward 4 also showed a high percentage of live births, up from 15.5% in 2019 to 16.6% in 2021 before slightly decreasing to 16.1% in 2023. The percentage of Live Births in Ward 6 decreased substantially by 24.8% from 14.9% in 2019 to 11.2% in 2023, followed by Ward 1 decreasing by 2.6%, Ward 3 decreasing by 2.5%, and Ward 8 decreasing by 0.6% over the five-year period. Ward 2 had the lowest percentage of live births but saw a substantial increase by 21.4% from 5.6% in 2019 to 6.8% in 2023, followed by Ward 5 increasing by 8.3%, Ward 7 increasing by 8.2%, and Ward 4 increasing by 4.5% over the five-year period.

3 Summary of Pregnancy Outcomes by Maternal Race/Ethnicity

3.1 Distribution of Pregnancy Outcomes by Maternal Race/Ethnicity, 2019-2023

There were differences in the race and ethnic distribution of women with reported pregnancies in the District. The number of pregnancies among Black/African American women decreased from 5,192 in 2019 to 4,417 in 2023 (Table 5) as did the proportion of pregnancies (49.1% in 2019 vs. 46.9% in 2023). The proportion of pregnancies among White women slightly decreased during the same period, from 30.9% in 2019 to 27.8% in 2023 (Table 5). Among Others racial category, the proportion of pregnancies was slightly increased from 5.2% in 2019 to 7.8% in 2023. The number of reported pregnancies for women of Hispanic/Latina origin also slightly increased from 14.3% in 2019 to 17.7% in 2023 (Table 5).

Figure 8. Five-Year Aggregated Pregnancy and Pregnancy Outcomes Rate per 1,000 Women Population (Aged 15-44) by Maternal Race/Ethnicity, District of Columbia, 2019-2023



*Other Races Women includes American Indian or Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, Two or more Races, and Other Races.

*An aggregate rate was calculated for the 5-year period from 2019 to 2023. Five years of pregnancies were divided by 5 years of female population data in each Race/Ethnic group.

Figure 8 displays aggregated five-year pregnancy rates (including live births, ITOPs, and fetal deaths) across different maternal racial/ethnic groups from 2019 to 2023 in the District.

Black/African American Women:

- High reproductive activity, but also the highest ITOPs and fetal death rates.
- Second highest pregnancy rate at 68.8 per 1,000 Black/African American women aged 15-44.
- Second highest fertility rate at 55.1 per 1,000 Black/African American women aged 15-44.
- Highest ITOP rate at 13.1 per 1,000 Black/African American women aged 15-44.
- Highest fetal death rate at 12.9 per 1,000 live births among Black/African American women aged 15-44.

White Women:

- Lower overall reproductive metrics and notably the lowest fetal death rate in the District over the five-year period.
- Lowest pregnancy rate at 37.1 per 1,000 White women aged 15-44.
- Fertility rate is 35 per 1,000 White women aged 15-44.
- Lowest ITOP rate at 7.5 per 1,000 White women aged 15-44.
- Lowest fetal death rate at 1.8 per 1,000 live births among White women aged 15-44.

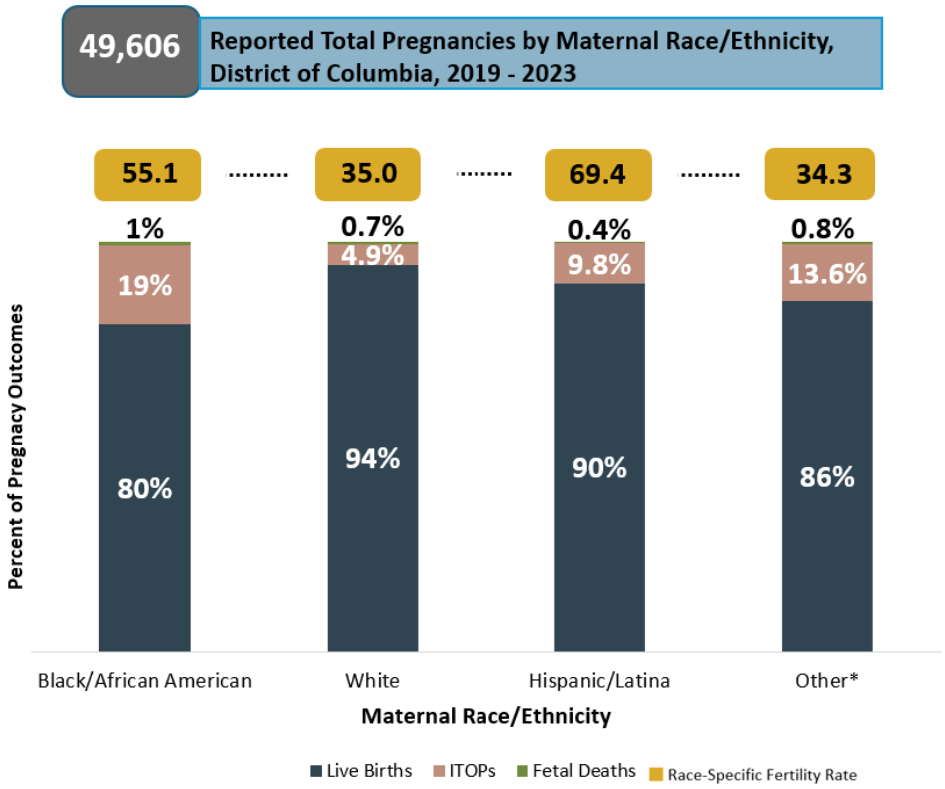
Hispanic/Latina Women:

- High pregnancy and fertility rates, and second highest in ITOP and fetal death rates.
- Highest pregnancy rate at 77.3 per 1,000 Hispanic/Latina women aged 15-44.
- Highest fertility rate at 69.4 per 1,000 Hispanic/Latina women aged 15-44.
- Second highest ITOP rate at 7.6 per 1,000 Hispanic/Latina women aged 15-44.
- Second highest fetal death rate at 9.1 per 1,000 live births among Hispanic/Latina women aged 15-44.

Other Races Women:

- Moderate pregnancy and fertility rates, second lowest ITOP rate, and relatively low fetal death rate.
- Pregnancy rate: 40.1 per 1,000 women of other races aged 15-44.
- Fertility rate: 34.3 per 1,000 women of other races aged 15-44.
- ITOP rate: 5.5 per 1,000 women of other races aged 15-44.
- Lowest fetal death rate at 4.4 per 1,000 live births among women of other races aged 15-44.

Figure 9. Five-Year Aggregated Race-Specific Fertility Rate and Distribution of Pregnancy Outcomes by Maternal Race/Ethnicity, District of Columbia, 2019-2023



Other* includes American Indian or Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, Two or more Races, and Other Races.
*An aggregate rate was calculated for the 5-year period from 2019 to 2023. Five years of pregnancies were divided by 5 years of female population data in each Race/Ethnic group.

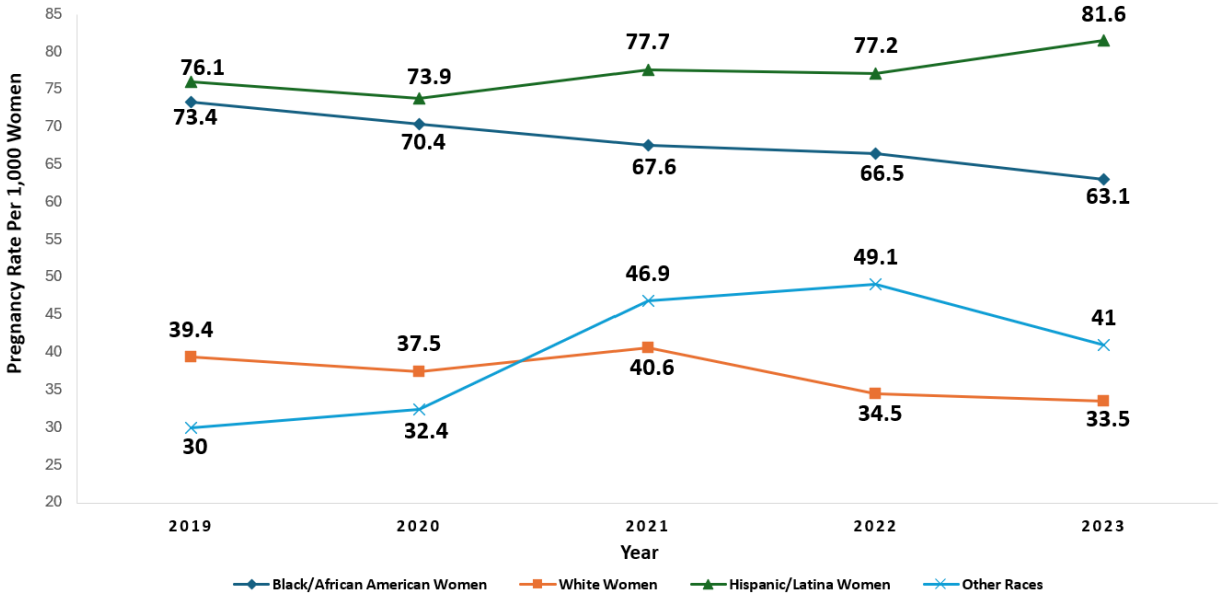
Figure 9 visualizes the cumulative pregnancy outcomes by maternal race/ethnicity over the five-year period from 2019 to 2023 in the District, presenting data on live births, ITOPs, and fetal deaths as a percentage of total pregnancies. White women have the highest percentage of pregnancies resulting in live births (94%), while Black/African American women have the lowest (80%). Black/African American women exhibit the highest percentage of ITOPs at 19% over the five-year period, significantly higher than White women (4.9%) and Hispanic/Latina women (9.8%). Black/African American women also have the highest percentage of fetal deaths at 1%, compared to 0.7% for White women and 0.4% for Hispanic/Latina women.

Figure 9 also displays aggregated five-year race-specific fertility rates across different maternal racial/ethnic groups from 2019 to 2023 in the District. The bar chart shows significant disparities:

- Hispanic/Latina women have the highest fertility rate at 69.4 per 1,000 Hispanic/Latina women aged 15-44.
- Black/African American women have the second highest fertility rate at 55.1 per 1,000 Black/African American women aged 15-44.
- White women have a lower fertility rate of 35 per 1,000 White women aged 15-44.

- Women of other races also have a lower fertility rate with 34.3 per 1,000 women of other races aged 15-44 between 2019 and 2023.

Figure 10. Distribution of Pregnancy Rate by Maternal Race/Ethnicity and Year, District of Columbia, 2019-2023



Other Races* includes American Indian or Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, Two or more Races, and Other Races.

Pregnancy Distribution by Race/Ethnicity (Figure 10, Table 5):

Black/African American Women: Pregnancy rate decreased by 14% from 73.4 per 1,000 Black/African American women in 2019 to 63.1 in 2023. This is because live births among Black/African American decreased from 4,225 (46.6%) in 2019 to 3,408 (43.2%) in 2023, slightly increasing from 42.3% in 2021. The proportion of ITOP increased from 64.2% in 2019 to 67.7% in 2023. The proportion of fetal deaths significantly decreased by 23.4%, from 67.1% in 2019 to 51.4% in 2023.

White Women: Pregnancy rate decreased by 15% from 39.4 per 1,000 White women in 2019 to 33.5 in 2023. This is because live births among White women declined from 3,022 (33.3%) in 2019 to 2,483 (31.4%) in 2023, with a minor proportion increase from 31.2% in 2022. The proportion of ITOP decreased from 16.5% in 2019 to 8.1% in 2023. The proportion of fetal deaths substantially increased from 15.2% in 2019 to 27% in 2023.

Hispanic/Latina Women: Pregnancy rate increased by 7.2% from 76.1 per 1,000 Hispanic/Latina women in 2019 to 81.6 in 2023. Live births rose from 1,352 (14.9%) in 2019 to 1,411 (17.8%) in 2023. The proportion of ITOP increased from 10.8% in 2019 to 16.9% in 2023, up from 8.5% in 2021. The proportion of fetal deaths increased by 21.3% from 8.9% in 2019 to 10.8% in 2023.

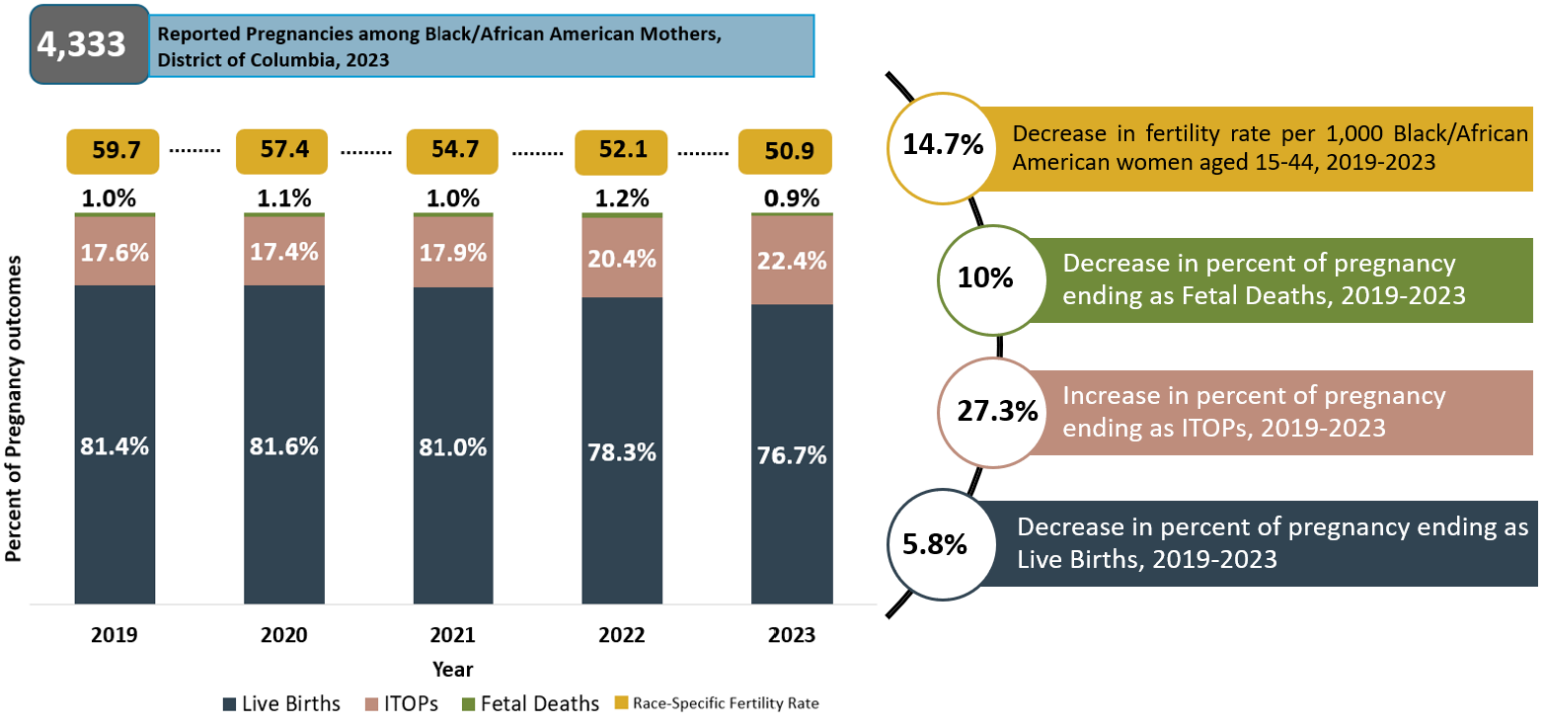
Other Races: Pregnancy rate increased by 36.7% from 30 per 1,000 women of other races in 2019 to 41 in 2023. This is because live births among other races increased from 457 (5%) in 2019 to 656 (8.3%)

in 2023, though lower than 709 (8.8%) in 2022. The proportion of ITOP decreased from 6.2% in 2019 to 5.1% in 2023, down from 9.2% in 2022. The proportion of fetal deaths decreased from 8.9% in 2019 to 6.7% in 2023.

3.2 Pregnancy Outcomes Within Each Race/Ethnicity Category by Year

3.2.1 Black/African American Mothers

Figure 11. Distribution and Rates of Pregnancy Outcomes for Black/African American Mothers, District of Columbia, 2019-2023



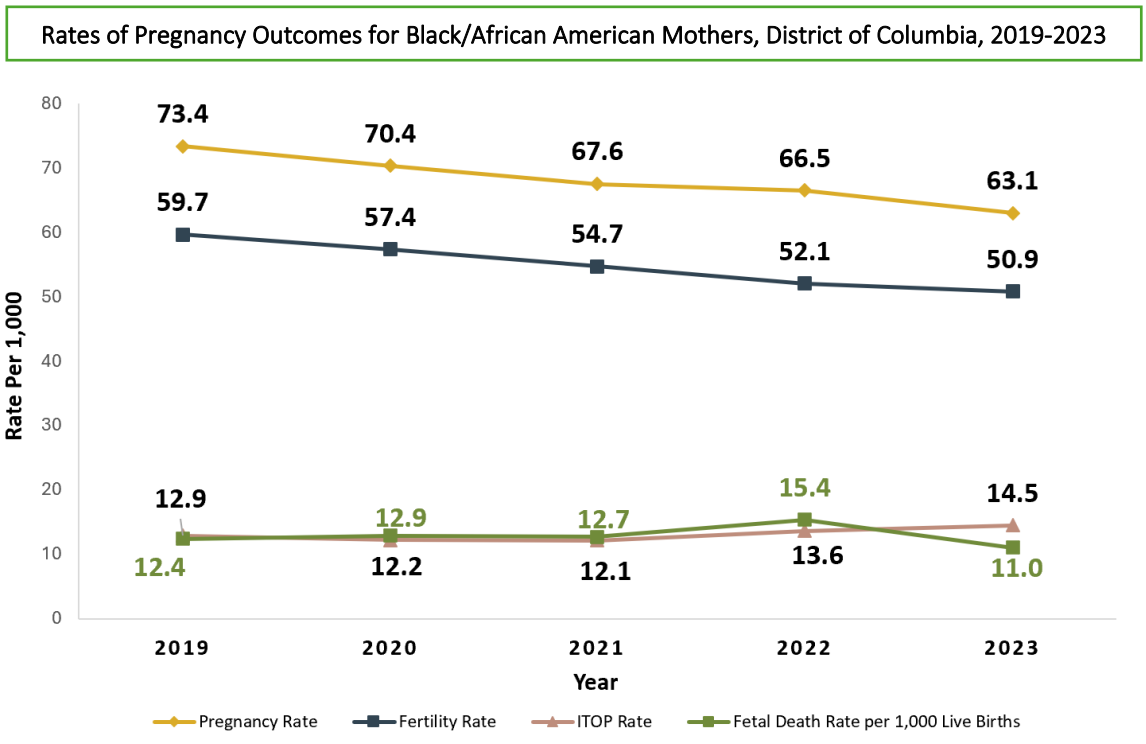


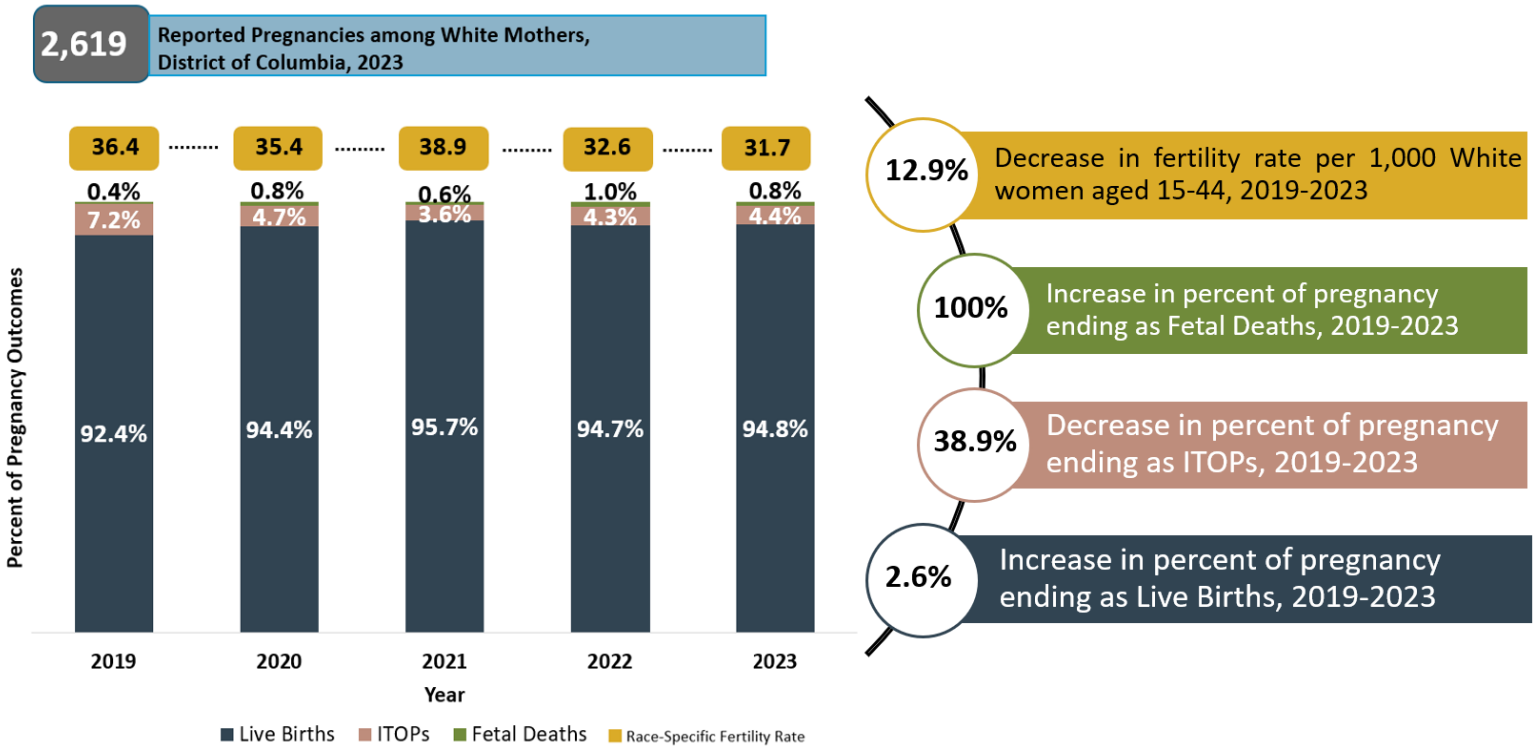
Figure 11 presents distribution and rates of pregnancy outcomes (2019-2023) for Black/African American mothers in the District.

Breakdown of Trends for Black/African American Mothers (2019-2023) based on Figure 11:

- Live Births: 5.8% decrease in the percentage of pregnancies resulting in live births. Decreased from 81.4% in 2019 to 76.7% in 2023.
- The fertility rate among Black/African American women showed a gradual downward trend, from 59.7 (2019) to 50.9 (2023), an almost 15% drop over the five-year period.
- ITOPs: A 27.3% increase in the percentage of pregnancies ending as ITOPs. This represents a significant Increase from 17.6% in 2019 to 22.4% in 2023. This upward trend is most notable between 2021 and 2023.
- The ITOP rate increased from 12.9 (2019) to 14.5 (2023) per 1,000 Black/African American women, representing an 11% increase.
- Fetal Deaths: A 10% decrease in the percentage of pregnancies ending as fetal deaths, representing a decrease from 1% in 2019 to 0.9% in 2023, peaking at 1.2% in 2022.
- Fetal death rate per 1,000 live births: An overall 11.3% decrease but fluctuated over the five-year period, starting at 12.4 (2019), peaking at 15.4 (2022), then decreasing to 11 (2023).
- Over the five-year period, the percentage of pregnancies resulting in live births and ending as fetal deaths has declined, while ITOPs have risen notably among Black/African American mothers in the District. Both pregnancy and fertility rates also show consistent declines.

3.2.2 White Mothers

Figure 12. Distribution and Rates of Pregnancy Outcomes for White Mothers, District of Columbia, 2019-2023



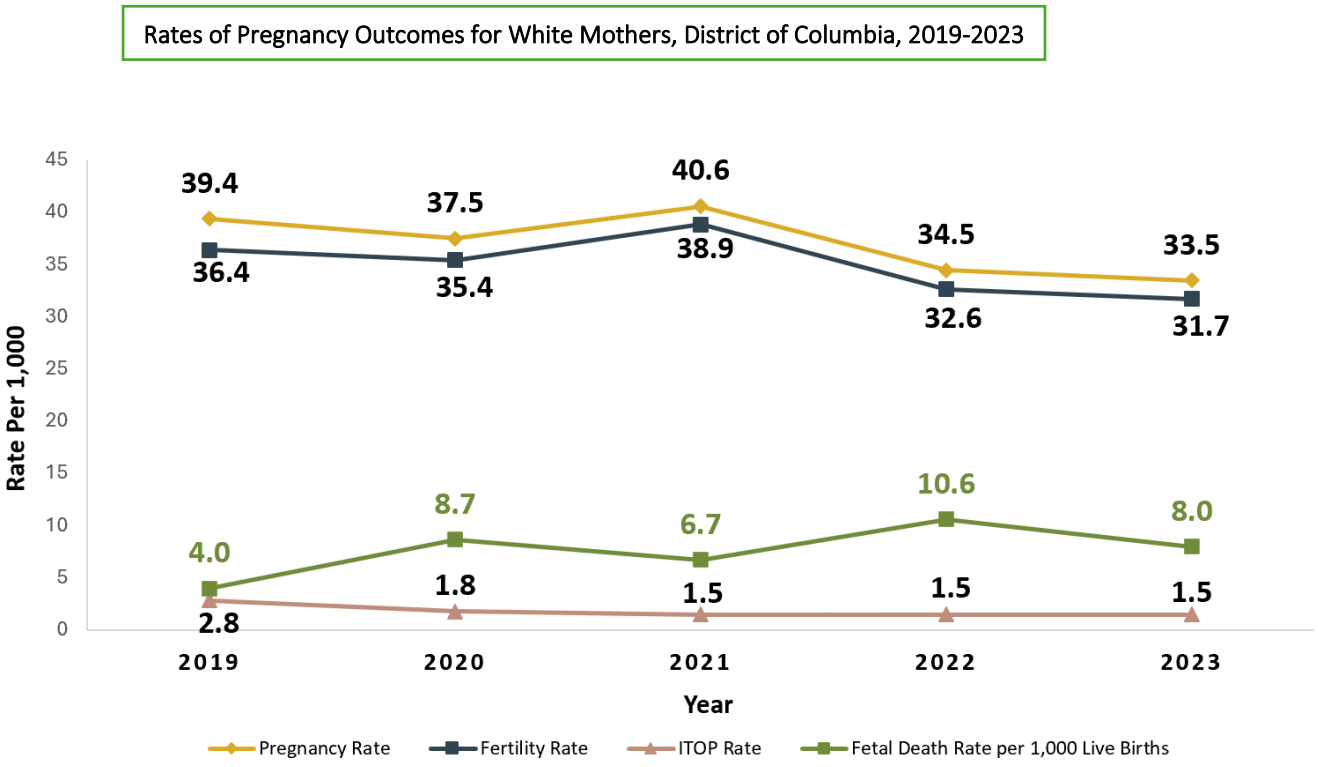


Figure 12 presents distribution and rates of pregnancy outcomes (2019-2023) for White mothers in the District. Compared to Black/African American mothers, White mothers consistently experienced a

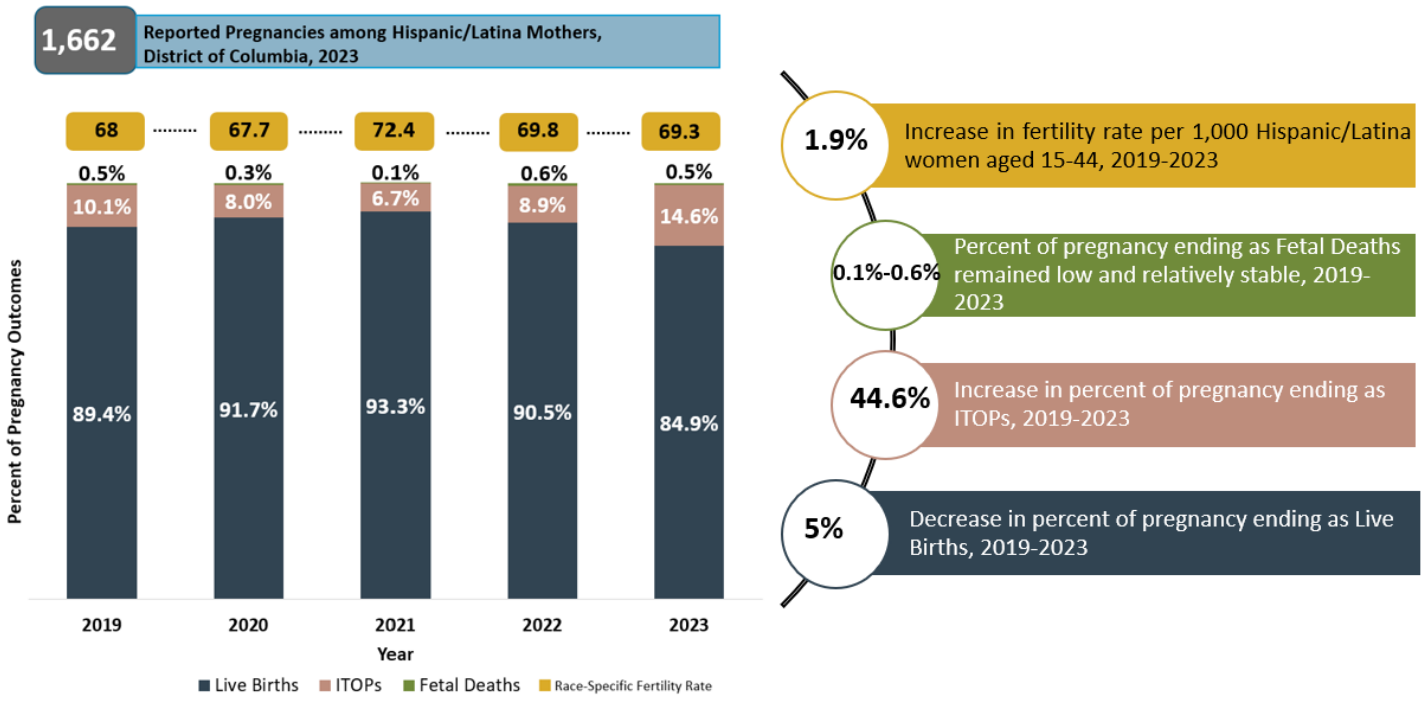
higher percentage of pregnancies resulting in live births and a lower percentage of pregnancies ending as ITOPs across all five years in the District.

Breakdown of Trends for White Mothers (2019-2023) based on Figure 12:

- Live Births: The percentage of pregnancies resulting in live births increased by 2.6%. The percentage remained consistently high, increasing slightly from 92.4% in 2019 to 94.8% in 2023 and peaking at 95.7% in 2021.
- Fertility rate among White women closely tracks pregnancy rate and shows a gradual downward trend, from 36.4 (2019) to 31.7 (2023), with a peak at 38.9 in 2021, an almost 13% drop over the five-year period.
- ITOPs: A 38.9% decrease in the percentage of pregnancies ending as ITOPs, which represents a gradual decrease in ITOPs from 7.2% in 2019 to 4.4% in 2023.
- The ITOP rate remains very low and stable relative to other race/ethnic groups, between 2.8 (2019) and 1.5 (2021-2023).
- Fetal Deaths: A 100% increase in the percentage of pregnancies ending as fetal deaths, which represents an increase from 0.4% in 2019 to 0.8% in 2023, with a peak in 2022 at 1%.
- Fetal death rates per 1,000 live births: Spiked from 4 (2019) to 10.6 (2022), then down to 8 (2023), indicating an overall 100% increase.
- Overall, White mothers show consistently lower pregnancy and fertility rates compared to all racial/ethnic groups shown.
- ITOP rates are also the lowest compared to all racial/ethnic groups shown, indicating fewer induced terminations.
- The fetal death trend is volatile, especially considering the jump in 2022, which may signal healthcare system strain (e.g., COVID-19 pandemic).

3.2.3 Hispanic/Latina Mothers

Figure 13. Distribution and Rates of Pregnancy Outcomes for Hispanic/Latina Mothers, District of Columbia, 2019-2023



Rates of Pregnancy Outcomes for Hispanic/Latina Mothers, District of Columbia, 2019-2023

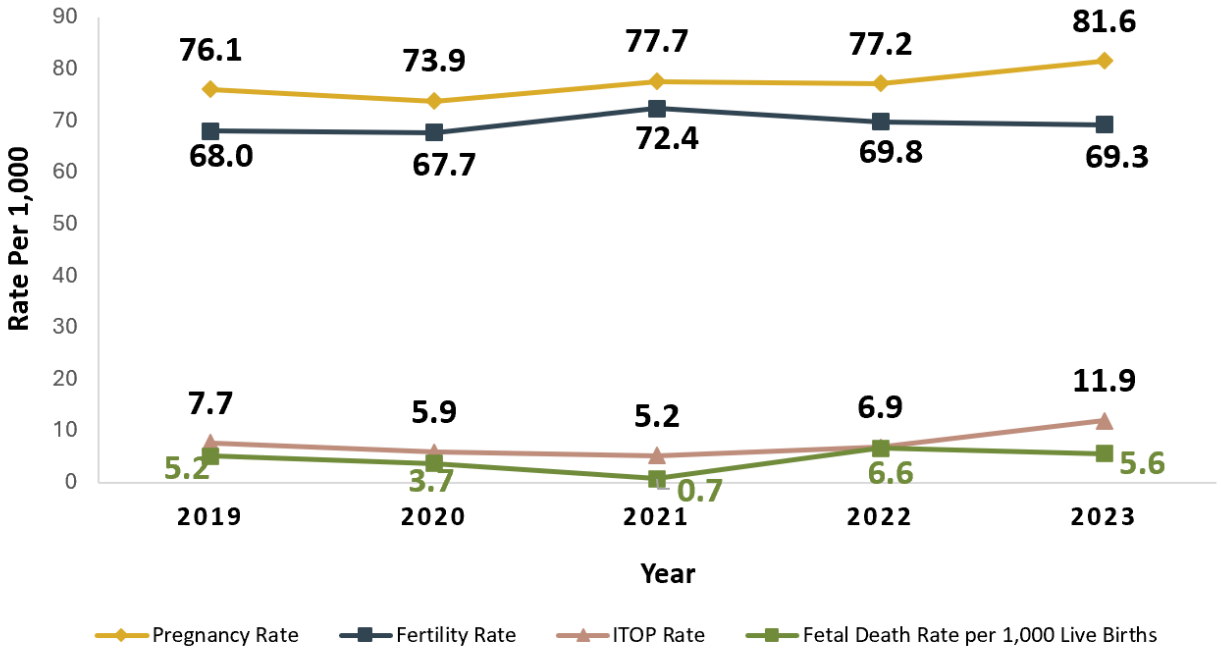


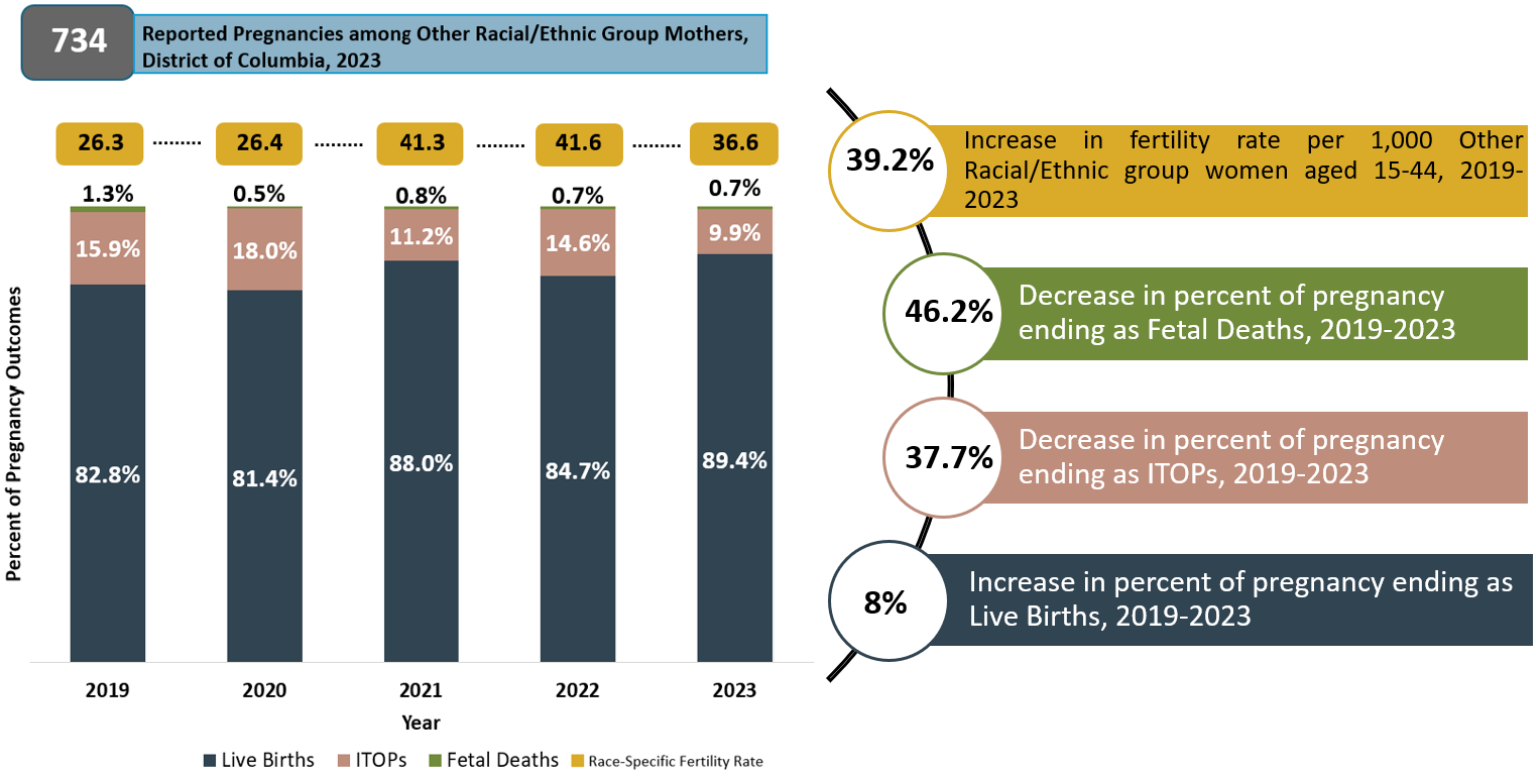
Figure 13 presents distribution and rates of pregnancy outcomes (2019-2023) for Hispanic/Latina mothers in the District.

Breakdown of Trends for Hispanic/Latina Mothers (2019-2023) based on Figure 13:

- Live Births: A 5% decrease in the percentage of pregnancies resulting in live births, from 89.4% in 2019 to 84.9% in 2023.
- The fertility rate among Hispanic/Latina women shows an upward trend, from 68 (2019) to 69.3 (2023), with a peak at 72.4 in 2021, representing a 1.9% increase over the five-year period.
- ITOPs: A 44.6% increase in the percentage of pregnancies ending as ITOPs, which represents a significant increase from 10.1% in 2019 to 14.6% in 2023.
- The ITOP rate increased from 7.7 (2019) to 11.9 (2023) per 1,000 Hispanic/Latina women, a 54.5% increase.
- Fetal Deaths: The percentage of pregnancies ending as fetal deaths remained low and relatively stable, ranging from 0.1% to 0.6%.
- Fetal death rates per 1,000 live births: Spiked from 5.2 (2019) to 6.6 (2022), then down to 5.6 (2023), indicating an overall 7.7% increase.
- Overall, Hispanic/Latina mothers show consistently higher pregnancy and fertility rates compared to all racial/ethnic groups shown.
- The ITOP rate also increased among Hispanic/Latina women over the five-year period.

3.2.4 Other Racial/Ethnic Mothers

Figure 14. Distribution and Rates of Pregnancy Outcomes for Other Racial/Ethnic Mothers, District of Columbia, 2019-2023



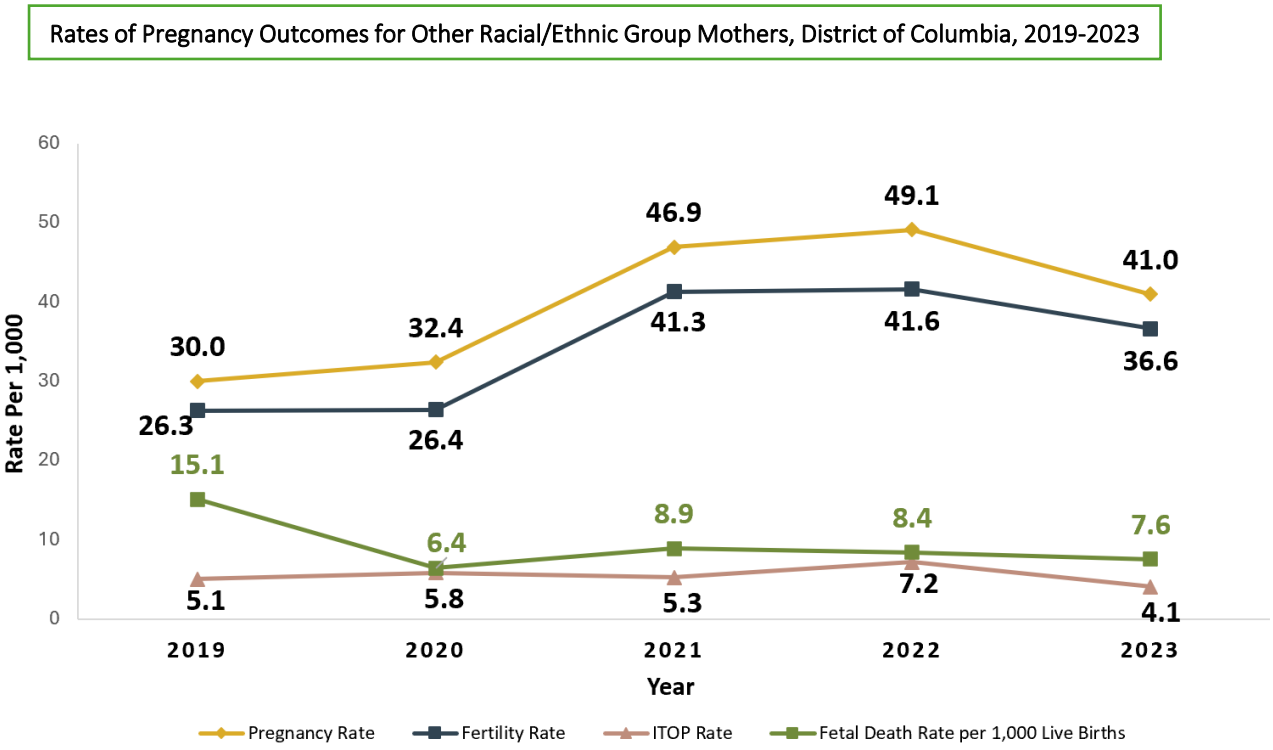


Figure 14 presents distribution and rates of pregnancy outcomes (2019-2023) for Other racial/ethnic mothers in the District.

Breakdown of Trends for Other Racial/Ethnic Mothers (2019-2023) based on Figure 14:

- Live Births: An 8% increase in the percentage of pregnancies resulting in live births, from 82.8% in 2019 to 89.4% in 2023.
- The fertility rate among other racial/ethnic women significantly increased from 26.3 (2019) to 36.6 (2023), with a peak at 41.6 in 2022, an overall 38.7% increase over the five-year period.
- ITOPs: A 37.7% decrease in the percentage of pregnancies ending as ITOPs, from 15.9% in 2019 to 9.9% in 2023.
- The ITOP rate decreased from 5.1 (2019) to 4.1 (2023) per 1,000 other racial/ethnic women, indicating a 19.6% drop.
- Fetal Deaths: 46.2% decrease in the percentage of pregnancies ending as fetal deaths, from 1.3% in 2019 to 0.7% in 2023.
- Fetal death rate per 1,000 live births: An overall 50% decrease over the five-year period, from 15.1 (2019) to 7.6 (2023).
- Over the five-year period, the percent of pregnancy resulting in live births has increased, while ITOPs and fetal deaths have declined among Other racial/ethnic mothers in the District.

Note: The racial-ethnic "Other" categories represent American Indian or Alaska Natives, Asian, Native Hawaiian & Other Pacific Islander, and others (including two or more races).

APPENDICES

Table 1. Number of Reported Pregnancy and Pregnancy Rates by Outcome of Pregnancy and Age of Women: District of Columbia 2019-2023

	Reported Pregnancies					Live Births/[2]					ITOPs/[3]					Fetal Deaths/				
Age of Women																				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Total	10,572	10,253	9,868	9,507	9,406	9,070	8,869	8,658	8,077	7,898	1,423	1,292	1,125	1,327	1,434	79	92	85	103	74
Under 15 years	9	7	9	13	11	6	<5	<5	6	6	<5	<5	5	7	5	0	0	0	0	0
15-19 years	422	395	357	362	386	323	301	261	240	243	95	87	93	118	141	<5	7	<5	<5	<5
20-24 years	1,478	1,463	1346	1,267	1,256	1,116	1108	1,071	919	886	354	338	270	339	362	8	17	5	9	8
25-29 years	2,427	2,219	2031	1,924	1,875	1,894	1741	1,633	1,474	1,395	508	459	374	425	464	25	19	24	25	16
30-39 years	5,617	5,552	5473	5,248	5,192	5,159	5136	5,073	4,781	4,728	424	374	355	412	427	34	42	45	55	37
40 years and older	617	615	651	687	684	570	577	616	651	638	39	31	28	26	35	8	7	7	10	11
Not Reported	<5	<5	<5	6	<5	<5	<5	0	6	<5	0	0	0	0	0	0	0	<5	0	0
	Rates per 1,000 women															Rates per 1,000 Live Births				
Total / [4]	56.7	54.2	53.8	53.8	52.7	48.7	46.9	47.2	45.7	44.2	7.6	6.8	6.1	7.5	8.0	8.6	10.3	9.7	12.6	9.3
Under 15 years / [5]	0.6	0.5	0.6	0.9	0.7	0.4	0.3	0.3	0.4	0.4	0.2	0.2	0.3	0.5	0.3	0.0	0.0	0.0	0.0	0.0
15-19 years	21.2	22.9	18.3	21.6	22.1	16.2	18.2	13.4	14.3	14.0	4.8	4.4	4.8	7.0	8.0	12.2	19.0	11.4	16.4	8.1
20-24 years	51.5	51.4	49.9	51.0	50.8	38.9	38.9	39.7	37.0	35.9	12.3	11.9	10.0	13.7	14.7	7.1	15.1	4.6	9.7	8.9
25-29 years	54.3	49.5	48.4	47.4	46.5	42.4	38.9	38.9	36.3	34.6	11.4	10.2	8.9	10.5	11.5	13.0	10.8	14.5	16.7	11.3
30-39 years	79.2	75.7	76.4	73.9	72.8	72.7	70.0	70.8	67.3	66.3	6.0	5.1	5.0	5.8	6.0	6.5	8.1	8.8	11.4	7.8
40 years and older/[6]	27.9	27.2	28.0	29.1	27.7	25.7	25.5	26.5	27.6	25.9	1.8	1.4	1.2	1.1	1.4	13.8	12.0	11.2	15.1	17.0

1/ Rates were calculated using Bureau of Census Estimated of July 2010 for estimating July 2019- July 2023 Population.
2/ ITOP reporting is voluntary in the District of Columbia. Only ITOPs performed in DC and reported to DC Health (including out-of-state ITOPs for DC residents) are included in this table.
3/ Include only fetal deaths of at least 20 weeks of gestation or weight at least 350 grams
4/ Computed by relating the number of events to women of all ages to population of women aged 15-44
5/ Computed by relating the number of events to women under 15 years to women aged 10-14
6/ Computed by relating the number of events to women aged 40 years and over to women aged 40-44 years
Source: 2019-2023 DC Natality and Fetal Death Files, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health.

Table 2. Percent of Reported Pregnancies Ending as a Live Birth, Induced Termination of Pregnancy, and Fetal Death by Age of Women: District of Columbia, 2019-2023

	Live Births					ITOPs/[1]					Fetal Deaths/[2]				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Total	85.8	86.5	87.7	85.0	84.0	13.5	12.6	11.4	14.0	15.2	0.7	0.9	0.9	1.1	0.8
Under 15 years	66.7	57.1	44.4	46.2	54.5	33.3	42.9	55.6	53.8	45.5	0.0	0.0	0.0	0.0	0.0
15-19 years	76.5	79.3	73.1	66.3	63.1	22.5	19.1	26.0	32.6	36.3	0.9	1.5	0.8	1.1	0.5
20-24 years	75.5	75.7	79.6	72.5	70.5	24.0	23.1	20.1	26.8	28.8	0.5	1.2	0.4	0.7	0.6
25-29 years	78.0	78.5	80.4	76.6	74.4	20.9	20.7	18.4	22.1	24.7	1.0	0.8	1.2	1.3	0.9
30-34 years	90.6	90.9	90.7	89.0	88.0	8.8	8.4	8.6	10.1	11.2	0.6	0.6	0.7	0.8	0.8
35-39 years	93.5	94.5	95.2	93.6	94.8	5.8	4.7	3.9	5.0	4.6	0.7	0.8	0.9	1.3	0.6
40 years and older	92.4	93.8	94.6	94.8	93.3	6.3	5.1	4.3	3.8	5.1	1.3	1.1	1.1	1.5	1.6

1 / ITOP reporting is voluntary in the District of Columbia. Only ITOPs performed in DC and reported to DC Health (including out-of-state ITOPs to DC residents) are included in this table.
2 / Includes only fetal deaths of at least 20 weeks gestation or at least 500 grams.

Source: 2019-2023 DC Natality and Fetal Death Files, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health.

Table 3. Distribution of Live Births by Ward, District of Columbia, 2019 -2023

	2019		2020		2021		2022		2023	
	N	%	N	%	N	%	N	%	N	%
Ward 1	1,055	11.6	1,022	11.5	953	11	949	11.7	892	11.3
Ward 2	509	5.6	507	5.7	746	8.6	512	6.3	535	6.8
Ward 3	723	8.0	706	8	659	7.6	631	7.8	618	7.8
Ward 4	1,407	15.5	1,359	15.3	1,433	16.6	1,298	16.1	1,281	16.2
Ward 5	1,305	14.4	1,282	14.5	1,293	14.9	1,239	15.3	1,235	15.6
Ward 6	1,349	14.9	1,298	14.6	955	11	912	11.3	887	11.2
Ward 7	1,213	13.4	1,235	13.9	1,254	14.5	1,220	15.1	1,146	14.5
Ward 8	1,508	16.6	1,451	16.4	1,362	15.7	1,306	16.2	1,300	16.5
Total	9,070		8,869		8,658		8,077		7,898	

*Total count of births across wards by year might not match with the grand total count due to missing values. The total missing values are < 5%.
Source: 2019-2023 DC Natality File, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health.

Table 4. Total population, District of Columbia, 2019-2023

Total population by Ward, 2019-2023

	2019	2020	2021	2019-2021	2022	2023	2022-2023
Ward 1	83811	85289	82404	251504	79448	79373	158821
Ward 2	77855	77923	76492	232270	77904	78878	156782
Ward 3	82737	84651	82450	249838	79851	78404	158255
Ward 4	89992	90300	86085	266377	86071	85587	171658
Ward 5	90172	92094	88948	271214	89628	88426	178054
Ward 6	99786	101882	102233	303901	80772	84004	164776
Ward 7	81946	84271	81270	247487	89870	90898	180768
Ward 8	86384	85564	83272	255220	87043	86509	173552
Total	692683	701974	683154		670587	672079	

Source: U.S. Census Bureau, Population Division, State Characteristics Population Estimates for Census 2010, and 2019-2023. SC-EST2019-2023-ALLDATA6: Annual Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) for the District of Columbia.

Table 5. Number of Reported Pregnancies, Live Births, ITOPs, and Fetal Deaths by Race/Ethnicity of Women: District of Columbia, 2019-2023

	Reported Pregnancies					**Live Births**					**ITOPs**					**Fetal Deaths/[2]**				
	2019	**2020**	**2021**	**2022**	**2023**	**2019**	**2020**	**2021**	**2022**	**2023**	**2019**	**2020**	**2021**	**2022**	**2023**	**2019**	**2020**	**2021**	**2022**	**2023**
Total	10,572	10,253	9,868	9,507	9,406	9,070	8,869	8,658	8,077	7,898	1,423	1,292	1,125	1,327	1,434	79	92	85	103	74
Race/Ethnicity																				
Black/African American	5,192	4,983	4,516	4,416	4,333	4,225	4,065	3,659	3,459	3,324	914	865	810	903	971	53	53	47	54	38
(Percent)	49.1	48.6	45.8	46.5	46.1	46.6	45.8	42.3	42.8	42.1	64.2	66.9	72	68.1	67.7	67.1	57.6	55.3	52.4	51.4
White	3,269	3,151	3,095	2,660	2,619	3,022	2,976	2,963	2,519	2,483	235	149	112	114	116	12	26	20	27	20
(Percent)	30.9	30.7	31.4	27.9	27.8	33.3	33.6	34.2	31.2	31.4	16.5	11.5	9.9	8.6	8.1	15.2	28.3	23.5	26.2	27.0
Others*	552	571	758	837	734	457	465	667	709	656	88	103	85	122	73	7	<5	6	6	5
(Percent)	5.2	5.7	7.7	8.8	7.8	5	5.2	7.7	8.8	8.3	6.2	7.9	7.6	9.19	5.1	8.9	3.3	7.1	5.8	6.8
Hispanic/Latina[3]	1,512	1,471	1,438	1,490	1,662	1,352	1,349	1341	1,348	1,411	153	117	96	133	243	7	5	<5	9	8
(Percent)	14.3	14.3	14.6	15.7	17.7	14.9	15.2	15.5	16.7	17.9	10.8	9.1	8.5	10.0	16.9	8.9	5.4	1.2	8.7	10.8
Not Reported+	47	77	61	104	58	14	14	28	42	24	33	58	22	55	31	0	5	11	7	<5
(Percent)	0.4	0.8	0.6	1.1	0.6	0.2	0.2	0.3	0.5	0.3	2.3	4.5	1.9	4.1	2.2	0.0	5.4	12.9	6.8	4.1

1 / ITOP reporting is voluntary in the District of Columbia. Only DC residents ITOPs performed in DC and reported to DC Health (including out-of-state ITOPs to DC residents) are included in this table

2 / Includes only fetal deaths of at least 20 weeks gestation or at least 350 grams.

3 / Persons of Hispanic origin may be of any race. Therefore, each race category contains persons of both Hispanic and non-Hispanic origin.

* The racial-ethnic "Other" categories represent American Indian or Alaska Natives, Asian, Native Hawaiian & Other Pacific Islander, and others (including two or more races).
+ Facility did not report data by race/ethnicity.
Source: 2019-2023 DC Natality and Fetal Death Files, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health.

Table 6. Female Population by Age, District of Columbia, 2019-2023

Maternal Age	2019	2020	2021	2022	2023
<15 (10-14)	14948	15457	15149	15273	15070
15-19	19892	19850	19458	16796	17526
20-24	28677	28473	26991	24819	24701
25-29	44689	44789	41930	40563	40335
30-39	70923	73361	71655	71009	71347
40+ (40-44)	22154	22563	23252	23598	24617
15-44	186335	189036	183286	176785	178526

Source: U.S. Census Bureau, Population Division, State Characteristics Population Estimates for Census 2010, and 2019-2023. SC-EST2019-2023-ALLDATA6: Annual Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin for the District of Columbia.

Table 7. Number of Reported Pregnancies Outcome and Age-Specific Rates for Teenagers Aged 15-19 Years by Age: District of Columbia, 2019-2023

Age of Teenagers	Live Births / [2]					ITOPs / [3]					Fetal Deaths / [4]				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Total (15-19 years)	323	361	261	240	243	95	87	93	118	141	<5	<5	<5	<5	<5
15 years	14	11	8	12	15	8	<5	<5	6	7	0	<5	<5	0	0
16 years	33	29	19	22	35	15	12	13	17	20	0	0	0	0	0
17 years	44	47	36	29	40	18	17	17	21	21	<5	<5	0	0	<5
(15-17 years)	91	87	63	63	87	41	32	33	44	48	<5	<5	<5	0	<5
18 years	97	76	67	70	53	15	23	21	23	31	<5	0	<5	<5	0
19 years	135	138	131	107	103	39	32	39	51	62	<5	5	<5	<5	<5
(18-19 years)	232	214	198	177	156	54	55	60	74	93	<5	5	<5	<5	<5
	Rates per 1,000 female teens										Rates per 1,000 live births				
Total (15-19 years) / [5]	16.2	18.2	13.4	14.3	14.0	4.8	4.4	4.8	7.0	8.0	12.2	19.0	11.4	16.4	8.1
15 years	5.1	4.1	2.9	4.2	4.9	2.9	1.1	1.1	2.1	2.3	0.0	83.3	111.1	0.0	0.0
16 years	12.0	11.2	7.4	8.2	12.2	5.4	4.6	5.0	6.3	6.9	0.0	0.0	0.0	0.0	0.0
17 years	15.0	18.3	13.7	10.8	14.3	6.2	6.6	6.5	7.8	7.5	22.2	20.8	0.0	0.0	24.4
(15-17 years)	10.8	11.2	7.9	7.7	10.0	4.9	4.1	4.2	5.3	5.5	10.9	22.5	15.6	0.0	11.4
18 years	18.4	15.5	14.2	14.6	10.9	2.9	4.7	4.5	4.8	6.4	20.2	0.0	14.7	27.8	0.0
19 years	19.4	21.1	21.1	17.2	16.4	5.6	4.9	6.3	8.2	9.9	7.4	34.9	7.6	18.3	9.6
(18-19 years)	19.0	18.7	18.1	16.1	14.0	4.4	4.8	5.5	6.7	8.4	12.8	22.8	10.0	22.1	6.4

1 / Rates were calculated using US Census Bureau of the Census population estimates, July 2019-July 2023

2 / Age-specific fertility rate per 1,000 women in each age/age group category.

3 /Age-specific rate per 1,000 women in each age/age group category. Only ITOPs reported to DC Health (including out-of-state ITOPs to DC residents) are included in this table.

4 / Age-specific rate per 1,000 women in each age/age group category. Includes only fetal deaths of at least 20 weeks gestation or at least 500 grams.

5 / Rate per 1,000 women aged 15-19 years.

Source: 2019-2023 DC Natality and Fetal Death Files, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health.

Table 8. Number of live births by age groups and Ward, District of Columbia 2022 and 2023

Mother's Age Groups (in years)	Ward 1		Ward 2		Ward 3		Ward 4		Ward 5		Ward 6		Ward 7		Ward 8		Total*	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
10-14	<5	0	<5	0	<5	0	0	<5	0	<5	0	0	<5	0	<5	<5	6	6
15-19	28	21	5	<5	<5	<5	35	30	26	33	14	16	56	63	74	73	240	243
20-24	92	87	32	31	24	18	123	137	139	134	54	45	208	188	247	246	919	886
25-29	145	147	66	60	62	53	201	197	214	204	93	118	308	267	383	348	1,474	1,395
30-34	322	284	200	190	194	205	391	381	387	398	358	337	359	333	373	376	2,585	2,504
35-39	270	271	145	192	259	260	430	418	368	357	321	300	215	226	186	199	2,196	2,224
40+	90	82	63	58	88	78	118	115	104	108	72	71	73	69	42	56	651	637
Total*	949	892	512	535	631	618	1,298	1,281	1,239	1,235	912	887	1,220	1,146	1,306	1,300	8,077	7,898

Note: *Total number of births might not match due to missing wards or age
Source: 2019-2023 DC Natality and Fetal Death Files, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health.

Table 9. Five-Year Aggregated Pregnancy (Including live births, ITOPs, and fetal deaths) Rate, District of Columbia, 2019-2023

Five-Year Aggregated Pregnancy Rate

Maternal Age	2019-2023	Pregnancy Count	Aggregated rate
<15 (10-14)	75897	49	0.6
15-19	93522	1922	20.6
20-24	133661	6810	50.9
25-29	212306	10476	49.3
30-39	358295	27082	75.6
40+ (40-44)	116184	3254	28.0
15-44	913968	49544	54.2

Source: 2019-2023 DC Natality and Fetal Death Files, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health.
Rates were calculated using US Census Bureau of the Census population estimates, 2019-2023.
Source: U.S. Census Bureau, Population Division, State Characteristics Population Estimates for Census 2010, and 2019-2023.
SC-EST2019-2023-ALLDATA6: Annual Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin for the District of Columbia.

Table 10. Census 2010 and 2019-2023 Female Population by age, District of Columbia

Age of Women (in years)	2010	2019	2020	2021	2022	2023
Total 15-19 Years	20,968	20,623	19,238	18,829	19,217	19,813
15	2,700	2,754	2,653	2,711	2,849	3,028
16	2,814	2,724	2,580	2,575	2,696	2,870
17	2,983	2,925	2,561	2,620	2,684	2,804
15-17	8,497	8,403	7,794	7,906	8,229	8,702
18	5,272	5,262	4,901	4,702	4,784	4,845
19	7,199	6,958	6,543	6,221	6,204	6,266
18-19	12,471	12,220	11,444	10,923	10,988	11,111

Source: U.S. Census Bureau, Population Division, State Characteristics Population Estimates for Census 2010, and 2019-2023. SC-EST2019-2023-ALLDATA6: Annual Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin for the District of Columbia.

Table 11. Five-Year Aggregated Pregnancy, Race-Specific Fertility, ITOP and Fetal Death Rates by Maternal Race/Ethnicity, District of Columbia, 2019-2023

	Pregnancies		Live Births		ITOPs		Fetal Deaths	
Race/Ethnicity	Count	Rate per 1,000 women aged 15-44	Count	General Fertility Rate per 1,000 women aged 15-44	Count	Rate per 1,000 women aged 15-44	Count	Rate per 1,000 live births
Black/African American Women	23,524	68.8	18,816	55.1	4,463	13.1	245	12.9
Hispanic/Latina Women	7,573	77.3	6,801	69.4	742	7.6	30	4.4
White Women	14,794	37.1	13,963	35.0	726	1.8	105	7.5
Other Racial/Ethnic Women	3,452	40.1	2,954	34.3	471	5.5	27	9.1

* The racial-ethnic "Other" categories represent American Indian or Alaska Natives, Asian, Native Hawaiian & Other Pacific Islander, and others (including two or more races).
Source: 2019-2023 DC Natality and Fetal Death Files, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health.
Rates were calculated using US Census Bureau of the Census population estimates, 2019-2023.
Source: U.S. Census Bureau, Population Division, State Characteristics Population Estimates for Census 2010, and 2019-2023.
SC-EST2019-2023-ALLDATA6: Annual Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin for the District of Columbia.

Table 12. Distribution of Pregnancy, Race-Specific Fertility, ITOP and Fetal Death Rates by Race/Ethnicity and Year, District of Columbia, 2019-2023

	Pregnancy Rate per 1000 women aged 15-44					General Fertility Rate per 1,000 women aged 15-44					ITOP Rate per 1,000 women aged 15-44					Fetal Deaths Rate per 1,000 live births				
Race/Ethnicity	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Black/African American Women	73.4	70.4	67.6	66.5	63.1	59.7	57.4	54.7	52.1	50.9	12.9	12.2	12.1	13.6	14.5	12.4	12.9	12.7	15.4	11.0
Hispanic/Latina Women	76.1	73.9	77.7	77.2	81.6	68.0	67.7	72.4	69.8	69.3	7.7	5.9	5.2	6.9	11.9	5.2	3.7	0.7	6.6	5.6
White Women	39.4	37.5	40.6	34.5	33.5	36.4	35.4	38.9	32.6	31.7	2.8	1.8	1.5	1.5	1.5	4.0	8.7	6.7	10.6	8.0
Other Racial/Ethnic Women	30.0	32.4	46.9	49.1	41.0	26.3	26.4	41.3	41.6	36.6	5.1	5.8	5.3	7.2	4.1	15.1	6.4	8.9	8.4	7.6

1 / ITOP reporting is voluntary in the District of Columbia. Only DC residents ITOPs performed in DC and reported to DC Health (including out-of-state ITOPs to DC residents) are included in this table
2 / Includes only fetal deaths of at least 20 weeks gestation or at least 350 grams.
3 / Persons of Hispanic origin may be of any race. Therefore, each race category contains persons of both Hispanic and non-Hispanic origin.
* The racial-ethnic "Other" categories represent American Indian or Alaska Natives, Asian, Native Hawaiian & Other Pacific Islander, and others (including two or more races).
+ Facility did not report data by race/ethnicity.
Source: 2019-2023 DC Natality and Fetal Death Files, Vital Records Division, Center for Policy, Planning, and Evaluation, DC Health.

Table 13. Population of Women (aged 15-44) within each Racial/Ethnic Categories, District of Columbia, 2019-2023

Population of Women (aged 15-44) within each Racial/Ethnic category

Race/Ethnicity	2019	2020	2021	2022	2023
Black/African American	70,726	70,776	66,832	66,366	66,993
Hispanic/Latina	19,872	19,916	18,517	19,300	20,361
White	83,006	83,999	76,238	77,163	78,253
Other Races	17,390	17,622	16,151	17,034	17,904

* The racial-ethnic "Other" categories represent American Indian or Alaska Natives, Asian, Native Hawaiian & Other Pacific Islander, and others (including two or more races).

Source: U.S. Census Bureau, Population Division, State Characteristics Population Estimates for Census 2010, and 2019-2023.
SC-EST2019-2023-ALLDATA6: Annual Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin for the District of Columbia.

Technical Notes

Definition

General Fertility Rate
Represents the number of live births occurring in a given year per 1,000 women of reproductive age (15-44 years).

$$\frac{\text{Number of live births to women aged 15-44}}{\text{Estimated mid-year female population aged 15-44}} \times 1{,}000$$

Age-specific fertility rate
Total number of resident live births to women in a specific age group per 1,000 women in the same age group during a calendar year.

$$\frac{\text{Live births to women in specific age-group}}{\text{Estimated mid-year female population in that age group}} \times 1{,}000$$

Crude birth rate (CBR)
Total number of resident live births to women of all ages during a calendar year per 1,000 people in a population during a specified during a calendar year.

$$\frac{\text{Number of Live births in a given year}}{\text{Estimated total population of a given area at midyear}} \times 1{,}000$$

Fetal death
Death prior to the complete expulsion or extraction from its mother of a product of human conception of 20 weeks or more duration of pregnancy or 350 grams or more and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Fetal death rate
Total number of resident fetal deaths to women during a calendar year per 1,000 live births and fetal deaths.

$$\frac{\text{Fetal deaths}}{\text{Total number of live births and total fetal deaths}} \times 1{,}000$$

Induced Termination of Pregnancy (ITOP)
The purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus. The rates reflect the number of resident ITOPs per 1,000 women in each specified age group.

Induced Termination of Pregnancy (ITOP) ratio

Total number of resident ITOPs to women during a calendar year per 1,000 live births and fetal deaths.

$$\frac{\text{ITOPs}}{\text{Total number of live births}} \times 1{,}000$$

Induced Termination of Pregnancy (ITOP) rate

$$\frac{\text{ITOPs}}{\text{Female population aged 15-44 years old}} \times 1{,}000$$

Age-Specific ITOP's rate

$$\frac{\text{Number of ITOPs to specific age-group}}{\text{Estimated female population in that age group}} \times 1{,}000$$

Live Birth

Defined as the complete expulsion or extraction from its mother of a product of human conception, regardless of the duration of pregnancy. After such an expulsion or extraction, the product must breathe or show other evidence of life, such as the beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut, or the placenta is attached.

Pregnancy

The period from conception to birth. Pregnancies are computed by adding the number of live births, fetal losses, and ITOPs.

Pregnancy rate

Pregnancy rates are the number of resident pregnancies per 1,000 women in each specified age group.

$$\frac{\text{Number of pregnancies to women in specific age-group}}{\text{Estimated mid-year female population in that age group}} \times 1{,}000$$

Overall Pregnancy Rate

The total number of pregnancy outcomes to women of all ages in a year per 1,000 women of reproductive age (15-44 years) in a given population.

$$\frac{\text{Number of pregnancy outcomes in a given year}}{\text{Female population aged 15-44 years old}} \times 1{,}000$$

Sources of Data

Data shown in this report for 2019-2023 are based on 100 percent of the resident birth and fetal death certificates in the District of Columbia (DC) and DC resident births that occurred in other states through the inter-state exchange agreement. ITOP reporting in the District of Columbia is voluntary. Hospitals and free-standing clinics that agree to participate report ITOP data on a standardized reporting form to the DC Department of Health. ITOPs that are performed in private physicians' offices are not reported to the DC Department of Health; therefore, their data are not included in this report.

Age of Woman

The woman's age is computed in most cases from the mother and infant's date of birth as reported on the birth certificate. In the case of the fetal death certificate, the woman's age is computed from her date of birth and the date the fetal death occurred. In the case of the ITOP reporting form, the woman's age is directly reported.

Race and Hispanic Origin

Race and Hispanic origin are reported separately on the birth, fetal death certificates and the ITOP reporting form.

Fetal Deaths. Race of women is reported in nine categories on the fetal death certificate, which used the 1989 revision of the U.S. Standard Certificate of Live Birth (1). The categories are: White, Black, American Indian, Chinese, Japanese, Hawaiian, Filipino, "other" Asian or Pacific Islander and "Other" race.

Single, Multiple, and 'Bridged' Race for Live Births. On February 2009, the District of Columbia began reporting multiple-race data, which used the 2003 revision of the U.S. Standard Certificate of Live Birth and allows the reporting of more than one race (multiple races) for each parent in accordance with the revised standards issued by the Office of Management and Budget (OMB) in 1997 (2,3). To provide uniformity and comparability of the data during the transition period, before all or most of the data are available in the new multiple-race format, it was necessary to ''bridge'' the responses of those who reported more than one race (multiple race) to a single race. Race of women, from February 2009 is reported in 24 race categories on the birth certificate as follows:

Single Race: White, Black, American Indian or Alaskan Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, and Other.

Note: Hispanic/Latina individuals may be of any race. The racial-ethnic "Other" categories represent American Indian or Alaska Natives, Asian, Native Hawaiian & Other Pacific Islander, and others (including two or more races).

Bridged multiple specified race: White, Black, American Indian or Alaskan Native, Asian or Pacific Islander.

Induced Termination of Pregnancy: is defined as an intentional termination of pregnancy before the fetus has developed enough to live if born. The race of women on the reporting form is reported in six categories: White, Black, Asian, Hawaiian, Native American, and "Other" race.

The Hispanic origin of the woman is reported as either Hispanic/Latina or not Hispanic/Latina, and the selected country of origin is reported on all reporting data sources.

Population Denominators

Pregnancy, birth, fertility, ITOP, and fetal death rates are based on population estimates of the 2010 Census Population and estimates for 2019 - 2023.

Computation of Rates

In computing the general pregnancy, birth, fertility, ITOP, and fetal death rates, the population denominator is the number of women aged 15-44 years. In computing age-specific rates, the number of events to women in each specified age group is the numerator, and the female population in the associated age group (e.g., the number of events to women younger than 15 years divided by the population of women aged 10-14 years) serves as the denominator.

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