



MAINE CENTER FOR DISEASE CONTROL AND PREVENTION

Fetal Mortality in Maine, 2024

A summary of Maine's late fetal deaths

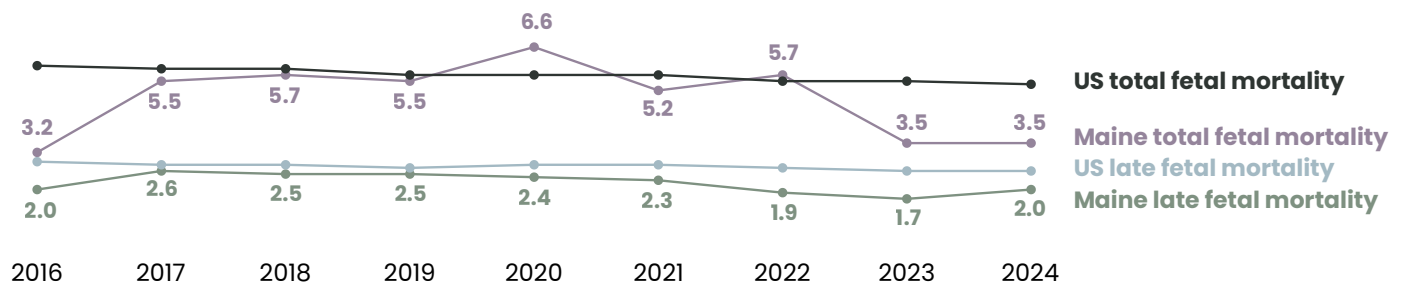


In 2024, there were **41 fetal deaths*** to Maine resident birthing parents.
23 of these were **late fetal deaths** (deaths occurring ≥ 28 weeks gestation).

Fetal Mortality Trend

In 2024, the **total fetal mortality rate** (≥ 20 weeks gestation) in Maine was **3.5 resident deaths per 1,000 live resident births + fetal deaths** (n=41).

In 2024, the **late fetal mortality rate** (≥ 28 weeks gestation) in Maine was **2.0 resident deaths per 1,000 live resident births + fetal deaths ≥ 28 weeks** (n=23).



Cause of Death

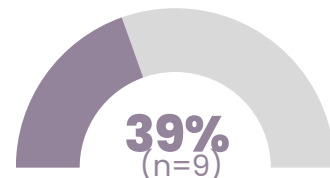
In 2024, the most common causes of late fetal death in Maine were **unspecified cause**** and **maternal conditions unrelated to pregnancy*****.

Cause	%
Unspecified cause	35% (n=8)
Maternal conditions unrelated to pregnancy	26% (n=6)
Placental, cord, and membrane complications	17% (n=4)
Maternal complications of pregnancy	9% (n=2)
Other causes	9% (n=2)
Congenital malformations	4% (n=1)

Characteristics at Demise

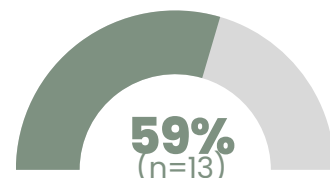
Gestational age

► About **2 in 5** (39%) late fetal deaths were **term stillbirths** (occurring at or after 37 weeks gestation).



Birthweight

► About **3 in 5** (59%) late fetal deaths occurred to fetuses of **low birthweight** (<2500 g or <5 lbs. 8 oz.).



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

*** Maternal conditions unrelated to pregnancy could include maternal respiratory or circulatory diseases, hypertensive disorders, other systemic disorders, or localized infections.

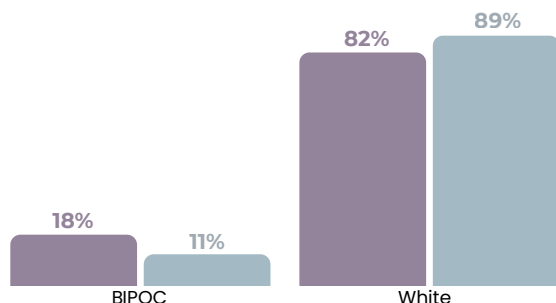
Disparities in Late Fetal Mortality, 2020-2024

Demographic, socioeconomic, and maternal health characteristics of late fetal deaths occurring between 2020-2024 (n=122) to Maine residents.



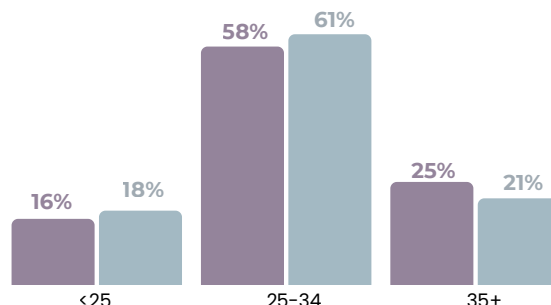
Race

18% (n=21) of **late fetal deaths** were to birthing people who are **Black, Indigenous, and People of Color (BIPOC)** vs. 11% of **live births**



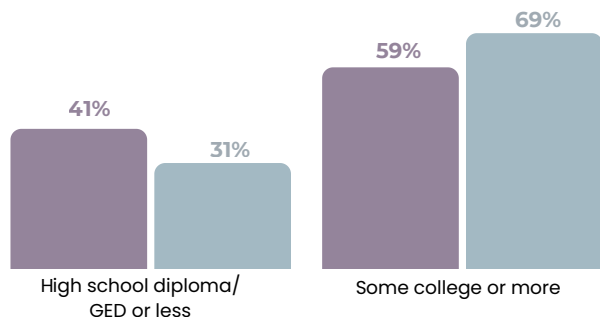
Age

25% (n=30) of **late fetal deaths** were to birthing people **aged 35+** vs. 21% of **live births**



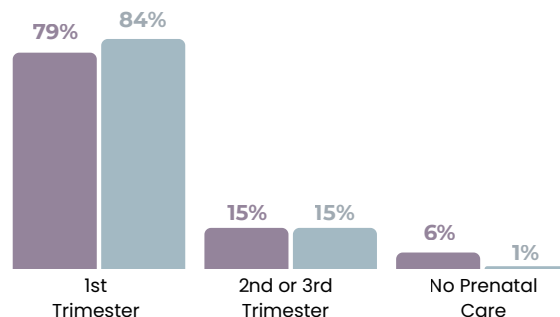
Education

41% (n=45) of **late fetal deaths** were to birthing people with a **high school diploma or less** vs. 31% of **live births**



Prenatal care

79% (n=83) of **late fetal deaths** began **prenatal care in the first trimester** vs. 84% 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**:



21% (n=26) had ≥ 1 **hypertensive condition*** vs. **18% of live births**



19% (n=23) had **diabetes**** vs. **11% of live births**



19% (n=23) 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 [Maine's MFIMR Panel website.](#)