

United States of America

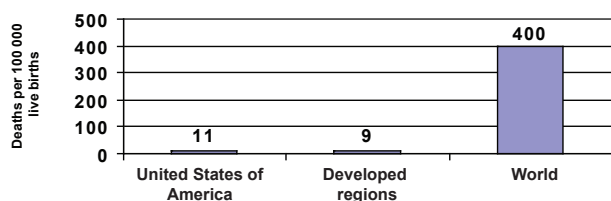
Country profile

For Demographic and Health Surveys, the years refer to when the Surveys were conducted. Estimates from the Surveys refer to three or five years before the Surveys.

United States of America and the world

1. Maternal mortality ratio: global, regional and country data, 2005

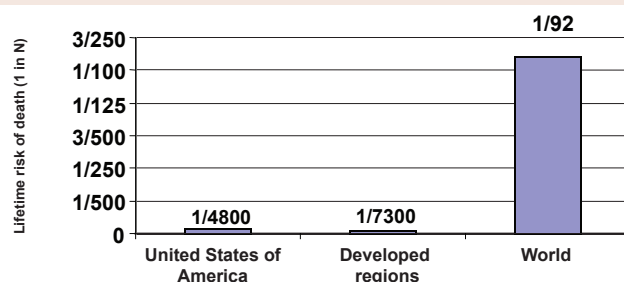
Maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100 000 live births per year. The ratio in the United States of America is 11 per 100 000 live births versus the average of 9 per 100 000 live births in developed regions of the world, and much lower than the global average of 400 per 100 000 live births.



Source: Maternal mortality in 2005: estimates developed by WHO, UNICEF, UNFPA and the World Bank. Geneva, World Health Organization, 2007 (http://www.who.int/reproductive-health/publications/maternal_mortality_2005/index.html).

2. Lifetime risk of maternal death (1 in N), 2005

The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime, based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in the United States of America is very low (1 in 4800), similar to the overall figure for developed regions of the world (1/7300). This is lower than the rest of the world: the global average lifetime risk is 1 in 92 and 1 in 22 in sub-Saharan Africa.



Source: Maternal mortality in 2005: estimates developed by WHO, UNICEF, UNFPA and the World Bank. Geneva, World Health Organization, 2007 (http://www.who.int/reproductive-health/publications/maternal_mortality_2005/index.html).

Demographic and health data

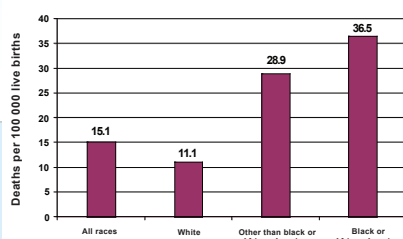
3. Total population (in thousands) ¹	302 841 (2006)
Lifetime risk of maternal death (1 in N) ²	4 800 (2005)
Total maternal deaths ²	440 (2005)

Sources: ¹World Health Organization 2008. World Health Statistics 2008 Geneva, Switzerland http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf

²Maternal mortality in 2005: estimates developed by WHO, UNICEF, UNFPA and the World Bank. Geneva, World Health Organization, 2007 (http://www.who.int/reproductive-health/publications/maternal_mortality_2005/index.html).

4. Maternal deaths by race, 2005

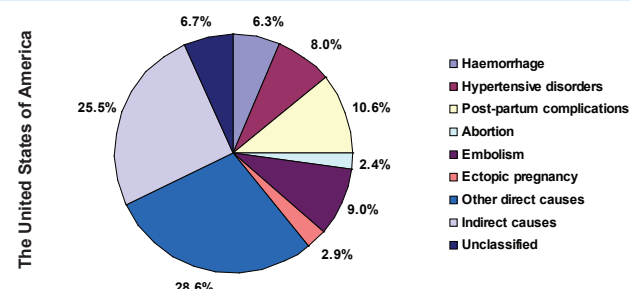
A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. Data from the United States of America for 2005 indicate that maternal mortality is distributed unevenly among race and national origin groups: it is substantially higher among black or African American women than among white women or Hispanic or Latina women. Specifically, in 2005, the overall maternal mortality ratio was 15.1 per 100 000 live births. It was 36.5 per 100 000 live births among black or African American women, more than three times that of white women (including Hispanic or Latina women) of 11.1 per 100 000 live births. The maternal mortality ratio among women other than white or black or African American was 28.9 per 100 000 live births.



Source: Kung H-C et al. Deaths: final data for 2005. National Vital Statistics Reports, 2008, 56(10):1-120.

5. Causes of maternal deaths, 2005

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of maternal deaths in the United States of America were other direct causes such as placental anomalies or complications of anaesthesia; indirect causes; post-partum complications and embolism.

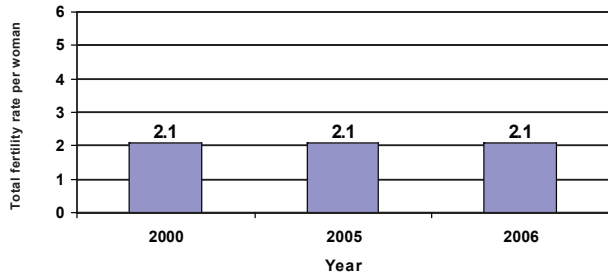


Source: Kung H-C et al. Deaths: final data for 2005. National Vital Statistics Reports, 2008, 56(10):1-120.



6. Total fertility

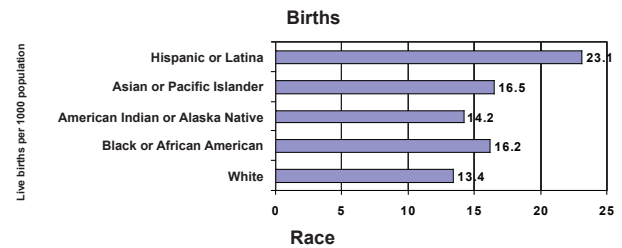
The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate). According to a survey conducted in 2006, the total fertility rate was 2.1 per woman in the United States of America.



Source: World health statistics 2008. Geneva, World Health Organization, 2008 (http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf).

7. Proportion of live births by race and Hispanic or Latina origin of the mother, 2005

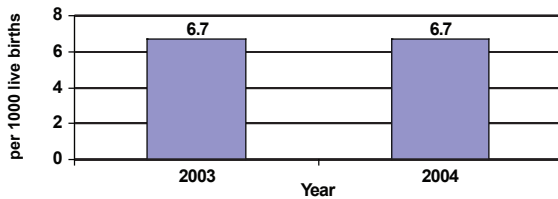
In 2007, Hispanics and Latinas had the highest birth rate in the United States of America, on average about 23 live births per 1000 women. Whites (a category that includes some Hispanics and Latinas) had the lowest birth rate of any ethnic group, with about 13 births per 1000 women.



Source: National Center for Health Statistics, Health, United States, 2007 with chartbook on trends in the health of Americans. Washington, DC, United States Government Printing Office, 2007.

8. Perinatal mortality rate

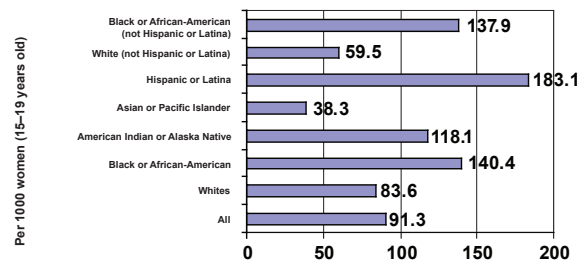
Perinatal mortality refers to deaths of fetuses in the womb and of newborn babies early after delivery. It includes (1) the death of a fetus in the womb after 22 weeks of gestation and during childbirth and (2) the death of a live-born child within the first seven days of life. The perinatal mortality rate reflects the availability and quality of both maternal and newborn health care. According to data from 2004, the perinatal mortality rate in the United States of America was 6.7 per 1000 pregnancies.



Source: MacDorman MF, Munson ML, Kirmeyer S. Fetal and perinatal mortality, United States, 2004. National Vital Statistics Reports, 2007, 56(3):1–20 (<http://www.cdc.gov/nchs/about/major/fetaldeath/abfetal.htm>).

9. Adolescent birth rate (15–19 years old) by race and Hispanic or Latina origin, 2005

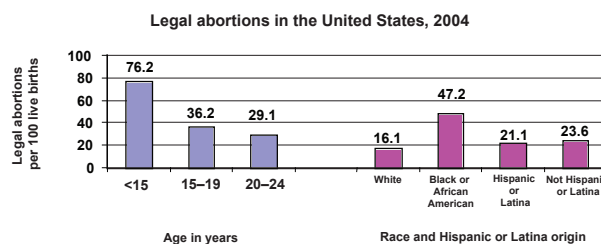
Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year. According to data from 2005, the rate varied between different ethnic groups in the United States of America. The highest adolescent birth rate was among Hispanic or Latina women, about 183 live births per 1000 women.



Source: National Center for Health Statistics, Health, United States, 2007 with chartbook on trends in the health of Americans. Washington, DC, United States Government Printing Office, 2007.

10. Legal abortion rates by age (younger than 25 years) and race and Hispanic or Latina origin, 2005

Legal abortion rates reflect the number of women that have abortions per 100 live births. In the United States of America, in 2004, the number of reported legal abortions among girls younger than 15 years was 76 per 100 live births. The highest rate reported in any racial or ethnic group was among Blacks or African Americans (47 per 100 live births).



Source: National Center for Health Statistics, Health, United States, 2007 with chartbook on trends in the health of Americans. Washington, DC, United States Government Printing Office, 2007.



Intervention coverage for mothers and newborns

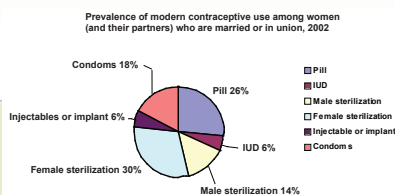
11. Unmet need for family planning **Unknown**

The unmet need for family planning is the proportion of all women who are at risk of pregnancy and who want to space or limit their childbearing but are not using contraceptives.

Source: World contraceptive use 2007. New York, United Nations Department of Economic and Social Affairs, Population Division, 2007 (<http://www.un.org/esa/population/publications/contraceptive2007/contraceptive2007.htm>).

12. Family planning: modern contraceptive use by method, 2000–2005

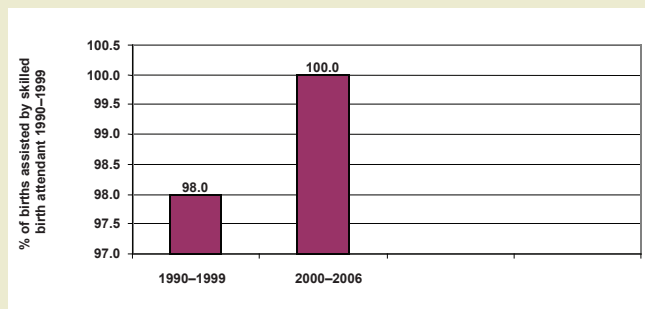
Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. The graph shows the percentage of women of reproductive age (15–49 years) who are in union and using (or whose partner is using) any of these contraceptive methods. Data from 2002 indicate that, in the United States of America, sterilization was the most common form of contraception used by women of reproductive age (30% of those using contraception), followed by use of oral contraceptives ("the pill") (26% of those using contraception). A smaller percentage (6%) used the intrauterine contraceptive device (IUD) and injectables or implants.



Source: World contraceptive use 2007. New York, United Nations Department of Economic and Social Affairs, Population Division, 2007 (<http://www.un.org/esa/population/publications/contraceptive2007/contraceptive2007.htm>).

14. Utilization of skilled birth attendants

A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period and in the identification, management and referral of complications among women and newborns. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. In the United States of America, data for 2000–2006 showed 100% coverage with a skilled birth attendant during delivery.



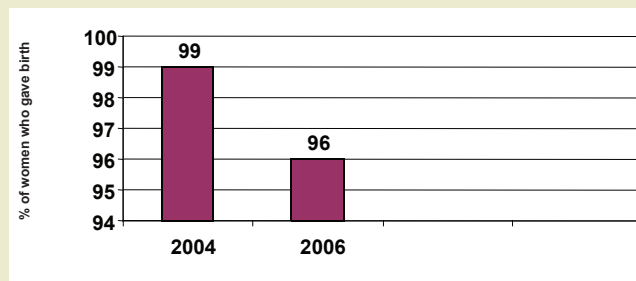
Source: World health statistics 2008. Geneva, World Health Organization, 2008 (http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf).

16. Smoking among pregnant women, 2004

According to data from 2004, 10% of pregnant women smoked in the United States of America. The effects of smoking on the baby include stunting growth and brain development and impairing breathing after birth, increasing the likelihood of prematurity and the risk of problem pregnancies

13. Antenatal care

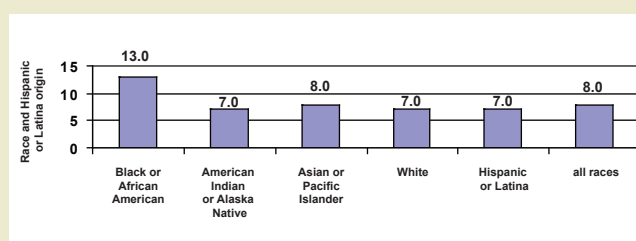
Antenatal care visits (ANC) include all visits made by pregnant women for reasons relating to pregnancy. In 2006, 96% of women in the United States of America received ANC during pregnancy from a skilled health care worker, a decline from 99% in 2004.



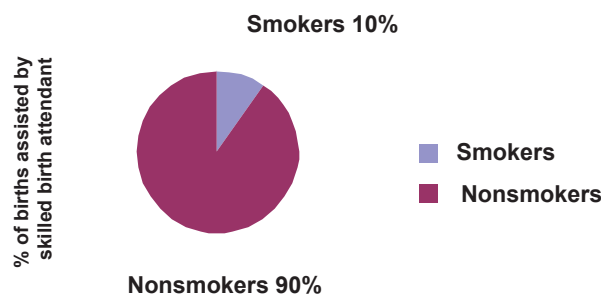
Source: World health statistics 2008. Geneva, World Health Organization, 2008 (http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf).

15. Low birth weight by race and Hispanic or Latina origin, 2004

Babies weighing less than 2500 g at birth are considered to have low birth weight. According to a survey conducted in 2003, of those babies who were weighed at birth, about 6% were reported to weigh less than 2500 g (2.5 kg). Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity. In the United States of America, of the babies who were weighed at birth in 2004, 13% of those born to blacks or African Americans had low birth weight, the highest rate of any racial or ethnic group.



Source: National Center for Health Statistics. Health, United States, 2007 with chartbook on trends in the health of Americans. Washington, DC, United States Government Printing Office, 2007.

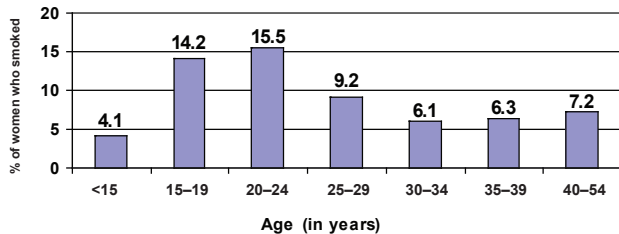


Source: National Center for Health Statistics. Health, United States, 2007 with chartbook on trends in the health of Americans. Washington, DC, United States Government Printing Office, 2007.



17. Smoking among pregnant women by age, 2004

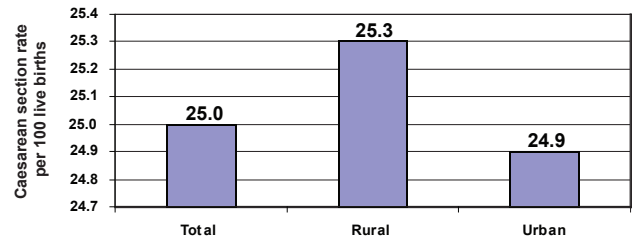
According to 2004 data, smoking during pregnancy was highest among pregnant women 20–24 years old, closely followed by women 15–19 years old.



Source: National Center for Health Statistics, *Health, United States, 2007 with chartbook on trends in the health of Americans*. Washington, DC, United States Government Printing Office, 2007.

18. Caesarean section rates by urban versus rural location, 2001

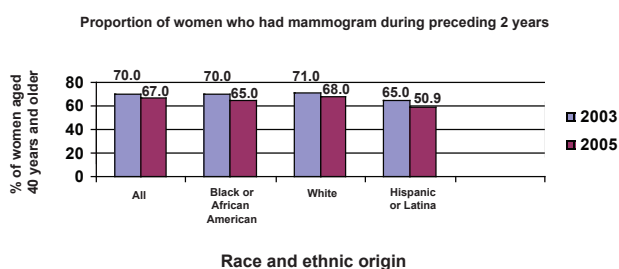
Caesarean section is a surgical procedure in which incisions are made through a woman's abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. Data from 2001 showed that the overall rate of caesarean section in the United States of America was 25.0 per 100 live births, with virtually the same rate in rural areas (25.3) and in urban areas (24.9).



Source: National Center for Health Statistics, *Health, United States, 2007 with chartbook on trends in the health of Americans*. Washington, DC, United States Government Printing Office, 2007.

19. Breast cancer screening, 2005

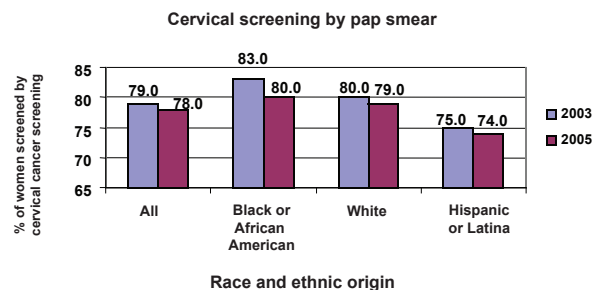
Breast cancer is the most common type of cancer among women worldwide. Breast cancer screening is the regular examination of a woman's breasts to detect breast cancer early. It may include mammography (breast X-ray) and/or a physical examination of the breasts by a health care professional. Regular breast screening can detect cancer when it is small, which means there is a better chance of treating the cancer successfully, it may be less likely to spread and there may be more treatment options. In 2005, 67% of women aged 40 years and older had a mammogram within the preceding two years, a statistically significant drop from 70% in 2003. Among racial and ethnic groups, 59% of Hispanics or Latinas (down from 65% in 2003), 65% of blacks or African Americans (down from 70% in 2003) and 68% of whites (down from 71% in 2003) had a mammogram within the preceding two years.



Source: Breast cancer screening. In: *Cancer trends progress report 2007*. Bethesda, MD, National Cancer Institute, National Institutes of Health, 2007 (http://progressreport.cancer.gov/doc_detail.asp?pid=1&did=2007&chid=72&coid=716&mid=#trends).

20. Cervical cancer screening, 2005

Cervical cancer is the second most common type of cancer among women worldwide. Cervical cancer screening is done using a Pap smear, a sample taken directly from the cervix. The Pap smear has been credited with dramatically reducing the incidence and mortality of cervical cancer in high-income countries. In the United States of America, in 2005, 78% of women aged 18 and older had had a Pap smear within the preceding three years. This includes 74% of Hispanics or Latinas, 80% of blacks or African Americans and 79% of whites. These rates had declined for all women (from 79% in 2003), for Hispanics or Latinas (from 75% in 2003), for blacks or African Americans (from 83% in 2003) and for whites (80% in 2003).



Source: Cervical cancer screening. In: *Cancer trends progress report 2007*. Bethesda, MD, National Cancer Institute, National Institutes of Health, 2007 (http://progressreport.cancer.gov/doc_detail.asp?pid=1&did=2007&chid=72&coid=717&mid=#trends).



Resources

21. Financial flow

(per capita total expenditure on health at average exchange rate in US dollars) 2005

6 347

Source: World health statistics 2008. Geneva, World Health Organization, 2008 (http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf).

22. Human resources

The work of at least 23 health workers (doctors, nurses or midwives) per 10 000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. The United States of America, with about 119 health workers (as defined above) per 10 000 population, is well above this threshold value and is spared from facing this crisis daily, with mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care, and sexual and reproductive health information and services, including skilled birth attendants.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.

Source: WHO Global Atlas of the Health Workforce [online database]. Geneva, World Health Organization, 2008 (www.who.int/globalatlas/autologin/hrh_login.asp).

23. Ratification of treaties and support of international consensus

Convention on the Elimination of All Forms of Discrimination against Women	Signature only, not ratified
Convention on the Rights of the Child	Signature only, not ratified
International Covenant on Economic, Social and Cultural Rights	Signature only, not ratified
International Conference on Population and Development	Yes
Fourth World Conference on Women	Yes

Source: Ratifications and reservations [web site]. Geneva, Office of the United Nations High Commissioner for Human Rights, 2008 (<http://www2.ohchr.org/english/bodies/ratification/index.htm>).

Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995. New York, United Nations, 1996 (<http://www.un.org/womenwatch/confer/beijing/reports>).

Report of the International Conference on Population and Development, Cairo, 5–13 September 1994. New York, United Nations, 1994 (<http://www.un.org/popin/icpd/conference/offeng/poa.html>).

24. Other determinants of health: water, sanitation, communication and road networks

Fixed-line and mobile phone subscribers (per 100 population)	137 (2006)
Internet users (per 100 population)	70 (2006)
Roads paved (% of total roads)	65 (2005)
Improved water source (% of population with access)	99 (2006)
Improved sanitation facilities (% of urban population with access)	100 (2006)

Source: World Bank indicators [online database]. Washington, DC, World Bank, 2008 (http://ddp-ext.worldbank.org/ext/ddpreports/ViewSharedReport?&CF=&REPORT_ID=9147&REQUEST_TYPE=VIEWADVANCED&HF=N/CP&WSP=N/).

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