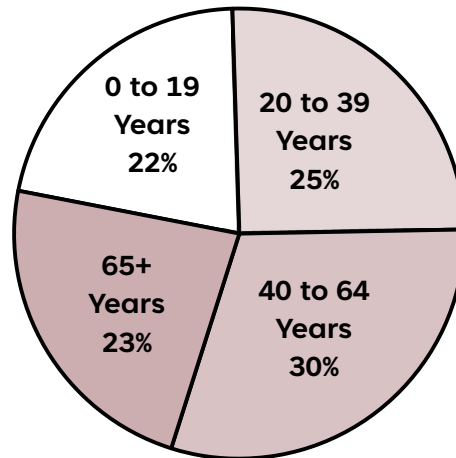


Women in Pennsylvania

In 2025, Pennsylvania was home to approximately 6.7 million women, including 1.7 million in rural Pennsylvania and 5.0 million in urban Pennsylvania. As shown in Figure 1, 30 percent of women in the Commonwealth are between 40 to 64 years old. This age distribution is similar in rural and urban Pennsylvania, with 31 percent of women in rural and 30 percent of women in urban Pennsylvania between the ages of 40 and 64.

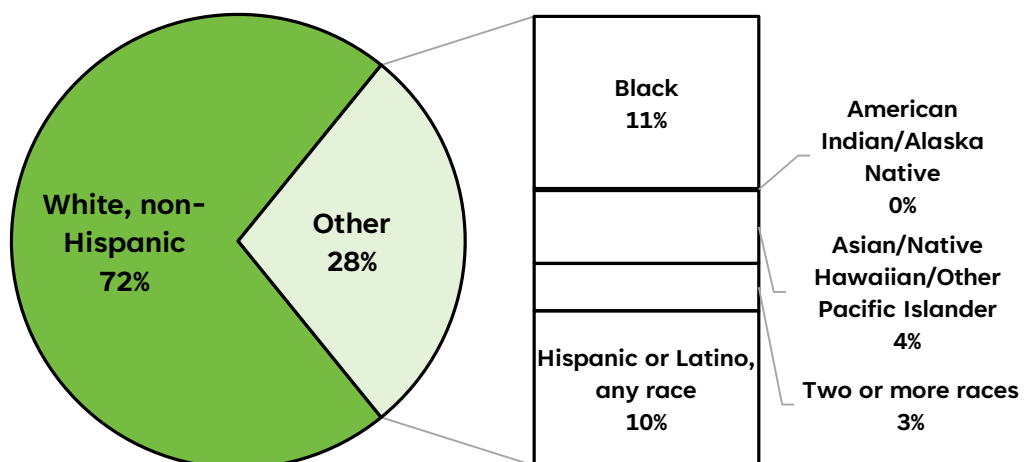
Figure 1. Age Distribution of Women in Pennsylvania, 2025



Data Source: 2025 Population and Housing Unit Estimates, U.S. Census Bureau.

In Pennsylvania, 72 percent of women are White, non-Hispanic, followed by 11 percent who are Black, non-Hispanic. The remaining 17 percent identify with another race or ethnicity, as shown in Figure 2. Unlike with the age distribution, the racial and ethnic composition of women differs between rural and urban Pennsylvania. In rural Pennsylvania, a majority of women are White, non-Hispanic (88 percent), compared with 66 percent in urban Pennsylvania. Hispanic women represent the second-largest racial and ethnic group in rural Pennsylvania, while Black, non-Hispanic women represent the second-largest group in urban Pennsylvania, representing 14 percent of the female population.

Figure 2. Race/Ethnicity of Women in Pennsylvania, 2025



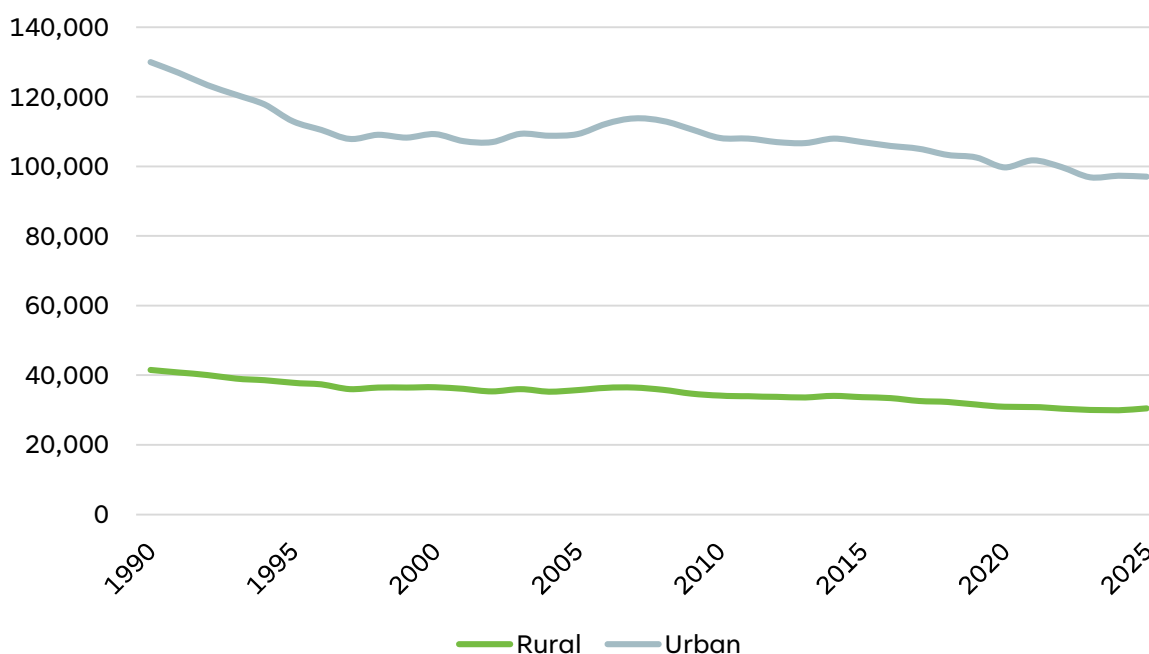
Data Source: 2025 Population and Housing Unit Estimates, U.S. Census Bureau.

Reproductive and Maternal Health

Births

In 2025, Pennsylvania recorded 127,640 new births. Since 1990, the number of births has steadily declined, with approximately 25 percent fewer births in 2025 than in 1990. Both rural and urban Pennsylvania have experienced a steady decline in the number of births over the past 35 years.

Figure 3. Number of Births in Rural and Urban Pennsylvania, 1990 to 2025



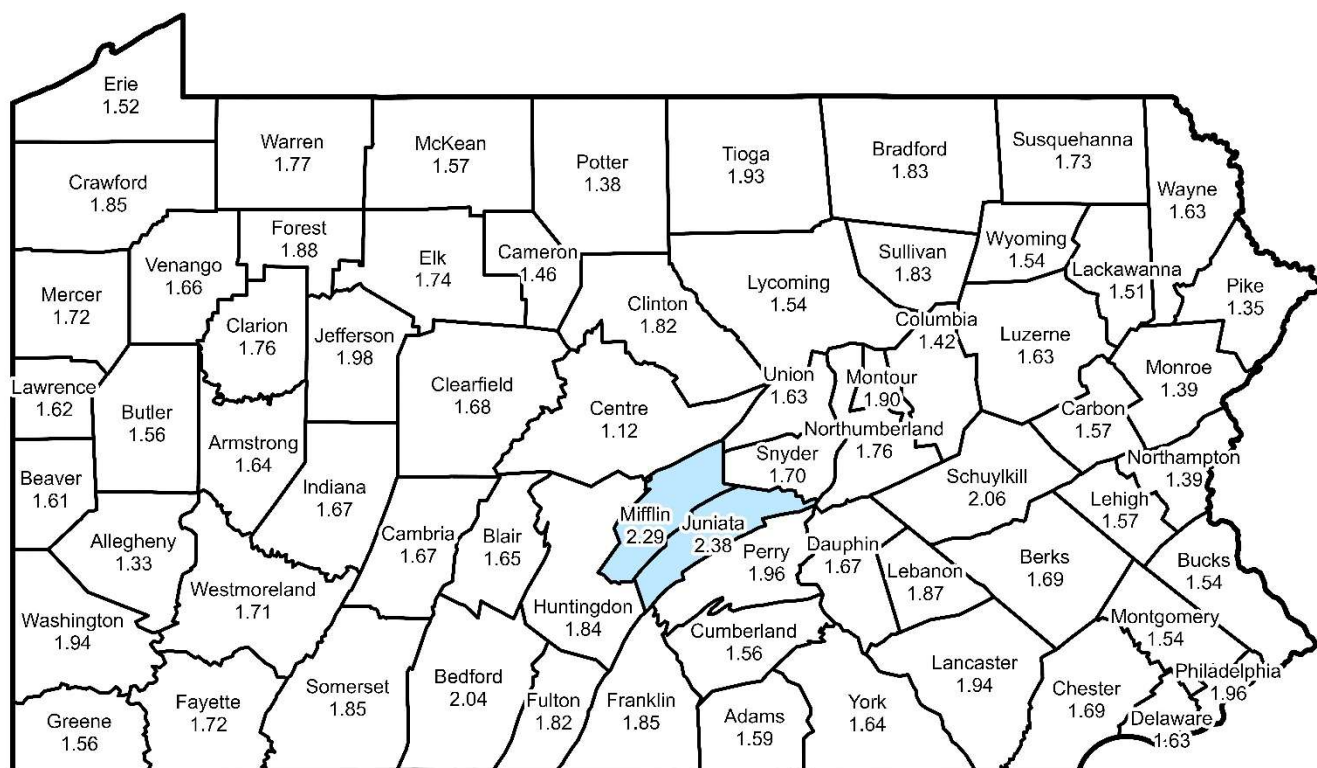
Data Source: Pennsylvania Birth Certificate Dataset, Pennsylvania Department of Health.

Total Fertility Rate

The total fertility rate (TFR), which estimates the average number of children a woman would have over her lifetime if current age-specific fertility rates remained constant, has also declined steadily in Pennsylvania over the last 35 years (World Health Organization, 2023). In 1990, Pennsylvania's TFR was 1.87 births per woman, compared with 1.52 in 2025, both of which are below the replacement-level fertility rate of 2.10 births per woman.

Replacement-level fertility is the average number of children per women needed for a population to replace itself from one generation to the next, assuming current mortality and migration patterns (Craig, 1994). Based on current data, the replacement-level fertility in the United States is approximately 2.10 births per women (Driscoll & Hamilton, 2025). As seen in Figure 4, only two out of the 67 counties in Pennsylvania have a TFR at or above the replacement level during the 2021-2025 period.

Figure 4. Total Fertility Rates by Pennsylvania County, 2021-2025



Total Fertility Rate Replacement Level = 2.10+

- Below Replacement Level
- At or Above Replacement Level

Data Source: Pennsylvania Birth Certificate Dataset, Pennsylvania Department of Health; 2020 to 2025 Population and Housing Unit Estimates, U.S. Census Bureau.

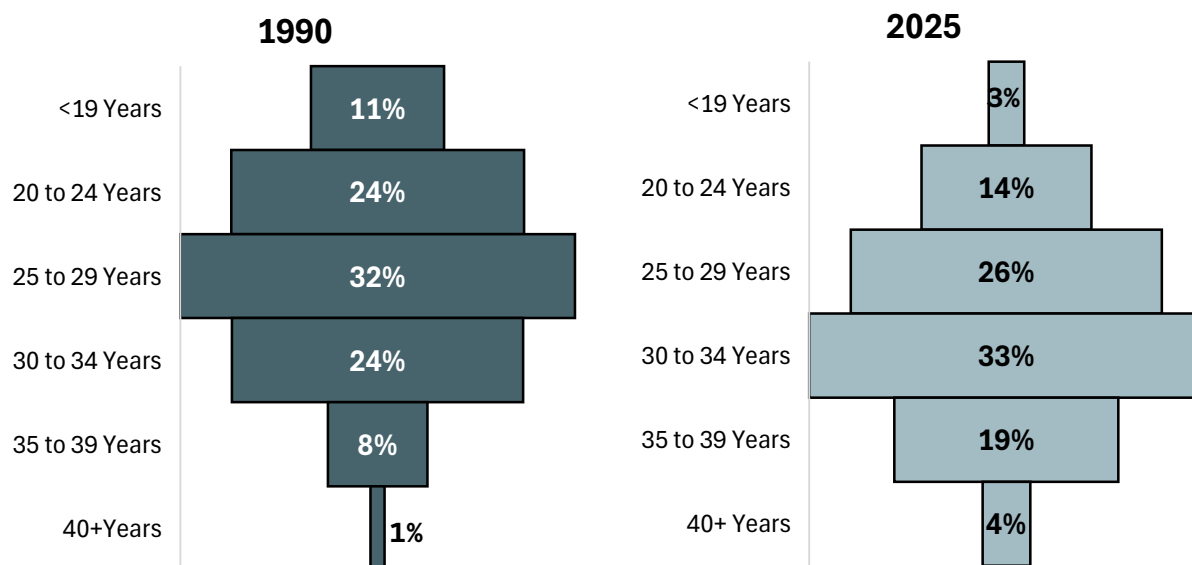
Age of Birthing Mothers

According to the American College of Obstetricians and Gynecologists (2022), pregnancy risks can increase with maternal age, particularly among women age 35 and older.

The average age of birthing mothers in Pennsylvania has increased over the past 35 years. In 1990, 91 percent of birthing mothers were under age 35, compared with 77 percent in 2025. Figure 5 shows the age distribution of birthing mothers in Pennsylvania in 1990 and in 2025.

The share of birthing mothers age 35 and older increased in both rural and urban Pennsylvania during this 35-year period. In rural Pennsylvania, the share increased from 8 percent in 1990 to 17 percent in 2025, a 9-percentage-point increase. In urban Pennsylvania, the share increased by 15 percentage points over the same period.

Figure 5. Age Distribution of Pennsylvania Birthing Mothers in 1990 and 2025



Data Source: Pennsylvania Birth Certificate Dataset, Pennsylvania Department of Health.

Research Related to Maternal Mortality

The [Pennsylvania Maternal Mortality Review Committee](#) (MMRC) was established by [Act 24](#) of 2018. This committee was created to conduct a review and report on all pregnancy-associated deaths* in the Commonwealth. The following are key findings from the [Pennsylvania Maternal Mortality Review Annual Report](#) released in 2026.

Key Findings for Pregnancy-Associated Deaths in Pennsylvania in 2022:

- Of the 122 identified cases of pregnancy-associated death, 53 (43.4 percent) were deemed pregnancy-related** and 52 (42.6 percent) were deemed pregnancy-associated but not related***.
- The overall pregnancy-related mortality ratio⁺ (PRMR) for this period is 32 per 100,000 live births. The PRMR for individuals who reside in rural counties¹ in this period is 29 deaths per 100,000 live births.
- Among pregnancy-related deaths, 49 percent were related to mental health conditions (i.e. substance use disorder, suicide, and other mental health disorders).
- Approximately 41 percent of pregnancy-related deaths had substance use disorder identified as a contributing factor to the death.
- Perinatal individuals over the age of 35 accounted for 34 percent of pregnancy-related deaths, while individuals under age 25 accounted for 17 percent.
- Among pregnancy-related deaths, about half (49 percent) occurred 43 days to one year after the end of pregnancy, and 17 percent while the individual was pregnant.

¹ The rural county PRMR must be interpreted cautiously however, due to the low case counts in Pennsylvania over these three years.

Access to Women's Health Care

Access to health care can also affect women's health, including the availability of obstetric and gynecological providers and geographical access to gynecological, prenatal, postnatal, and labor and delivery services. Provider data from the Health Resources and Services Administration (2026) shows differences in the availability of OB/GYNs and nurse midwives between rural and urban Pennsylvania.

In 2023, Pennsylvania had 27 obstetrician-gynecologists (OB/GYNs) per 100,000 women. Rural Pennsylvania had 13 OB/GYNs per 100,000 women, compared with 32 per 100,000 women in urban Pennsylvania.

Nurse midwives, who can provide comprehensive health care to women at all stages of life, are another important provider in women's health care. In 2024, Pennsylvania had six nurse midwives per 100,000 women. Rural Pennsylvania also had six nurse midwives per 100,000 women, while urban Pennsylvania had five per 100,000 women.

Related Center for Rural Pennsylvania Research

[Access to Maternity Care in Pennsylvania and Update: The Expanding Maternity Care Desert in Pennsylvania](#)

Access to maternity care is an important component of maternal health, particularly in rural Pennsylvania. The Center for Rural Pennsylvania's fact sheet titled *Access to Maternity Care in Pennsylvania* examines the availability of labor and delivery services, obstetric providers, and geographic access to maternity care across the Commonwealth. While the fact sheet titled *Update: The Expanding Maternity Care Desert in Pennsylvania* highlights more recent labor and delivery unit closures in Pennsylvania.

Key Findings:

- Seventy-five hospitals across Pennsylvania provide labor and delivery services; only 25 (33 percent) of these hospitals are located in rural counties.
- Twenty-three of Pennsylvania's 67 counties do not have a hospital offering labor and delivery services; all 23 are rural counties. Overall, this affects nearly half (48 percent) of all rural counties.
- In counties without a hospital offering labor and delivery services, the average distance from the county seat to the nearest hospital providing these services is 27 miles, with the furthest distance reaching 52 miles.
- Approximately 3.5 million Pennsylvanians (27 percent) live outside of a 20-minute drive to a hospital offering labor and delivery services.

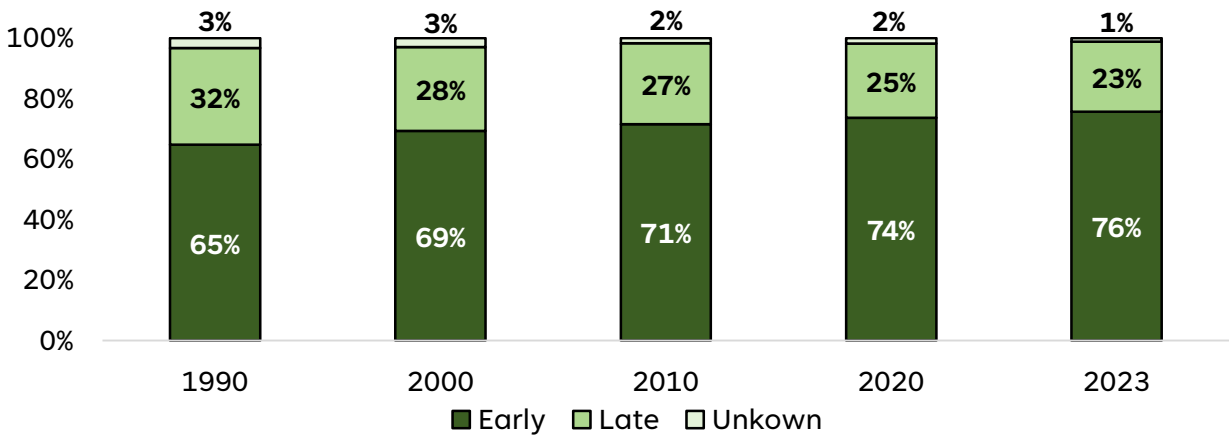
Cancers Affecting Women

Breast Cancer

In Pennsylvania, approximately 422,900 breast cancer diagnoses were recorded from 1990 to 2023. Of these, approximately 110,400 occurred in rural Pennsylvania and 312,500 occurred in urban Pennsylvania. Overall, 71 percent of breast cancer diagnoses in Pennsylvania during this period were at an early stage, while 27 percent were at a late stage. Figure 6 shows the percentage of breast cancer diagnoses by stage (early, late, or unknown) for each decade from 1990 to 2023.

The American Cancer Society (2026b) recommends that women with an average risk of breast cancer begin yearly mammogram screenings between 40 to 45 years old. Ninety-six percent of breast cancer diagnoses in Pennsylvania from 1990 to 2023 occurred in women 40 years or older, and 71 percent of these diagnoses were at an early stage. In comparison, among women under 40 years old, 55 percent were diagnosed at an early stage and 43 percent at a late stage. These patterns were consistent across rural and urban Pennsylvania.

Figure 6. Percentage of Breast Cancer Diagnoses by Stage in Pennsylvania



Data Source: Pennsylvania Cancer Registry Dataset, Pennsylvania Department of Health.

Figure 7 shows the number of breast cancer diagnoses by age in 2023. Seventy-five percent of diagnoses occurred among women in urban Pennsylvania, while 25 percent occurred among women in rural Pennsylvania. This distribution is similar to the proportion of Pennsylvania’s population residing in urban and rural areas, respectively.

Figure 7. Number of Breast Cancer Diagnoses by Age in Pennsylvania, 2023

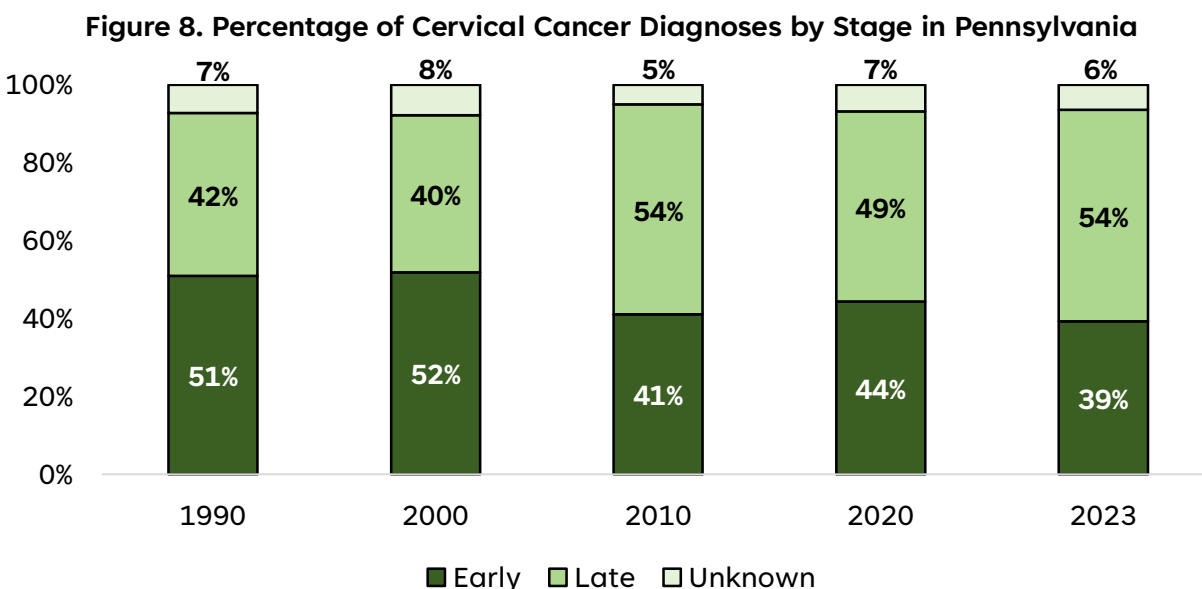
Pennsylvania	Rural PA	Urban PA
• All Ages: 14,816 • <40 Years: 526 • 40+ Years: 14,290	• All Ages: 3,772 • <40 Years: 119 • 40+ Years: 3,653	• All Ages: 11,044 • <40 Years: 407 • 40+ Years: 10,637

Data Source: Pennsylvania Cancer Registry Dataset, Pennsylvania Department of Health.

Cervical Cancer

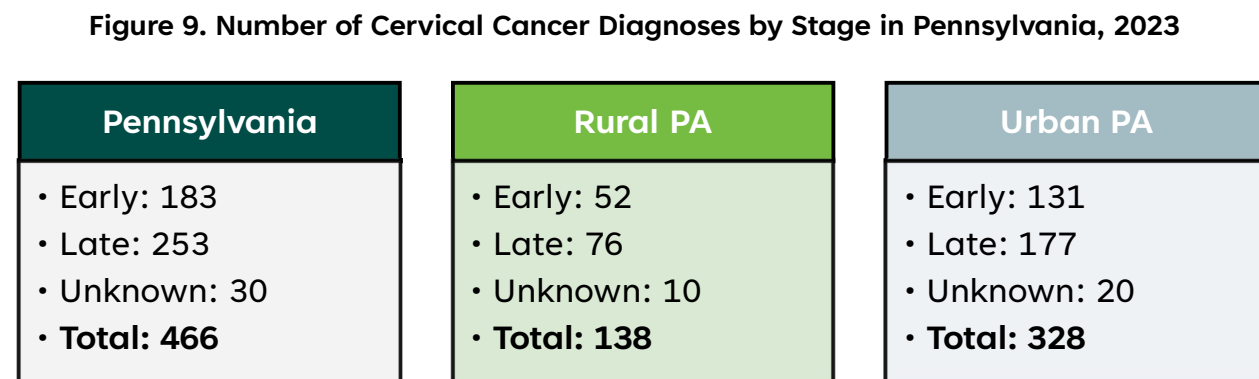
In Pennsylvania, approximately 19,000 cervical cancer diagnoses were recorded from 1990 to 2023. Of these, approximately 5,300 occurred in rural Pennsylvania and 13,700 occurred in urban Pennsylvania. Overall, 48 percent of cervical cancer diagnoses in Pennsylvania were at an early stage, while 47 percent were at a late stage. Figure 8 shows the percentage of cervical cancer diagnoses by stage (early, late, and unknown) for each decade from 1990 to 2023.

The American Cancer Society (2025) recommends that women and other individuals with a cervix who are at average risk for cervical cancer should begin screening (HPV and/or Pap tests) every three to five years at age 25 and continue through at least age 65.



Data Source: Pennsylvania Cancer Registry Dataset, Pennsylvania Department of Health.

In 2023, 54 percent of cervical cancer diagnoses in Pennsylvania were at a late stage and 39 percent were at an early stage. This pattern was consistent across both rural and urban Pennsylvania. Figure 9 below details out the number of cases by stage in 2023.

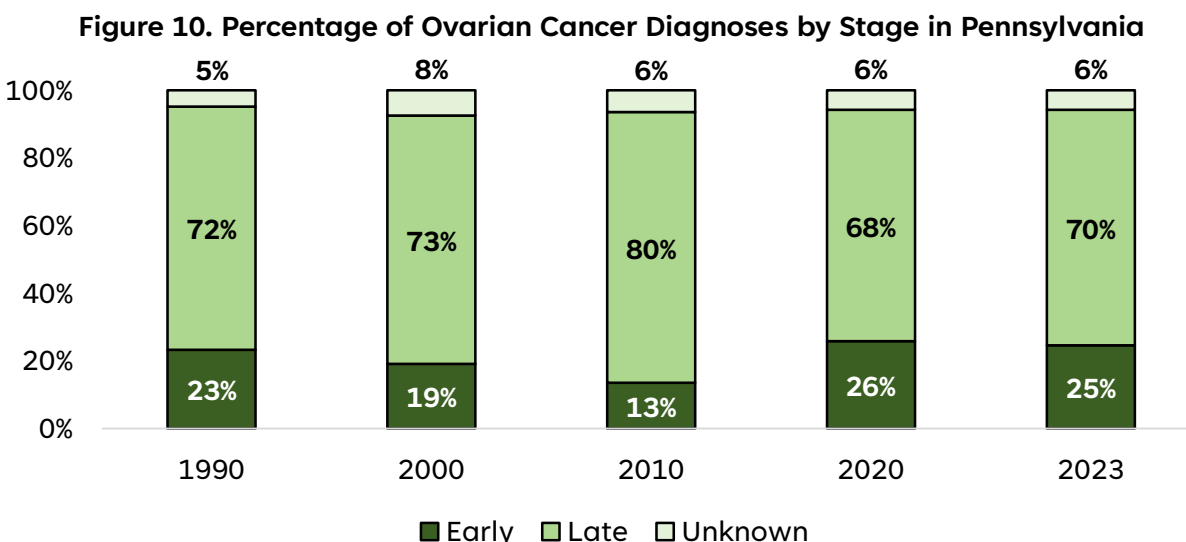


Data Source: Pennsylvania Cancer Registry Dataset, Pennsylvania Department of Health.

Ovarian Cancer

In Pennsylvania, approximately 35,600 ovarian cancer diagnoses were recorded from 1990 to 2023. Of these, approximately 10,000 occurred in rural Pennsylvania and 25,600 occurred in urban Pennsylvania. Overall, 20 percent of ovarian cancer diagnoses in Pennsylvania were at an early stage, while 75 percent were at a late stage. Figure 10 shows the percentage of ovarian cancer diagnoses by stage (early, late, and unknown) for each decade from 1990 to 2023.

The American Cancer Society (2026a) states that there are no reliable screening tests for ovarian cancer, but the transvaginal ultrasound and CA-125 blood test is used most often to screen for ovarian cancer.



Data Source: Pennsylvania Cancer Registry Dataset, Pennsylvania Department of Health.

In 2023, 70 percent of ovarian cancer diagnoses in Pennsylvania were at a late stage and 25 percent were at an early stage. This pattern was consistent across both rural and urban Pennsylvania. Figure 11 shows the number of ovarian cancer diagnoses by stage in 2023.

Figure 11. Number of Ovarian Cancer Diagnoses by Stage in Pennsylvania, 2023

Pennsylvania	Rural PA	Urban PA
• Early: 219 • Late: 622 • Unknown: 52 • Total: 893	• Early: 50 • Late: 164 • Unknown: 15 • Total: 229	• Early: 169 • Late: 458 • Unknown: 37 • Total: 664

Data Source: Pennsylvania Cancer Registry Dataset, Pennsylvania Department of Health.

Conclusion

Women comprise half of Pennsylvania's population, and their health needs span multiple stages of life. Pennsylvania has experienced a long-term decline in the number of births, while the age distribution of birthing mothers has shifted, with a larger share age 35 and older in 2025 than in 1990. This trend demonstrates the changes in the Commonwealth's reproductive and maternal health landscape, especially when it comes to access to care. Cancer diagnosis patterns provide another view of women's health, including differences in the stages at which breast, cervical, and ovarian cancer are diagnosed. Together, these data provide insight into the range of health factors affecting women in Pennsylvania and can highlight the differences in rural and urban communities.

Background

How is Total Fertility Rate Calculated and Why is it Important?

According to the World Health Organization (WHO, 2023), the total fertility rate (TFR) is "the average number of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality."

In this report, TFR is calculated by summing age-specific fertility rates (women ages 15 to 44) over a five-year interval. The WHO (2023) defines age-specific fertility rates as follows: "an age- or age-group-specific fertility rate is calculated as the ratio of annual births to women at a given age or age-group to the population of women at the same age or age-group, in the same year, for a given country, territory, or geographic area."

This rate is measured in children per women. A TFR of approximately 2.1 children per women is commonly considered the replacement-level fertility rate in developed countries, assuming current mortality and no net migration (Craig, 1994).

Fertility is an important component of population change, alongside mortality and migration. The Organisation for Economic Co-operation and Development (OECD, 2022) explains, "Together with mortality and migration, fertility is an element of population growth, reflecting both the causes and effects of economic and social developments. The reasons for the dramatic decline in birth rates during the past few decades include postponed family formation and child-bearing and a decrease in desired family sizes."

Definitions

***Pregnancy-associated death** is the death of an individual while pregnant or up to one year from the end of a pregnancy regardless of the outcome, duration, or site of the pregnancy. These deaths include pregnancy-related deaths and pregnancy associated but not related deaths.

****Pregnancy-related death** is the death of an individual while pregnant or within one year of the end of a pregnancy from a pregnancy complication, a chain of events initiated by the pregnancy, or the aggravation of an unrelated condition from the physiological

changes of pregnancy. Pregnancy-related deaths may happen because the pregnancy causes a new medical (including mental) health problem, starts a chain of events that lead to death, or makes an unrelated condition worse. Deaths are pregnancy-related if the person's death would not have occurred at that time if the individual had not been pregnant.

*****Pregnancy-associated but not related death** is the death of an individual while pregnant or within one year of the end of pregnancy from any cause that is not related to pregnancy. This can include a cause of death such as a car accident.

***Pregnancy-related mortality ratio (PRMR)** is the number of pregnancy-related deaths per 100,000 live births. It is a ratio, rather than a rate, because the denominator contains only live births and not all pregnancies regardless of outcome, duration, or site.

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