

Executive Summary

Our latest national report on maternity care access in the United States (US) reveals a stark reality; where you live matters when it comes to the options available for maternity care. While some progress has been made to increase access to care, such as expanding and extending Medicaid, we continue to witness steady reports of obstetric unit closures and workforce shortages. In fact, 1 in every 25 obstetric units in the US shuttered their doors in the last 2 years, resulting in fewer choices, increased stress, and greater travel times for birthing people. The 2024 Nowhere to Go: Maternity Care Deserts in the US report reveals that over 35% of counties are considered maternity care deserts. This means that in 1,104 US counties, there is not a single birthing facility or obstetric clinician. These counties are home to over 2.3 million women of reproductive age and are the resident county of women who gave birth to over 150,000 babies in 2022.

Our most comprehensive analysis to date confirms that women living in maternity care deserts and counties with low access to care have poorer health before pregnancy, receive less prenatal care, and experience higher rates of preterm birth. Our analysis revealed an excess of over 10,000 preterm births among those living in maternity care deserts and limited access counties in 2020-2022. These findings affirm that US systems, policies, and environments are failing moms and babies.

Over 1 in 3 US counties lack a single obstetric clinician, and in many parts of the country obstetricians-gynecologists (OB-GYNs) and family physicians who deliver babies are leaving the workforce. Moreover, while midwives could supplement the obstetric workforce, 23 states have policies that inhibit them

from administering the level of care they were trained to provide. Furthermore, 70% of birth centers in the US are within just 10 states. Our report examines policies that reduce barriers to integrating midwives into the healthcare system and make opening and sustaining birth centers more attainable. Both could provide more options for birthing people, decrease health expenditures, and improve satisfaction and birth outcomes. In addition, the report offers insights into how low insurance reimbursement rates and payment structures contribute to hospital closures, especially in rural areas.

Improved access and increased options for care are possible. March of Dimes will continue to lead the fight to improve health for all moms and babies. As a nation, we must redefine a positive pregnancy experience beyond mere survival, striving for an environment free from discrimination irrespective of geographical location, insurance status, sexual orientation, or racial and ethnic background. The data in this report underscores the need for immediate action to improve the pregnancy and birth experience for moms nationwide.

March of Dimes urges policymakers, healthcare providers, and communities to work together to ensure that all moms and babies receive quality care.