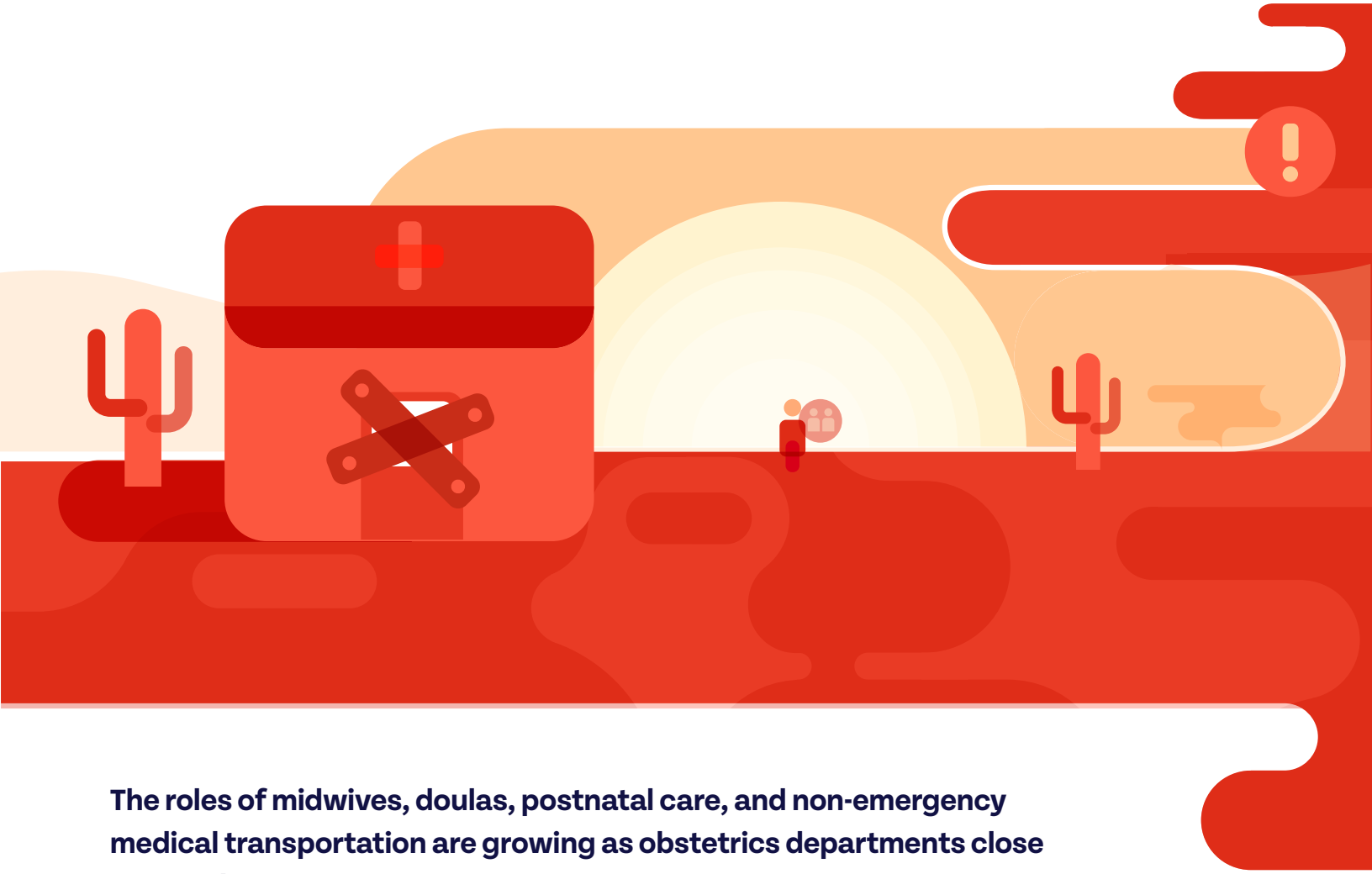
SafeRide Health

WHITE PAPER

What Happens When a Community Loses Its Maternity Care?



The roles of midwives, doulas, postnatal care, and non-emergency medical transportation are growing as obstetrics departments close across the country.

In many areas across the United States, it's gotten more challenging for women to receive essential maternity care. Hundreds of hospitals have closed their labor and delivery departments, and obstetricians are leaving a specialty that can be perceived as a legal minefield. What are the consequences of these shrinking resources? Research has shown that distance to care can affect maternal health outcomes, drive up patient costs, and make it more challenging to access pre- and postnatal care.

For years, the maternal mortality rate in the U.S. has been higher than in other industrialized nations—especially for Black women, for whom the rate is twice as high as the national average—and access to maternity care is just one of the reasons health experts cite for this disparity. Other factors that can contribute to maternal mortality, defined as the death of a woman while pregnant or up to 42 days post-pregnancy, include social determinants of health, insurance coverage, access to postpartum support and care, and clinician bias.

There are multiple proposed solutions to help address these issues, including support for midwifery programs, access to doulas, and better postnatal care and support. It's also become even more important to ensure that Medicaid enrollees with transportation barriers have access to high-quality non-emergency medical transportation (NEMT) so they can get the care they desperately need during and after their pregnancy.

Where Are We Now: Shrinking Access to Maternity Care

Between 2010 and 2022, more than 500 hospitals stopped offering obstetric care—238 in rural communities and 299 in urban areas, while 138 U.S. hospitals added obstetric care, according to a study by the University of Minnesota's School of Public Health published in JAMA. That drove the percentage of U.S. hospitals without labor and delivery services from 35% to 42%, and it was even higher for rural hospitals: more than half (52%) lacked obstetric services by 2022. Industry experts believe it's likely higher today in the wake of the *Dobbs v. Jackson* Supreme Court decision overturning *Roe v. Wade*.

"Maternal mortality is a tragedy for too many families, and the consequences reverberate for generations. Closure of obstetric units and further limiting access to quality health care is only going to make the problem worse," Distinguished McKnight University Professor and lead author Katy Kozhimannil said when the study was released. "Rural hospitals not only started with fewer obstetric services but also experienced more severe losses over time, leaving rural residents with fewer options and longer distances to travel—often at times when patients are in urgent need of timely care."

Medicaid covers 40% of all births in the United States, and the federal health insurance program doesn't always cover all provider costs, the researchers said, so hospitals have chosen or been forced to close unprofitable labor and delivery departments. Workforce challenges and inconsistent patient volume also have made it difficult for some hospitals to maintain these services.

The loss of hospital obstetric services can leave entire counties without a single birthing facility or obstetric clinic to keep pregnant women and new mothers healthy—these counties are known as maternity care deserts. A 2024 report from The March of Dimes showed that more than 35% of U.S. counties (1,104 total) were considered maternity care deserts, and more than 2.3 million reproductive-aged women live in these counties.

The problem is likely to persist, at least in certain areas of the country, as obstetricians leave the field citing the legal ramifications and uncertainty created by the Dobbs decision. In Idaho, for example, which has a full abortion ban in effect, the total number of obstetricians decreased from 227 to 176 from 2022 to 2023. In states with strict abortion laws, 39% of counties are considered maternity care deserts, compared with 25% in states with access to abortion.

For these reasons and others—including an aging cohort of providers, long and unpredictable hours, the ongoing concern about lawsuits, etc.—obstetrics is facing a nationwide shortage, with supply decreasing and demand increasing. By 2030, the U.S. is expected to see a deficit of 5,000 OB-GYNs, according to the Department of Health and Human Services. The good news is that these concerns do not seem to be keeping medical students from accepting OB-GYN residencies, and nearly all open obstetrics residency openings were filled in 2025.

Shrinking Access to Maternity Care in the U.S.

537

U.S. hospitals stopped offering obstetric care between 2020 and 2022

52%

of rural hospitals offered no labor and delivery department in 2022

34%

of U.S. counties were maternity care deserts in 2024

5,000

fewer OB-GYNs than needed are expected to be practicing by 2030

Impact of Maternity Care Access on Health Outcomes

As access to maternity care becomes more difficult, the risk is that there are women who do not or cannot get the care they need, when they need it. Imagine going into labor and knowing that the nearest hospital with a labor and delivery department is more than an hour away, so you can either try to drive that distance or go to a hospital that isn't as well-equipped. These distances can have a negative impact on health outcomes: "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," according to the March of Dimes report.

For example, a study of nearly 5 million births in 1,086 rural counties between 2004 and 2014 found that losing obstetric services in rural counties not located next to urban areas was associated with increases in "rates of out-of-hospital births, births in a hospital without obstetric services, and preterm births, as well as an increase in low prenatal care use." The study pointed out that "when a rural hospital stops providing obstetric care or closes entirely, the risks associated with the clinical management of childbirth shift from the hospital to local clinics and staff that may not be equipped to provide obstetric services or to distant communities, with whom rural residents may have little connection."

Another study of Pennsylvania births between 2011-2015 found that as distance to delivery hospitals increased, so did the risks of poor health outcomes for the pregnant mother and the risk that their babies would have to be admitted to the NICU. The March of Dimes Report found that more than 10,000 preterm births took place among those living in maternity care deserts and limited-access counties in 2020-2022.

> "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."
>
> **March of Dimes 2024 Report**
> *Nowhere to Go: Maternity Care Deserts Across the US*

What Works: Ensuring Women and Babies Get the Care They Need

There are strategies to counteract the dwindling supply of maternity services. Community-based birth centers employ Certified Nurse-Midwives and Certified Midwives to manage low-risk pregnancies, partnering with hospitals in case complications arise. These centers can provide continuous supportive care during and after labor, which has been associated with fewer C-Sections, shorter labor, healthier newborns, and higher patient satisfaction. The use of community-based doulas has been shown to have similar benefits and to address health disparities, and many states have moved to cover these services as a benefit of Medicaid. Certified midwives can also be an option for low-risk home births, when appropriate.

Aside from the medical and individual benefits of these options, they can also be cost effective. One analysis found that if just 10% of births shifted to freestanding birth centers or took place at home, it could save nearly $11 billion per year in the U.S. without compromising safety.

Despite the benefits, some states have policies that limit the role of certified midwives, with just over half of U.S. states (27 + D.C.) allowing CNMs full practice authority. The March of Dimes report found that 70% of birth centers in the U.S. are located within just 10 states.

Without these solutions, women are faced with difficult choices about how and where to access prenatal care and where to have their babies. One resource that can help expand access to care is the use of non-emergency medical transportation for Medicaid enrollees who have transportation barriers. If pregnant and postpartum patients enrolled in Medicaid are educated about their Medicaid NEMT benefit, they can simply call or book a ride on their phones when they have an upcoming medical appointment—removing one source of stress and ensuring they get to care.

Unlike many other brokers, SafeRide Health even offers on-demand rides via rideshare or NEMT when needed. While booking requirements and approved travel distances vary by Managed Care Organization, there is no doubt that these benefits can help women get the care they need.

These transportation services can be essential: Birthing women in the U.S. travel an average of 16 minutes by car (without traffic) to their nearest birthing hospital, according to the March of Dimes, but those travel times increase to 26 minutes for rural moms and 38 minutes for people living in a maternity care desert. Women living in North Dakota, Montana, Mississippi, South Dakota, and Nevada travel even longer.

“It’s not uncommon for me to get a call that the mom just delivered at the gas station, and then I just wait for them at the emergency department,” Dr. Kristy Acosta, a family medicine and obstetric care clinician at Brownfield Regional Medical Center in Texas, told the March of Dimes.

In the past year, SafeRide Health has provided more than 40,000 rides to women needing OB/GYN services across the country. As an NEMT partner for dozens of health plans and provider networks, SafeRide is committed to ensuring that these patients get caring, prompt transportation assistance when they need it. Having a baby can be a stressful (but exciting) time for any family, and we believe that getting to a birth center, clinic, or hospital should be the least of their worries.

27

The number of states (plus the District of Columbia) that have policies that allow Certified Nurse-Midwives full practice authority, without physician supervision.

$11B

Potential healthcare savings if an additional 10% of births took place in a birth center or at home.

38 min

Average driving time by car to the nearest birthing hospital without traffic for those living in a maternity care desert.

SafeRide Health is a technology and services company dedicated to reducing barriers to care by improving the delivery of non-emergency medical transportation (NEMT) to people nationwide. SafeRide Health leverages proprietary technology and a nationwide network of vetted transportation providers to elevate human dimensions of care and close the gap between need and access for the nation's most vulnerable populations. SafeRide's scalable and intuitive platform gives payers and health systems a more intelligent way to deliver cost-effective, on-demand transportation that connects health plan members to critical healthcare services. SafeRide serves the country's largest Medicare Advantage, Medicaid, and provider programs.

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