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Rural Maternal Health Landscape

Presentation to the Maternal Health Data and Quality Measures Task Force

Virginia Department of Health

Office of Family Health Services and Office of Health Equity

September 24, 2025

Background

- Maternity care deserts are typically defined as counties where there are no hospitals or birth centers offering obstetric care and no obstetric providers (March of Dimes, 2024)
- The State Office of Rural Health defines a maternity care desert as
    - An area where women have to travel more than 30 minutes by car from the population-weighted centroid of a census tract, which has over 20% of its population living below 200% of the Federal Poverty Level (FPL) and is also designated as a Health Professional Shortage Area (HPSA)
- Maternity care deserts are particularly common in rural communities, especially in Southern states

Common Contributing Factors to Maternity Care Deserts

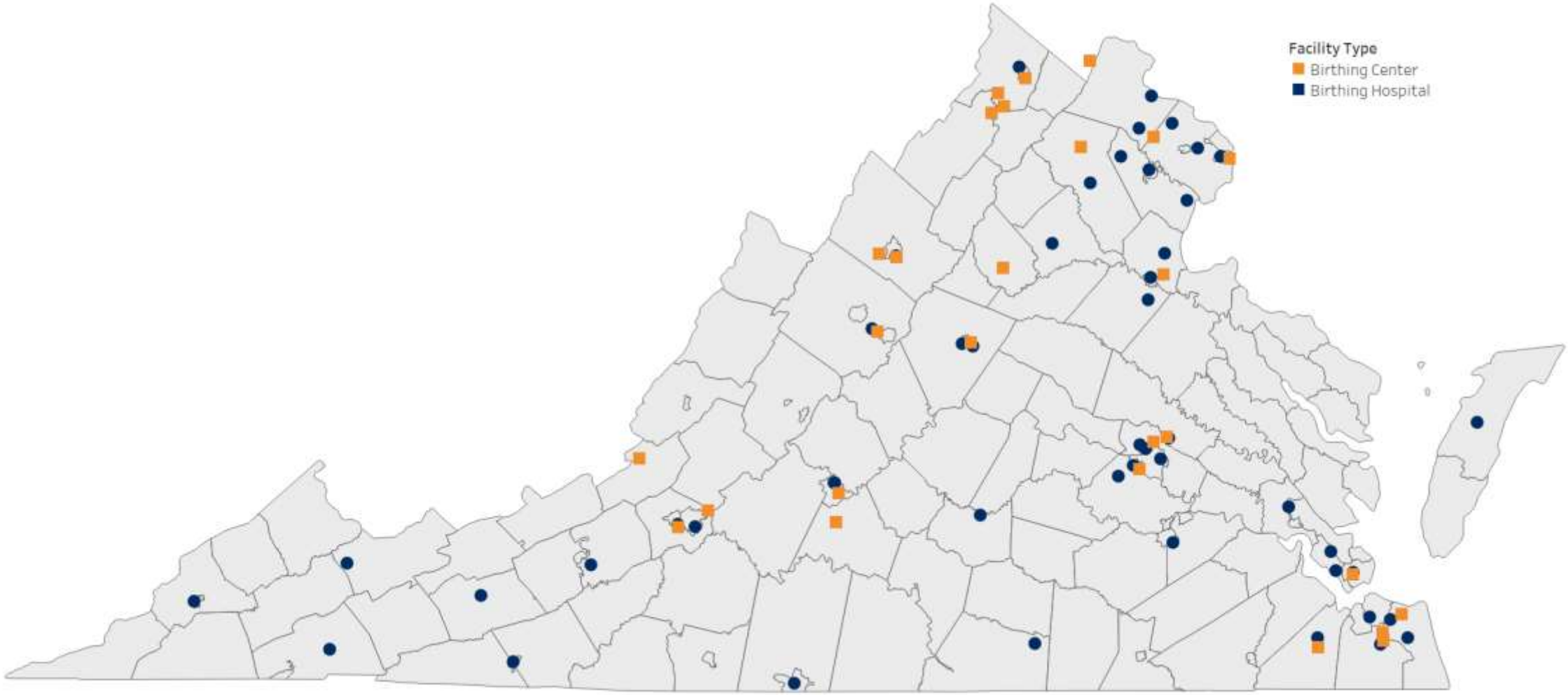
- **Hospital Obstetric Unit (L&D) Closures.** Primary causes include: low birth volume/declining birth rates, high cost of care, staff shortages, and hospital financial instability
  - Some hospitals have services like neonatal intensive care units (NICUs) that generate enough revenue to supplement the financial. However, many hospitals, especially rural hospitals, lack NICUs or other specialty units that could help with costs
  - Across the nation, hospital labor and delivery units have been closing at increasing rates, contributing to a rise in the number of maternity care deserts
- **Perinatal Workforce Shortages**. In hospitals and beyond, there is a shortage of obstetric clinicians (obstetricians-gynecologists (OB-GYNs), certified nurse-midwives (CNMs), certified midwives (CMs), and family physicians
  - OB-GYN shortage: burnout, retirement, demanding schedules, low compensation, and increasing liability concerns leading (ACOG)
  - As hospitals close, providers tend to move out of these areas, further exacerbating the problem
- **Barriers for Birthing Centers.** Determine the best way to recognize and reimburse birthing centers

March of Dimes, 2024; Health Law 2024; California Hospital Association, 2025; NASHP, 2024

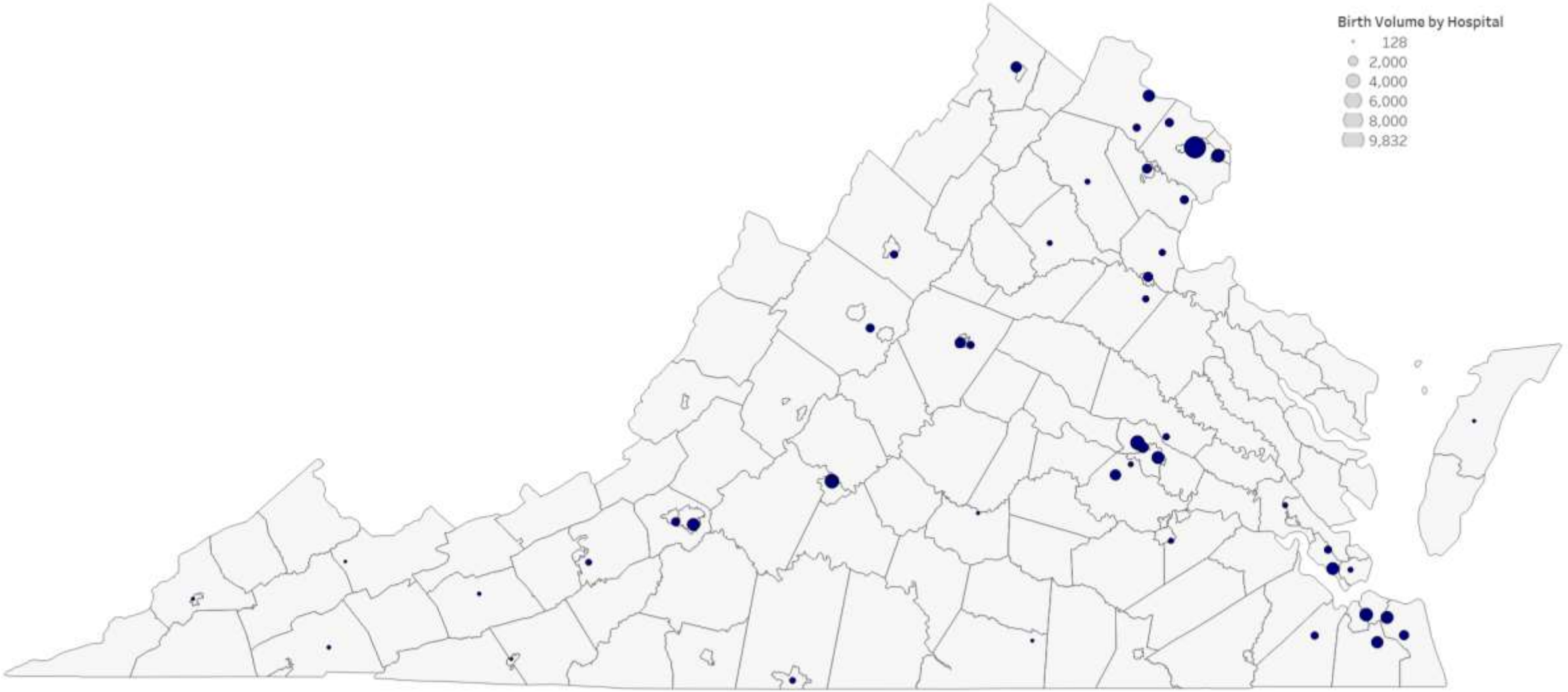
Common Impacts of Maternity Care Deserts on Health Outcomes

- Geographic isolation from comprehensive perinatal care increases the risk of pregnancy complications and death (Health Law, 2024; Center for Healthcare Quality and Payment Reform, 2025)
- Preterm birth rates are higher in maternity care deserts than full access counties for all race/ethnicities (March of Dimes, 2024)
- Increased distance to maternity care increases the likelihood of unexpected out-of-hospital births, which increases the risk of neonatal morbidity (March of Dimes, 2024)
- Inability to reach care quickly can lead to financial and emotional strain, including prenatal stress and anxiety (March of Dimes, 2024)
- Closures disproportionately impact people of color and low-income individuals (Health Law, 2024)

Map of Birthing Hospitals and Birth Centers (2024)



Birth Hospitals by Volume (2024)



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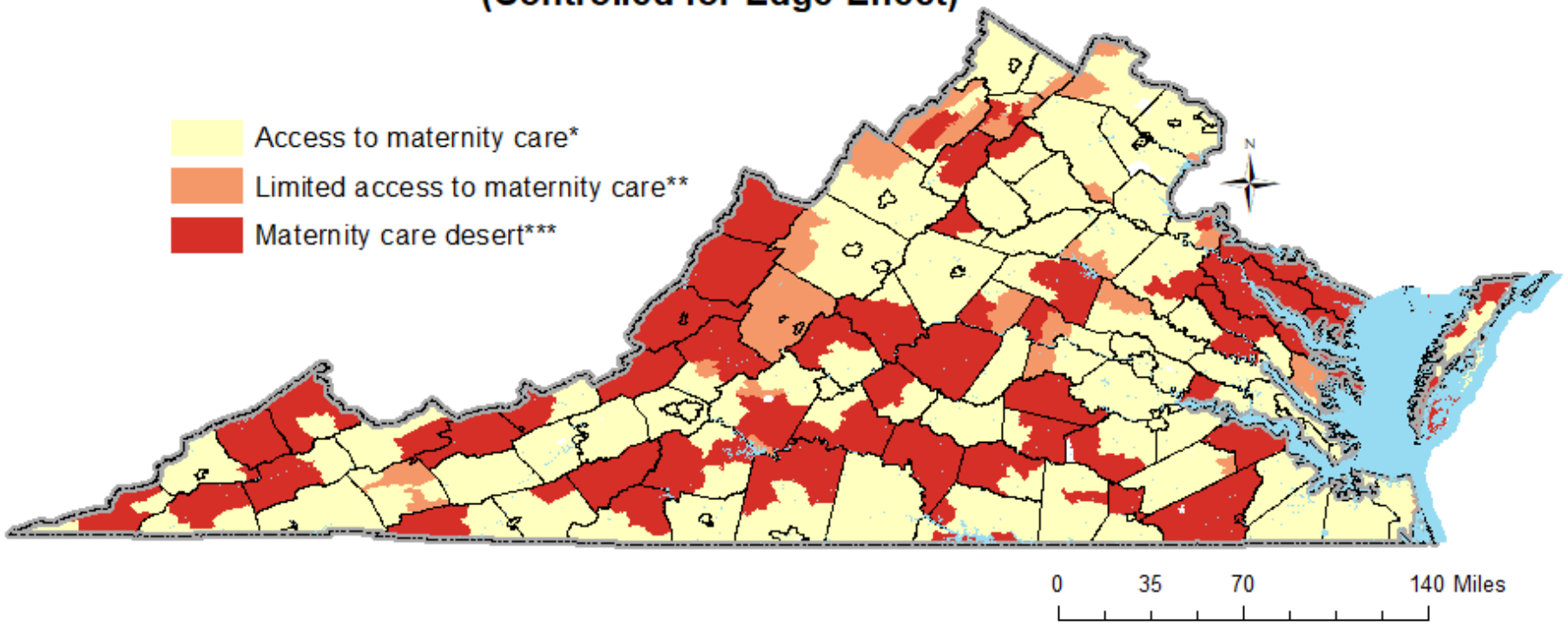
A Study of Obstetric Unit Closures, Maternal Care Deserts, and Birth Outcomes in Virginia

Part 1: Levels of Maternal Care Access Across Virginia

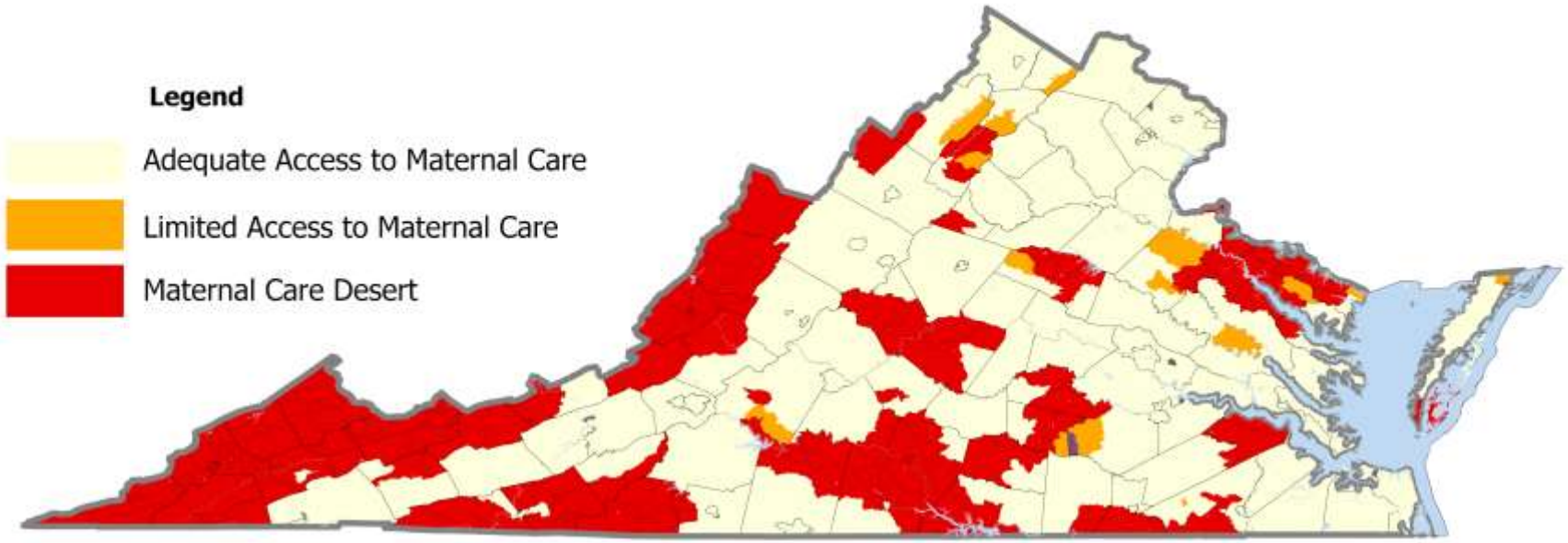
Virginia

Level of Access to Maternity Care

(Controlled for Edge-Effect)



*Access to maternity care – OBGYN access within 30 minutes drive time from the Population Weighted census tract centroid
**Limited access to maternity care – OBGYN access over 30 minutes drive time from the Population Weighted census tract centroid
***Maternity care desert - OBGYN access over 30 minutes drive time from the Population Weighted census tract centroid, with over 20% of Population living below 200 Federal Poverty Level and located in Health Professional Shortage Area (HPSA)



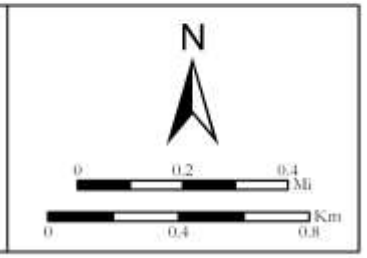
* The Maternal Care Desert was assessed using three indicators: 1. Drivetime exceeding 30 minutes to the nearest OBGYN provider (FTEs), 2. The designation of Health Professional Shortage Area (HPSA), and 3. The percent of the population living below 200% of the federal poverty level (if more than 20%). Desert areas were defined as census tracts that met all three of these criteria.

**Limited access to maternal care is defined as living over 30 minutes from the nearest OBGYN in an area that does not meet the established criteria for a Health Professional Shortage Area (HPSA) or poverty level below 200% of the Federal Poverty Level (FPL).

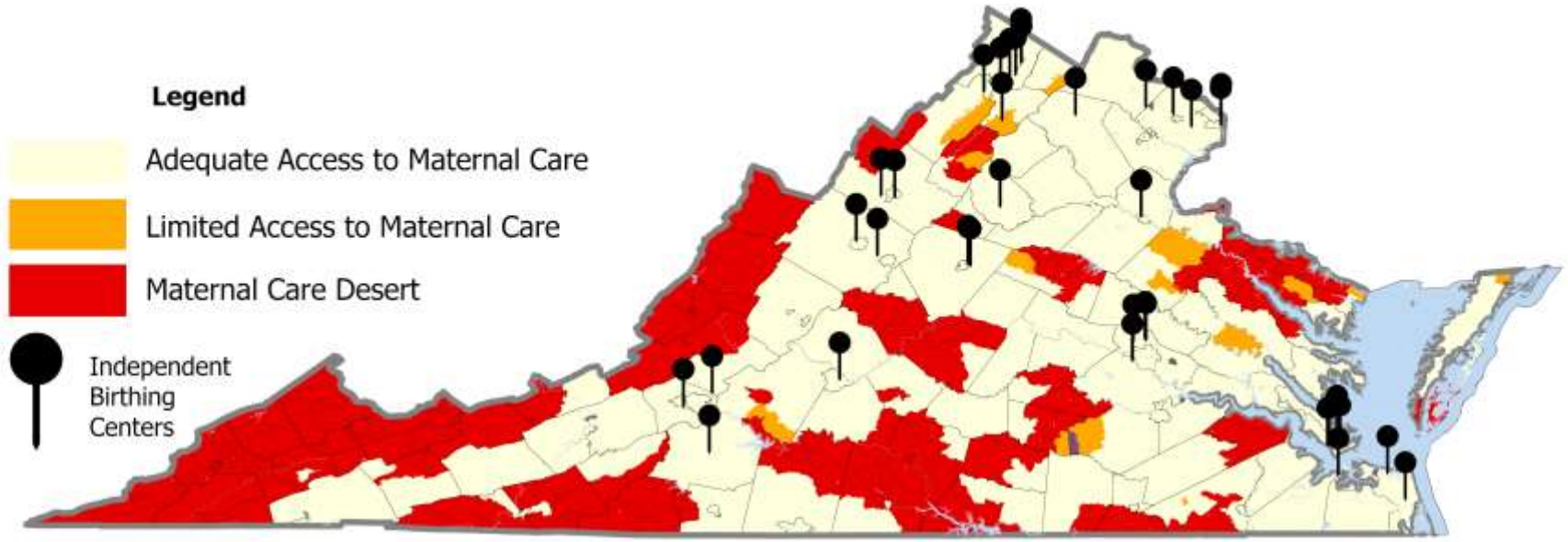
***Adequate access to maternal care is defined as living in areas that do not meet all 3 criteria

Virginia

Levels of Maternal Care Access by Census Tract



Data Sources: VDH, Office of Health Equity OBGYN providers (FTEs) data (2025), American Community Survey (ACS) 2022



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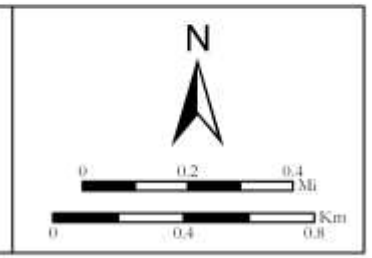
Virginia

Levels of Maternal Care Access by Census Tract Overlaid with Independent Birthing Centers Locations



Data Sources: VDH, Office of Health Equity OBGYN providers (FTEs) data (2025), American Community Survey (ACS) 2022

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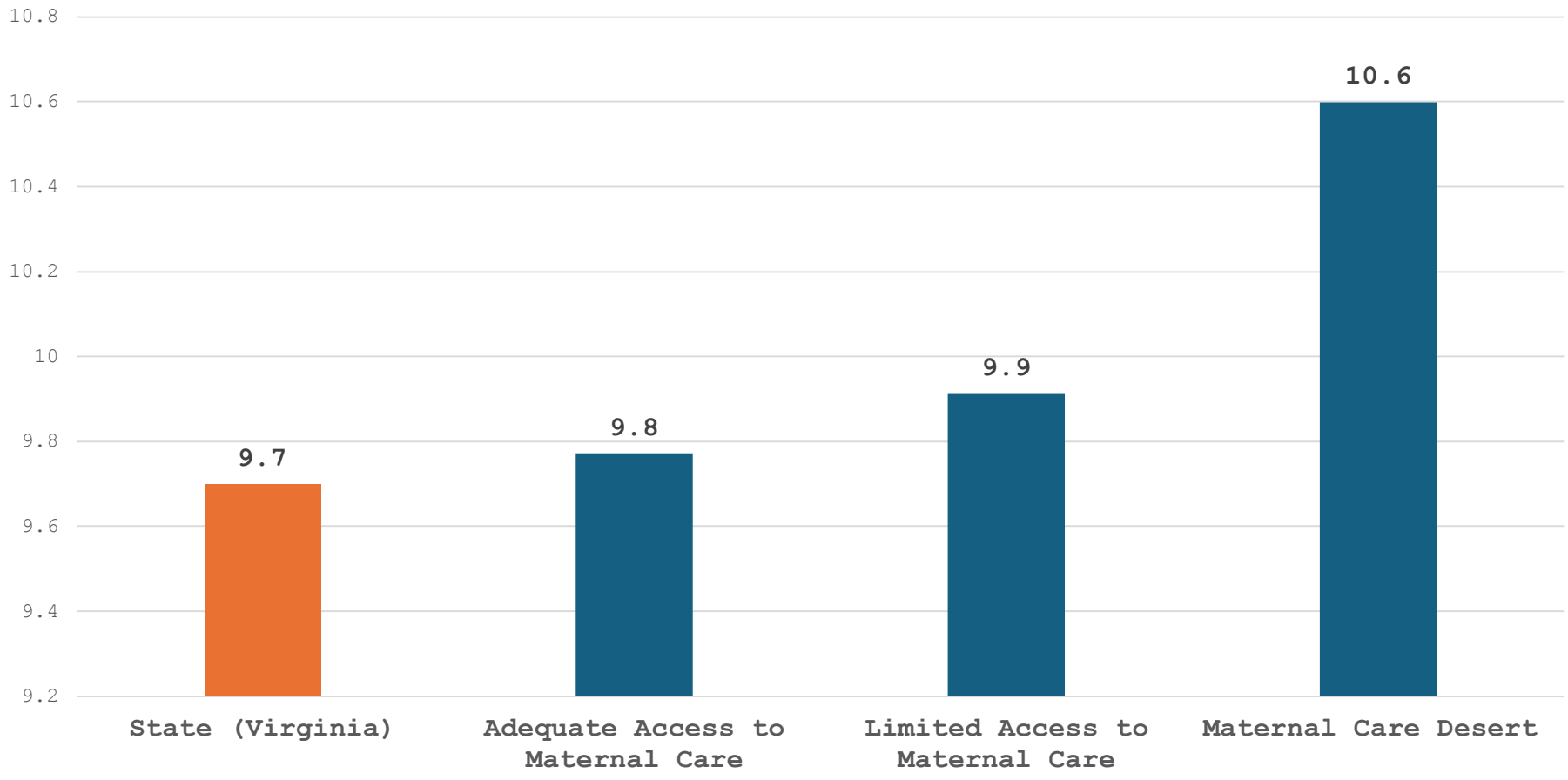
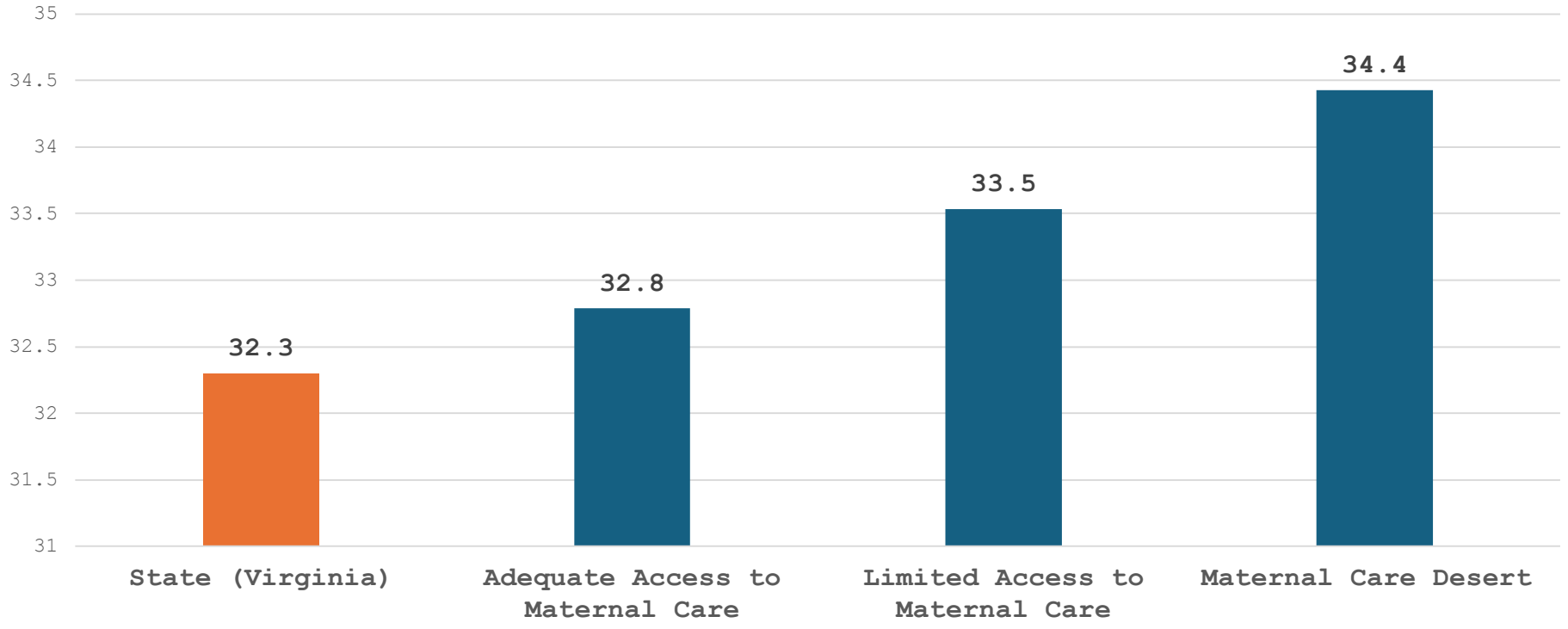
Preterm Birth as a Percentage of Total Births by Maternal Care Access Designation, 2020-2023



Percentage of All Births with Cesarean Delivery by Maternal Care Access Designation, 2020-2023



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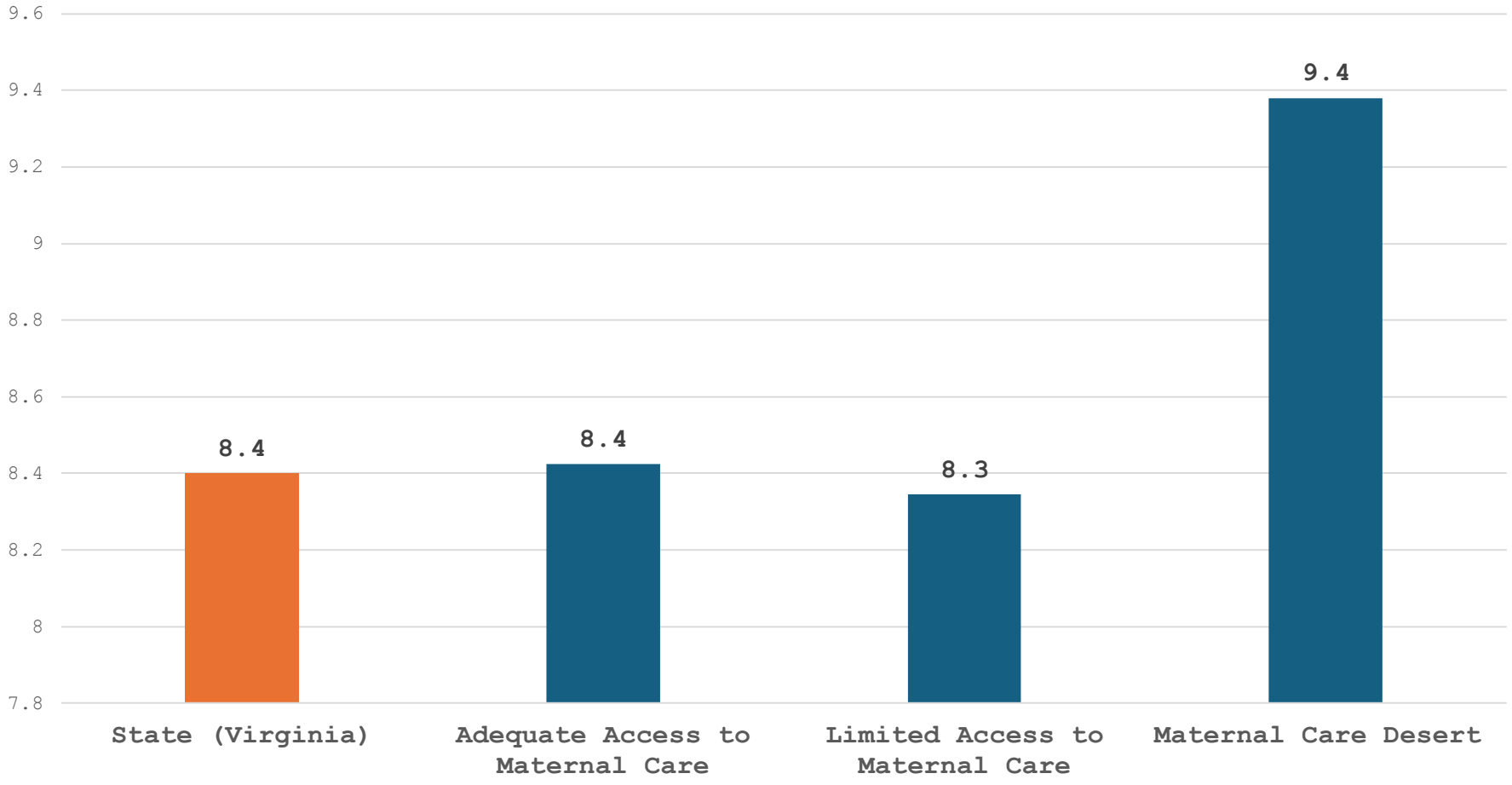
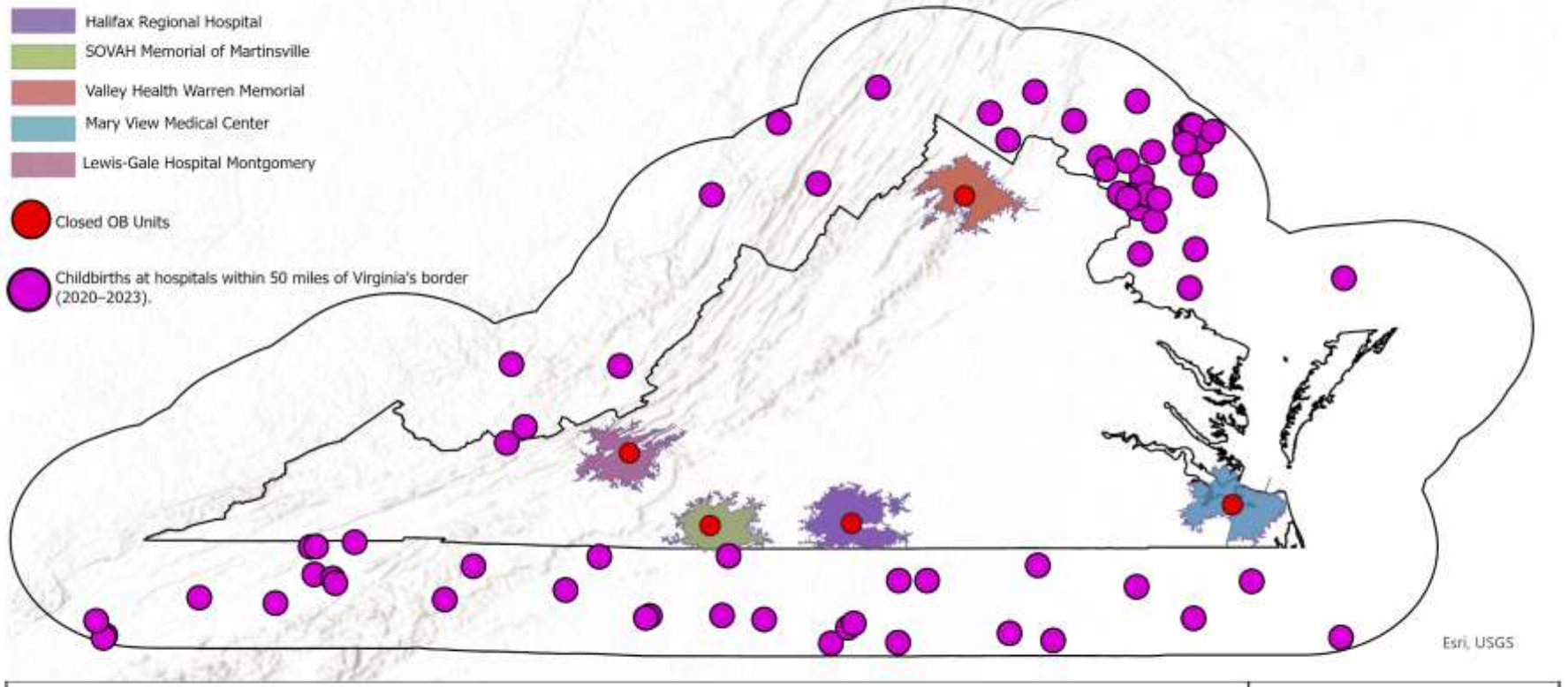
Percentage of All Births with Low Birth Weight by Maternal Care Access Designation, 2020-2023



Part 2: Impact of Obstetrics Unit Closure Across Virginia

Geographical Locations of Select Closed Obstetric Units in Virginia (2018-2024)



The map shows the locations of five closed OB units and the neighboring out-of-state hospitals that Virginia mothers utilized for births during the study period

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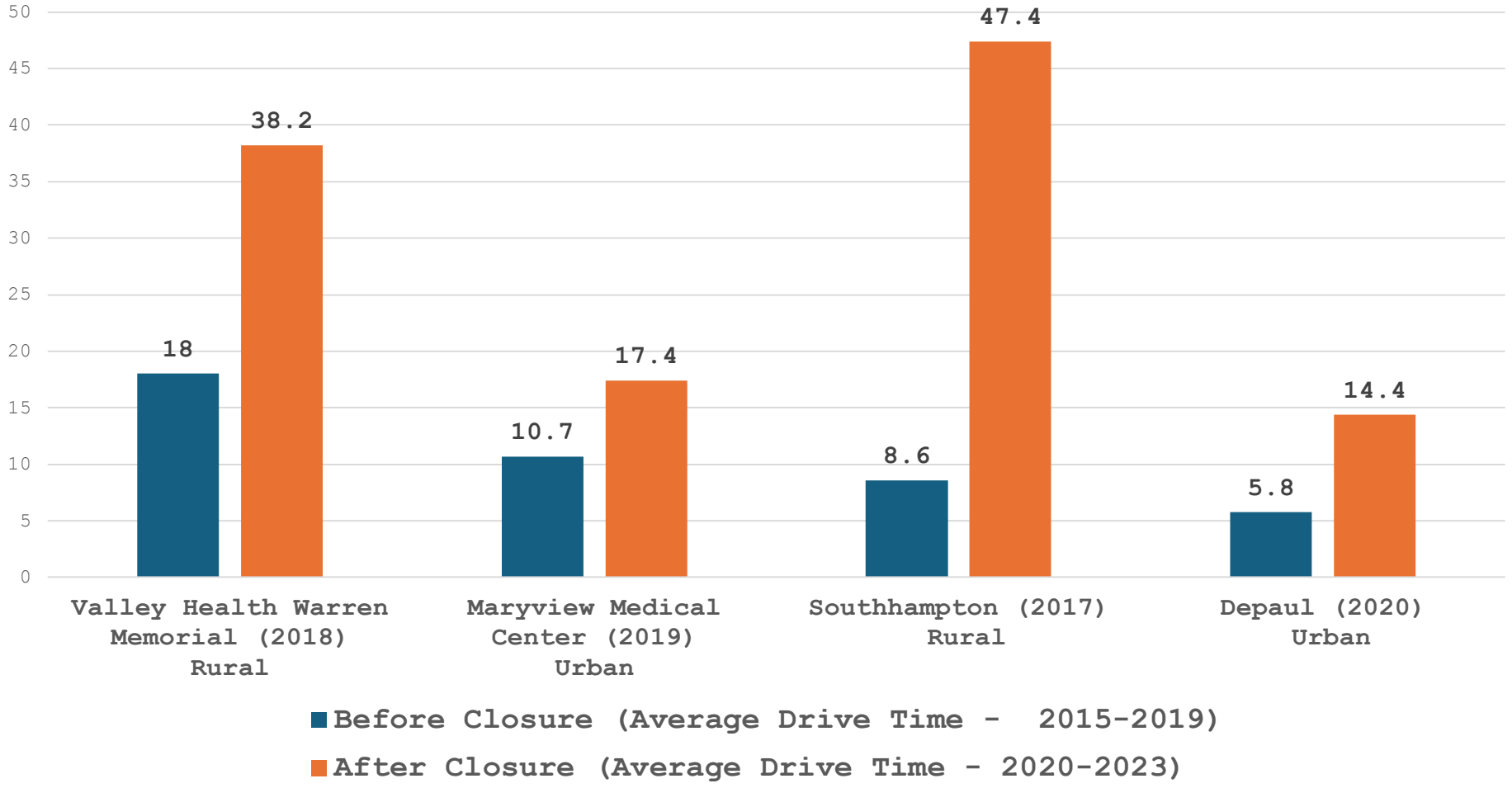
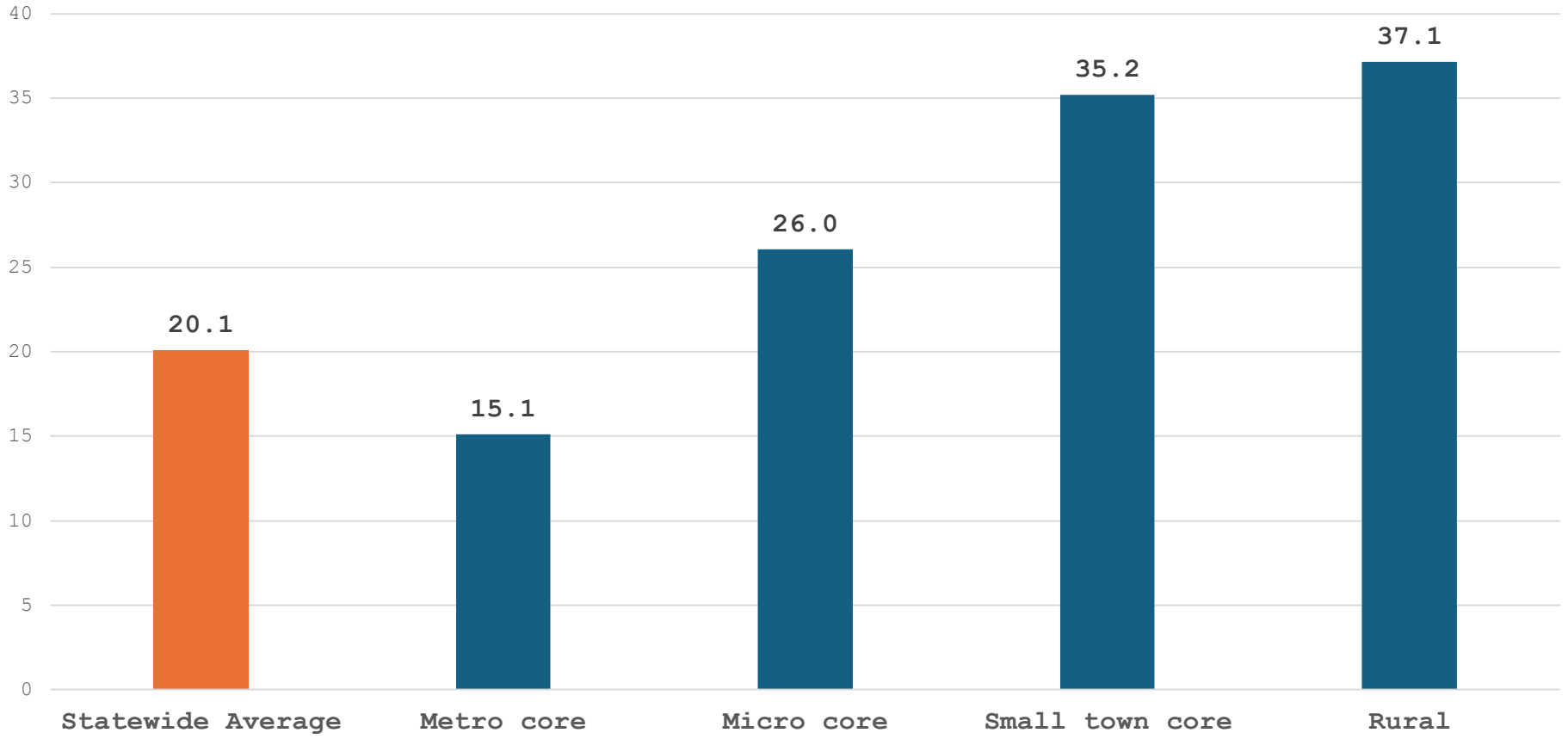
Catchment Area Average Drive Time (Minutes): Pre & Post Obstetric Unit Closures (Catchment area for this chart is defined as Census Tracts that represent 85% of each closed hospitals total birth)



Average Drive Time in Minutes For Labor & Delivery Services by Rural-Urban Designation



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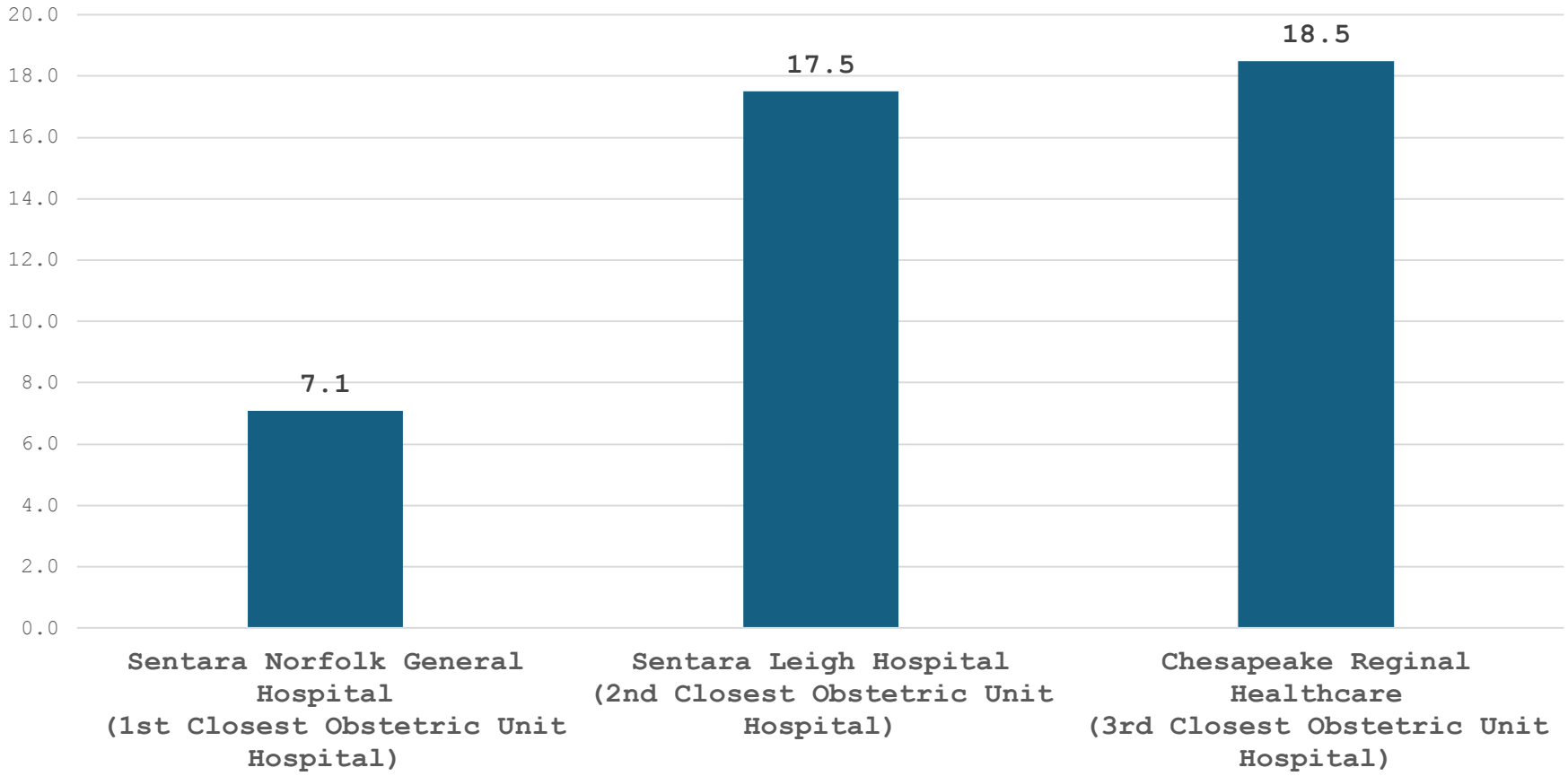
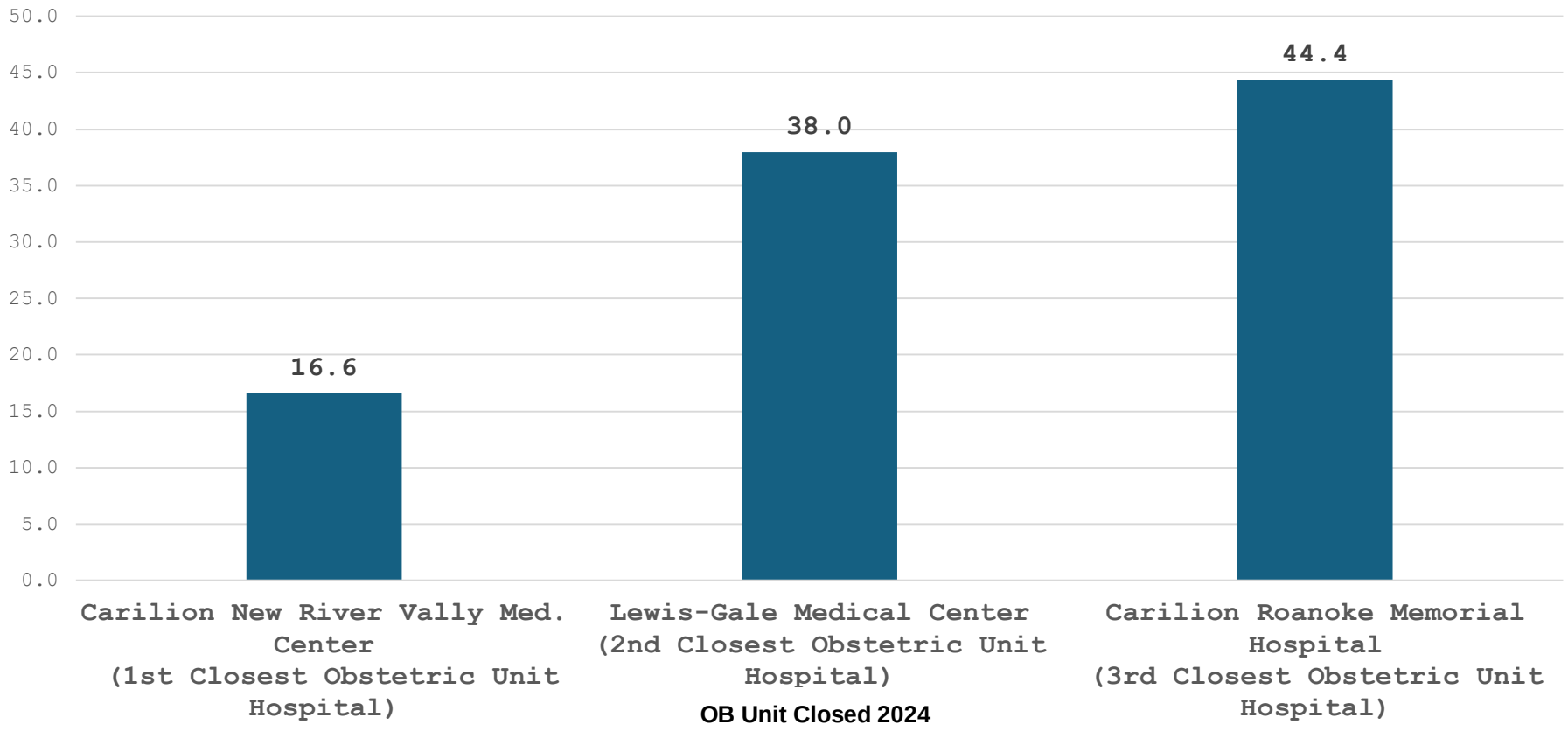
Post-Maryview Medical Center Obstetric Unit Closure: Drive Time (Minutes) to the Three Closest Hospitals from the Population-Weighted Center of the Census Tract of the Closed OB Unit



Post-Lewis-Gale Hospital (Montgomery) Obstetric Unit Closure: Drive Time (Minutes) to the Three Closest Hospitals from the Population-Weighted Center of the Census Tract of the Closed OB Unit



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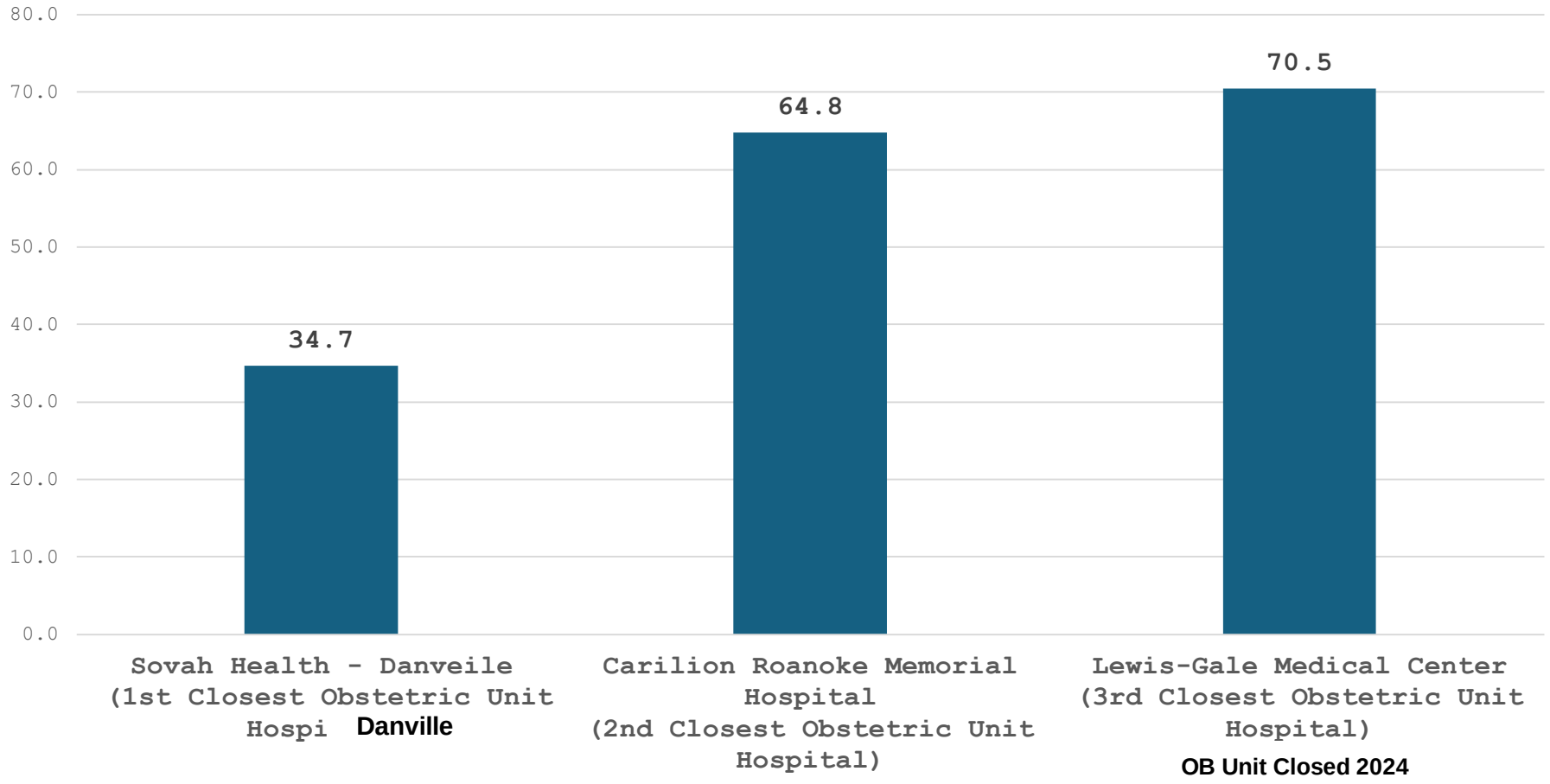
Post-Sovah Memorial (Martinsville) Obstetric Unit Closure: Drive Time (Minutes) to the Three Closest Hospitals from the Population-Weighted Center of the Census Tract of the Closed OB Unit



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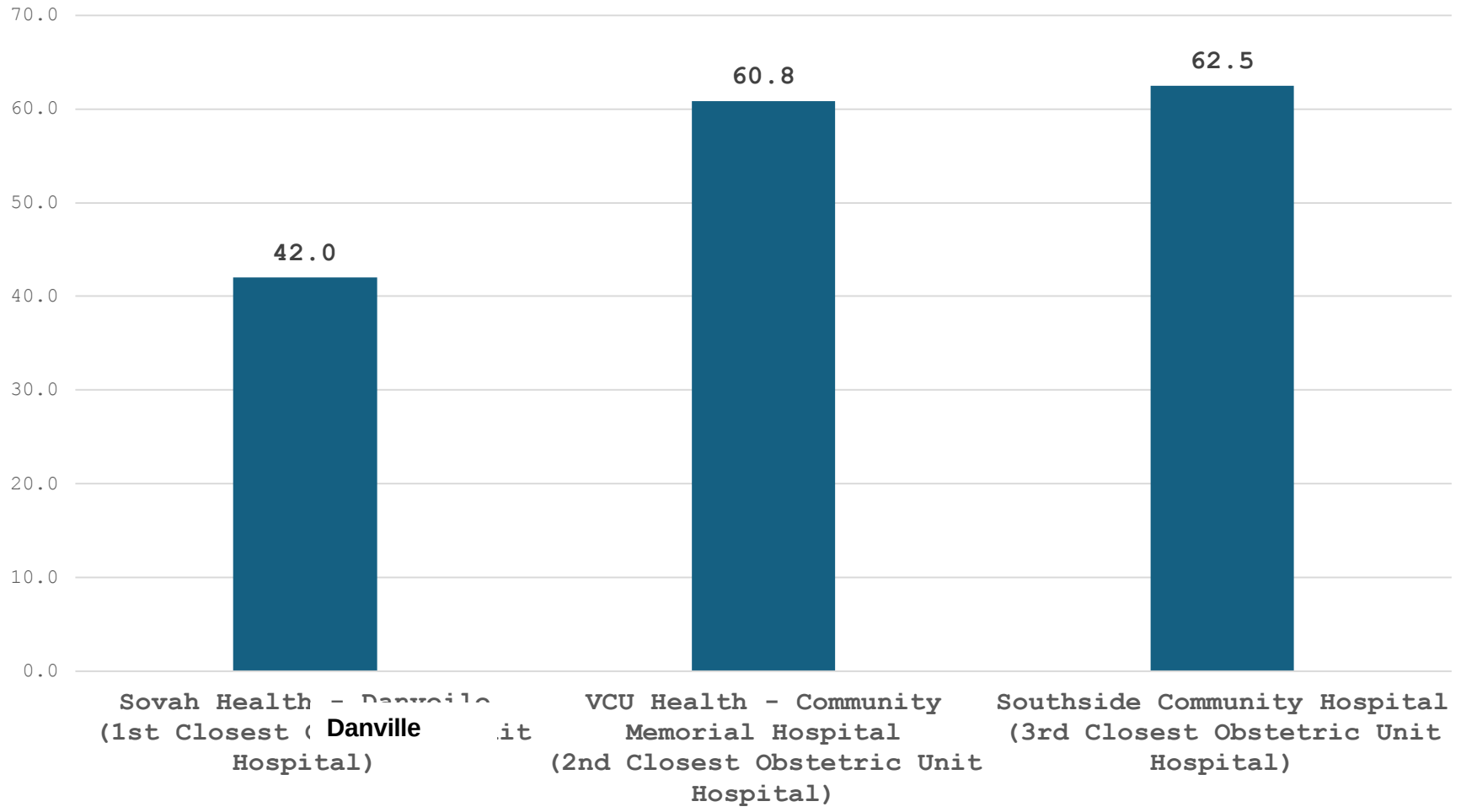
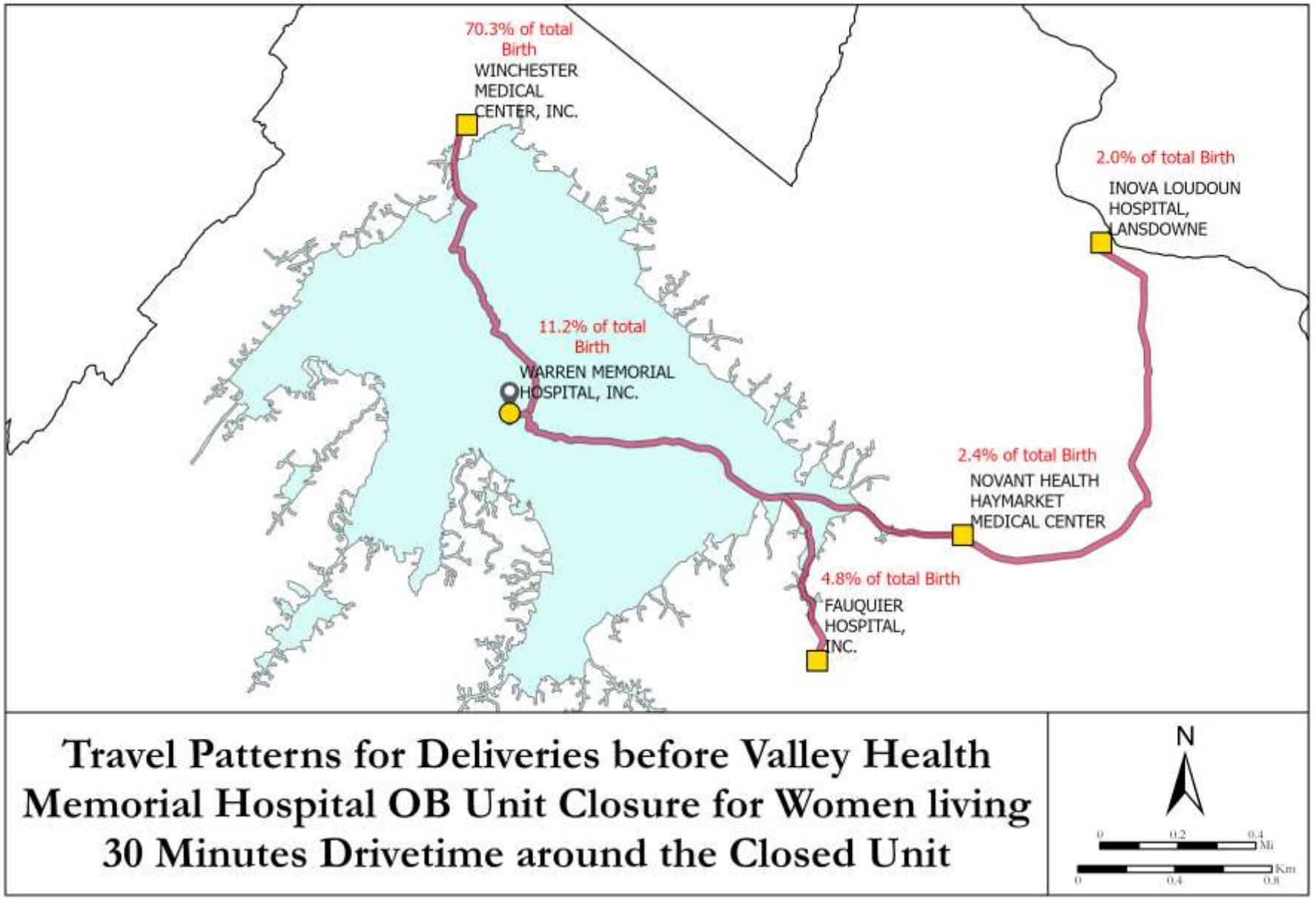
Post-Halifax Regional Hospital Obstetric Unit Closure: Drive Time (Minutes) to the Three Closest Hospitals from the Population-Weighted Center of the Census Tract of the Closed OB Unit



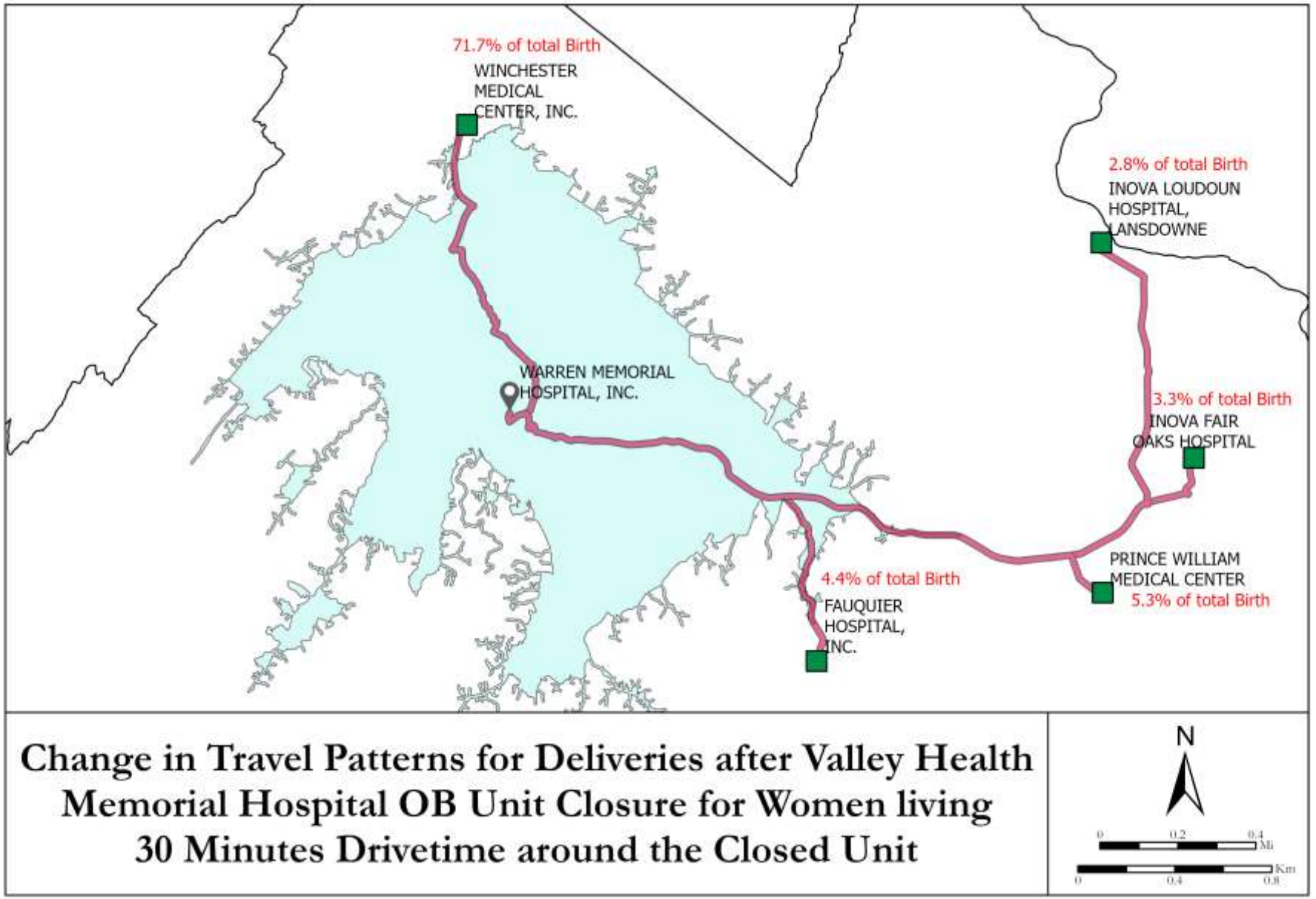
Part 3: Travel Patterns (Pre-Post) Hospital Obstetrics Unit Closure

Case Study: Valley Health Memorial Hospital



Date Sources: Virginia Vital Statistic Data, 2015 - 2017

Note: The catchment area's total deliveries at these hospitals comprise 90.7% of the total.



Change in Travel Patterns for Deliveries after Valley Health Memorial Hospital OB Unit Closure for Women living 30 Minutes Drivetime around the Closed Unit

Date Sources: Virginia Vital Statistic Data, 2020 - 2023
Note: The catchment area's total deliveries at these hospitals comprise 87.5% of the total.

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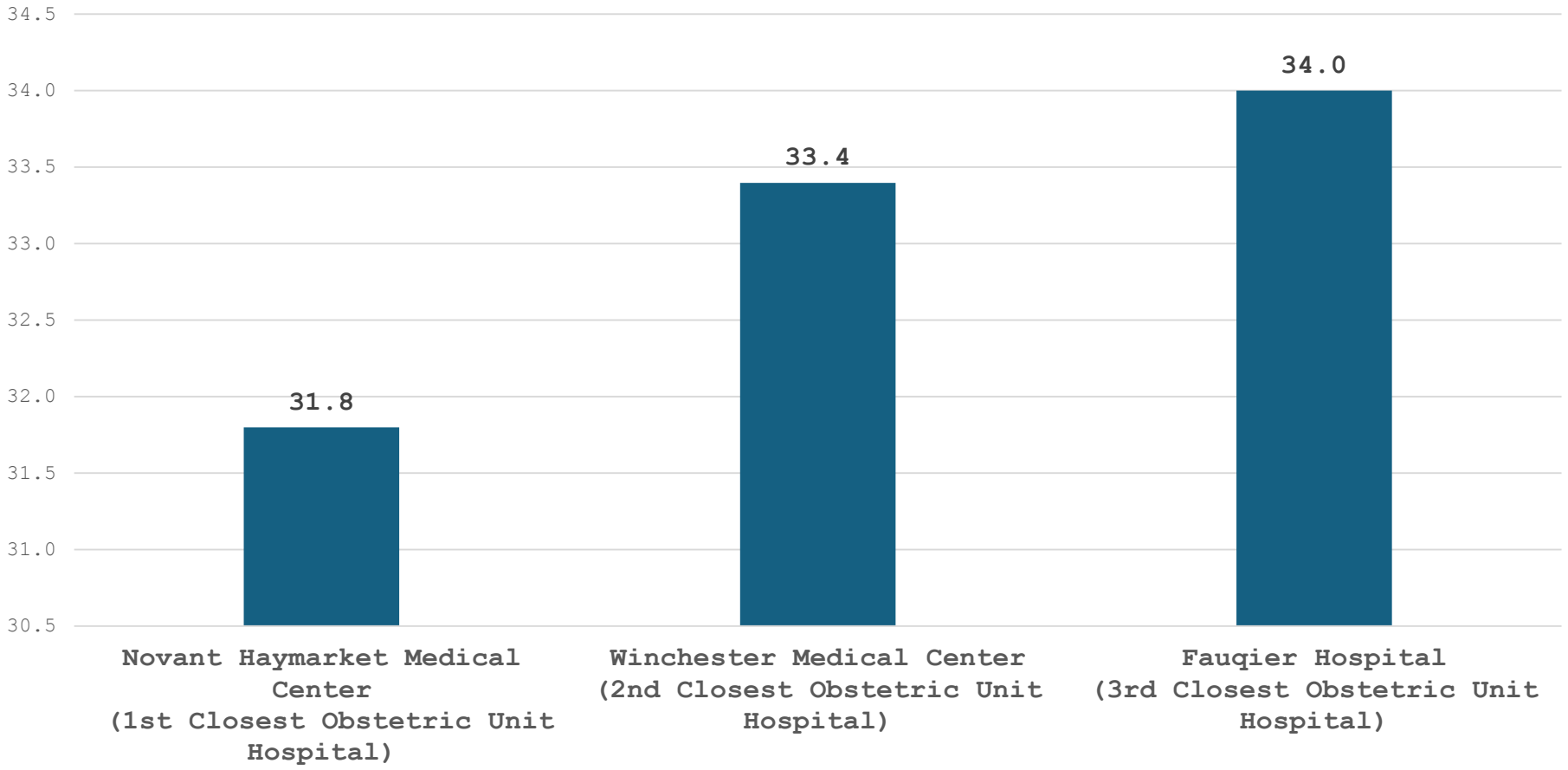
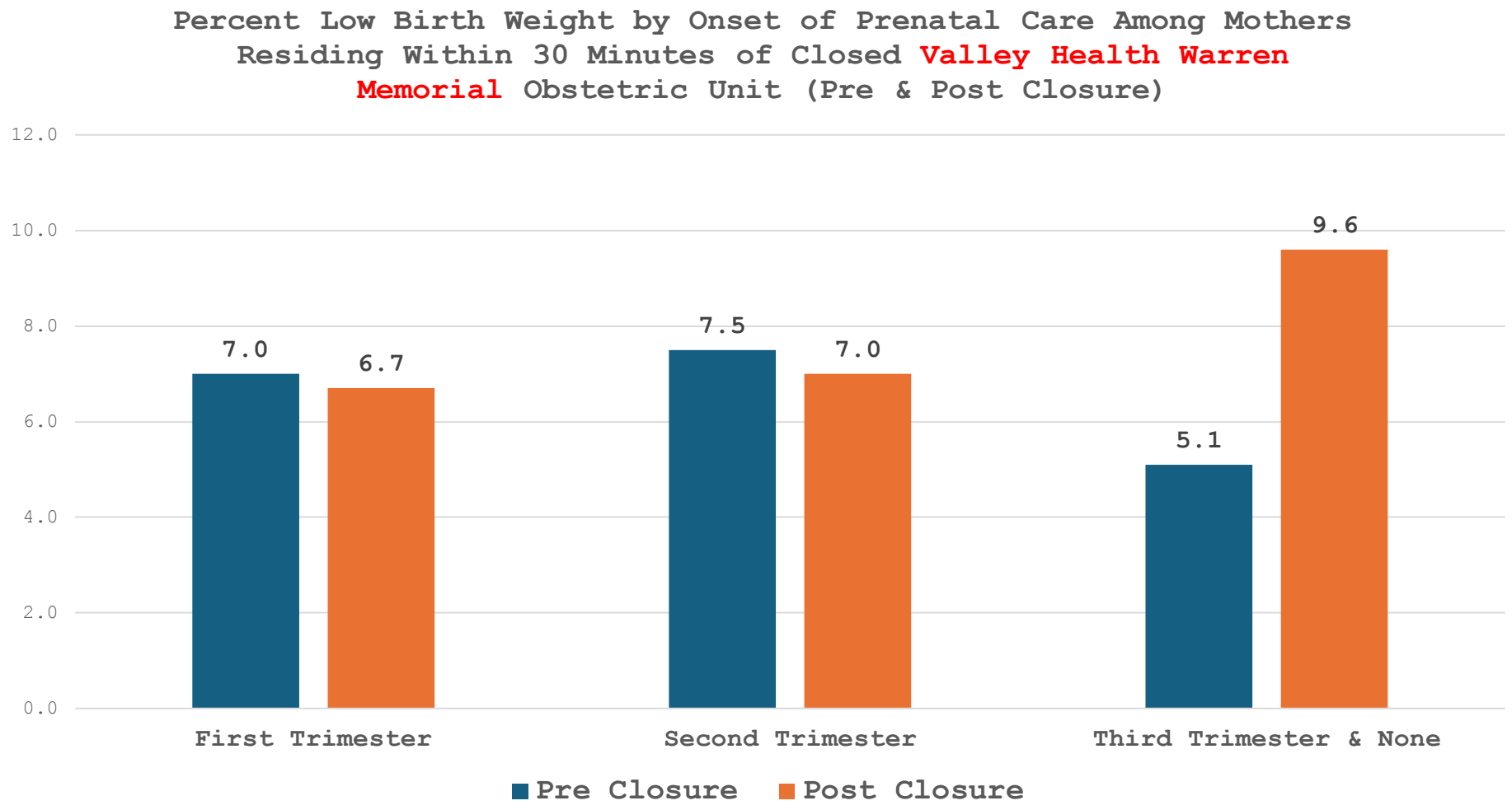
Post-Valley Health Warren Memorial Obstetric Unit Closure: Drive Time (Minutes) to the Three Closest Hospitals from the Population-Weighted Center of the Census Tract of the Closed OB Unit




Percent Low Birth Weight by Onset of Prenatal Care Among Mothers Residing Within 30 Minutes of Closed Valley Health Warren Memorial Obstetric Unit (Pre & Post Closure)
12.0
10.0
8.0
6.0
4.0
2.0
0.0
7.0
6.7
7.5
7.0
5.1
9.6
First Trimester
Second Trimester
Third Trimester & None
Pre Closure
Post Closure

Ongoing Efforts to Address Maternity Care Deserts in Virginia

- Virginia's birthing and non-birthing hospitals are engaging with Virginia Neonatal Perinatal Collaborative's SAFE Birth VA (Standardized Approaches For Emergencies in Birth – Virginia) initiative to implement standardized protocols for identifying and responding to serious obstetric emergencies—such as hemorrhage, preeclampsia, and eclampsia *(Virginia Hospital & Healthcare Association)*
- VDH and DMAS were selected to participate in a technical assistance opportunity from the National Association of State Health Policymakers (NASHP) to address the issue of maternity care deserts in Virginia (will discuss more shortly)

Ongoing Efforts to Address Maternity Care Deserts in Virginia

- **HRSA-24-007 – Rural Health Network Development Planning Program Grant - July 1, 2024 - June 30, 2025 –** Awarded to IPHI in partnership with VDH to build Cumberland Plateau Cumberland Plateau Perinatal Health Network (CPPHN) to improving maternal and child health across the Cumberland Plateau Health District (Buchanan, Dickenson, Russell, and Tazewell counties). Network composition: Healthcare and social service providers, community leaders and advocates, associated public health and nonprofit organizations. Together, members address local challenges, including workforce shortages, healthcare disparities, and social barriers, through collaborative solutions and shared learning.
- **HRSA-25-038 – Rural Health Care Services Outreach Grant Program Grant - July 1, 2025 - June 30, 2029 –** Awarded to Virginia Rural Health Association (Network backbone) in partnership with IPHI and VDH to advance CPPHN's goal of improving access to integrated, coordinated perinatal health services for families in the rural Cumberland Plateau region of Virginia. This goal will be met through the following objectives: 1. By April 30, 2029, the PHN will improve expectant and postpartum individuals' ability to navigate the complex healthcare system by investing in peer support, doulas, and community health workers for the Cumberland Plateau Health District; 2. By April 30, 2029, the PHN will support learning opportunities through community trainings, forums, and a perinatal health project ECHO; and 3. By April 30, 2029, the PHN will develop innovative, multi-sectoral approaches to ensure the continued availability and sustainability of affordable perinatal services in the service area.
- **Rural Health Transformation Program**-H.R.1 established federal funding to increase rural access to healthcare over the next five years. Governor's Office is lead on the application and has been participating in listening session and collected potential proposals. Provides an opportunity to address in the application to CMS due November 5th.

Potential Opportunities to Address Maternity Care Deserts

- Increase recruitment and retention of diverse maternity care workforce, particularly providers to serve in rural communities
- Increase access to transportation for those who are in maternity care deserts*
- Address hospital issues with lower delivery volumes/demand and financial issues that lead to closures
- Address the root causes of people bypassing their nearest hospital that offers Labor & Delivery services
- Consider how to create more robust networks of care that could help improve access to maternity-related services that someone could get outside of hospital providers (e.g., through doulas, community health workers)*
- Consider if/how VA could leverage birth centers (e.g., accredit and/or license freestanding birth centers)
- Invest in telehealth/other innovative connections to care* (need to ensure adequate broadband access)

* National Academy for State Health Policy (NASHP) focus

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Thank you!