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*Healthy Moms,
Healthy Babies.*

WHY MATERNITY CARE MATTERS
IN RURAL PENNSYLVANIA

PENNSYLVANIA RURAL HEALTH

Insights

Healthy Moms, Healthy Babies.

WHY MATERNITY CARE MATTERS IN RURAL PENNSYLVANIA

By Melissa Patti, MSW, LCSW; Kimberly Amsley-Camp, DM, CNM, MHA; and
Lannette Fetzer, DNP, CRNP, FNP-BC, CHC, MS

Workforce shortages and hospital closures impact all of the U.S. and disproportionately affect rural areas. Rural communities are challenged to have access to primary and acute care, care for pregnant persons across the pregnancy continuum, and to facilities with labor and delivery services. Since 2005, thirty-eight Pennsylvania hospitals have closed labor and delivery units, eighteen of which were in rural counties.¹ In their 2024 report *Nowhere to Go: Maternity Care Deserts Across the US*,² the March of Dimes defined and addressed maternity care access based on three factors: the ratio of obstetric clinicians to births, the availability of birthing facilities, and the proportion of women without health insurance. The analysis of those factors indicated that six counties in Pennsylvania were designated as maternity care target areas (MCTA), representing 19,100 women and 1,100 babies. About 31 percent of families live in counties areas with no obstetrical hospital, and all of Pennsylvania's MCTAs and counties without birthing facilities are in rural counties.³



Ensuring consistent, high-quality maternity care is essential to safeguard the health of pregnant women and the approximately 17,000 babies born annually in Pennsylvania.³ Women living in MCTAs and counties with low access to care have poorer health before pregnancy, receive less prenatal care, and experience higher rates of preterm birth. Following the recommended schedule for prenatal care has been shown to minimize the risk of pregnancy-related complications and improve outcomes for both mom and baby. In Pennsylvania, birthing people in counties with no or limited access were more likely to receive inadequate prenatal care than those residing in full access counties. Living in a maternity care desert or low access county is associated with a 13 percent and 11 percent increased risk for preterm birth, respectively, compared to living in a full access county.³

Rural Health and Maternal Care Workforce

Data from the federal Health Resources and Services Administration (HRSA) indicated that due to a shortage of medical providers, only 56.44 percent of primary care needs in Pennsylvania are met. HRSA has designated 155 Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP) in Pennsylvania. About 55 percent of the state's 130 federally designated Primary Care Health Professional Shortage Areas (HPSA) are in rural or partially rural areas where 6 percent of rural Pennsylvanians live, compared to 1.7 percent of urban residents. Twenty-five percent of rural counties have lost at least 20 percent of their primary care physicians in the past decade. In the hardest hit areas, primary care availability has declined three to ten times faster than the population.^{4, 5}

Like most communities in the U.S., rural maternity care is provided by obstetrician/gynecologists (OB/GYNs), family practice physicians, certified nurse-midwives (CNM), nurse practitioners (NP), nurses, and physician assistant's (PA). Each of these professionals is in high demand.⁶ Rural communities experience workforce shortages, especially physician services, more than their urban counterparts due to professional isolation and call coverage, among other factors.⁶ CNMs have had a strong presence in rural Pennsylvania communities. However, midwives attended only 17.8 percent of all births according to 2021 data, the last year for which data are available.⁷

Why Distance to Care Matters

The lack of accessible maternity services results in longer travel times

for pregnant women, delays in prenatal care, and increased complications during childbirth. Longer travel time is associated with negative health outcomes, including a higher risk of maternal health complications, stillbirth, and neonatal intensive care unit (NICU) admission. Challenges accessing care has significant economic implications for families as well, as they consider factors such as transportation, traffic, health insurance restrictions, time away from employment, and childcare. In Pennsylvania, families in rural counties can travel over two times longer to birthing facilities than families in full access counties.³

Comprehensive Solutions to Rural Maternal Health Challenges

The maternal health crisis is a high priority in the U.S. and in Pennsylvania. It is essential that access to high quality services is assured for pregnant persons, before and during pregnancy, at the time of labor and delivery, and during the weeks and months post-delivery. Comprehensive solutions include a robust collaboration of obstetric clinicians, including OB-GYNs, CNMs, Certified Midwives (CMs), and family physicians, to address comprehensive maternity care. Telehealth, mobile clinics, community outreach programs, and socioeconomic support also are important to overcoming barriers and ensuring that all pregnant persons and their families receive the care they need.

In addition to OB/GYNs, CNMs and CMs are trained to provide nearly all essential care for women and newborns.⁴ The benefits of midwifery care include a higher likelihood of spontaneous vaginal delivery and lower rates of birth interventions like Cesarean sections, instrument deliveries, and episiotomies. Compared to women who received other models of care, women treated by midwives have been shown to report more positive experiences and higher satisfaction overall.⁴ Despite the potential for improved outcomes, barriers in regulatory and licensing policies impede the integration of the midwifery model of care into Pennsylvania care networks.⁸

Other options include establishing rural birth centers. Pennsylvania is home to five freestanding birth centers, all of which are urban based. Birth centers provide maternity care services for pregnancies free of active complications or maternal and fetal factors that place the pregnancy at increased risk for complications.⁹ Compared to low-risk birthing people in hospitals, those who receive care in birth centers have lower rates of preterm birth, low birth weight, and Cesarean birth and higher rates of breastfeeding and satisfaction with care.¹⁰ In addition to improving birth outcomes, birth centers can achieve cost savings. Conservative estimates found a 16 percent cost reduction for every birth center birth compared to hospital care, totaling a potential savings of over \$11 million for every 10,000 births paid by Medicaid.¹¹ Expanding access

to accredited and licensed freestanding birth centers by addressing state regulatory barriers, can alleviate challenges in rural Pennsylvania communities.

In Pennsylvania, the Pennsylvania Department of Human Services (DHS) expanded access to doulas for Medicaid recipients in early 2024 and in October of that year, DHS and the Departments of Health (DOH), Drug and Alcohol Programs, and Insurance initiated the development of the state's maternal health strategic plan. The plan, expected to be released in 2025, addresses high rates of maternal mortality, especially among Black women, to ensure that pregnant persons receive the prenatal and postpartum care they need. Access to high-quality care, expanding and diversifying the maternal health care workforce, and addressing behavioral health and substance use disorder services and support are included in the plan.

In 2024, DOH published the 2024 Pennsylvania Maternal Mortality Review Annual Report to assess deaths occurring in 2020. In response, the agency funded four Regional Maternal Health Coalitions to address maternal health. The coalitions include state university research experts, maternal health advocates, non-profit organizations, and family care professionals that have knowledge in pregnancy, parenting education, and reproductive health care, specifically in diverse communities.



In 2025, DOH will fund multi-year projects through their Promising Maternal Health Initiatives program. Funding will support the implementation of innovative maternal health initiatives in Pennsylvania counties, that will promote the use of promising and practice-based solutions to improve maternal health outcomes and health equity in Pennsylvania communities.

Maternal care also is being addressed at the federal level. The Federal Office of Rural Health Policy in HRSA administers the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program to improve quality and access to maternal and obstetric health care in rural communities to reduce maternal mortality risks. Three cooperative agreements are funded each year for up to \$1 million to establish or continue models of care that can have sustainable and financially viable maternal care services that benefit the unique needs of rural women.¹² The Rural Health Information Hub provides an extensive set of evidence-based toolkits for advance rural community health.



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PENNSYLVANIA OFFICE OF RURAL HEALTH

Pennsylvania State University
106 Ford Building
498 Allen Road
University Park, PA 16802

 **814-863-8214**

 **814-865-4688 (fax)**

 **porh@psu.edu**

 **porh.psu.edu**

STAFF

Kelly Braun, Rural Primary Care and Integration Coordinator

Karen Burke, Outreach Coordinator

Chris Calkins, Faculty Associate

Joni Davis, Penn State Worker Protection Standard Specialist

Lisa Davis, Director and Outreach Associate Professor of Health Policy and Administration

Lannette Fetzer, Quality Improvement Coordinator and AgriSafe Nurse Scholar

Sandee Kyler, Rural Health Systems Manager and Deputy Director

Laura Zimmerman, Financial Associate

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