

WHERE YOU LIVE MATTERS

Maternity Care Deserts and the Crisis of Access and Equity



MASSACHUSETTS

MARCH OF DIMES MASSACHUSETTS



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Maternity Care Deserts are counties where there's a lack of maternity care resources with no hospitals or birth centers offering obstetric care and no obstetric providers





MARCH OF DIMES MATERNITY CARE DESERTS REPORT HISTORY

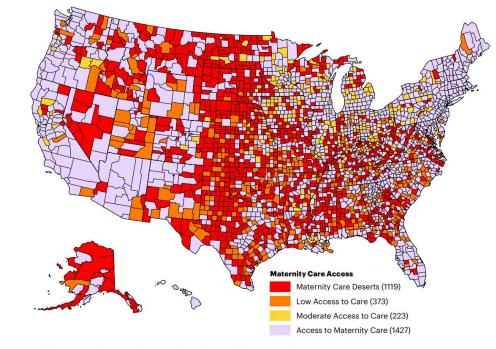
March of Dimes has explored access to maternity care in America through our Maternity Care Deserts reports since 2018. Now, we're going even farther.

In 2023 we released expanded, in-depth, state-specific reports that examine not only maternity care deserts but other factors that impact access to care and health outcomes for pregnant individuals



The U.S. remains among the most dangerous developed nations for childbirth.

5.6 MILLION women live in areas with low access to maternity care



Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2021.

2 women/birthing persons will die from pregnancy-related causes today and every day

2 babies will die **every hour** in the U.S.

Pregnancy-related deaths have **more than doubled** in the last 30 years

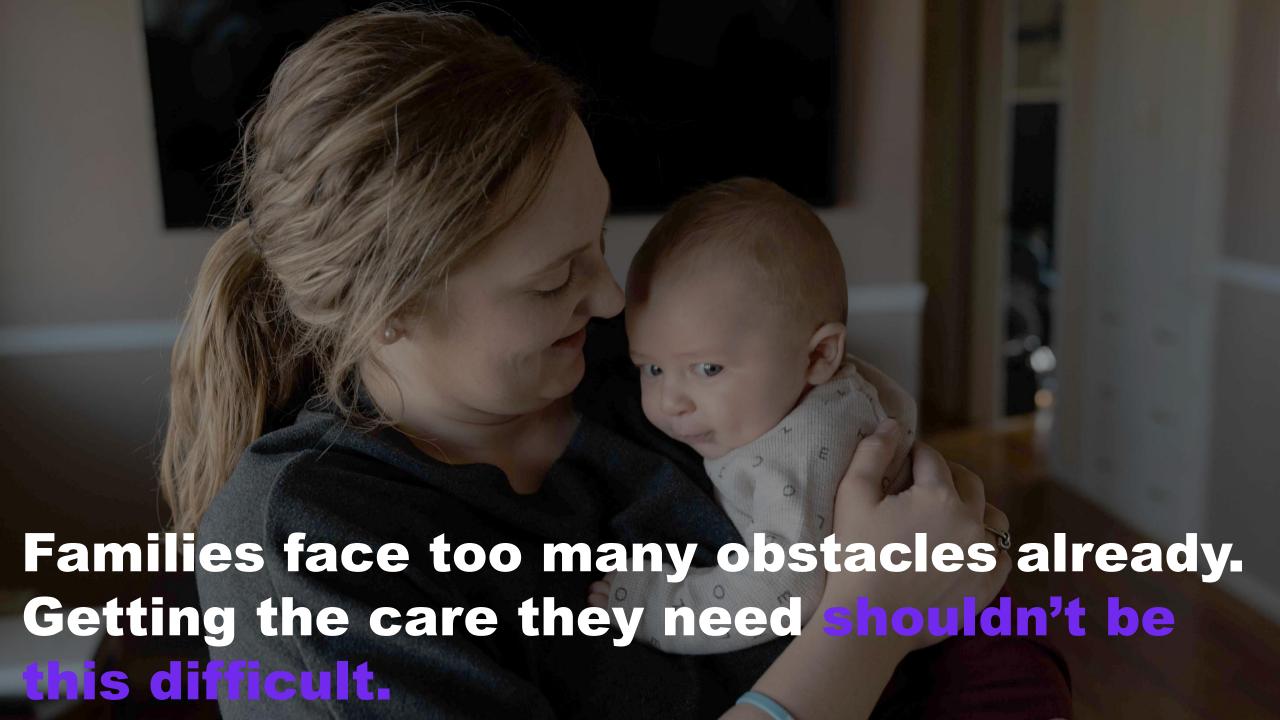
2.2 million+

women / birthing persons live in maternity care deserts with **no** hospital offering obstetric care 350,000+ babies

are born to women /
birthing persons living
in counties with
limited or no

access to maternity care





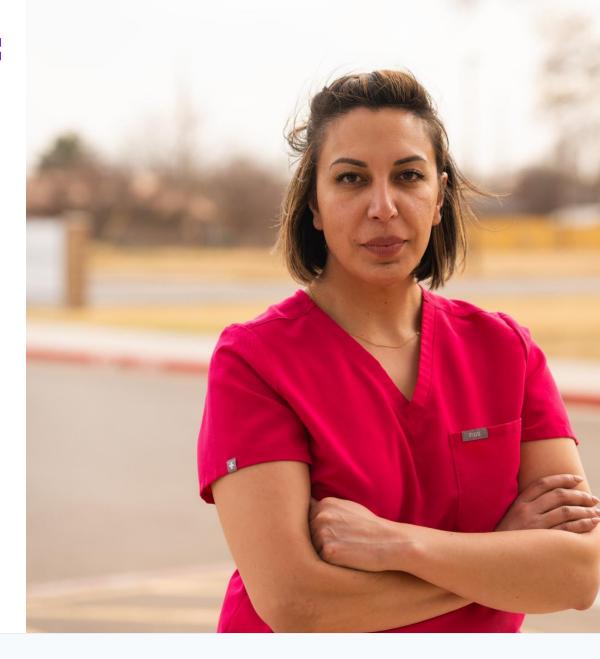
WHERE YOU LIVE MATTERS:

MATERNITY CARE DESERTS AND THE CRISIS OF ACCESS AND EQUITY

52 Supplemental Reports

All 50 States, Washington D.C., and Puerto Rico

- Examine geographic distance between homes and OB providers/facilities at the time of birth
- Sub-analysis on the effects of poverty, housing cost, and racial segregation on adequacy of prenatal care
- Map of family planning services availability
- Analysis of chronic health conditions and association with birth outcomes
- Policy and practice recommendations to improve access to care





100% of counties are defined as full access compared to 54.8% in the U.S.

4.9%

of women / birthing persons had no birthing hospital within 30 minutes driving distance (based on no traffic) compared to 11.7% in the U.S. 9.7%

of women / birthing persons received inadequate prenatal care compared to 14.8% in the U.S.

LOW

Women / birthing persons have a low vulnerability to adverse outcomes due to the availability of reproductive healthcare services 48%

Women / birthing persons with chronic health conditions are 48% more likely to experience preterm birth compared to women / birthing persons with none

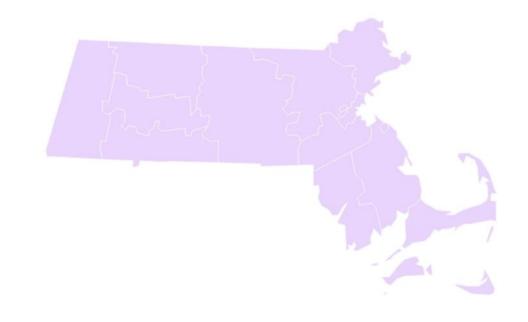
MATERNITY CARE DESERTS

The number of Massachusetts birthing hospitals declined 3% between 2019 - 2020

0.5% of babies were born to women / birthing persons living in rural counties

*Approximately 345 babies

*Rural counties defined as those with a total population of 2,500 to 19,999, were not adjacent to a metropolitan area, or were completely rural







Moderate access

Full access











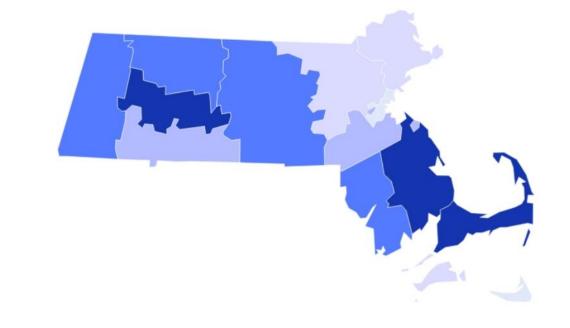
DISTANCE TO MATERNITY CARE

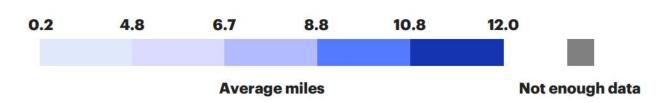
On average, Massachusetts families travel 6.9 miles and 13.8 minutes to their nearest birthing hospital

Counties with the longest travel times had an average distance of 12 miles and 20.6 minutes

4.9% of families in Massachusetts had no birthing hospital within 30 minutes

Families living in urban areas traveled an average of 6.9 miles compared to rural families traveling an average of 3.6 miles

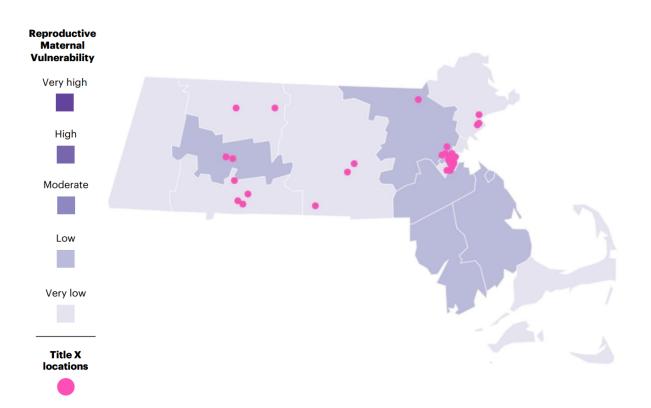


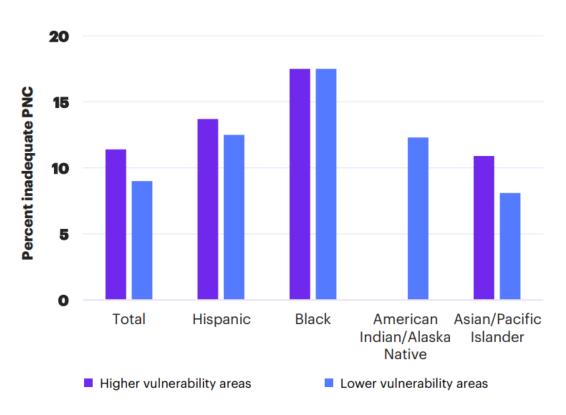


^{*}Based on automobile travel with no traffic



AVAILABILITY OF FAMILY PLANNING SERVICES





There are 2.2 Title X clinics per 100,000 women / birthing persons in Massachusetts compared to 5.3 per 100,000 in the U.S.

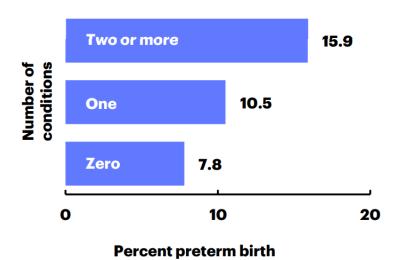
Black women / birthing persons in Massachusetts receive inadequate prenatal care at a rate far greater than all other races, regardless of whether or not they live in higher or lower vulnerability areas

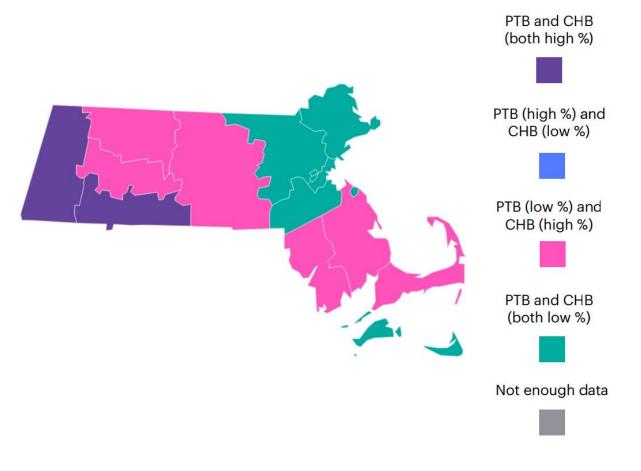


CHRONIC HEALTH CONDITIONS AND PRETERM BIRTH

31.5% of women / birthing persons in Massachusetts had 1+ chronic health conditions compared to 37.8% in the U.S.

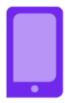
14.3% of counties in Massachusetts have a high burden of chronic health conditions and high rates of preterm birth







POLICY SOLUTIONS AND ACTIONS



TELEHEALTH LAW

Due to the COVID-19 Public Health Emergency (PHE), states expanded access to telehealth services. While many of the policies increased access to telehealth for maternity care services temporarily, many states permanently expanded telehealth services. This policy measure identifies whether Massachusetts has passed laws to permanently provide Medicaid telehealth coverage for maternity care services. 22,23





TELEHEALTH COVERAGE

Medicaid telehealth policies vary by state. States may cover all forms of telehealth services or restrict certain forms of telehealth services.²² This policy measure identifies whether Massachusetts provides Medicaid reimbursement of the following telehealth services:



✓ Live video ✓ Remote patient monitoring ✓ Audio-only²²















Midwife-led birth center in Beverly has delivered its last baby

Politicians, local advocates protest Leominster birth center closure plan

Compass Medical Announces It is Closing All Offices

Tufts Medical Center plans to close its children's hospital

Healthcare experts concerned with upcoming closure of 3 Baystate Urgent Care centers

Brockton Hospital may remain closed into 2024 after devastating fire

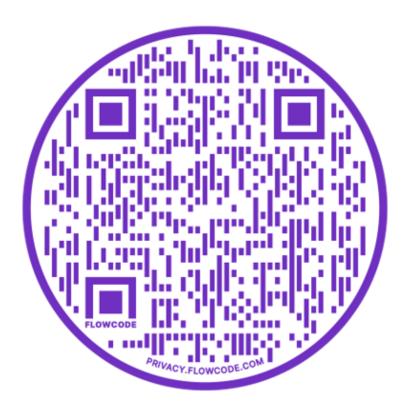
Norwood Hospital remains closed – and the Norwood community feels the strain



WHAT CAN YOU DO?

The March of Dimes Advocacy Action Network is a grassroots effort to bring together advocates across the U.S. for both federal state policy change.

Sign up for the Massachusetts network to receive action alerts for key maternal and infant health policy updates and opportunities!









THANK YOU!

QUESTIONS?

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