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Visit www.marchofdimes.org/mcdr to learn about the reports, what's happening in local communities and how you can take part in improving maternal and infant health outcomes. Join the [#BlanketChange](https://www.marchofdimes.org/blanketchange) movement to ensure that every family gets the best possible start, and all moms receive the support they need before, during, and after pregnancy.

Since 2018, March of Dimes has published data on maternity care deserts across the U.S., highlighting areas with inequitable access to maternity care providers and birthing facilities. Over the years, our data has consistently shown that where you live impacts your ability to have a healthy pregnancy and birth. Women living in areas of limited or no access to care are at greater risk of poor maternal and infant health outcomes, and for some, this could mean life or death. Each year, the data reflects an increase in maternity care deserts while hospitals and maternity wards continue to close—in fact, there's been an increase in maternity care deserts since the release of our national report in October 2022. Over 2 million women of childbearing age and 130,000 babies live in maternity care deserts. Maternity care providers are scarce in rural areas and the problem continues to worsen. Despite 13% of babies being born in rural areas, only 6% of maternity care providers practice in these communities. Women living in maternity care deserts travel 3.7 times farther on average than those living in areas with full access to care; some women in the U.S. today have no choice but to spend hours traveling to their nearest birthing hospital.

In 2022, we leveraged and expanded our work on maternity care deserts. [Where You Live Matters: Maternity Care Deserts and the Crisis of Access and Equity](#) includes 52 comprehensive reports taking a closer look at factors impacting access to care in each state, the District of Columbia, and Puerto Rico. These reports present detailed analyses on maternity care access, data beyond maternity care deserts, and other key issues affecting access to care and maternal health outcomes.

These reports feature March of Dimes' updated definition of maternity care access: we now include family physicians who have delivered babies in our data to most accurately represent where gaps in care exist.

Each state report presents alarming new data on:

- The distance women travel to their nearest hospital to give birth
- The availability of family planning services and reproductive healthcare across each state
- The impacts of community level barriers on the adequacy of prenatal care for Black, indigenous, and people of color
- The sobering association between chronic health conditions and preterm birth

Finally, we examine telehealth legislation and present programs and policy practices that offer innovative solutions for improving access to care in each state. Policy solutions around telehealth can allow for increased access to care in maternity care deserts and areas where care is difficult to obtain. At the time of this report, 44 states have enacted policies that have permanently expanded Medicaid telehealth coverage, and 27 states have strengthened their policies by allowing for coverage of several types of telehealth services through Medicaid reimbursement.

March of Dimes continues to increase awareness and advocate for equitable access to maternity care no matter where a woman lives. We are also addressing this crisis through research, funding innovation and supporting programs that provide education and action nationwide. March of Dimes believes everyone has a role to play in the fight for maternal health and can support moms and babies by taking actions.

WHERE YOU LIVE MATTERS: MATERNITY CARE DESERTS AND THE CRISIS OF ACCESS AND EQUITY

March of Dimes recommends state policy actions that address access to care; see: <https://www.marchofdimes.org/peristats/reports>
For details on data sources and calculations, see Technical Notes: <https://www.marchofdimes.org/peristats/maternitycaretechnotes>