

Access to Maternity and Obstetric Care in Rural Pennsylvania

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This study examined access to maternity care in rural Pennsylvania. Maternity care (also known as obstetric care) can be defined as health care services delivered to women during pregnancy, childbirth, and the postpartum. Access to maternity care is defined as the availability of birthing facilities (hospitals or birth centers) and practitioners (physicians and midwives) providing these health services.

To examine access to maternity care and explore solutions for increasing access, this study analyzed federal and state-level data to determine the distribution of birthing facilities and birth attendants in the Commonwealth. It also conducted a workforce analysis to forecast the supply of and demand for care providers and identify gaps where supply will not meet demand. Finally, it surveyed stakeholders and key informants to identify strengths, weaknesses, opportunities, threats, and solutions to improving access to maternity care.

Key findings

- There is projected to be no increase in the supply of obstetricians in rural practice over the next five years.
- There will be growth in the number of midwives and family practice physicians in the next five years; using these professionals to provide maternity care may partially ameliorate the shortage of obstetricians.
- Eighteen rural Pennsylvania counties are or are forecasted to be “maternity care deserts,” where there are not enough providers to ensure access for all pregnant persons.
- Nineteen rural Pennsylvania counties have hospitals that do not provide obstetric services, and no accredited freestanding birth centers are located in any of these rural counties.
- The demand for maternity care will decrease over the next five years, as the population of rural Pennsylvania continues to decline, particularly the population of women of childbearing age.
- Elimination of “maternity care deserts” is unlikely to occur, given current patterns of practice.

Policy considerations

These findings suggest three broad areas for policy development and implementation by the Pennsylvania General Assembly and other offices of the Commonwealth:

- Recruit more maternity care providers to work in rural areas;
- Encourage innovation in interprofessional maternity care models; and
- Strategically maintain and place resources for maternity care in locations where they are scarce.

All three policy areas will require inventive consideration of how health care providers are trained and licensed, as well as how they are recruited and retained. Similarly, the challenge of ensuring high quality rural maternity care will involve the creative design of systems of care for pregnant people and their families. A cross-cutting theme across all three areas is the development of funding mechanisms that support innovative system redesign.

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