

Maternal Care in the Northeast United States: Insights from Census Data

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Care Classifications

Maternity Care Desert - county without hospital or birth center and has no obstetric providers

Limited Access to Care - 1 or fewer hospitals or birthing centers with obstetric care, very few obstetric providers, or a high proportion of women without insurance

(March of Dimes, n.d.)

Classifications Cont.

Moderate Access to Care - Limited care but with
adequate health insurance coverage

Access to Care – 2 or more hospitals/birthing centers
or at least 60 obstetric care providers

(March of Dimes, n.d.)

Introduction

- 2 million women in maternal care deserts (March of Dimes, n.d.)
- 3.5 million with moderate or limited access (March of Dimes, n.d.)
- Impacts: higher rates of pregnancy related deaths (Fontenot et al., 2024), higher infant mortality (Waits et al., 2020), lower birth-weight (Waits et al., 2020), more preterm births (Darivemula et al., 2024)

Influences on Accessing Care

- Higher population density, more access (Handley et al., 2021)
- Household wealth (Nath et al., 2021)
- Maternal education, race and ethnicity (Maru et al., 2021)
- Employment influences insurance and income (Admon et al., 2023; Nath et al., 2021)
- Higher unemployment rates associated with worse birth outcomes (Barrera et al., 2022)

Methods

- Access classification from March of Dimes
- County Census Data (US Census Bureau, 2025)
 - Population, number of businesses, employment rate, education levels, median income, number of housing units, number of households, uninsured population, Hispanic or Latino population, land size

Results

- 217 counties: 8 maternal care deserts, 1 limited access, 17 moderate access
- States with full access: CT, MA, ME, NH, RI
- PA- 17 of 67 do not have full access to care
- NY- 7 counties, NJ and VT – 1 each

Results

Median Values by Maternity Care Status

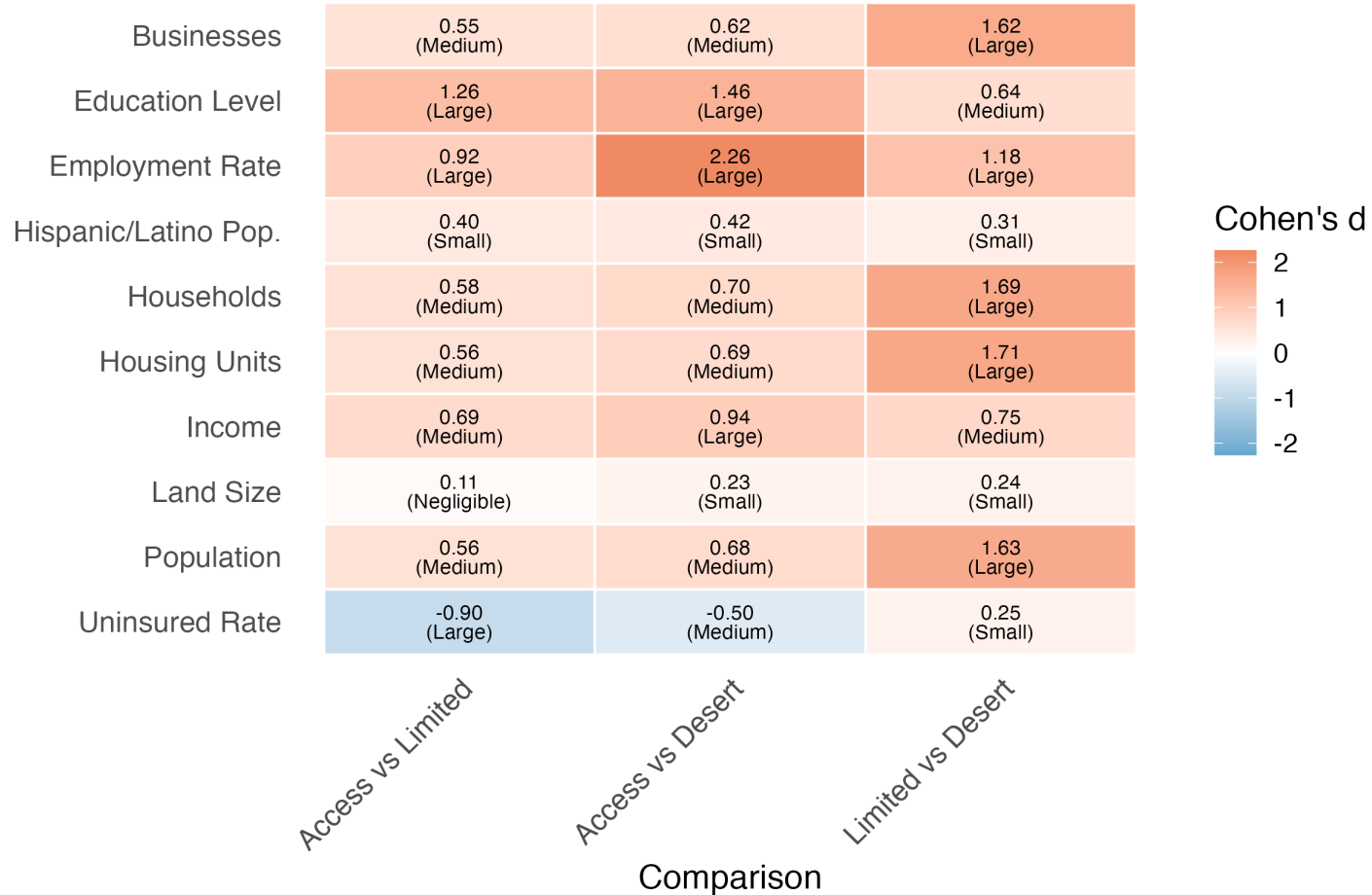
Values are color-coded relative to range within each variable



Results

Effect Size Comparison (Cohen's d)

Red = positive effect (first group > second), Blue = negative effect (first group < second)



Discussion

- Factors that predict lower rates of accessing maternal care are significantly lower in areas with limited access to care than full access
- Hospital closures are associated with adverse effects on the economy, which may explain why there are less businesses in these regions (Mullens et al., 2023)
- Help us understand the challenges faced when attempting to increase access and use of these services

Future Directions

- Public health initiatives to increase access in rural areas
- Potential to predict future areas that will have limited access to care based on risk factors

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