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Access to Maternal Health Care in NC

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NC General Assembly

Joint Legislative Oversight Committee on Health and Human Services

The Cecil G. Sheps Center for Health Services Research



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Who we are and what we do



Mission: to provide timely, objective data and analysis to inform health workforce 40+ years of continuous, complete licensure (*not survey*) data on 27 health professions from 13 boards

- Data are provided *voluntarily* by the boards—there is no legislation that requires this and there is no appropriation
- System is independent of government and health care professionals
- Independence brings rigor and objectivity

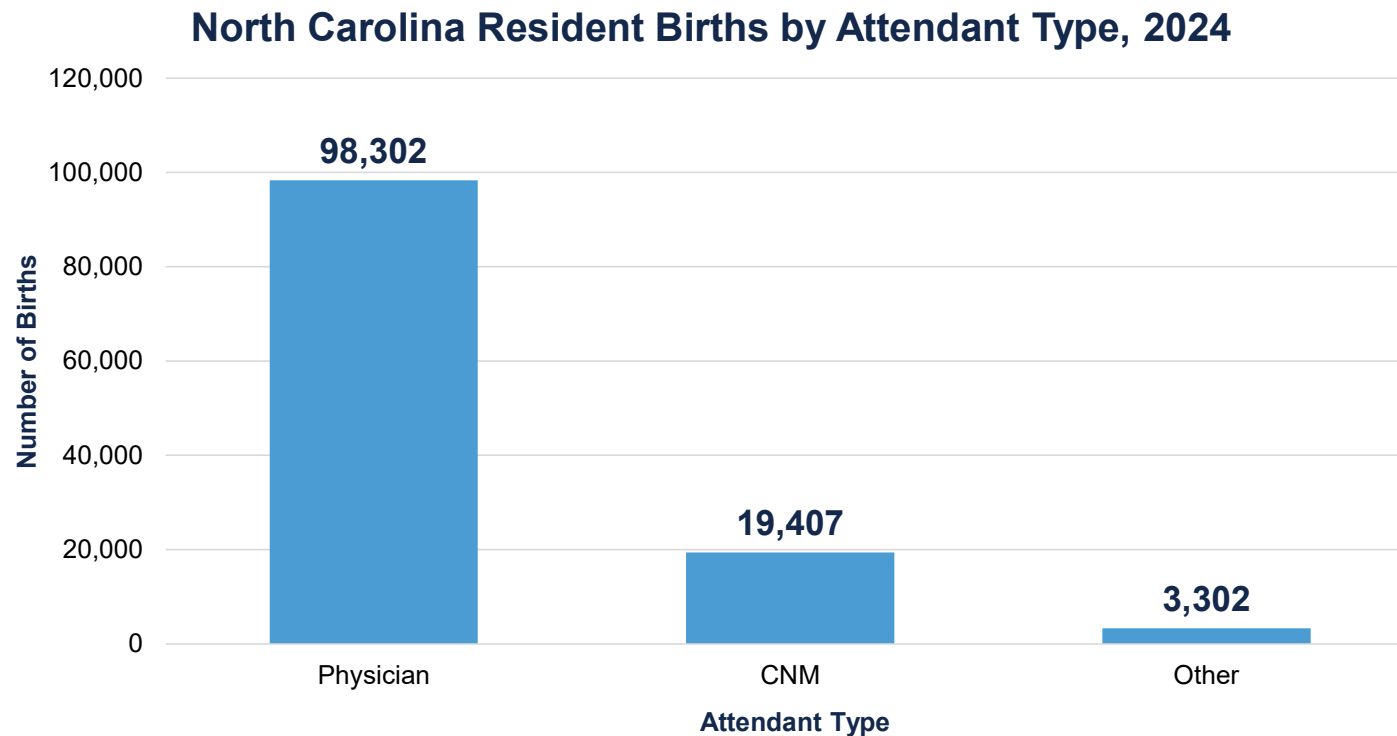
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The presentation in one slide



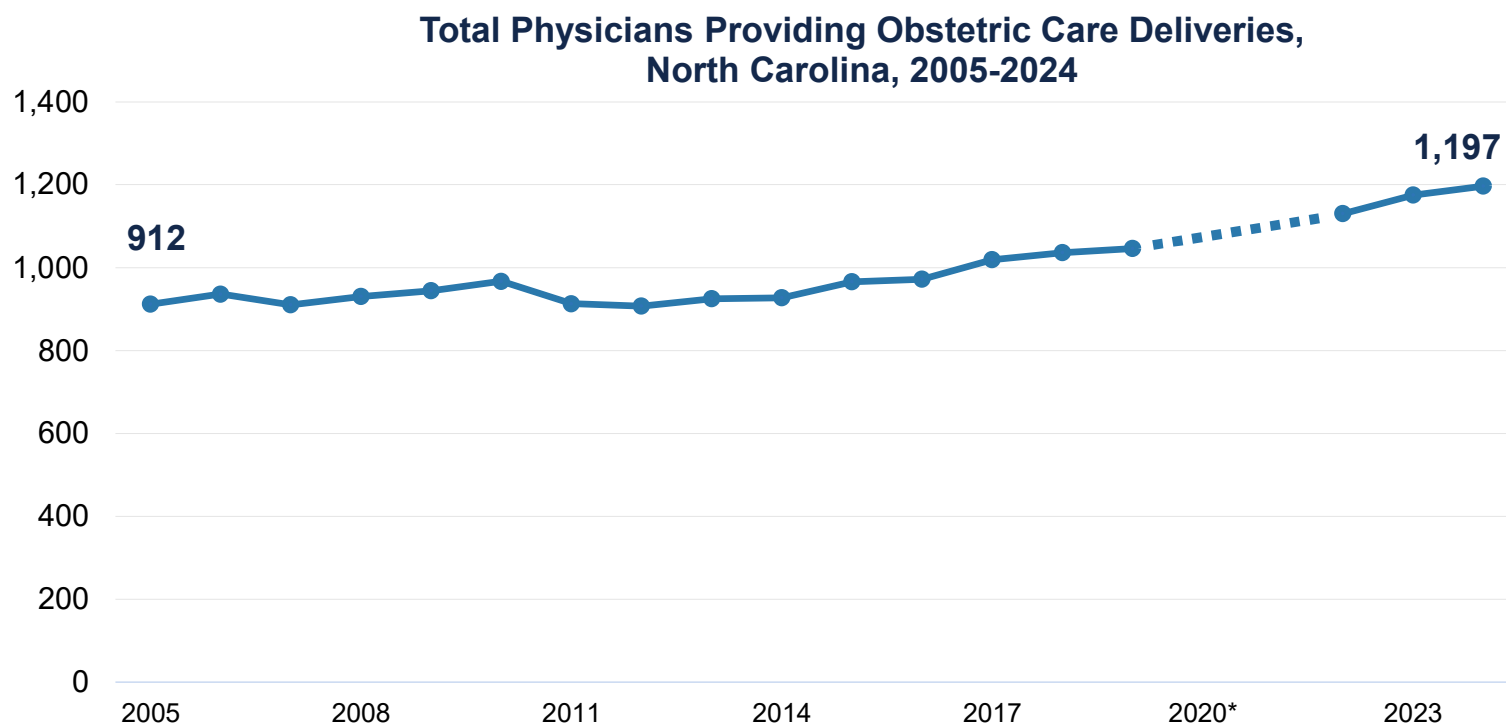
- North Carolina's infant mortality rate is 11th highest in the U.S.¹
- NC's supply of Certified Nurse Midwives grew rapidly after 2023 after legislation allowing independent practice was enacted
- Physicians and CNMs are concentrated in urban areas; 17 counties with longest travel times have few or no clinicians providing deliveries
- ~12 to 18 rural hospitals in North Carolina have either closed completely or closed their OB unit in past 12 years. In 2024, nearly 12,000 births originated from these counties
- Longer travel times associated with higher cesarean delivery rates, increased severe maternal morbidity, preterm birth, and higher rates of gestational diabetes²
- 29 states are currently, or in process of, implementing Medicaid reimbursement for doulas; NC is not one of them³
- 98% of births occur in hospitals but number of home births has increased

Physicians provide most NC obstetric deliveries



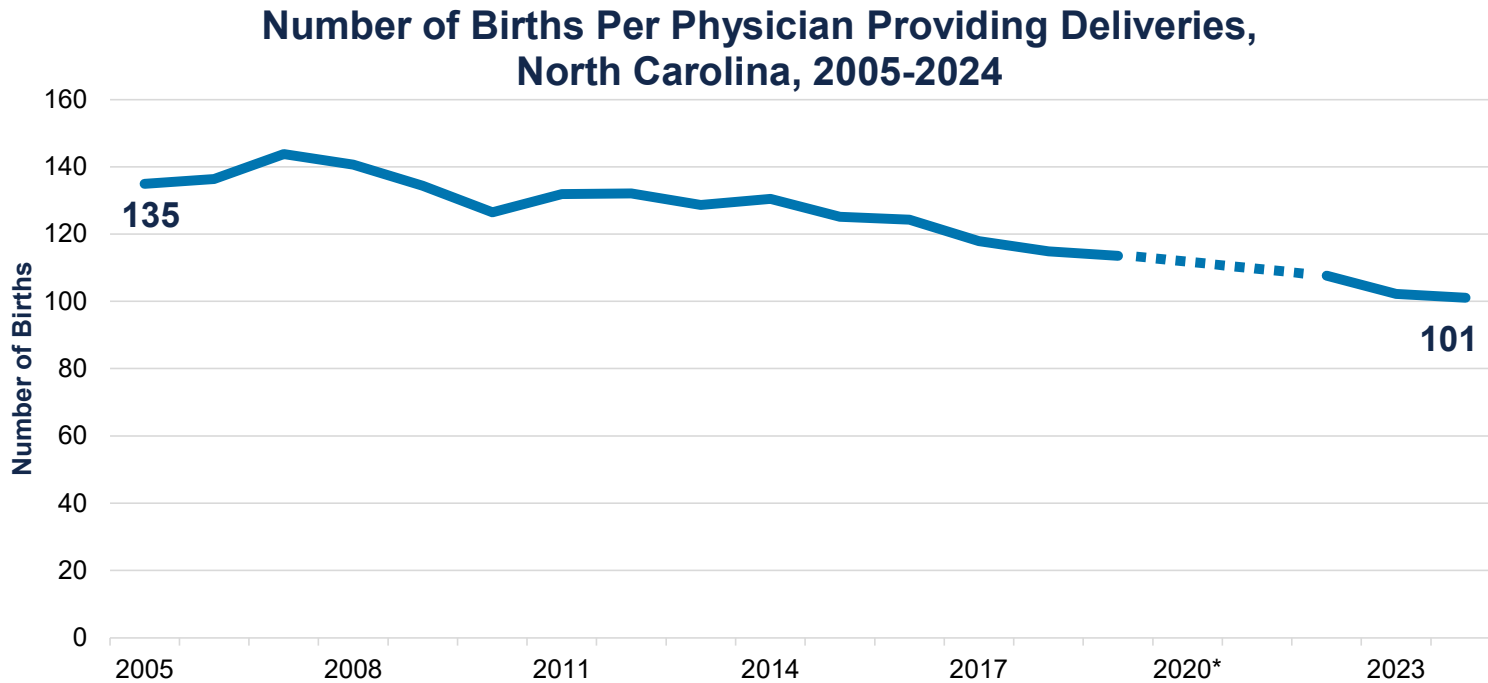
Source: North Carolina Department of Health and Human Services, NC State Center for Health Statistics – [North Carolina Resident Births by County Of Residence and Attendant Type](#).

Slight increase in number of physicians providing obstetric deliveries



Note: Data include active, instate, nonfederal, physicians licensed in North Carolina as of October 31st each year who report that they provide obstetric deliveries. *Data unavailable 2020 to 2021 due to COVID-19, indicated by dotted line. Source: North Carolina Health Professions Data System, with data from the North Carolina Medical Board.

Average number of births per physician providing deliveries has declined

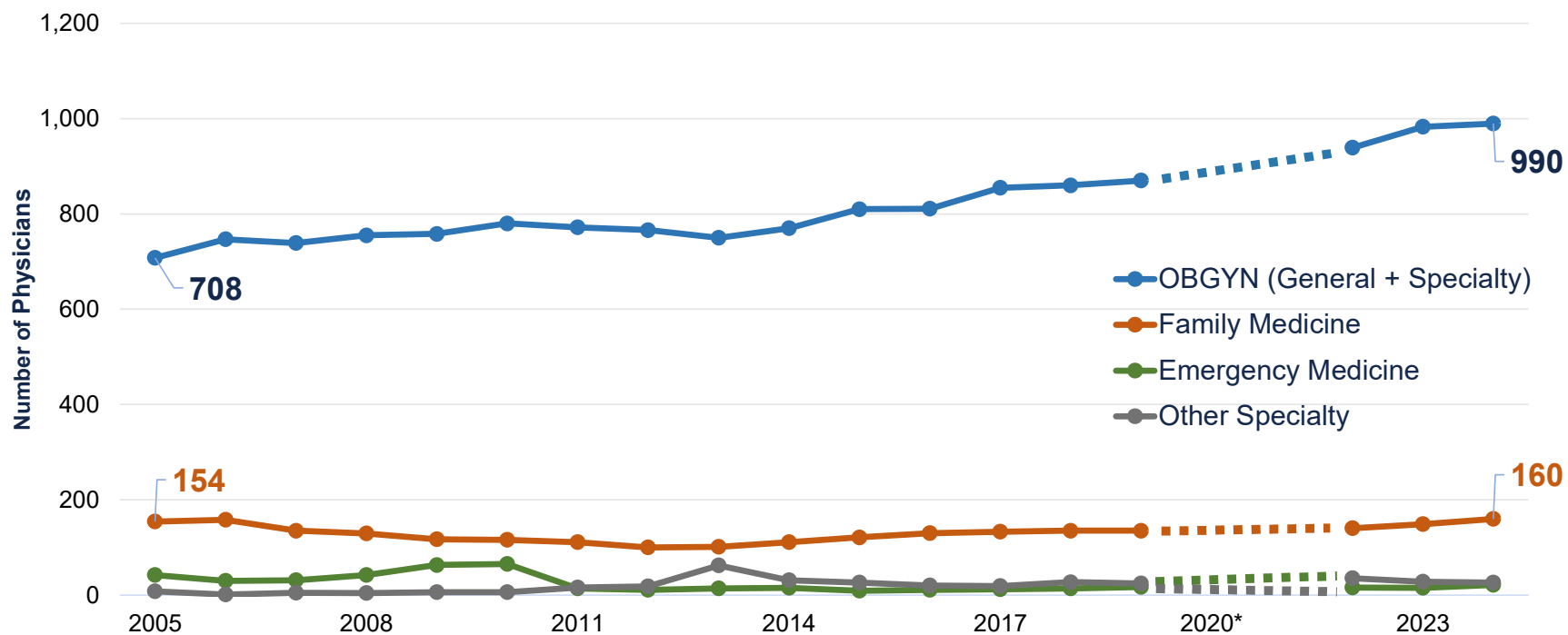


Source: North Carolina Department of Health and Human Services, NC State Center for Health Statistics – [North Carolina Resident Births by County Of Residence and Attendant Type](#).

Number of OBGYNs providing obstetric deliveries is increasing while number of FMs is relatively flat



Total Physicians Providing Obstetric Care Deliveries,
North Carolina, 2005-2024

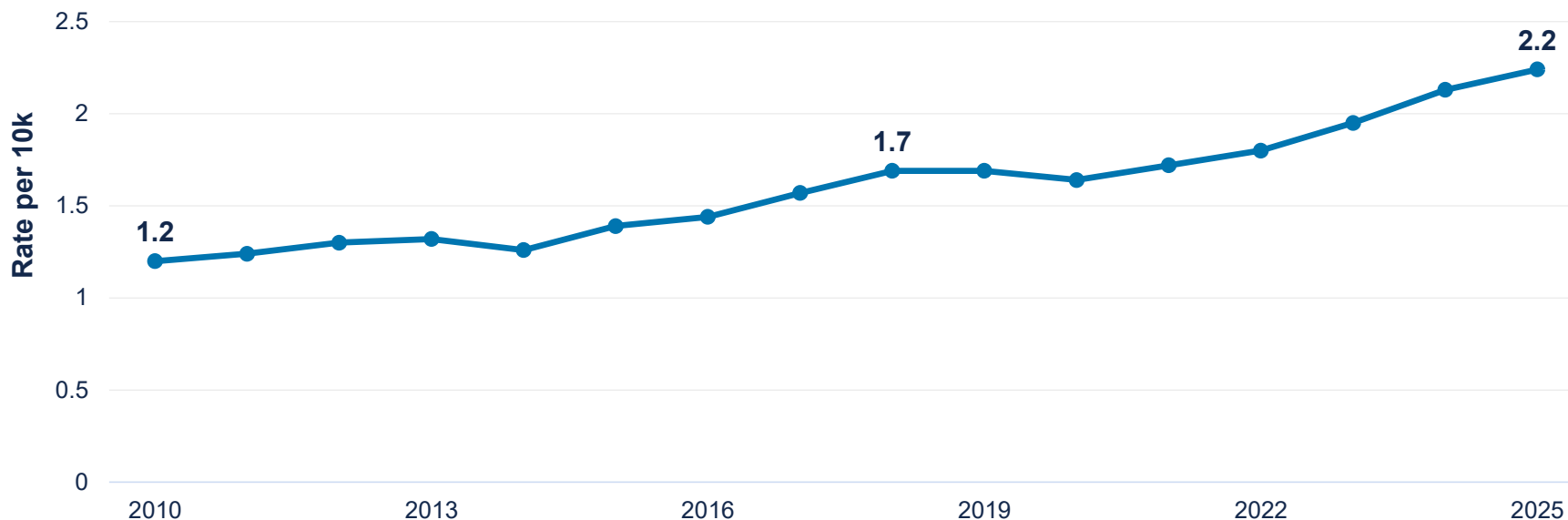


Source: North Carolina Department of Health and Human Services, NC State Center for Health Statistics – [North Carolina Resident Births by County Of Residence and Attendant Type](#).

State saw increase in CNMs per 10K childbearing population after 2023 legislation



NC Certified Nurse Midwives in Active Practice per 10,000 Population
Childbearing age *Females, 2010-2025

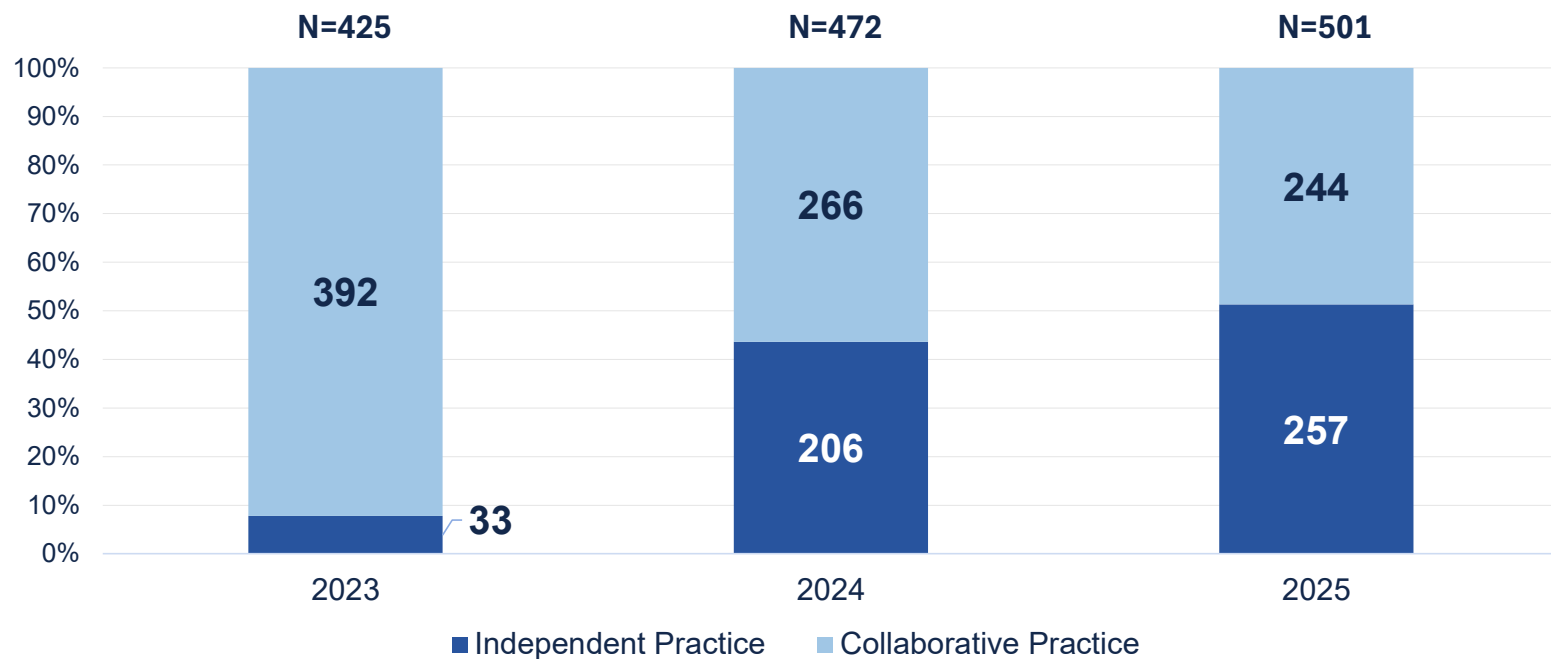


Note: *Childbearing females ages 15-44. Data include active, instate, nonfederal, Certified Nurse Midwives licensed in North Carolina as of October 31st of each year who report that they provide obstetric deliveries. Source: North Carolina Health Professions Data System, with data from the North Carolina Board of Nursing. Childbearing population data source: [North Carolina Office of Budget and Management](#).

Independently practicing CNMs now comprise more than half of NC's actively practicing CNM workforce



North Carolina Nurse Midwives in Independent Practice vs. Collaborative Practice, 2023-2025



Note: Data include active, instate, nonfederal, Certified Nurse Midwives licensed in North Carolina as of October 31st of each year. Source: North Carolina Health Professions Data System, with data from the North Carolina Board of Nursing.

Independent CNMs are older and less likely to practice in non-metropolitan counties



- CNMs in independent practice are older and less likely to practice in non-metropolitan counties compared to collaborative practice CNMs and physicians who provide deliveries

| | Number | Average Age** | % in Non-Metro Counties* |
|-------------------------------------|--------|---------------|--------------------------|
| Physicians Providing Obstetric Care | 1,197 | 44.7 | 13.4% |
| Collaborative Practice CNMs | 266 | 44.0 | 17.3% |
| Independent CNMs | 206 | 47.4 | 11.7% |

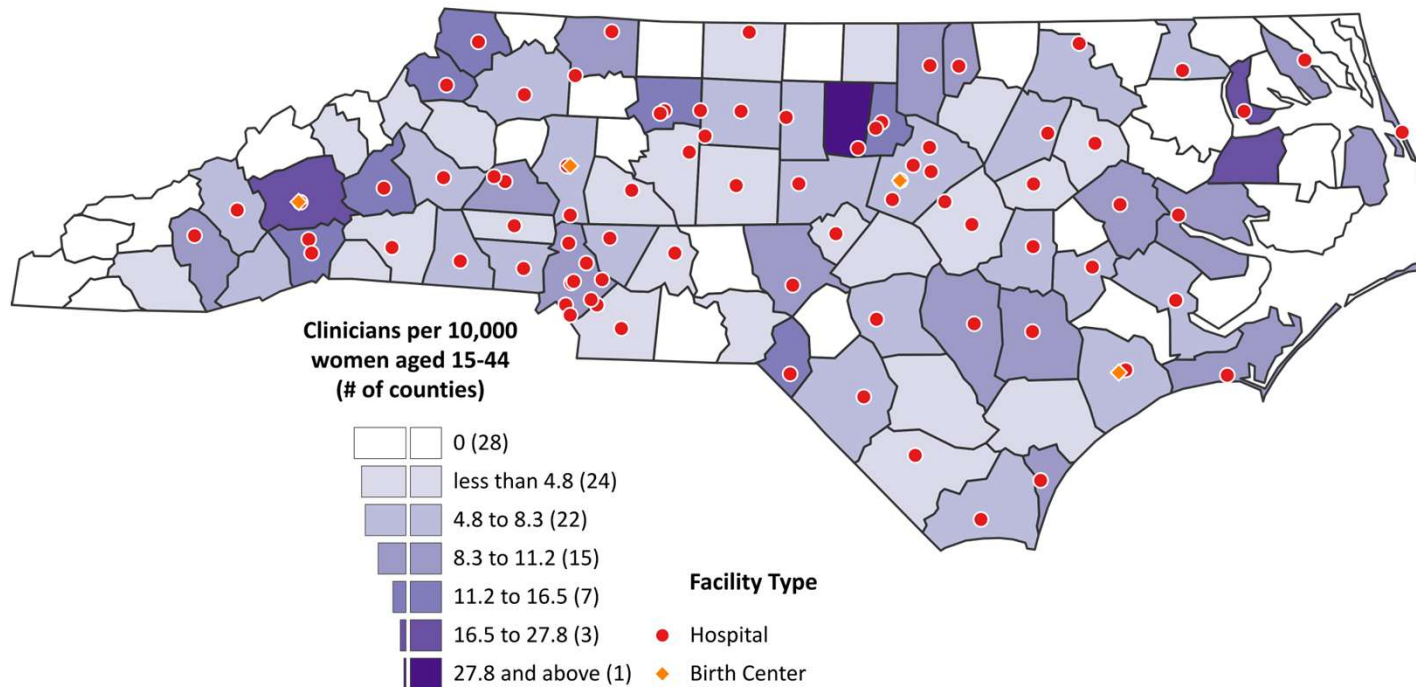
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Note: Data include active, in-state, nonfederal, Certified Nurse Midwives licensed in North Carolina as October 31, 2024. Source: North Carolina Health Professions Data System, with data from the North Carolina Board of Nursing. Population estimates from the NC Office of State Budget and Management's County/State Population Projections. *Non-metro counties are defined using Office of Management and Budget Core Based Statistical Areas (CBSA) designations, 2023. Rural/nonmetropolitan counties include micropolitan counties and counties without CBSAs. Using this definition, NC has 55 nonmetro counties.

Combining data on physicians and CNMs reveals that there are no clinicians or facilities providing deliveries in 28 counties



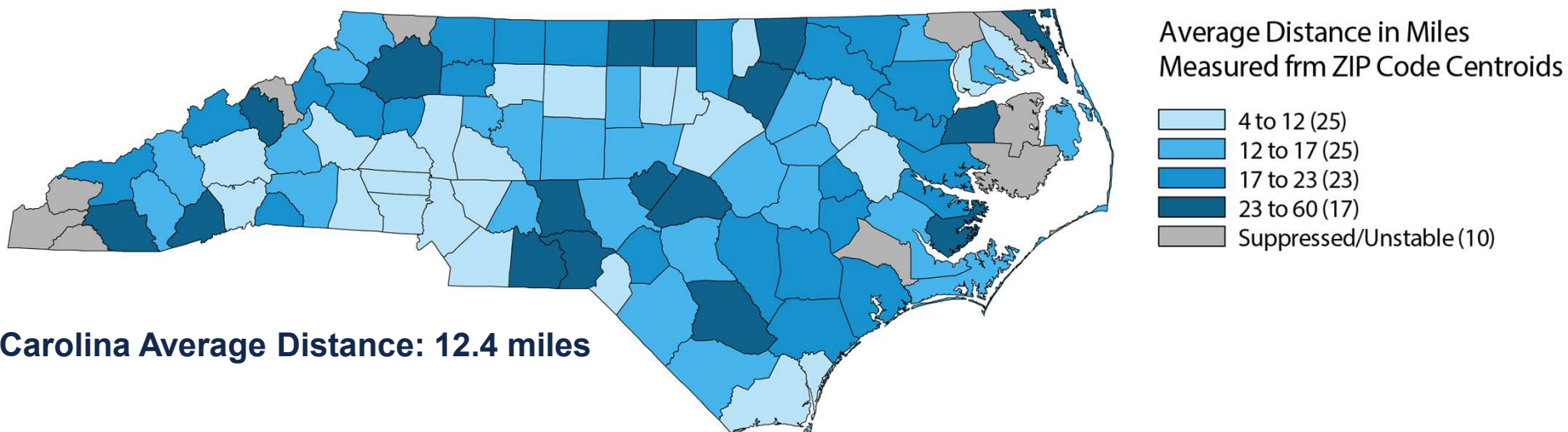
Obstetric Clinicians per 10,000 Women Ages 15-44 with Obstetric Facility Locations, 2024



Obstetric clinicians include certified nurse midwives (CNMs) and physicians providing obstetric care in North Carolina. Source: CNM data are derived from the North Carolina Board of Nursing (active, licensed, in practice as of October 31, 2024). Physician data are derived from the North Carolina Medical Board (actively practicing as of October 31, 2024, non-federal physicians). Population estimates from the NC Office of State Budget and Management's County/State Population Projections. Facility locations include hospitals and birth centers with 25 or more births in 2024. Federal facilities are excluded.

17 counties with longest travel times are many of same counties with few or no clinicians providing deliveries

Average Distance to Care for Discharges for Childbirth
Miles from Residence to Hospital
Discharges from October 1, 2023 to September 30, 2024



Note: Discharges include residents discharged from NC hospitals: October 1, 2023 to September 30, 2024. Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included. Inpatient DRG codes: 765, 766, 767, 768, 774, 775, 795. Information for counties with fewer than 50 visits suppressed. Source: NCHA, Fiscal Year 2024. Produced by: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Obstetric clinicians include Certified Nurse Midwives (CNMs) and physicians providing obstetric care. CNMs and physicians include those that are active, in-state, nonfederal, and licensed in North Carolina as of October 31, 2024. Obstetric clinician data are from the North Carolina Health Professions Data System, with CNM data from the North Carolina Board of Nursing and Physician data from the North Carolina Medical Board. Birth data are from the NC DHHS/Division of Public Health/State Center for Health Statistics – [Births by County of Residence, 2024](#).

Hospital Closures of Obstetric Care



- Our best estimate is that somewhere between 12 and 18 rural hospitals in North Carolina have either closed completely or closed their OB unit in the past 12 years
- In 2024, nearly 12,000 births originated from counties where a hospital closed its obstetrics facility



Financial pressures prompt women's services cuts at NC rural hospitals

Women's services often lose money for NC rural hospitals. State doesn't track lost services or require hospitals to sustain care.

by Carolina Public Press
March 19, 2025

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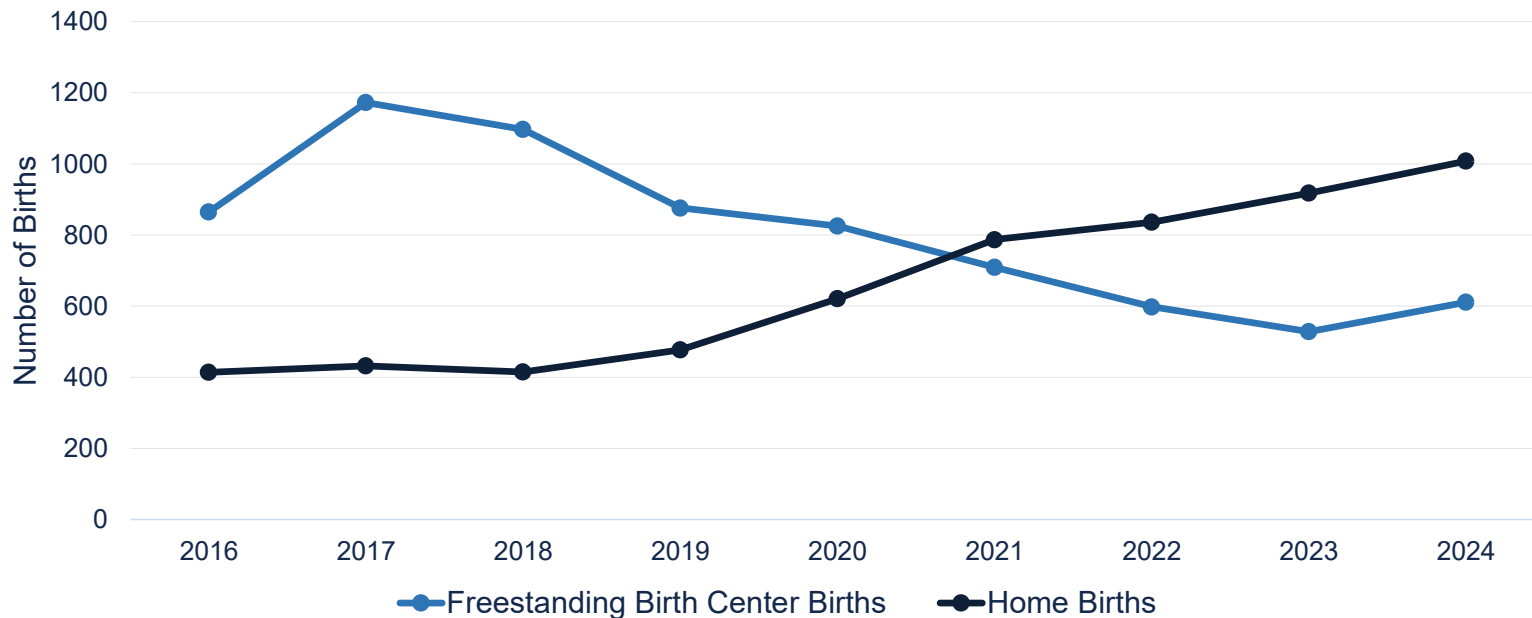


Source: Birth data are from the NC DHHS/Division of Public Health/State Center for Health Statistics – [Births by County of Residence, 2024](#). Image Source: [Carolina Public Press, 2025](#).

Over 98% of births still occur in hospitals. The number of home births have grown over the last 14 years



Number of Births at Free Standing Birth Centers and Home Births, North Carolina, 2016-2024



Source: Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS). National Vital Statistics System, [Nativity on CDC WONDER Online Database](#).

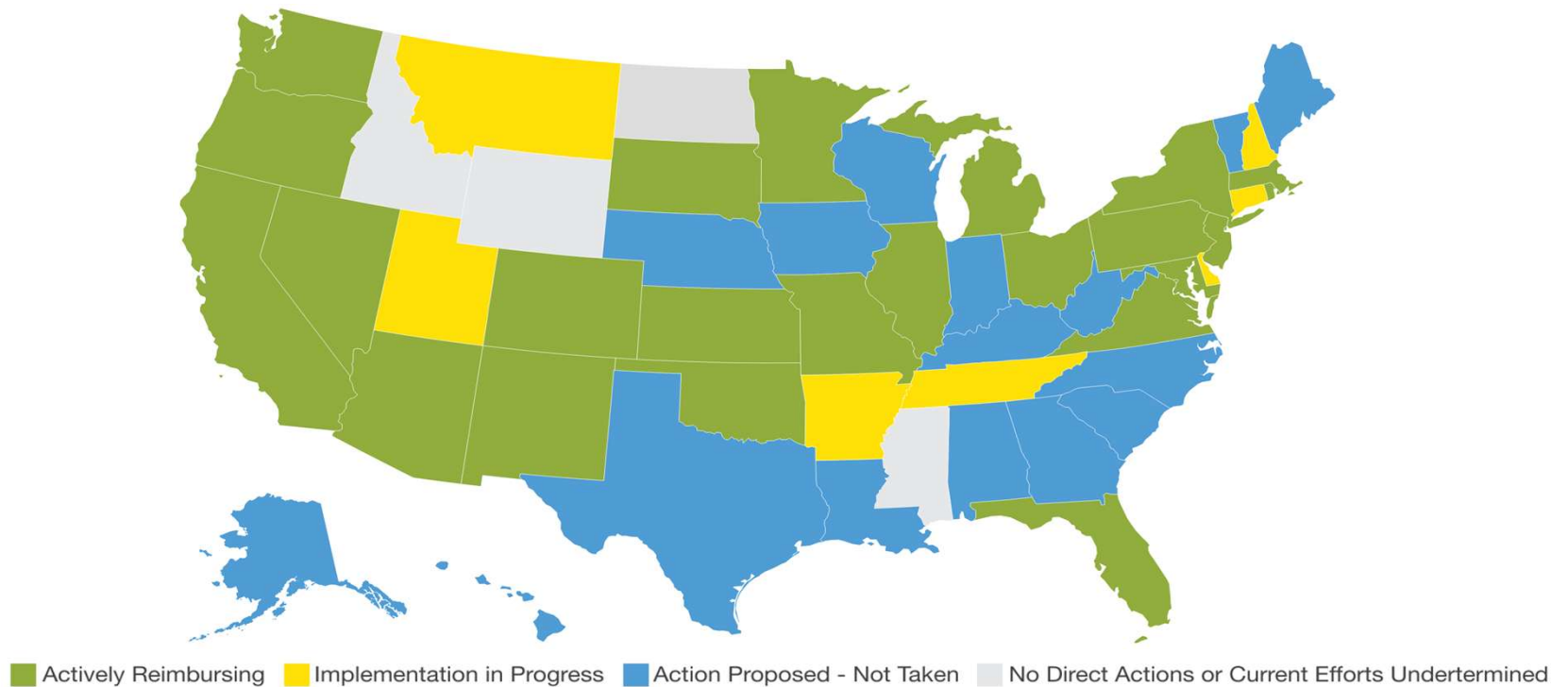
Doulas



- Doulas provide physical, emotional, and information support to women before, during, and shortly after childbirth
- Research shows doula care is associated with decreased maternal stress, lower rates of cesarean sections and medical procedures during birth, lower odds of postpartum depression or anxiety, and improved trust with the birthing process⁴⁻⁸
- Because of these improved outcomes there is the potential for cost-savings for state Medicaid programs



In 2025, 23 States Allowed Medicaid Reimbursement For Doula Services And 6 States Are Currently Implementing Medicaid Reimbursement



Source: Georgetown University McCourt School of Public Policy – Center for Children and Families “[Doula Medicaid Reimbursement by State](#).” Note: The graphic was made using NHeLP’s tracking “[Current State Doula Medicaid Efforts](#)” – visit for more information including timeline and strategy, summary of implementation efforts, available resources and training, credentialing and/or certification requirements.

Limited data exist on the size, distribution, and characteristics of the doula workforce in the state



- Doulas can train through many different certifying bodies
- Certification is optional and many doulas work informally
- Doula roles vary, and most tracking focuses only on birth doulas
- Using the National Plan and Provider Enumeration System, we estimate there are ~400 doulas in NC
- More than half (52) of NC counties have a doula
- Most report their primary role is as a doula, but 54 doulas report another credential such as lactation consultant, social worker, health educator, registered nurse, counselor or other occupation

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