

Meeting of the
Perinatal Health
Committee
of the
North Carolina Child
Fatality Task Force

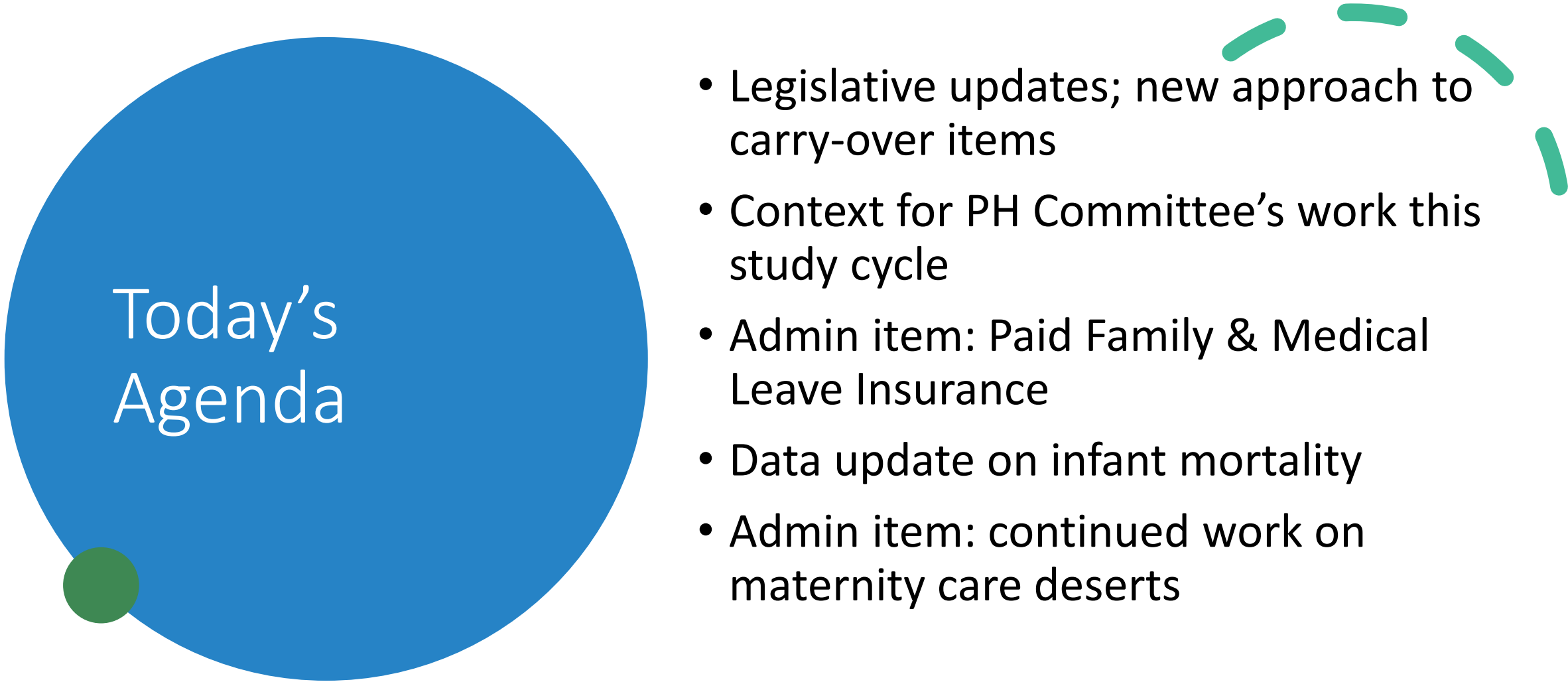
September 15, 2026



Welcome & Approval of Minutes



Minutes from last meeting on 1-14-26 have been posted on the CFTF website, the minutes have been sent out and the link to the minutes is also on your agenda



Today's Agenda

- Legislative updates; new approach to carry-over items
- Context for PH Committee's work this study cycle
- Admin item: Paid Family & Medical Leave Insurance
- Data update on infant mortality
- Admin item: continued work on maternity care deserts

Legislative Updates Relevant to PH Committee Work

CFTF recommended \$250K in annual funding for a statewide initiative to prevent infant deaths in unsafe sleep environments

- 2026 Budget ***did not*** include funds for safe sleep

CFTF recommended 905K in annual funding for PQCNC

- After recommendation was approved but before CFTF Annual Report was released, learned that PQCNC funding via DHHS had been restored

[Other PH recommendations for 2026 were not legislative, but administrative for further study: Maternity Care Deserts; Paid Family & Medical Leave Insurance]

New Approach to Carry-Over Topics



Committees will not typically “re-study” carry-over topics



The full CFTF gets updates and determines whether to repeat



CFTF members can review previously presented information (slides, annual report, fact sheets)



Annual Reports will address carry-over items more briefly



This allows for more time in committees to study new and emerging topics and less repetition of information, and less repetition in annual reports.

Context for PH Committee's work this study cycle

Continued Study of Paid Family & Medical Leave Insurance (today)

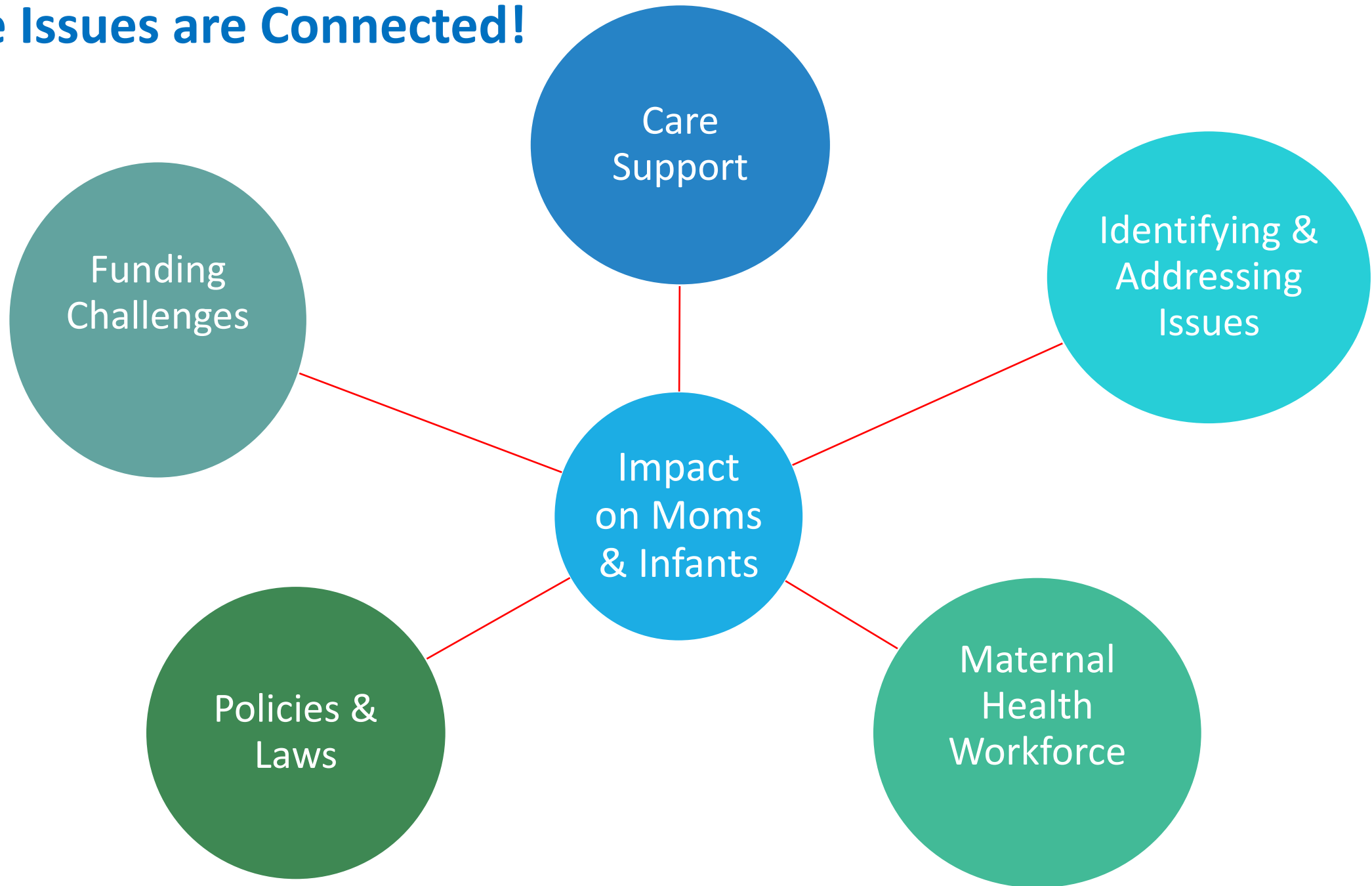
Continued Study of Maternity Care deserts

- Family Medicine
- Midwives
- Doulas
- Medicaid & Funding Shifts

Potential to Examine Related Topics:

- Recognizing & addressing maternal mental health and substance use challenges
- Food access & nutrition & its impact on outcomes
- Care help, guidance, & support (fathers, home visitors, doulas)

These Issues are Connected!





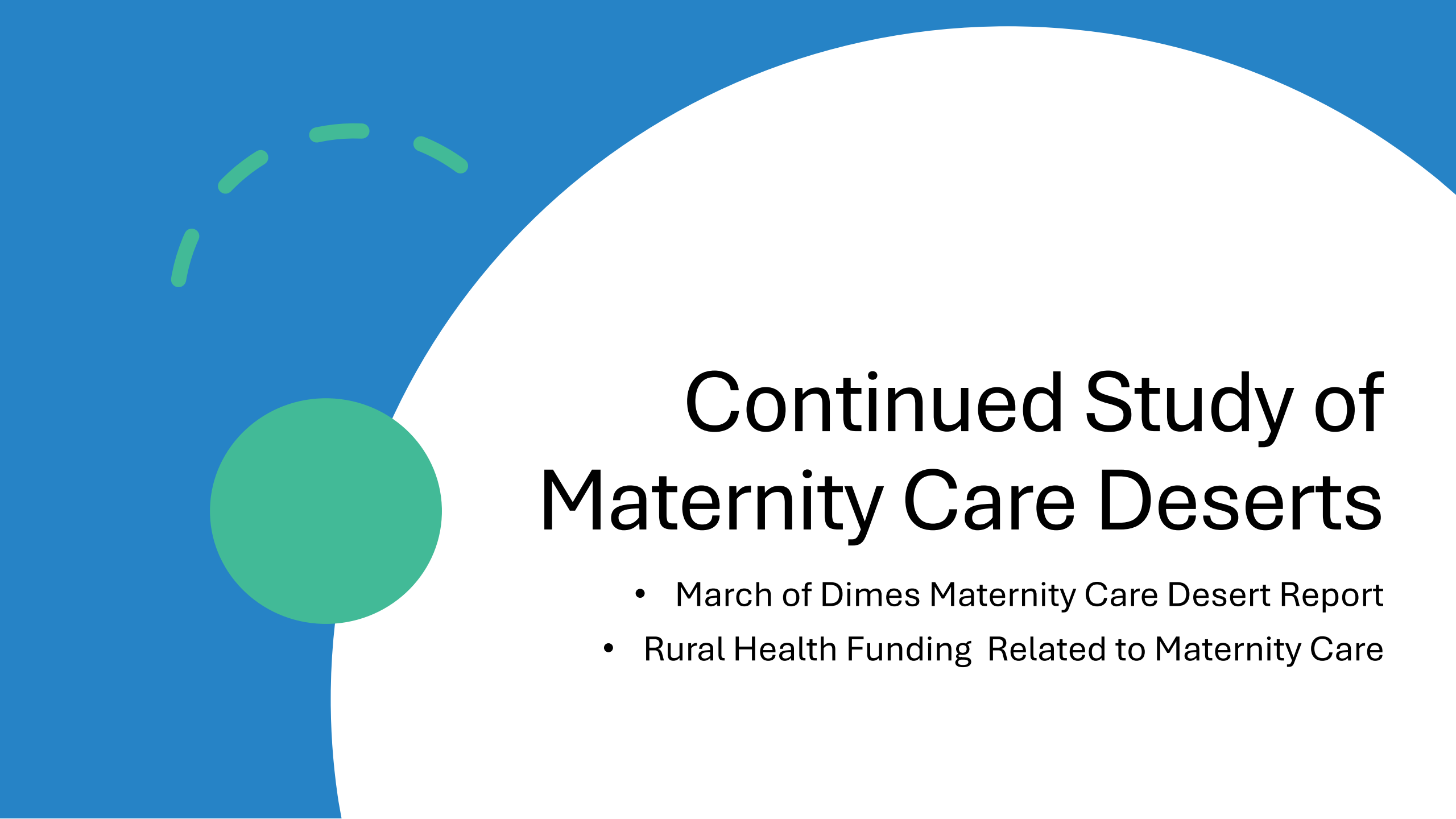
Paid Family & Medical Leave Insurance

[See separate slide deck]



2024 NC Infant Mortality Data

See separate slide deck



Continued Study of Maternity Care Deserts

- March of Dimes Maternity Care Desert Report
- Rural Health Funding Related to Maternity Care

A decorative graphic on the left side of the slide, consisting of several concentric, overlapping circles in various shades of blue, creating a sense of depth and movement.

CFTF 2026 Administrative Item on Maternity Care Deserts

Administrative efforts to continue to study maternity care deserts and strategies to improve maternal and infant care with continued study of licensure for certified professional midwives, expanded use of doulas, further workforce expansion and support, and the impact of funding shifts and changes on this population.

Topics related to maternity care deserts covered during the 25-26 study cycle by the Perinatal Health Committee

- The potential for licensing of Certified Professional Midwives (continued study from prior year; heard perspectives from six medical organizations)
- Maternal Care Desert Workforce Solutions Action Team
- Use of doulas via value-based option in health plan
- Federal HR 1 (House Reconciliation Bill) anticipated impacts on infant and maternity care in hospitals





Nowhere to Go: Maternity Care Deserts Across the U.S.

2026 Report: North Carolina Key Findings



A photograph of a woman with dark hair tied back, smiling and looking down at a baby she is holding. The baby is looking towards the camera with its hand near its mouth. The image has a dark, semi-transparent overlay. The text 'North Carolina key findings' is centered over the image, underlined with a purple line.

North Carolina key findings

An aerial photograph of a rural landscape. The foreground and middle ground are dominated by lush green fields and dense clusters of trees. A few small buildings, including what appears to be a barn, are visible. In the background, there are more fields and some distant structures. The sky is filled with large, white, fluffy clouds. The overall scene is peaceful and rural.

**Maternity care deserts are
counties where there are
no birthing facilities and no
obstetric clinicians**

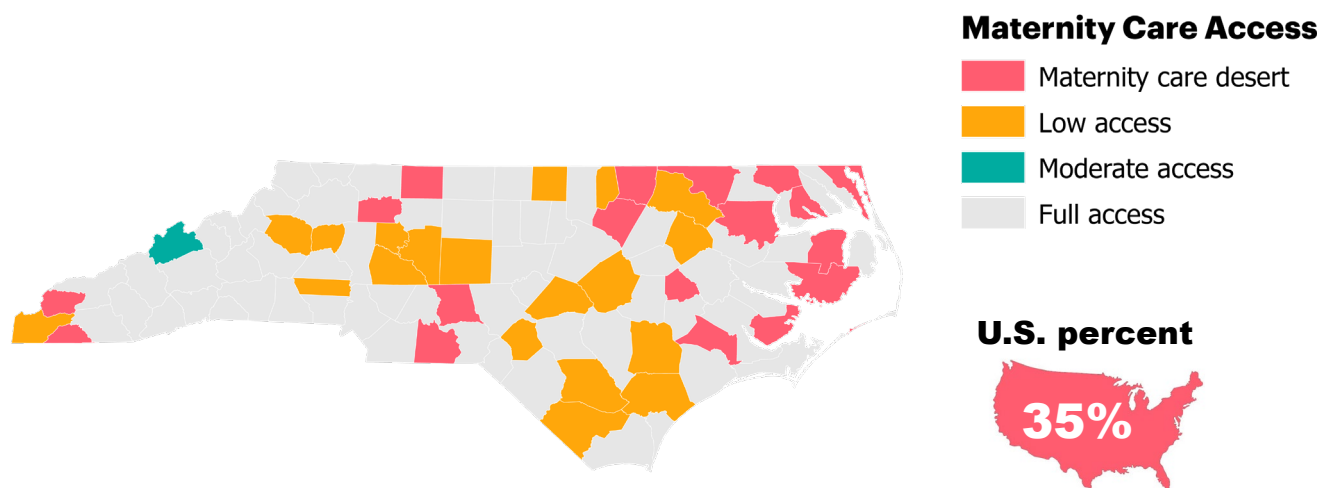
Maternity care access designations

Definitions	Maternity care deserts	Low access	Moderate access	Full access
 Birthing facilities (hospitals or birth centers)	zero	<2	<2	≥2
 Obstetric clinicians per 10,000 births	zero	<60	<60	≥60
 Proportion of women ages 19 to 54 without health insurance	any	≥10%	<10%	any

Note: Obstetric clinicians include obstetrician gynecologists (OB-GYNs), certified nurse midwife/certified midwives (CNMs/CMs), and family physicians who reported delivering babies. A county is classified as full access if it meets at least one criterion.

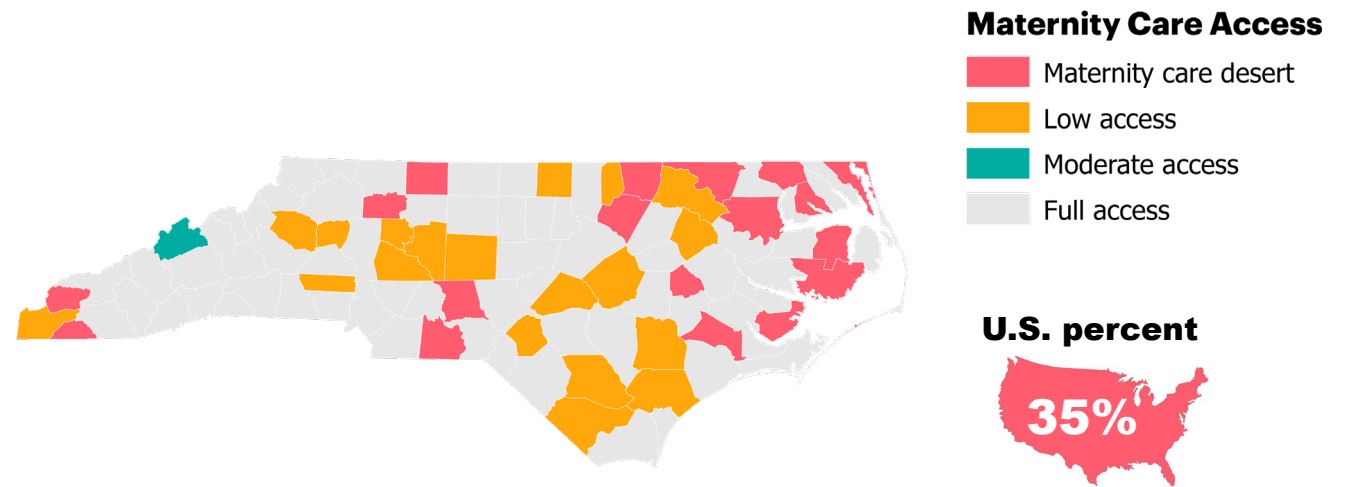
1 in 6 counties in North Carolina are maternity care deserts, affecting nearly 61,000 women and 4,000 births annually

Maternity care access designations, North Carolina



62% of North Carolina counties are designated as having full access to maternity care

Maternity care access designations, North Carolina



Limited access to maternity care can impact health outcomes for both mom and baby



Counties

18%

of counties are
maternity care
deserts (MCDs)



Women

61K

women ages 15 to
44 live in MCDs



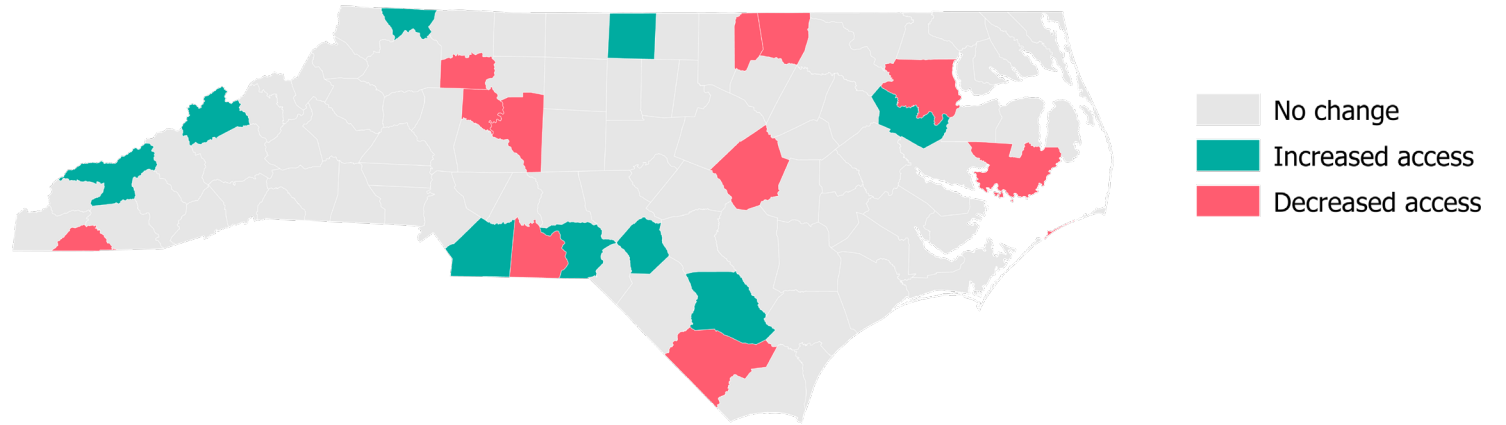
Babies

4K

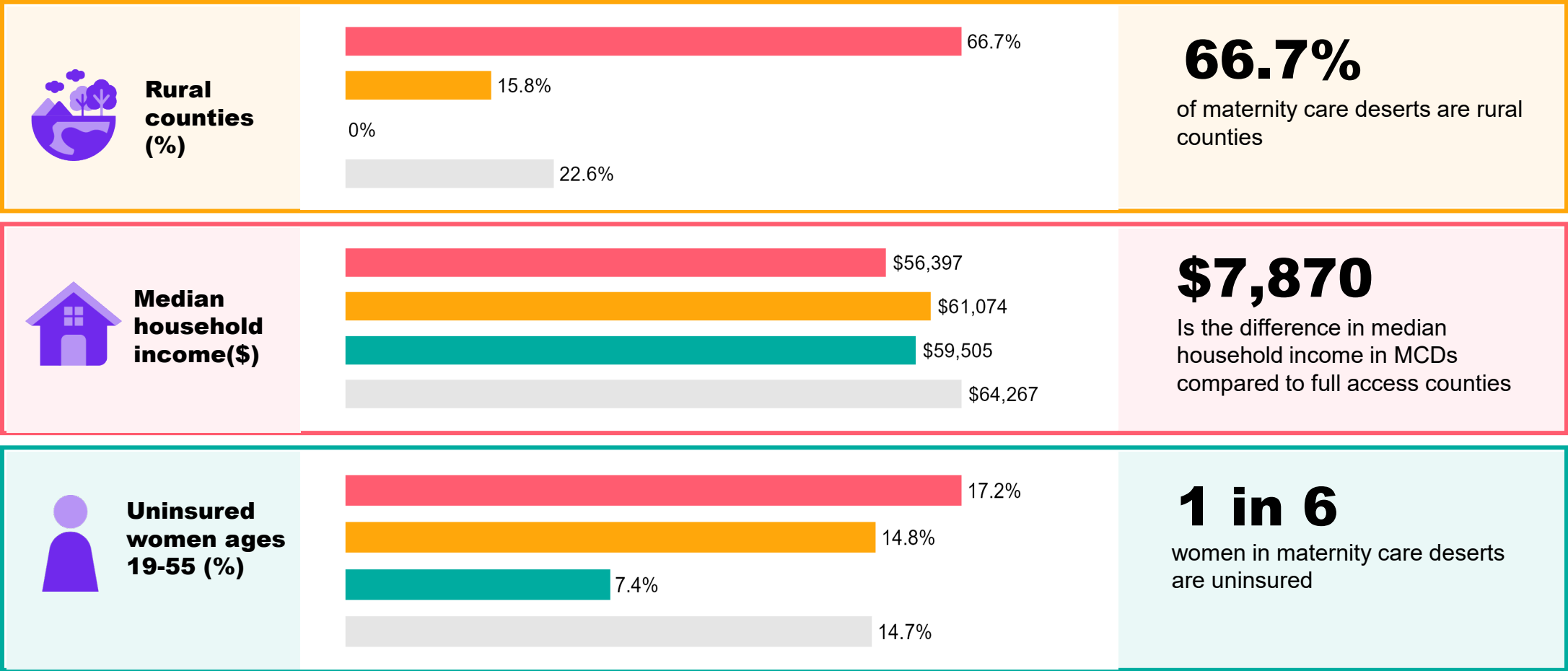
births annually to
MCD residents

Change in maternity care access, North Carolina, 2016 to 2024

- **In 2016, 16% of counties were maternity care deserts, compared to 18% in 2024**
- **There were 2 more maternity care deserts over the period**
- **Overall, there were 9 counties that increased access and 11 counties that decreased access from 2016 to 2024**



County demographics by maternity care access designation



Maternity care access



Full access



Moderate access



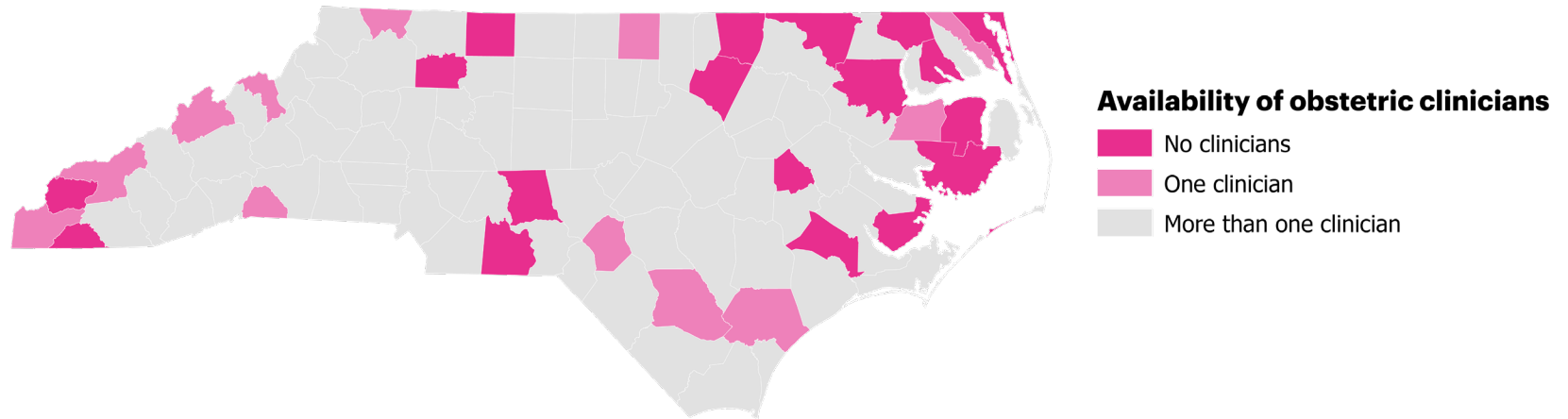
Low access



Maternity care desert

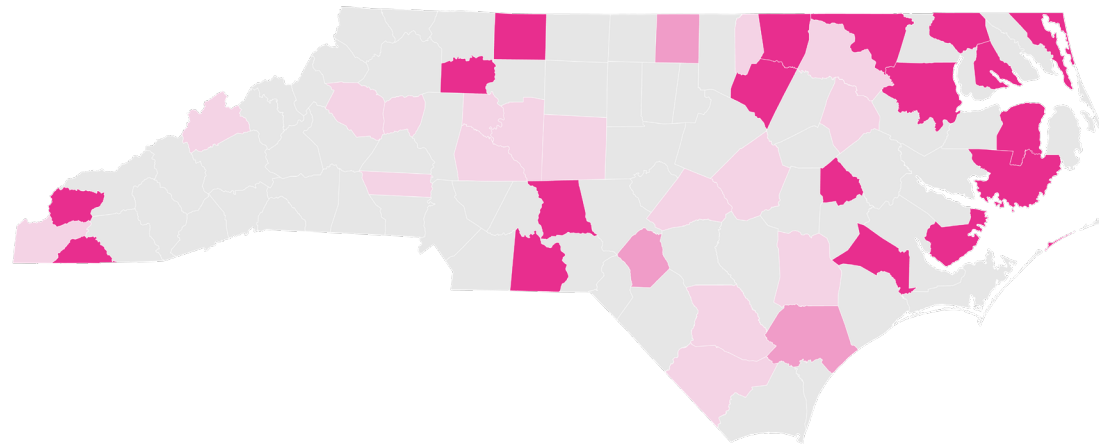
Number of obstetric clinicians by county, North Carolina

- **18% of counties do not have an obstetric clinician**
 - These counties are home to nearly 61,000 women and 4,000 babies
- **12% of counties have only one obstetric clinician**



Distribution of obstetric clinicians by county, North Carolina

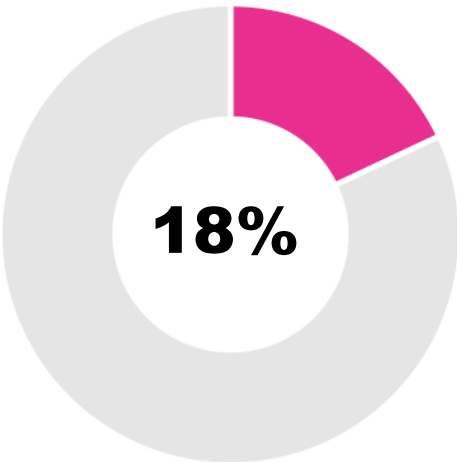
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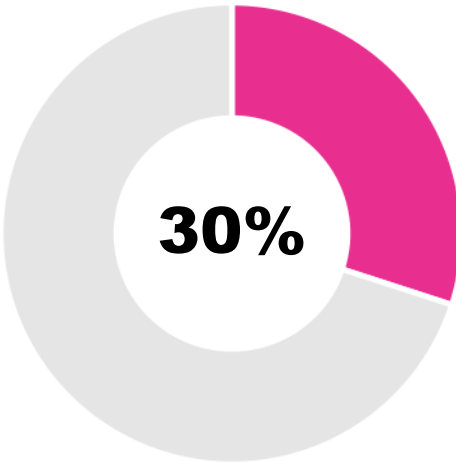
Availability of obstetric clinicians

- 0 obstetric clinicians
- >0-30 obstetric clinicians
- >30-60 obstetric clinicians
- >60 obstetric clinicians

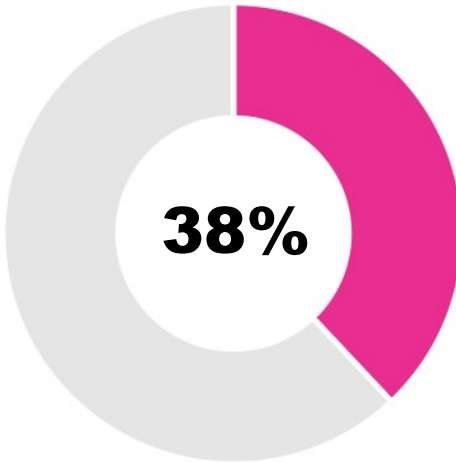
Percentage of counties without obstetric clinicians, by type



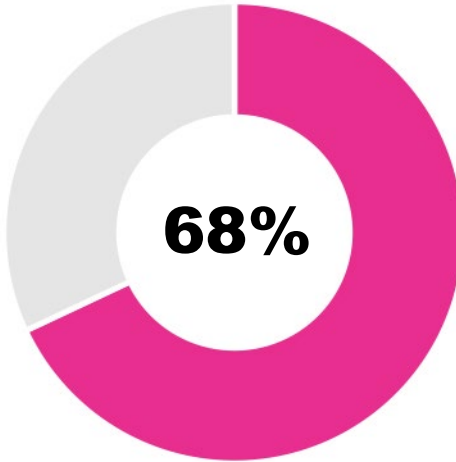
No obstetric
clinicians



No OB-GYN



No CNM/CM



No family
physician who
delivers babies



These supportive midwifery policies make it easier for midwives to provide care to low-risk obstetric patients

Independent practice

Allows midwives to practice within their full score of practice without requiring physician supervision or contractual agreements.



Licensure of certified midwives

Expand licensure for CMs, which is currently available in 11 states, to increase workforce capacity.



Pay parity

Aligns reimbursement rates so midwives are paid at 100% of physician rates for comparable services, supporting sustainable practice.



Hospital admitting privileges

Enable midwives to admit and discharge patients to ensure continuity of care across settings.



Prescriptive authority

Authorize midwives to prescribe medication to manage patient care directly.



Adopted

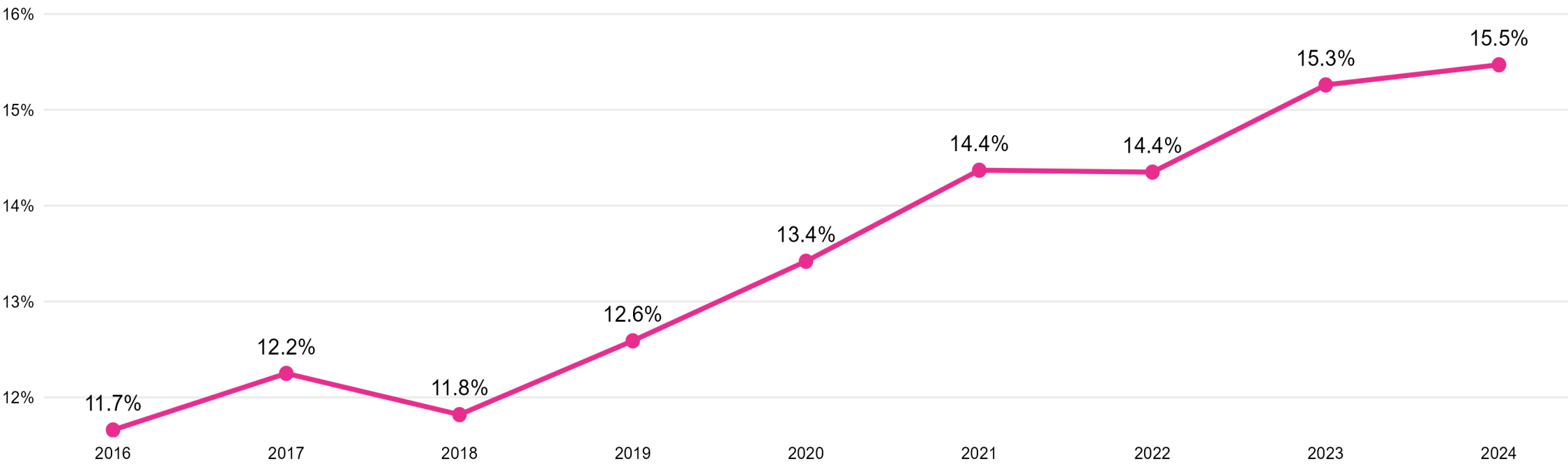


Not adopted



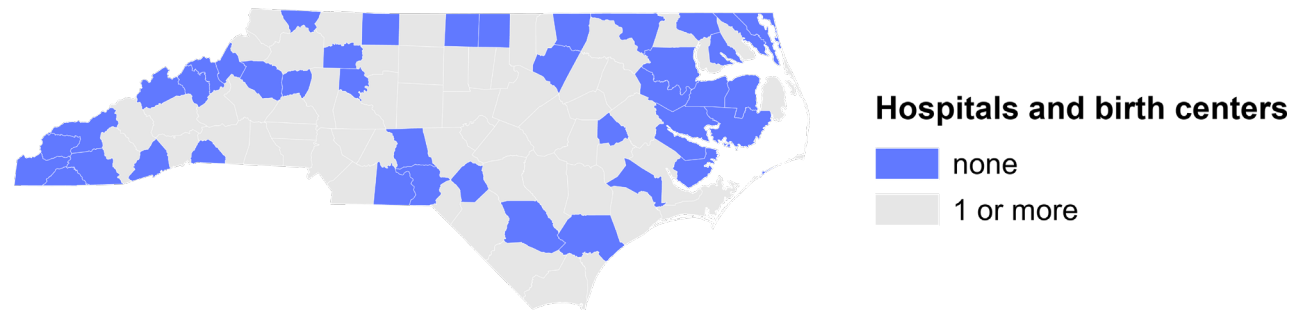
In 2024, **15.5%** of hospital births were attended by midwives, an increase from **11.7%** in 2016.

Percent of births attended by midwives, North Carolina, 2016 to 2024



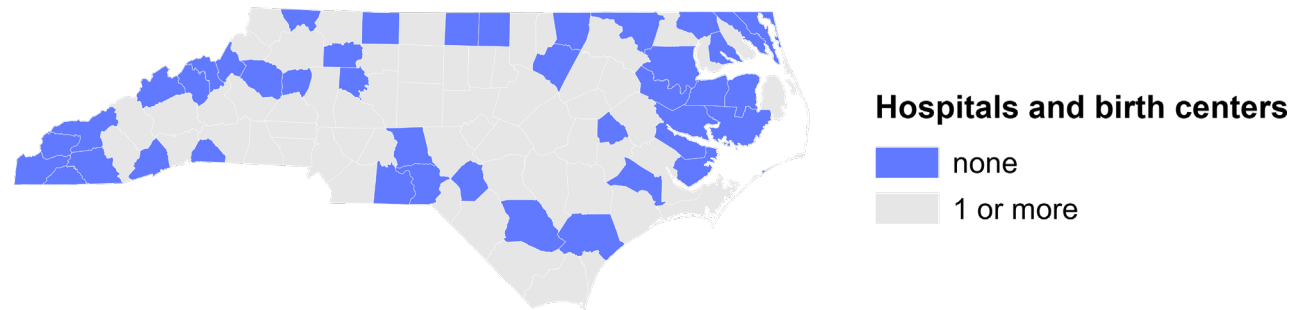
Number of birthing facilities by county, North Carolina

- **41%** of counties do not have a hospital with labor and delivery services
- **96%** of counties do not have a birth center
- **79.3%** of rural counties lack a birthing facility



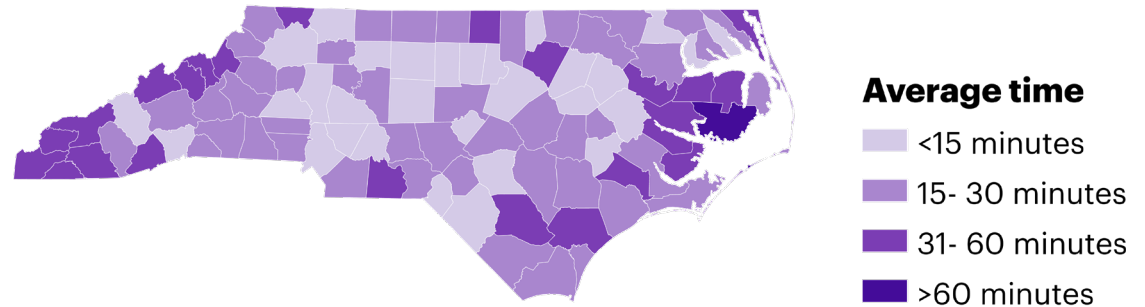
- **41% of counties do not have a hospital with labor and delivery services or birth center**
 - **These counties are home to nearly 182,000 women and 11,000 babies**

Number of birthing facilities by county, North Carolina

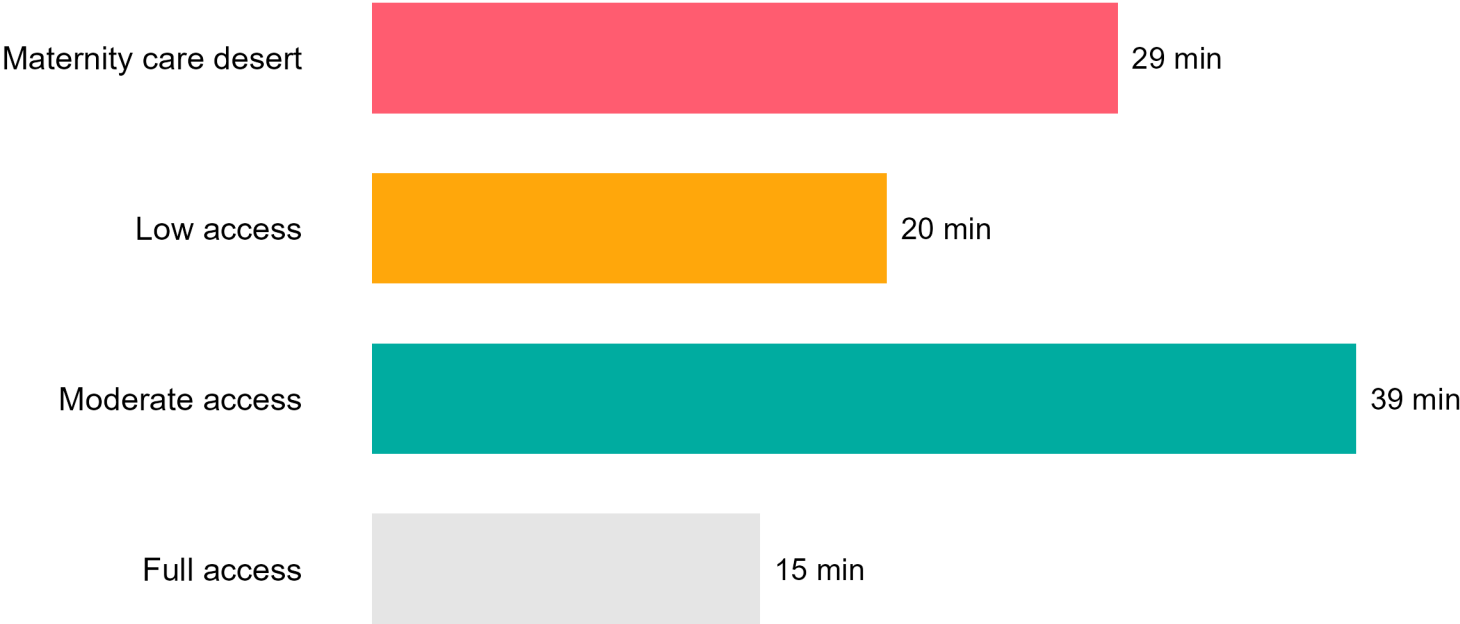


- **The average travel time to care in North Carolina is 17 minutes**
- **96K women in North Carolina live more than 30 minutes from a hospital with labor and delivery services**

Travel time to nearest hospital with labor and delivery services by county, North Carolina



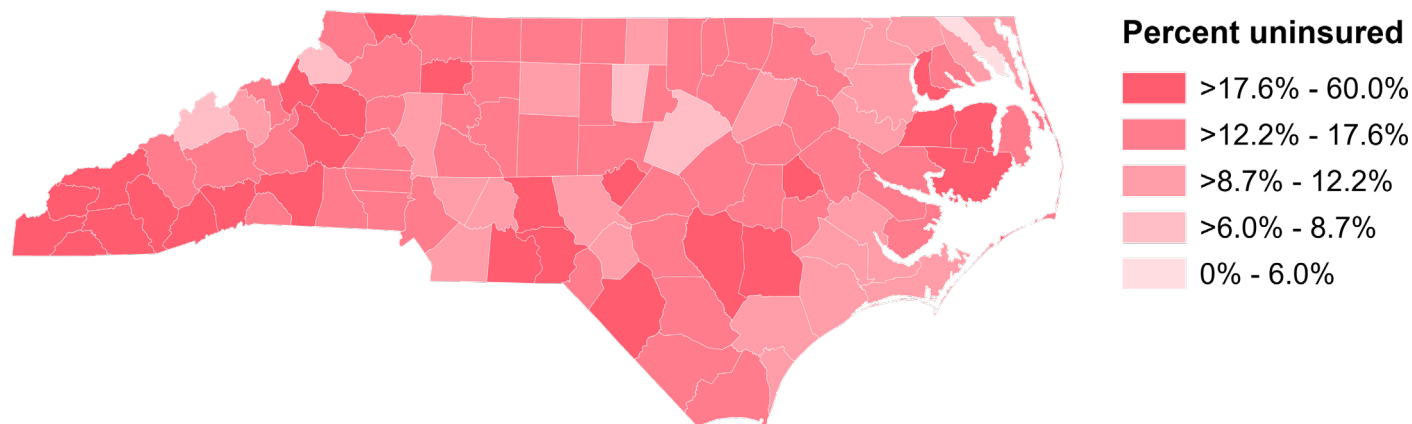
Minutes to nearest birthing hospital by maternity care access designation, North Carolina



Maternity care desert residents travel 1.9 times longer to reach their nearest hospital with labor and delivery services than those living in full access counties

- About **1 in 8 (13.1%)** women ages 19 to 54 are uninsured in 2024
- Since the passage of the Affordable Care Act in 2013, uninsured rates among women ages 19 to 54 in North Carolina have **decreased 41.3%**

Percentage of uninsured women ages 19 to 54 by county, North Carolina, 2024



March of Dimes improves access to maternity care through education, advocacy, innovation, and collaboration

Education: We analyze national and state-level data to track trends in maternal and infant health and share our findings in reports and on [PeriStats](#).

Advocacy: We [support](#) policies that expand access, including Medicaid expansion and postpartum extension, equitable reimbursement for midwives and doulas, and telehealth.

Innovation: Our [Innovation Fund](#) invests in early-stage solutions and digital tools such as [Mammha](#), a maternal mental health screening and referral tool.

Collaboration: We partner with local organizations to bring care directly into communities through our [Mom & Baby Mobile Health Centers](#)®, with more units launching soon. We are expanding the doula workforce through a [5-year initiative](#) with CVS and local pilots.

Education, Advocacy, Innovation and Collaboration



Collaboration: Collaborate with the NC Perinatal Health Equity Task Force on maternity access (Midwives, Physicians, Doulas).



Advocacy: Advance March for Change and implement a strategic plan for the 2027 legislative session. Conduct legislative meetings on doula practice in NC, midwifery practice, and maternity care desert report findings.



Grant Work: Manage two existing grants in 2026 and develop and implement three new grants for 2027.



Policy Strategy: Update the Maternal Mental Health Coalition policy strategy for 2027.



Public Awareness: Increase public awareness through speaking engagements, media interviews, and legislative meetings.

Advancing maternal mental health in North Carolina



Limited access to maternity care increases stress, anxiety, and isolation among pregnant and postpartum women. In 2024, March of Dimes North Carolina partnered with Mind the Gap to launch a statewide coalition addressing the perinatal mental health crisis. As these conditions remain a leading cause of pregnancy-related deaths in North Carolina, more than 130 stakeholders collaborate to strengthen workforce capacity, expand access to care, and advance policy solutions. Efforts include listening tours, program evaluation, and identification of best practices. In 2026, 53 volunteers participated in March for Change to raise awareness and advocate for improved maternal mental health outcomes.

2026 North Carolina March for Change Day.

Thank you!

Nowhere to Go: Maternity Care Deserts Across the U.S.

2026 report link



Contact us
Pat Campbell
pcampbell@marchofdimes.org

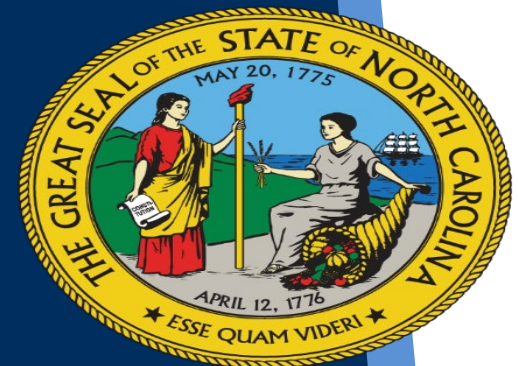
Perinatal Data Center
PerinatalDataCenter@marchofdimes.org

**NC Department of Health and Human Services
Division of Public Health**

Perinatal Health Focus – Rural Health Transformation Program

**Belinda Pettiford, Section Chief
Women, Infant, and Community Wellness**

September 15, 2026



Program Overview



Background and NC Context

- **RHTP is part of H.R. 1 federal legislation**
 - Established a \$50 billion, five-year Rural Health Transformation Program for all states
- The federal program is Administered by the U.S. Centers for Medicare & Medicaid Services (CMS) via a cooperative agreement with substantial CMS involvement post-award
- Designed to help states strengthen rural health care access, quality and sustainability
- North Carolina successfully competed for more than \$213 million in initial federal funding

Vision: To advance community-designed, community-led innovative solutions that foster independence, improve health, and promote well-being for rural North Carolinians.

Goal: High Quality, Coordinated Care

Build Rural Community Care Network "Hubs" (NC ROOTS Hubs)

- Design and deploy community-tailored services that address physical health, workforce, and fiscal sustainability.

Modernize Rural Care Delivery Through Digital Forward Solutions

- Rural provider connectivity to the state HIE data exchange.
- Expanded rural provider adoption of technology, AI tools, virtual care models.
- Improved digital health literacy

Goal: Increase Access in Rural NC

Create Models & Capacity for Expanded Primary Care, Prevention, and Chronic Disease Management

- Strengthen rural prevention and chronic care capacity by scaling evidence-based programs including chronic disease management, maternal and perinatal health supports, tobacco cessation, nutrition education and physical activity.

Expand and Integrate Mental Health and Substance Use Disorder Services

- Expand state's successful programs and models into rural communities
- Enhance crisis response and connection to ongoing care
- Improve access to opioid use disorder treatment

Goal: Sustainable Healthcare System

Build a Robust and Resilient Workforce

- Expand Rural Residency Programs
- Expand educational and training capacity.
- Employer-led recruitment and retention initiatives.
- Home grown workforce and upskilling pipelines.

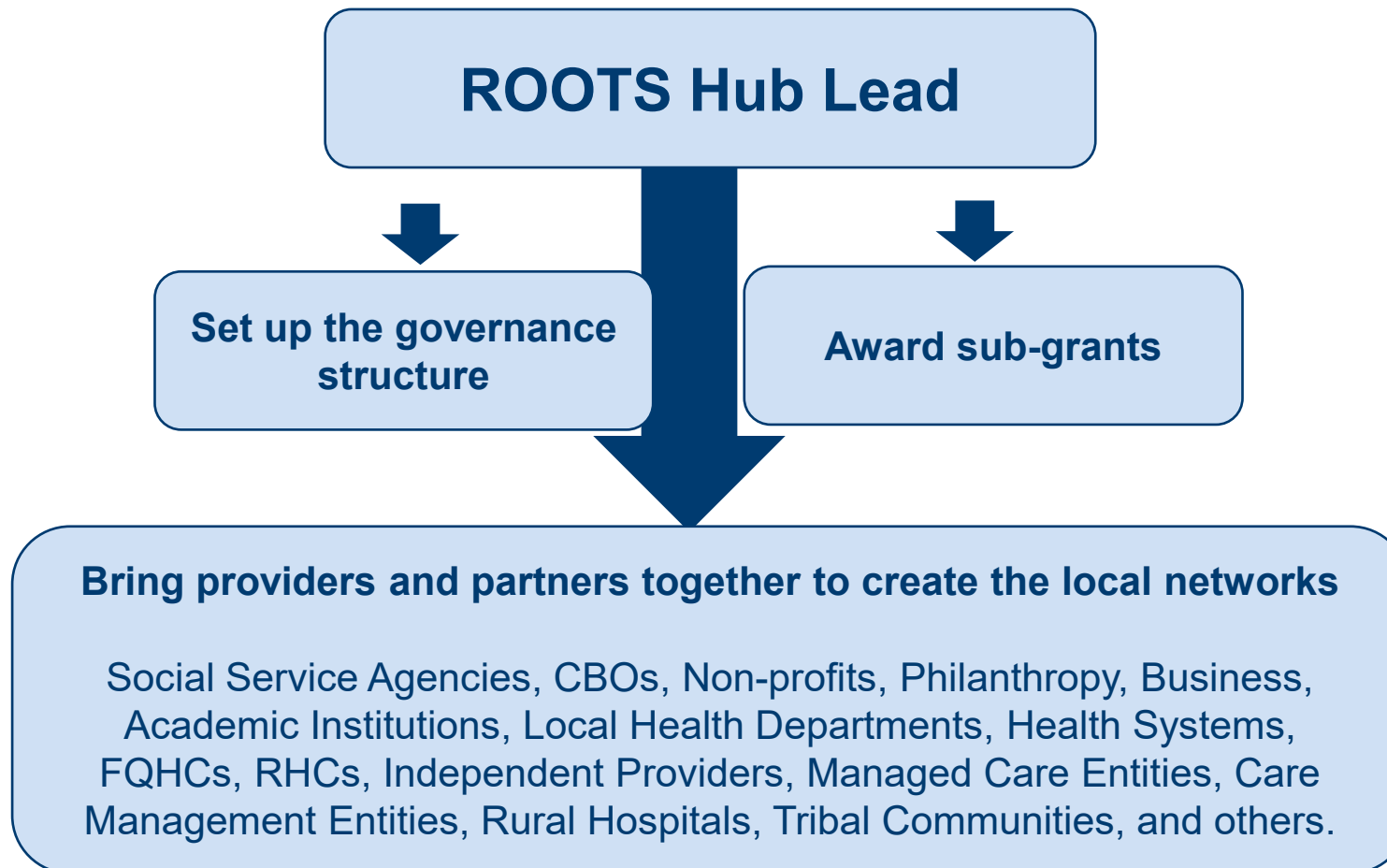
Supporting Rural Health Providers Through Innovative Financial Models

- Assess opportunities for hospital long-term sustainability.
- Develop primary care value-based payment pilot.
- Build capacity among primary care providers and hospitals to be successful in VBP.

NC ROOTS (Rural Organizations Orchestrating Transformation for Sustainability) Hubs

A ROOTS Hubs is a regional, locally governed network of community stakeholders that implement RHTP initiatives.

A ROOTS Hub Lead is the organization responsible for coordinating and guiding a regional network of partners to improve health and services in rural communities.



Initiative 2 - Perinatal Health – Required Components of the Hubs

Goal: Increase access to perinatal health services within each ROOTS Hub region.

Strategy: Collaborate with DHHS, birthing facilities, providers, and communities (inclusive of individuals with lived experience) to assist with implementation of maternal and neonatal levels of care, educate on post-birth warning signs and expand access to maternity services.

LOCATe Analysis

- Utilize the CDC Level of Care Assessment Tool (LOCATe) to assist with standardization and/or development of levels of care for birthing facilities.
- Collaborate with DHHS, birthing facilities, and regional Perinatal Nurse Champions for implementation.
- Quarterly convenings of birthing facilities

Expand Access in Maternity Deserts

- Conduct environmental scan of maternity services within the region.
- Provide obstetric training for emergency medical services teams.
- Utilize AI – enabled ultrasounds (UNC implementation experience)
- Develop plan to increase access to prenatal care services in the first trimester.

I Gave Birth Initiative

- Collaborate with DHHS, birthing facilities, and regional Perinatal Nurse Champions for implementation.
- Identify perinatal lead for each birthing facility to champion the work within their facility.
- Quarterly convenings of birthing facilities

Community Health Worker – Doula Model

Breastfeeding Education & Support

Perinatal Project ECHO Model

Postpartum Patient Navigation

Group Prenatal Care

Academic Regional Obstetrical Collaboration (AROC)

Initiative 3 – Behavioral Health

- NC MATTERS is North Carolina's statewide **perinatal psychiatry access program**, supported through federal and state funding.
- We support healthcare professionals through:
 - Clinical consultation with reproductive psychiatry providers
 - Resource and referral support
 - Provider training and workforce development
- Our rural partners consistently identify **access to psychotherapy** as a major gap in perinatal mental health care.

Initiative 3 – Behavioral Health

NC MATTERS BRIDGE Program

Building Rural Infrastructure for Decision Support, Guidance, and Engagement in Perinatal Mental Health

Aims:

1. Expanded access to clinical consultation
2. Expanded training opportunities for rural clinicians
3. Establish local provider champions

Initiative 4 - Workforce

- **Community Health Workers**
- **Doulas**
- **Midwives**

Questions?





Announcements & Adjourn