



Maternal Mortality and Access to OB Care in the US

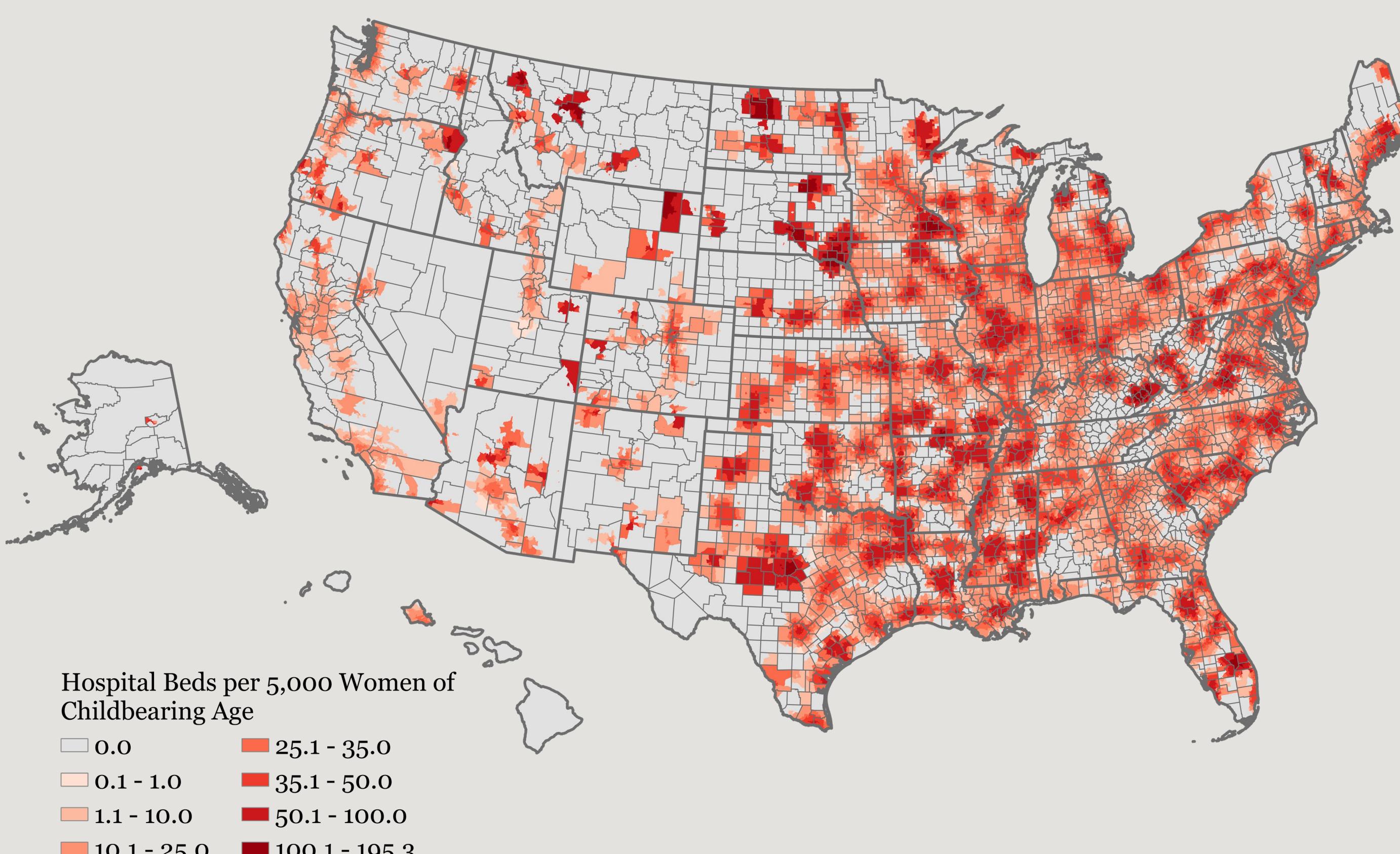
BACKGROUND

The United States is one of the most affluent nations in the world, however, it ranks 60th in terms of maternal mortality rates.¹ Research findings from the CDC suggest that pre-existing diseases and birthing complications are linked to these high mortality rates, particularly those in rural areas where only basic obstetric care is available. Physical access to level II and level III maternal care hospitals is a big issue that women of childbearing age living in underserved communities face every day. Level II and Level III refer to specialty and subspecialty levels of care that deal with at-risk births. In our analyses, we are examining how spatial accessibility affects birthing hospitals in the US.

METHODS

- We used the population counts of women of childbearing age (ie. 15-44 years) and additional information at the US Census block group level which comes from the US Census Bureau American Community Survey.²
- Hospital data come from the 2020 American Hospital Association Survey.³
- We measured accessibility to level II and III maternity care hospitals in the United States using the Enhanced Two-Step Floating Catchment Approach (E2SFCA).
- Using this approach reveals a spatial accessibility sequence that is more precise with intuition and alienates more spatially explicit health professional shortage areas.

Figure 2. Accessibility to Level II and Level III Maternity Hospitals



RESULTS

Figure 1. Level II and Level III Maternity Hospital Locations

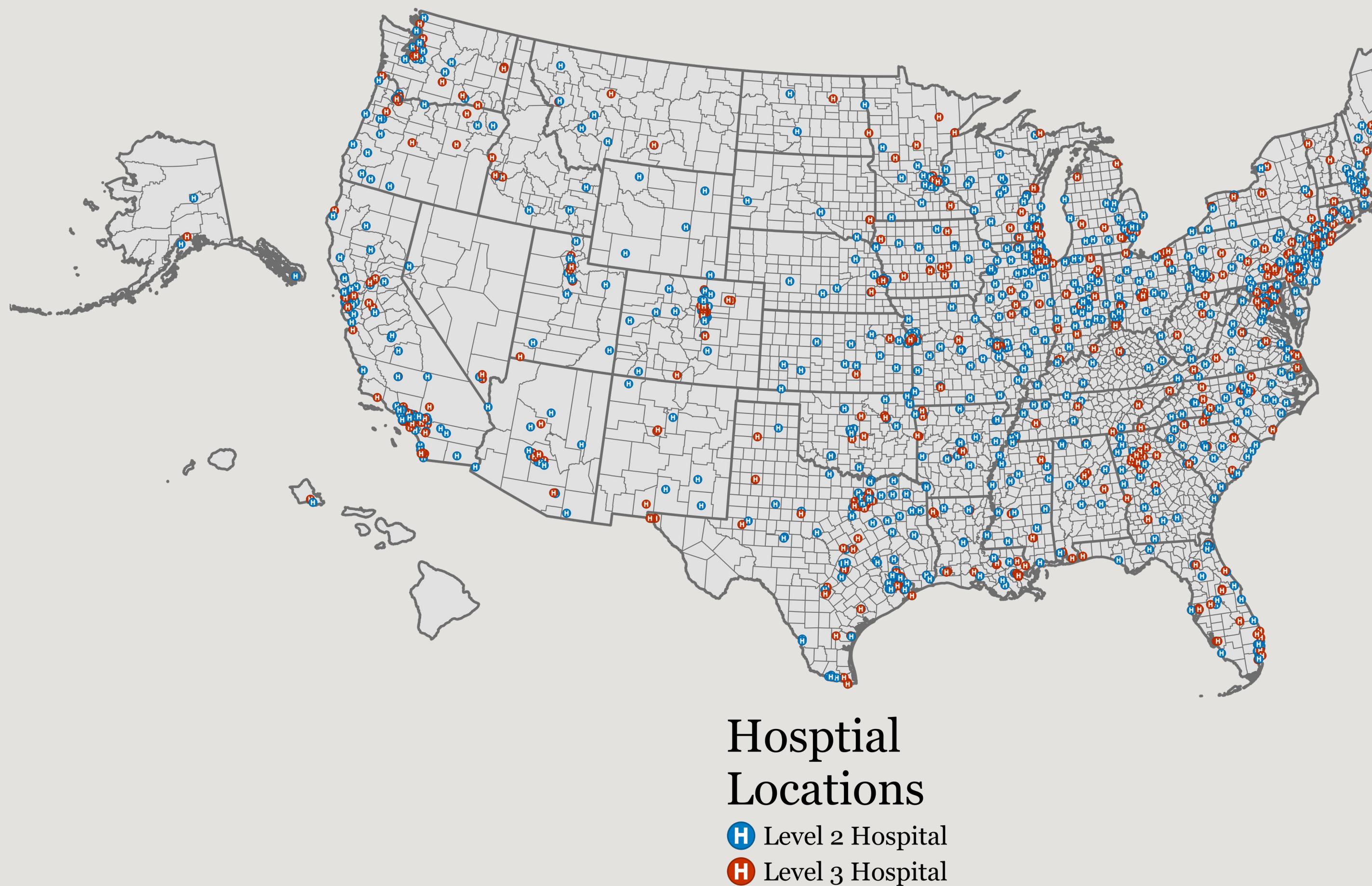
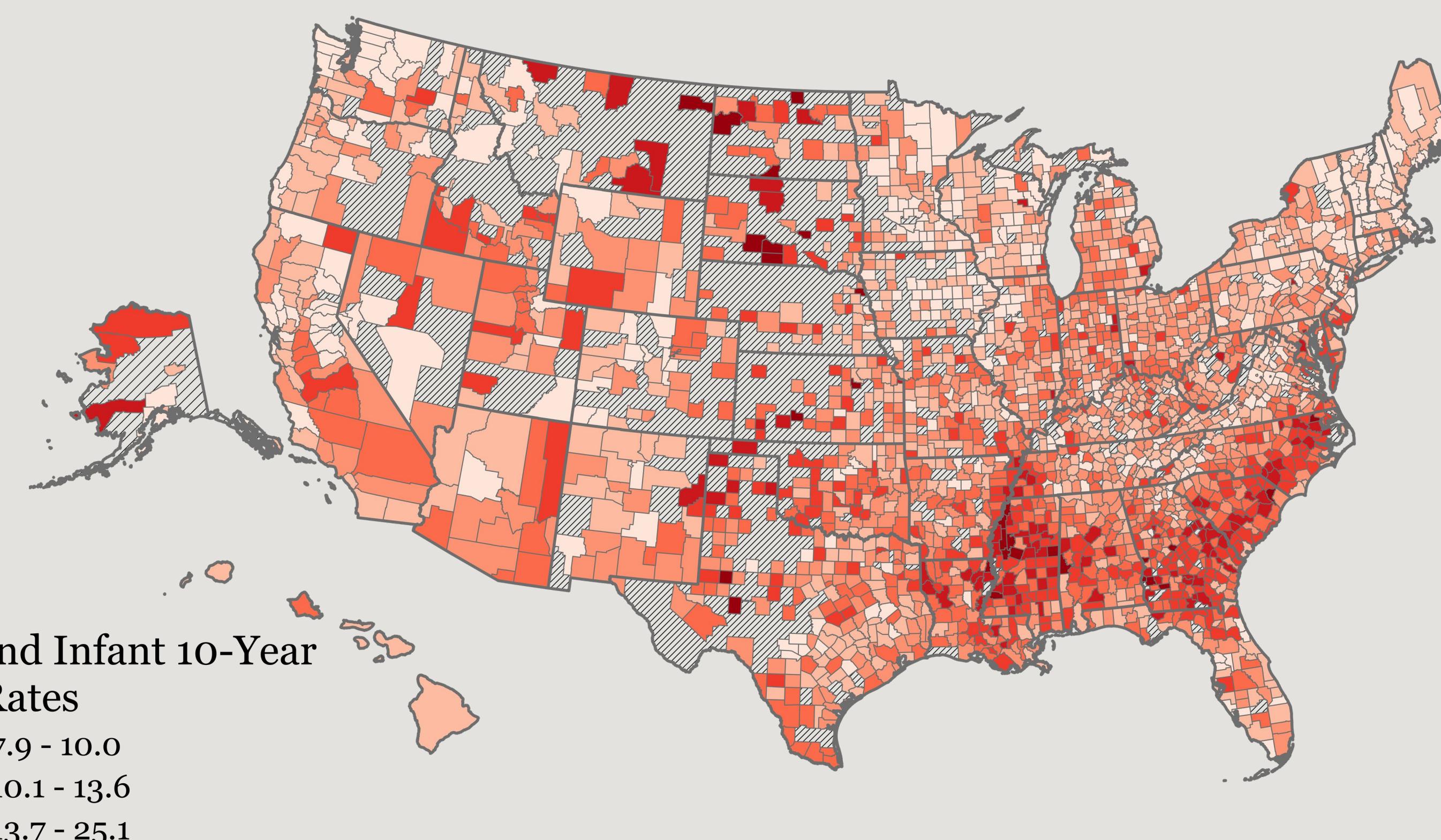


Figure 3. Maternity and Infant Mortality Rates (Age-Adjusted per 100,000 Women and Infants)⁴



IMPLICATION OF ANALYSES

From further research, the CDC suggests that two thirds of pregnancy-related deaths are preventable. Recognizing early warning signs in women and receiving quality care in an appropriate diagnosis can be a major factor in lowering the number of maternal deaths. Women with these at-risk conditions, according to our findings, are more likely to live in underserved communities and have less access to maternal care.

CONCLUSION

- Findings suggest that accessibility to level II and level III maternity care hospitals is sparse in rural areas across the US in comparison to urban areas.
- Accessibility to level II and II maternity care hospitals is inversely correlated with maternal and infant mortality rates in the US, suggesting a high demand for specialized maternal services in areas highlighted in Figure 4.
- The bed count is also very low in rural areas of the US where accessibility scores are on average, a little less than 1 bed per 5,000 women of childbearing age.

REFERENCES



SCAN ME

Figure 4. Areas in Bottom 20-Percentile for Accessibility and Upper 40-Percentile for Maternity and Infant Mortality

