# Rural Maternal Health

**One in four women of reproductive age (15–44) live in rural counties** and 2.3 million women live in counties deemed maternity care deserts.

**Pregnancy-related mortality is highest in rural populations** with 37.9 deaths per 100,000 live births, compared to 23.1 in metropolitan areas.

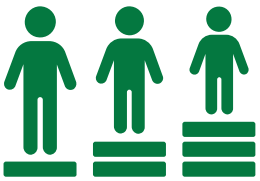
**Rural areas have disproportionately less access to maternal healthcare:**

- **57.7% of rural counties lack an obstetric clinician** compared to 23.8% of urban counties.
- **67.4%** of rural counties **lack hospital-based obstetrical services.**
- Since the end of 2020, **117 rural hospitals** have stopped delivering babies.

**Primary reasons for rural OB unit closures are due to:**

- low birth volume,
- insufficient reimbursement rates from insurance providers,
- and a shortage of staff such as obstetricians, family physicians, and nurses

**Medicaid financed nearly half (47%) of births in rural areas in 2023**



In rural areas, the travel time to a hospital with labor and delivery services is likely to be **at least 30 minutes, but it is often 50 minutes or more** compared to the average of 20 minutes in urban areas.

Approximately **10.7% of rural births** were attended by **certified nurse midwives.**

**American Indian/Native Alaskan and Black women** are **two to three times more likely** to die from pregnancy-related causes than white women.

**https://www.ruralhealth.us/advocate**
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National Rural Health Association

# NRHA Supported Legislation

## S. 380/H.R. 1254, Rural Obstetrics Readiness Act

***Sens. Hassan (D-NH), Collins (R-ME), Britt (R-AL), and Tina Smith (D-MN)***
***Reps. Kelly (D-IL), Kim (R-CA), Meuser (R-PA), and Schrier (D-WA)***

Supports rural practitioners and hospitals without dedicated obstetric units to provide emergency obstetric services during pregnancy, labor, delivery, or the postpartum period. Provides clinical training, equipment to train for and handle emergencies, and offers a pilot program for teleconsultation services so that a rural provider caring for an expecting or postpartum mother facing an emergency can quickly consult with maternal health care experts.

## S. 2289, Healthy Moms and Babies Act

***Sens. Grassley (R-IA) and Hassan (D-NH)***

Aims to improve maternal and child health outcomes by supporting outcome-focused and community-based prevention, expanding the maternal health workforce, modernizing maternal care through telehealth to support rural women, and reducing maternal mortality.

## S. 1599, Midwives for MOMS Act

***Sens. Murkowski (R-AK), Merkley (D-OR), Klobuchar (D-MN), and Kelly (D-AZ)***

Establishes grants to create midwifery programs, with special consideration for underrepresented groups or areas with limited access.

## Keeping Obstetrics Local Act

**(S. 5236 in the 118th Congress)**
***Senator Wyden (D-OR)***

Increases Medicaid payment rates for labor and delivery services for eligible rural hospitals, provides "standby" payments to cover the costs of staffing and maintaining an obstetrics unit at low-volume hospitals, creates low-volume payment adjustments for labor and delivery services at hospitals with low birth volumes, and requires all states to provide postpartum coverage for women in Medicaid for 12 months.

## Support the Rural Maternal and Obstetric Management Strategies (RMOMS) program

To improve rural maternal health outcomes, it is critical Congress fully funds the HRSA RMOMS grant programs at $15 million for FY2026.

**1/20/2026**

National Rural Health Association