

OVERVIEW

Increasingly across the United States, location is dramatically affecting patient access to emergency maternal care due to state laws, local infrastructure limitations, and restrictive institutional policies. When an emergency arises during or after a pregnancy, delays in access to care can lead to poor health outcomes. Patients may find themselves at a hospital that is not prepared to provide the services they need or is restricted from providing specific care. This may force patients to travel to a different facility—resulting in a dangerous (and potentially costly) delay—or to forego needed care altogether, exposing them to risk of severe morbidity.

Most pregnancies won't require urgent maternal care interventions. But for those that do, a thorough understanding of how location can limit access to care is critical. This knowledge can help patients and families navigate these heartbreaking situations, expedite access to the care they need, and potentially mitigate the trauma they experience.

Ob-gyns should be aware of what care is available at their institutions and at nearby hospitals and be prepared to discuss with patients any regional limitations that might affect their care decisions in case of an obstetric emergency.

REGIONAL VARIATIONS IN AVAILABLE CARE

Several factors can affect the type of care that a physician, hospital, or facility can provide, such as the level of maternal care, availability of trained ob-gyns, institutional policies, and any legal restrictions to care. In some areas, multiple factors may be present, thus compounding their effect.

Hospitals within a particular region may offer varying levels of care or have different technical capacity. Patient access to care may vary, for example, based on whether a particular hospital has ob-gyns on staff, whether their labor and delivery unit is open and operational, or whether they offer ultrasound or have available blood products for transfusions.

State laws around abortion and what care patients can receive legally can leave some patients unable to access specialized care in their community. The effect of these laws varies not only between states, but also within states themselves depending on how institutional policies interpret the laws. Some patients may be able to receive care at another in-state hospital and others may travel out-of-state, but many patients must forego or delay care until they are able to receive it within the confines of the law.

Hospitals may also vary based on which subspecialist services they offer, such as maternal-fetal medicine, complex family planning care, and interventional radiology.

According to the [March of Dimes](#), more than 35% of U.S. counties are maternity care deserts, meaning that in more than 1,100 counties, there are no birthing facilities or clinicians providing obstetric services. This trend is worsening, [with a separate study](#) finding that more than 500 labor and delivery units closed between 2010 and 2022. People experiencing obstetric emergencies may seek care at their nearest hospital only to find that there is no qualified obstetric clinician available.

TRAVEL DURING PREGNANCY

Plans for accessing care in the case of an obstetric emergency may be part of patient counseling, especially in areas in which access may be challenged by the above considerations. Pregnant people regularly travel outside of their residential region, so should be aware of the differences in access to care in their destinations.

Ob-gyns regularly advise patients about other travel considerations, including safety of air travel and any infectious disease threats, and access to care in case of an obstetric emergency may be an appropriate part of that conversation.

POLICY RECOMMENDATIONS

Sound health policy can help to restore and maintain access to care. For example, ACOG supports policies that would ...

- Repeal state laws that place restrictions on health care that are not evidence-based and may lead to preventable maternal mortality and morbidity
- Provide opportunities for clinicians who are not specialized in obstetrics, such as emergency physicians and family physicians, to receive training in how to identify, stabilize, and safely transfer patients experiencing obstetric emergencies in maternity care deserts
- Ensure reimbursements for obstetric care are sufficient for hospitals to maintain labor and delivery units and the appropriate number of ob-gyns, including subspecialists, on staff
- Invest in telehealth modalities that allow physicians to receive live, instant support from specialists at other facilities when safe transfer is not possible