Maternity care access in North Carolina

What are maternity care deserts?

Counties with no hospital or birth center with labor and delivery services and no obstetric clinicians

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

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

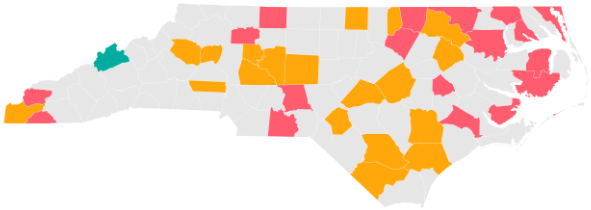
Babies

4K

births annually to MCD residents

Data reflects access to maternity care as of 2024. For more information on designations and data sources, see the full report.

Maternity care access designations



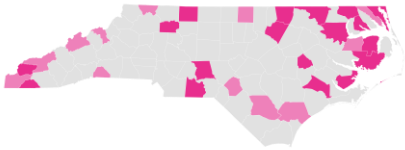
Maternity care desert | Low access | Moderate access | Full access

U.S. Percent

What is driving access in North Carolina

Clinicians

Number of obstetric clinicians



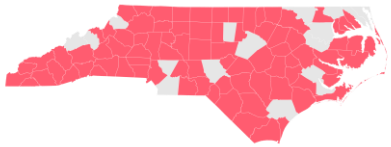
Clinicians (n): 0 | 1 | >1

Key insights

- 18% of counties have no obstetric clinician
- 12% of counties have a single obstetric clinician

Insurance

Insurance coverage for women



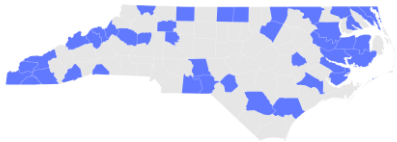
Uninsured (%): ≥ 10.9% | < 10.9

Key insights

- 328K women ages 19 to 54 are uninsured in North Carolina
- 85% of counties have an uninsured rate higher than 10.9%

Birthing facilities

Number of birthing facilities



Birthing facilities (n): 0 | ≥1

Key insights

- 41% of counties have no birthing facility
- 79.3% of rural counties lack a birthing facility

Learn more:
For full descriptions of policies, data sources, and technical notes, click here see the full report.

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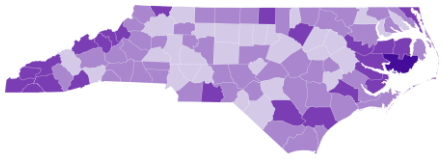
Travel time to hospitals with labor and delivery services

Long travel times to care can increase risk for adverse outcomes during delivery and obstetric emergencies.

Key insights

- On average, women in North Carolina travel 17 minutes to reach their closest hospital with labor and delivery services
- Women in maternity care deserts travel 1.9 times longer than those in full access counties
- 96K women in North Carolina live more than 30 minutes from a hospital with labor and delivery services

Travel time to care



Time to care (minutes)

- < 15
- 15-30
- 31-60
- > 60

U.S. Average

Adopted policies and opportunities

Adopted | Not adopted

Evidence-based policies can remove barriers, improve access, and save lives. Below are key policy levers that states can adopt to strengthen maternity care. All policy efforts were assessed as of 7/1/2026.

Medicaid eligibility

Expand income thresholds and postpartum coverage through 12 months.

- Expansion: Adopted
- Postpartum extension: Adopted

Independent billing and practice for doulas

Allow doulas to enroll as independent Medicaid providers.

- Not adopted

Supportive midwifery policies

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

- Independent practice: Adopted
- Pay parity: Adopted
- Licensure of certified midwives: Not adopted
- Admitting privileges: Not adopted
- Prescriptive authority: Not adopted

2026 North Carolina March for Change Day.

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.

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