Nurse-Midwives Keep Birth Close to Home

Rural labor and delivery units are closing. Nurse-midwives help rural hospitals stay ready for birth, so families do not have to drive hours to have a baby.

1 in 3 U.S. counties are maternity care deserts	**58%** of rural hospitals had no obstetric services in 2024	**139** rural hospitals stopped, or announced they will stop, delivering babies since 2020	**Nearly 60%** of recent closures took a county's only birthing facility

WHY RURAL UNITS CLOSE

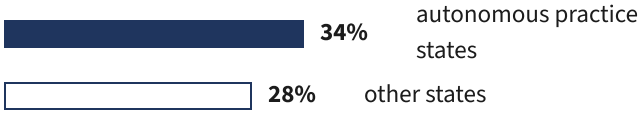
Rural hospitals deliver fewer babies, and administrators report needing at least 200 births a year for a unit to be safe and financially viable. Staffing is one of the most common reasons units close: it is hard to recruit clinicians who can be ready for a birth at any hour.

How nurse-midwives help

- **Experts in birth.** Educated and board-certified to manage labor and birth, sharing coverage with physicians.
- **One clinician, many needs.** Prenatal, birth, postpartum, newborn, gynecologic, and primary care.
- **Already part of rural care.** Nurse-midwives attend births at about one in three rural maternity hospitals.
- **Nurses first.** Nursing skills suited to small units where everyone wears many hats.
- **Wanted by communities.** Rural hospitals in Montana and California recruited nurse-midwives in response to community demand.

Practice laws make the difference

Rural hospitals with nurse-midwives attending births



Two rural hospitals studied by the University of Minnesota Rural Health Research Center credited their midwifery programs' success to the autonomy their states grant nurse-midwives: no restrictive supervision agreements, prescribing authority, and independent clinical decisions, with physician support.

Families in maternity care deserts travel about three times farther to reach labor and delivery care.

OUR ASK

Grant nurse-midwives full practice authority, pay them fairly for the care they provide, and make sure they can hold hospital privileges.

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Sources: March of Dimes, Nowhere to Go (2026); University of Minnesota Rural Health Research Center, Hospital-Level Changes in Obstetric Services, 2010–2024 (2026); Center for Healthcare Quality and Payment Reform (2026); Kozhimannil et al., The Rural Obstetric Workforce in US Hospitals (2015); Kozhimannil et al., The Practice of Midwifery in Rural US Hospitals (2016); UMN RHRC, Midwifery Care at Rural Hospitals in Montana and California (2024).