A significant shift in maternity care reimbursement is on the horizon

Beginning January 1, 2027, the AMA and CMS are expected to modernize obstetric coding and payment structures. These changes shift maternity care reimbursement from bundled global billing codes toward a service-based approach that better reflects how care is delivered today across multiple clinicians and settings.

These updates could reshape reimbursement, care coordination, and clinician relationships across the maternity care continuum. Hospital leaders should begin preparing now for the operational and financial implications.

Three strategic considerations for hospital leaders

1. Physician participation in labor and delivery may decline

As maternity care reimbursement becomes less dependent on bundled payments, physicians may increasingly focus on office-based prenatal and postpartum care while reducing labor and delivery participation. Practices may also restructure staffing, schedules, and call responsibilities in response.

For hospitals, this raises critical questions about who will provide call coverage, manage unassigned obstetric patients, respond to emergencies, and maintain access for delivering patients.

> KEY TAKEAWAY The most significant implication may not be the reimbursement change itself, but how physician participation in labor and delivery evolves as a result.

2. Reliable hospital-based coverage becomes increasingly critical

Many healthcare leaders anticipate continued movement toward a model where community physicians focus on outpatient care while dedicated hospital-based clinicians support inpatient services. These reimbursement changes may accelerate that trend.

Dedicated OB hospitalist programs can help support 24/7 labor and delivery coverage, emergency obstetric response, management of unassigned patients, clinical support for community physicians, and consistent quality and safety initiatives.

> KEY TAKEAWAY Reliable hospital-based coverage is increasingly a foundational component of a sustainable maternity care program.

3. The cost of maintaining coverage is likely to increase

Hospitals already face significant workforce pressures including physician shortages, recruitment challenges, burnout, and aging OB/GYN workforces. These reimbursement changes do not create those challenges but may amplify them, driving rising recruitment costs, increasing call coverage expenses, greater reliance on locum tenens, and additional strain on existing teams.

> KEY TAKEAWAY The workforce challenge already exists. These changes may accelerate the need for a more sustainable long-term coverage strategy.

Looking ahead

The 2027 reimbursement changes represent more than a coding update. They have the potential to influence physician practice patterns, workforce dynamics, and how hospitals staff labor and delivery. Organizations that proactively evaluate their coverage models, physician alignment strategies, and workforce plans will be better positioned to maintain access, support quality outcomes, and sustain maternity care services.

With nearly two decades of experience partnering with hospitals to support labor and delivery programs, OBHG can help leaders evaluate coverage models, anticipate workforce challenges, and prepare for what lies ahead.

OBHG partners with hospitals across the country to provide dedicated OB hospitalist programs that support 24/7 labor and delivery coverage, improve access to care, strengthen physician partnerships, and advance quality and patient safety.