



Strengthening the obstetric workforce: Building clinical capacity to improve maternity care access

Workforce insights from “Nowhere to Go: Maternity Care Deserts Across the U.S.” (2026 report)



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The availability of obstetric clinicians is one of the strongest determinants of maternity care access in the U.S. Yet workforce shortages continue to limit access to prenatal care, labor and delivery services, and postpartum care, particularly in rural and underserved communities.

“Nowhere to Go” found that more than one-third of U.S. counties lack a practicing obstetric clinician. These shortages contribute to persistent maternity care deserts, place additional strain on existing providers, and leave families traveling farther to receive care. Looking ahead, the challenge is expected to grow. A recent Health Resources and Services Administration (HRSA) projection estimates that by 2035, all but six states will face an inadequate supply of OB-GYNs.

Key insights

35.9% of U.S. counties have no practicing obstetric clinician.

More than 1 in 3 counties have no obstetric clinician, and more than 1 in 10 counties rely on just one provider for obstetric care.

58% of rural counties have no obstetric clinician.

Although 5.3% of women of reproductive age live in rural communities, just 2.6% of OB-GYNs and 4.8% of certified nurse midwives/certified midwives (CNMs/CMs) practice there, creating persistent gaps in access.

Between 2016 to 2024, clinician availability was the greater driver of changes in maternity care access.

Among counties with declining access to care, over 90% had fewer obstetric clinicians. Conversely, in counties with increasing access, over 80% experienced gains in obstetric clinicians over the time period.

Workforce shortages are projected to worsen.

Without continued investment in the obstetric workforce, nearly every state is projected to experience an inadequate OB-GYN supply within the next decade.

Why workforce matters

The clinician shortage is not simply a workforce issue. It is an access-to-care issue.

When communities lose obstetric clinicians, the effects extend well beyond staffing challenges. Recruitment difficulties contribute to labor and delivery unit closures, increase travel distances for maternity care, and place additional demands on remaining providers. Families often experience delayed access to prenatal care, fewer options for delivery, and reduced continuity of care throughout pregnancy and the postpartum period.

Conversely, the report demonstrates that strengthening the obstetric workforce can improve maternity care access. Between 2016 and 2024, counties that improved access overwhelmingly did so by increasing the availability of obstetric clinicians.

Building a stronger workforce

Addressing clinician shortages will require coordinated action across healthcare systems, policymakers, educators, and community partners. The report highlights several opportunities to strengthen access:

- Invest in recruitment and retention of obstetric clinicians, particularly in rural and underserved communities.
- Expand collaborative models of care that support OB-GYNs, family physicians, and CNMs/CMs practicing at the top of their training.
- Strengthen sustainable maternity care infrastructure that enables clinicians to provide high-quality care close to where families live.

In partnership

March of Dimes and OBHG share a commitment to improving maternal and infant health by advancing data-driven conversations and collaborative solutions that strengthen the obstetric workforce and expand access to high-quality maternity care. Together, we can help ensure every family has access to the care they need, regardless of where they live.

