Protecting California's Maternity Care Requires Tailored, Community-Centric Approaches That Put Patients First

Each community is unique and requires an approach based on its needs. Policies must prioritize mothers' and babies' safety and high-quality care.

Dwindling L&D availability

In 2012, at least **250** **California hospitals** delivered babies, a number that has **dropped by 53** as hospitals have been forced to close labor and delivery (L&D) departments.

Approximately **3 million** **Californians** live in areas with either no L&D hospital units or units that are vulnerable to closure.

Three primary factors drive L&D unit closures:

Lower birth volume

21%
the decrease in California births over the past 10 years

Workforce challenges

1,100
the shortage of OB/GYNs in California by 2030

Financial instability

60%
of hospitals that closed their maternity wards in the past 10 years cited negative operating margins in the year before closure

In areas without an L&D unit, mothers traveling as few as an additional 6 miles to receive care experience:

11% increase in the risk of negative maternal outcomes

15% greater likelihood that the baby will be admitted to the neonatal intensive care unit (NICU)

WHAT'S NEEDED〉 To improve patient care, policymakers must:

- **Strive to understand the key factors driving L&D unit closures: low delivery volumes, workforce shortages, and financial instability.**
- **Consider options to recruit and train more health care providers and improve Medi-Cal reimbursement for L&D services.**
- **Learn from successful models in California and elsewhere, such as the hub-and-spoke model, the maternal home model, the OB hospitalist model, midwifery-based birth center care, and more.**

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