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Annual Overview of Hospital-Level Changes in Obstetric Services Availability, 2010-2024

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Key Findings

- Between 2010 and 2024, 718 hospitals across the United States lost obstetric services due to obstetric unit and/or hospital closure; 67 (9%) of these losses occurred between 2023 and 2024 (25 in rural and 42 in urban hospitals).
- Loss of obstetric services disproportionately impact rural areas. Between 2010 and 2024, 14% of hospitals (16% of rural hospitals, 13% of urban hospitals) lost obstetric services, while 35% (42% rural, 30% urban) never had obstetric services during this period.
- Almost 36,000 births occurred in 2023 at hospitals that lost obstetric services the following year (in 2024); this included almost 7,000 births in rural hospitals (1.4% of rural births) and 29,000 births in urban hospitals (0.9% of urban births).
- The loss of obstetric services at hospitals varied across states and over time. In 8 states and DC, over 20% of hospitals lost obstetric services between 2010 and 2024. Recent losses (between 2023 and 2024) were concentrated in Indiana, Idaho, Alabama, Arkansas, and Wisconsin.
- Losses of hospital-based obstetric services (either because of obstetric unit or full hospital closures) between 2010 and 2024 have resulted in large proportions of hospitals without obstetric services. By 2024, among rural hospitals, the percent without obstetric services was 58%, and among urban hospitals, it was 44%.
- The number of hospitals without obstetric services also varied by state. In 2010, more than 50% of rural hospitals in 12 states had no obstetric services, which increased to 31 states by 2024. Among urban hospitals, more than 50% had no obstetric services in 2 states in 2010, increasing to 15 states in 2024.

Purpose

This is the inaugural annual report on the availability of obstetric services across hospitals in the United States (US). The purpose of the report is to provide timely, national and state-specific information on changes in obstetric care availability at the hospital level, including recent updates, long-term trends, and variation across all US states and the District of Columbia (DC).

Summary

This report displays, over time (2010-2024) and in the most recent year of data available (2024), changes in the availability of obstetric services at US short-term acute care hospitals, including the number of hospitals that *lost* obstetric services (due to obstetric unit and/or hospital closure) and the percentage of all hospitals that were *without* obstetric services (either because they never had obstetric services or had lost services via obstetric unit or hospital closure) within each state. Findings are stratified among hospitals located in rural (non–Metropolitan Statistical Areas) and urban (Metropolitan Statistical Areas) counties based on 2023 Office of Management and Budget delineations.[1] For detailed information on how obstetric services status was identified at US hospitals, see the October 2025 Methodology Brief on the University of Minnesota Rural Health Research Center website.[2]

This report, "Annual Overview of Hospital-Level Changes in Obstetric Services Availability, 2010-2024," reveals continued declines in the availability of obstetric services at US hospitals. Across the US, 718 hospitals (14.3%) *lost* obstetric services between 2010 and 2024, with 67 of these losses occurring in the most recent year of data, between 2023 and 2024 (25 rural and 42 urban hospitals). Approximately 36,000 births occurred in these hospitals in 2023, prior to the loss of obstetric services in 2024, representing 1.4% of all births in rural communities and 0.9% of all births in urban communities in the US. By 2024, 49.1% of all

hospitals in the US were *without* obstetric services (either because they did not ever have these services (34.8%) or had lost services via obstetric unit or hospital closure (14.3%) between 2010-2024). By 2024, among rural hospitals in the US, the percent without obstetric services was 57.5% (1133/1971), and among urban hospitals, it was 43.6% (1330/3048).

Availability of obstetric services at US hospitals varied across states, and by rurality within states, over time. Between 2010 and 2024, Delaware (0%, 0/8), Utah (2%, 1/47), and Hawaii (4%, 1/25) had the lowest percentages of hospitals that lost obstetric services while DC (25%, 2/8), New Hampshire (23%, 6/26), and Iowa (23%, 27/120) had the highest.* In 22 states and DC, there were no recent losses (2023-2024). Among states that did experience a recent loss (between 2023-2024), Florida (0.5%, 1/209), Michigan (0.7%, 1/135), and North Carolina (0.8%, 1/121) had the lowest percentages of hospitals that recently lost services while Indiana (5%, 6/124), Idaho (4%, 2/45), and Alabama (4%, 4/101) had the highest.

The overall percent of hospitals *without* obstetric services in 2024 ranged from 6.4% (3/47, Utah) to 71.1% (32/45, North Dakota). In some states, the percentage of hospitals *without* obstetric services remained relatively stable since 2010. Others experienced large swings from 2010 to 2024, where decreases in hospitals *without* obstetrics represent an increase in hospitals with obstetrics either because of obstetric unit gains at existing hospitals or new hospitals opening with services, and increases in hospitals *without* obstetrics represent more hospitals that experienced obstetric unit or hospital closure. These swings ranged from a 16.1-percentage-point decrease (Delaware) to a 25.0-percentage-point increase (DC).

Among rural hospitals, the percent *without* obstetric services in 2024 ranged from 0% (0/3 Delaware, 0/3 Massachusetts) to 90.9% (20/22, Florida);† changes from 2010 to 2024 ranged from a 0.3-percentage-point decrease (Utah) to a 35.4-percentage-point increase (South Carolina). Among urban hospitals, the percent *without* services in 2024 ranged from 0% (0/7 Alaska, 0/2 Vermont) to 72.7% (8/11, South Dakota), with 2010-2024 changes ranging from a 20-percentage-point decrease (Delaware) to a 35.7-percentage-point increase (Maine).

The loss of obstetric services continues among US hospitals; nearly 10% of all losses in the 2010-2024 period occurred in the most recent year of data (between 2023-2024). Loss of obstetric services disproportionately impacts rural areas. Between 2010 and 2024, 39.3% of all short-term acute care hospitals were in rural areas, yet 43.9% of losses occurred at rural hospitals. Further, in 145 (20.2%) of the 718 hospitals nationally that lost obstetric services between 2010 and 2024, the hospital also closed by 2024; 46 of these hospital closures were in rural and 99 were in urban counties, making access for both maternity and non-maternity-related care even more challenging for residents of these communities. These losses are occurring in places where there is a need for care. In 2023, almost 7,000 births occurred in rural hospitals that closed obstetrics the following year (1.4% of rural births), and 29,000 births occurred in urban hospitals that lost obstetric services by 2024 (0.9% of urban births).

*A hospital was counted as losing obstetric services if it was without services in 2024 but had provided obstetric services in any previous year (2010–2023), which encompass numerators. Denominators shown are open and operating as short-term acute care hospitals in any study year (2010-2024).

†Percents of hospitals without obstetric services in 2010 are the number of hospitals without obstetric services in 2010 among hospitals open and operating as short-term acute care hospitals in 2010. Percents of hospitals without obstetric services in 2024 are the number of hospitals without obstetric services in 2024 (either because they were open but did not provide services or the hospital was closed) among all hospitals that were open and operating as short-term acute care hospitals in any study year (2010-2024).

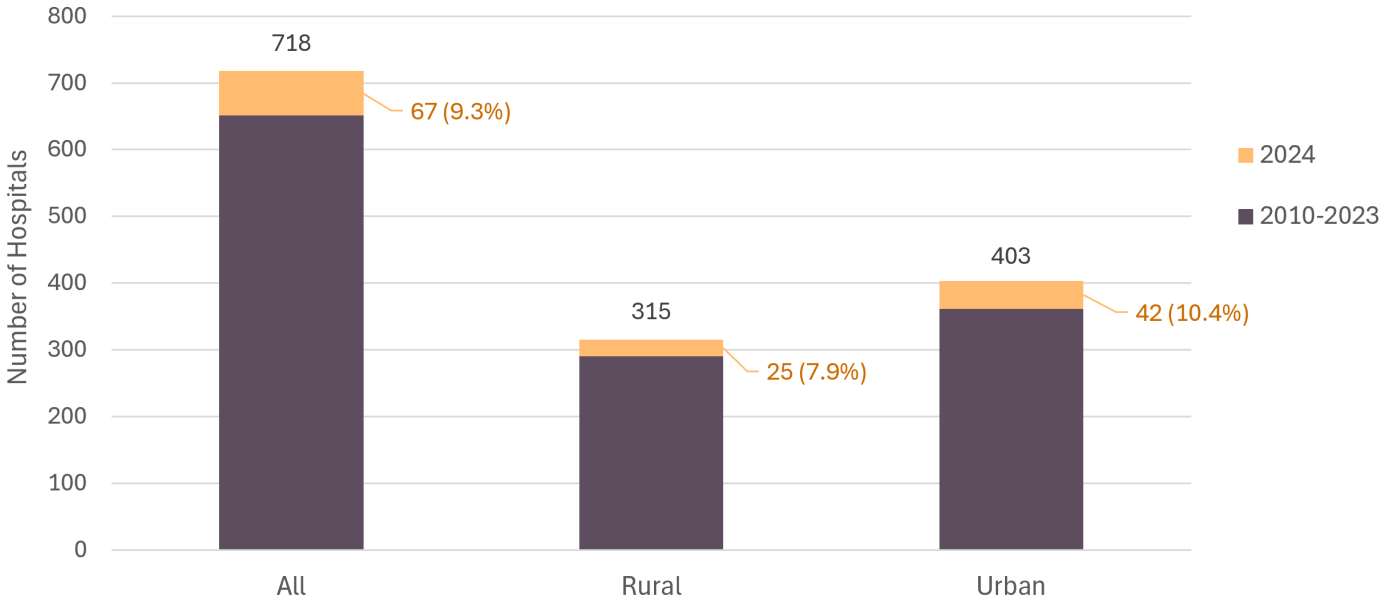
Recent national updates in hospital-based obstetric services availability, 2024

- Among short-term acute care hospitals open in 2023 (N=4,639), 67 *lost* obstetric services between 2023 and 2024; 25 (37.2%) of these losses were in rural hospitals and 42 (62.7%) were in urban hospitals (Figure 1).
- In 2023, almost 7,000 rural births and 29,000 urban births occurred in hospitals that subsequently *lost* obstetric services in 2024, representing 1.4% of all births in rural and 0.9% of all births in urban communities in the US in 2023 (Figure 2).
- Only 6 hospitals (3 rural, 3 urban) *gained* obstetric services between 2023 and 2024, leaving 45.4% of rural hospitals and 61.5% of urban hospitals *with* obstetric services in 2024 (Figure 3).

Long-term national trends in hospital-based obstetric services availability, 2010-2024

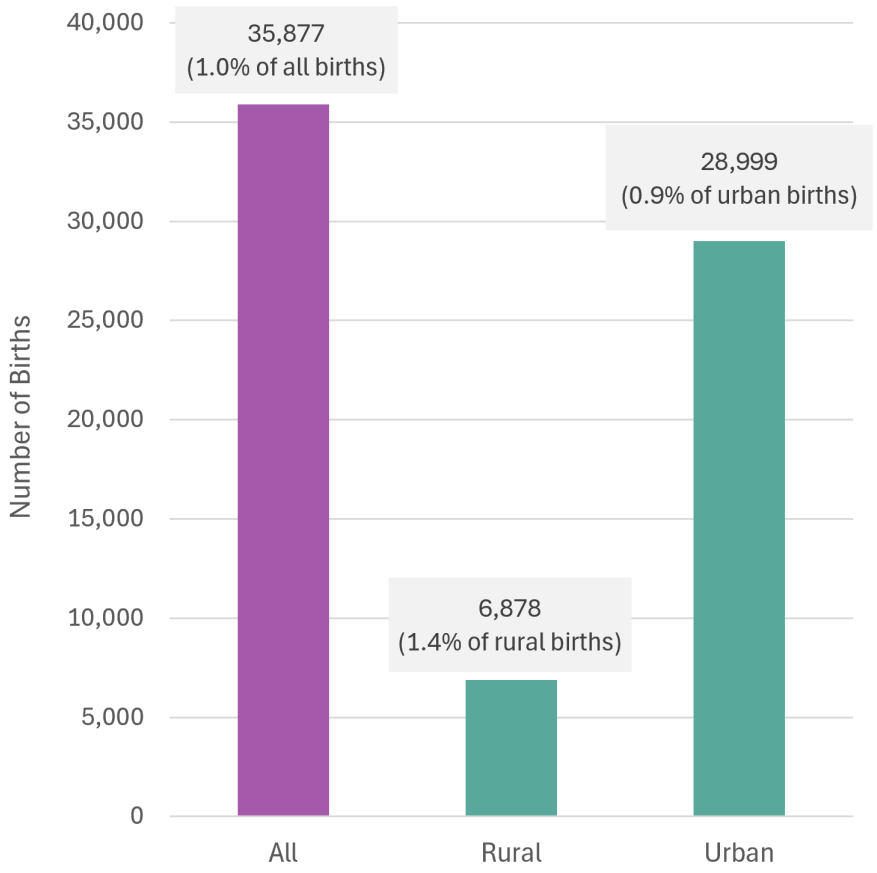
- Among short-term acute care hospitals open anytime between 2010 and 2024 (N=5,019), 718 *lost* obstetric services; 315 (43.9%) of these losses occurred in rural hospitals and 403 (56.1%) in urban hospitals (Figure 1).
- During 2010-2024, 2.7% of hospitals (0.9% of rural hospitals, 3.8% of urban hospitals) that were without obstetric services in 2010 *gained* services by 2024. An additional 0.2% of hospitals (0.3% rural, 0.2% urban) had obstetric services in 2010, experienced a loss sometime between 2011-2023, but then *regained* services by 2024 (Figure 4).
- Between 2010 and 2024, 14.3% of hospitals (16.0% of rural hospitals, 13.2% of urban hospitals) *lost* obstetric services, while 34.8% (41.5% rural, 30.4% urban) *never had* obstetric services during this period (Figure 4).

Figure 1. Number of hospitals that lost obstetric services from 2010-2024, with the proportion of losses that were in the most recent year of data available (2024)



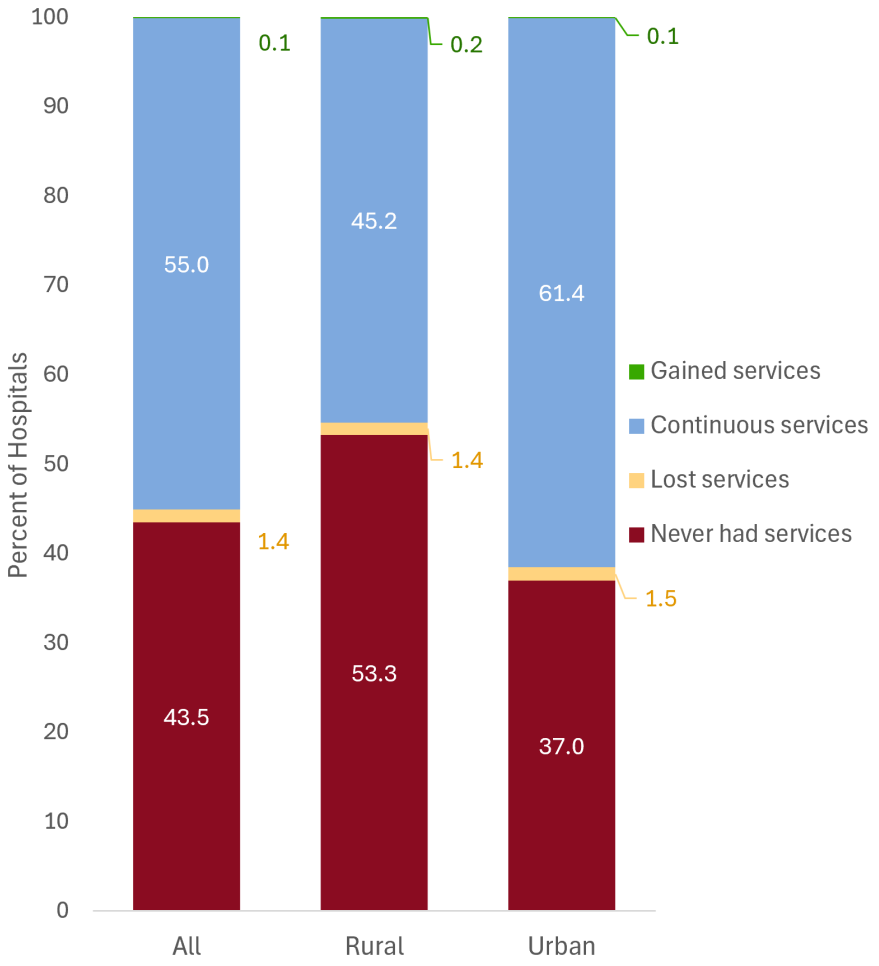
A hospital was counted as losing obstetric services if it was without services in 2024 but had provided obstetric services in any previous year (2010–2023). Recent losses include those that had obstetric services in 2023 and did not have services in 2024. Rural hospitals were those located in non–Metropolitan Statistical Areas and urban in Metropolitan Statistical Areas per 2023 Office of Management and Budget definitions. Includes 1,971 rural and 3,048 urban hospitals open and operating as short-term acute care hospitals in any study year (2010-2024).

Figure 2. Births in the year prior to service loss (2023) at hospitals that lost obstetric services in 2024



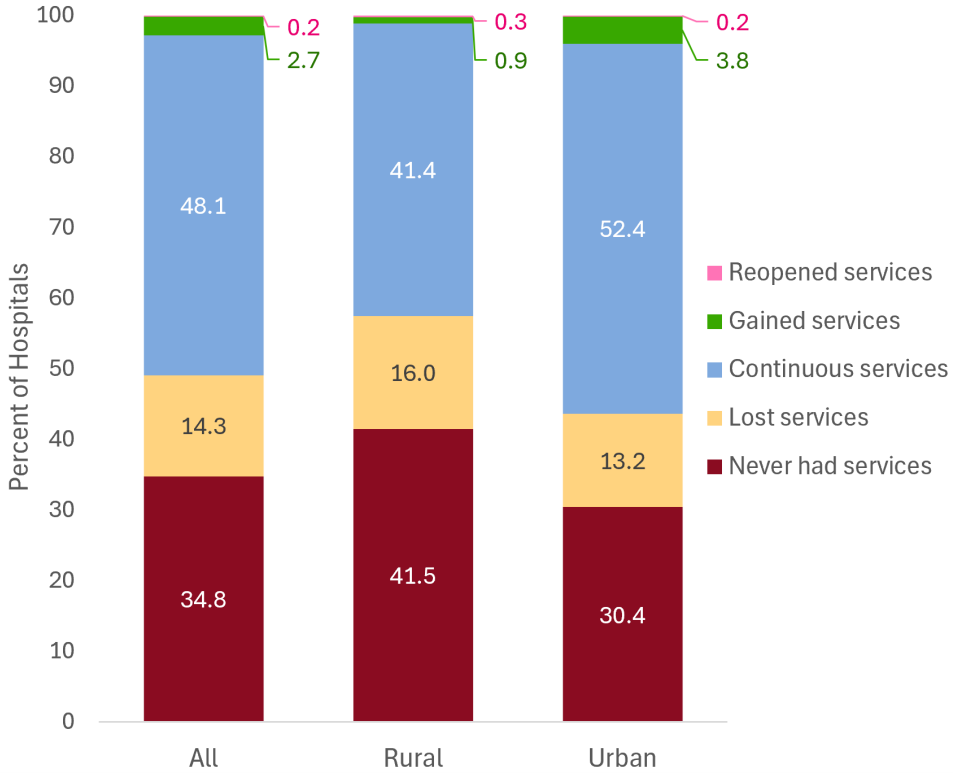
A hospital was counted as losing obstetric services if it had obstetric services in 2023 and did not have services in 2024. Rural hospitals were those located in non–Metropolitan Statistical Areas and urban in Metropolitan Statistical Areas per 2023 Office of Management and Budget definitions. Births in hospitals that lost obstetric services were measured in 2023 as reported in the 2023 American Hospital Association Annual Survey. Total births in the US come from the Area Health Resources File for births from July 1, 2022, to June 30, 2023. The proportion of births that occurred in hospitals that lost obstetric services was out of a total of 480,302 rural and 3,137,177 urban births in the US.

Figure 3: Recent hospital-level changes in availability of obstetric services, 2023-2024 (N=4,639)



Recent changes: Rural hospitals were those located in non–Metropolitan Statistical Areas and urban in Metropolitan Statistical Areas per 2023 Office of Management and Budget definitions. Percents are among 1,847 rural and 2,782 urban hospitals open and operating as short-term acute care hospitals in 2023 and/or 2024.

Figure 4: Long-term hospital-level changes in availability of obstetric services, 2010-2024 (N=5,019)



Long-term changes: Rural hospitals were those located in non–Metropolitan Statistical Areas and urban in Metropolitan Statistical Areas per 2023 Office of Management and Budget definitions. Percents are among 1,971 rural and 3,048 urban hospitals open and operating as short-term acute care hospitals in any study year (2010-2024). Hospitals with continuous obstetric services were those with services in every year between 2010-2024; those that lost obstetric services were without services in 2024 (either because they were open but did not provide services or the hospital was closed) but had provided obstetric services in any previous year (2010–2023); those that gained obstetric services had services in 2024 but had not provided obstetric services in 2010 (either because they were open but did not provide services or the hospital was closed); and those that reopened obstetric services had services in 2010 and 2024 but experienced a period without services between 2011-2023.

State variation in hospital-based obstetric services availability, 2010-2024

The percent of hospitals that *lost* obstetric services varied by state (Figure 5, Table 1).

- In 8 states and DC, over 20% of hospitals *lost* obstetric services between 2010 and 2024 (Ohio 20.2%, Wisconsin 21.2%, Pennsylvania 21.4%, Maine 21.6%, Minnesota 22.1%, South Carolina 22.1%, Iowa 22.5%, New Hampshire 23.1%, and DC 25.0%).
- Delaware was the only state to have none of its 8 hospitals *lose* obstetric services during this period.
- Recent *losses* of obstetric services (between 2023 and 2024) were concentrated in a handful of states: 4.8% of all hospitals in Indiana lost services, followed by 4.4% in Idaho, 4.0% in Alabama, 3.8% in Arkansas, and 3.0% in Wisconsin.

Losses of hospital-based obstetric services between 2010 and 2024 have resulted in large proportions of hospitals *without* obstetric services (either because of obstetric unit or hospital closures), which also varied by state (Figure 6).

- In 2010, 34.8% of all hospitals in the US were *without* obstetric services; that percentage increased to 49.1% in 2024 because of obstetric unit and hospital closures.

- In 2010, over half of all hospitals in 4 states were *without* obstetric services (Montana 51.6%, Mississippi 55.2%, South Dakota 57.4%, North Dakota 66.7%). In 2024, this was true for 23 states, with the highest percentages of hospitals *without* obstetric services in West Virginia (65.5%), Louisiana (65.6%), Oklahoma (66.1%), and North Dakota (71.1%).
- Delaware and Utah were the only states in which the percentage of hospitals *without* obstetric services decreased, by 16.1 and 0.6 percentage points, respectively, from 2010 to 2024.

The percentage of hospitals *without* obstetric services differed between rural and urban hospitals across states (Figures 7 and 8).

- Across hospitals in the US in 2010, 41.6% of rural and 30.2% of urban hospitals were *without* obstetric services; those percentages increased to 57.5% of rural and 43.6% of urban hospitals in 2024.
- In 2010, over half of rural hospitals in 12 states were *without* obstetric services (the highest percentages of rural hospitals *without* obstetric services were in Mississippi 60.6%, Nevada 63.6%, North Dakota 75.0%, and Florida 76.2%). In 2024, this was true among rural hospitals in 31 states (highest in Alabama 73.3%, Illinois 74.6%, North Dakota 80.6%, and Florida 90.9%).
- Among rural hospitals, Utah was only state in which the percentage of hospitals *without* obstetric services decreased from 2010 to 2024 (that is, the percentage *with* obstetrics increased). In Delaware, Massachusetts, Hawaii, and Nevada, the percentage of rural hospitals *without* obstetric services stayed the same in 2010 and 2024.
- In 2010, over half of urban hospitals in 2 states were *without* obstetric services (Montana 53.8% and South Dakota 72.7%). In 2024, this was true among urban hospitals in 15 states (the highest percentages of urban hospitals *without* obstetric services were in Rhode Island 58.3%, West Virginia 59.3%, Louisiana 63.5%, and South Dakota 72.7%).
- Among urban hospitals, the percentage of hospitals *without* obstetric services decreased from 2010 to 2024 (that is, the percentage with obstetrics increased) in Delaware, New Mexico, Montana, and Utah. In Alaska, Vermont, North Dakota, and South Dakota, the percentage of urban hospitals *without* obstetric services stayed the same in 2010 and 2024.

Figure 5: Percent of hospitals that lost obstetric services (2010-2024) by state, with the proportion that were in the most recent year of data available (2024)

In each state, the total bar and associated data label represent the percent of hospitals that lost obstetric services from 2010-2024, with the proportion of those losses that occurred during 2010-2023 in purple and the proportion that occurred in 2024 in orange. A hospital was counted as losing obstetric services if it was without services in 2024 but had provided obstetric services in any previous year (2010–2023). Recent losses include those that had obstetric services in 2023 and did not have services in 2024. See Table 1 for the percent of hospitals that lost obstetric services by state 2010-2024, with the proportion that were previous (2010-2023) and recent (2024) in table format.

Table 1: Percent of hospitals that never had or lost obstetric services by state 2010-2024, with the proportion of losses that were previous (2010-2023) and recent (2024)

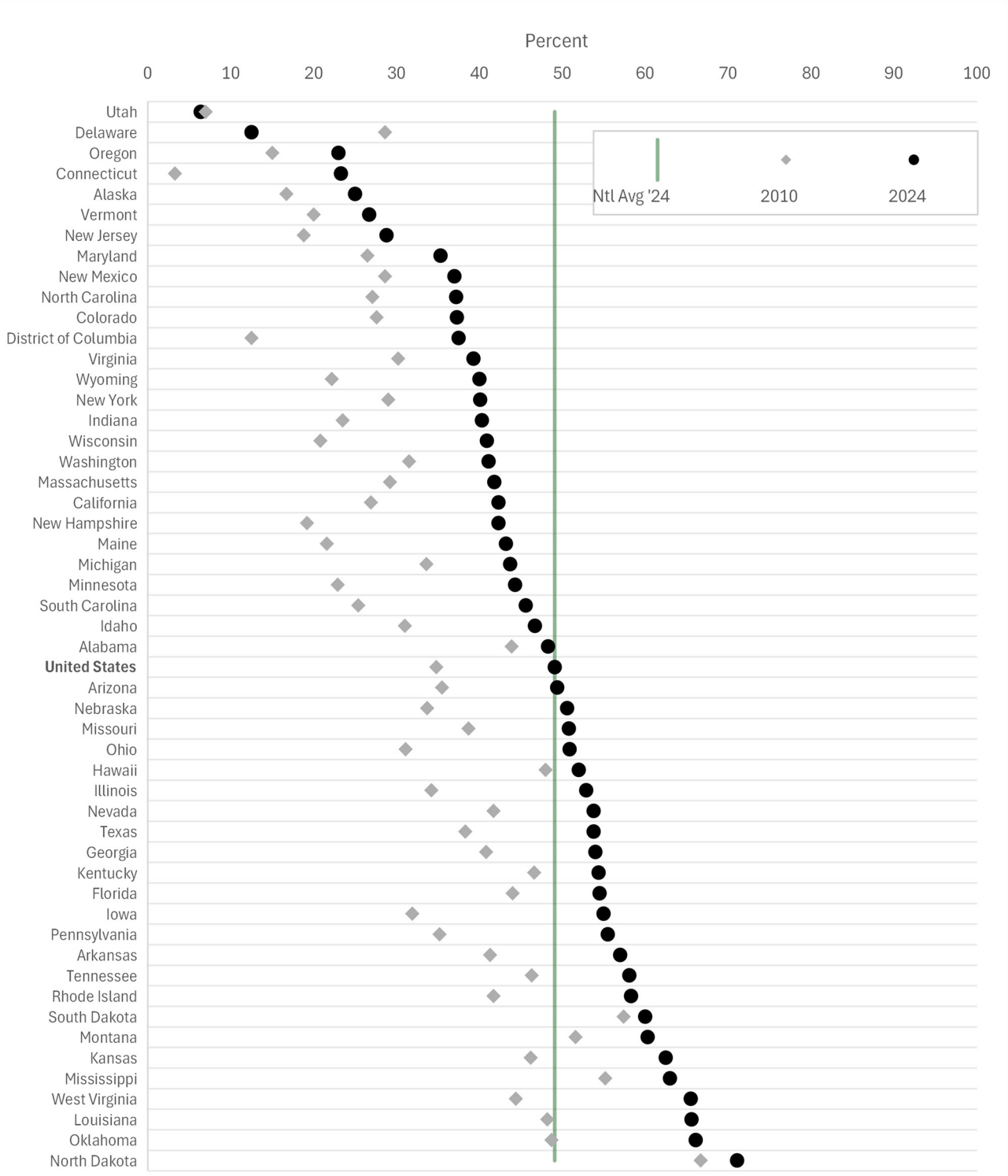
State	Number of hospitals open at any point during 2010-2024	Percent of hospitals that never had obstetric services, 2010-2024	Percent of hospitals that lost obstetric services, 2010-2024	Proportion of all hospitals where the loss of obstetric services occurred:	
				Previously, between 2010-2023	Recently, between 2023-2024
United States	*5,019*	*34.8*	*14.3*	*13.0*	*1.3*
Alabama	101	44.6	13.9	9.9	4.0
Alaska	24	12.5	12.5	12.5	0
Arizona	85	35.3	14.1	14.1	0
Arkansas	79	43.0	13.9	10.1	3.8
California	355	24.8	17.5	14.6	2.8
Colorado	83	26.5	10.8	9.6	1.2
Connecticut	30	3.3	20.0	20.0	0
Delaware	8	12.5	0	0	0
District of Columbia	8	12.5	25.0	25.0	0
Florida	209	44.0	10.5	10.0	0.5
Georgia	150	40.7	13.3	12.0	1.3
Hawaii	25	48.0	4.0	4.0	0
Idaho	45	28.9	17.8	13.3	4.4
Illinois	187	34.2	18.7	17.6	1.1
Indiana	124	23.4	16.9	12.1	4.8
Iowa	120	32.5	22.5	22.5	0
Kansas	136	46.3	16.2	14.7	1.5
Kentucky	103	46.6	7.8	7.8	0
Louisiana	122	50.0	15.6	15.6	0
Maine	37	21.6	21.6	18.9	2.7
Maryland	51	25.5	9.8	9.8	0
Massachusetts	100	31.3	10.4	9.0	1.5
Michigan	135	33.3	10.4	9.6	0.7
Minnesota	131	22.1	22.1	20.6	1.5
Mississippi	100	55.0	8.0	8.0	0
Missouri	120	38.3	12.5	11.7	0.8
Montana	63	49.2	11.1	9.5	1.6

Table 1, Continued: Percent of hospitals that never had or lost obstetric services by state 2010-2024, with the proportion of losses that were previous (2010-2023) and recent (2024)

State	Number of hospitals open at any point during 2010-2024	Percent of hospitals that never had obstetric services, 2010-2024	Percent of hospitals that lost obstetric services, 2010-2024	Proportion of all hospitals where the loss of obstetric services occurred:	
				Previously, between 2010-2023	Recently, between 2023-2024
Nebraska	89	32.6	18.0	18.0	0
Nevada	39	43.6	10.3	10.3	0
New Hampshire	26	19.2	23.1	23.1	0
New Jersey	66	16.7	12.1	10.6	1.5
New Mexico	46	28.3	8.7	8.7	0
New York	187	28.3	11.8	10.7	1.1
North Carolina	121	26.4	10.7	9.9	0.8
North Dakota	45	64.4	6.7	6.7	0
Ohio	173	30.6	20.2	17.9	2.3
Oklahoma	127	51.2	15.0	14.2	0.8
Oregon	61	14.8	8.2	6.6	1.6
Pennsylvania	173	34.1	21.4	19.1	2.3
Rhode Island	12	41.7	16.7	16.7	0
South Carolina	68	23.5	22.1	22.1	0
South Dakota	55	54.5	5.5	3.6	1.8
Tennessee	124	46.8	11.3	10.5	0.8
Texas	446	42.2	11.7	10.5	1.1
Utah	47	4.3	2.1	2.1	0
Vermont	15	20.0	6.7	6.7	0
Virginia	89	27.0	12.4	11.2	1.1
Washington	95	30.5	10.5	10.5	0
West Virginia	55	45.5	20.0	18.2	1.8
Wisconsin	132	19.7	21.2	18.2	3.0
Wyoming	30	30.0	10.0	10.0	0

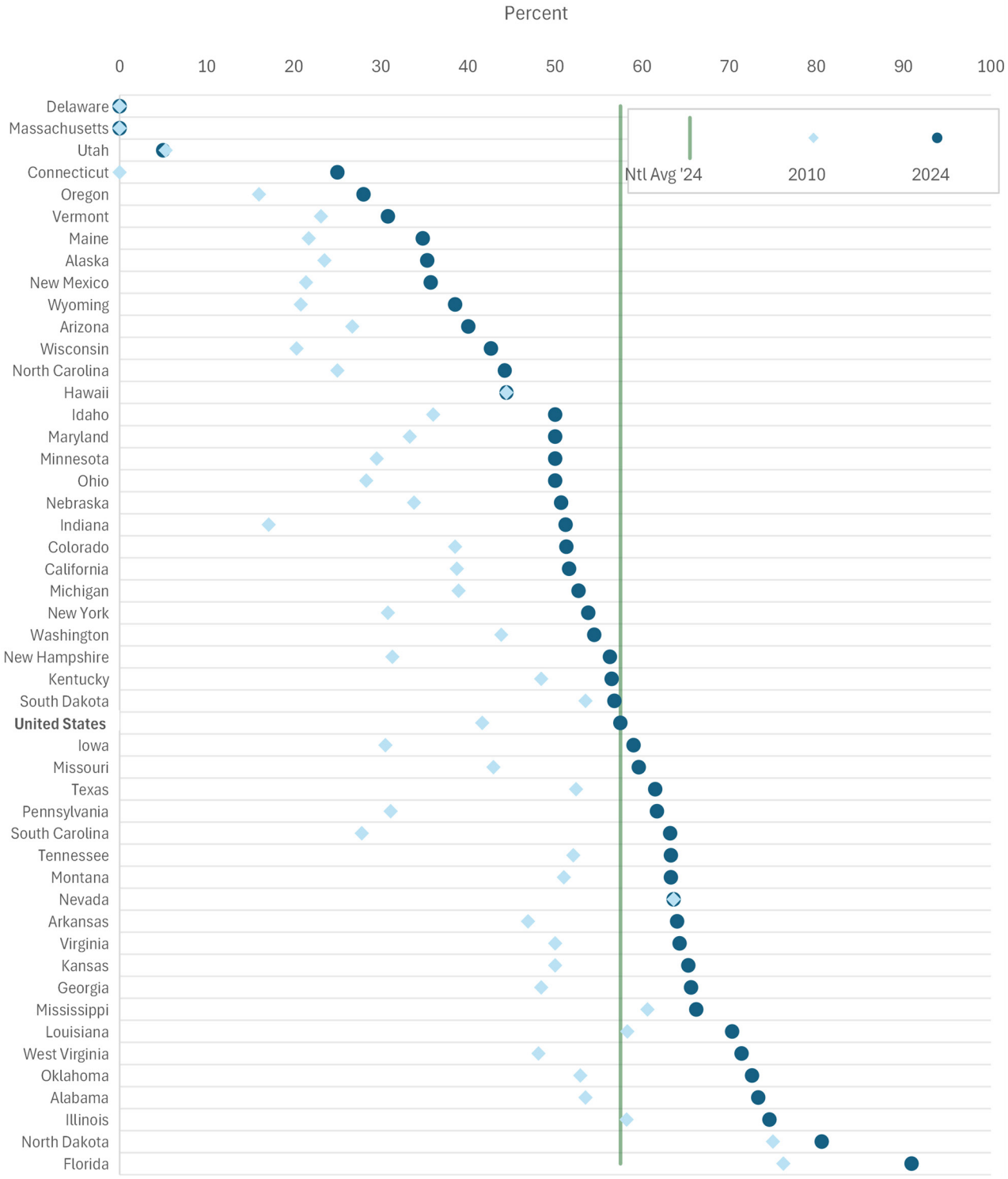
In each state, a hospital was counted as losing obstetric services if it was without services in 2024 but had provided obstetric services in any previous year (2010–2023). Recent losses include those that had obstetric services in 2023 and did not have services in 2024. Percents for previous and recent losses are out of all hospitals that were open and operating as short-term acute care hospitals in any study year (2010-2024).

Figure 6: Percent of hospitals without obstetric services in the US by state, 2010 and 2024



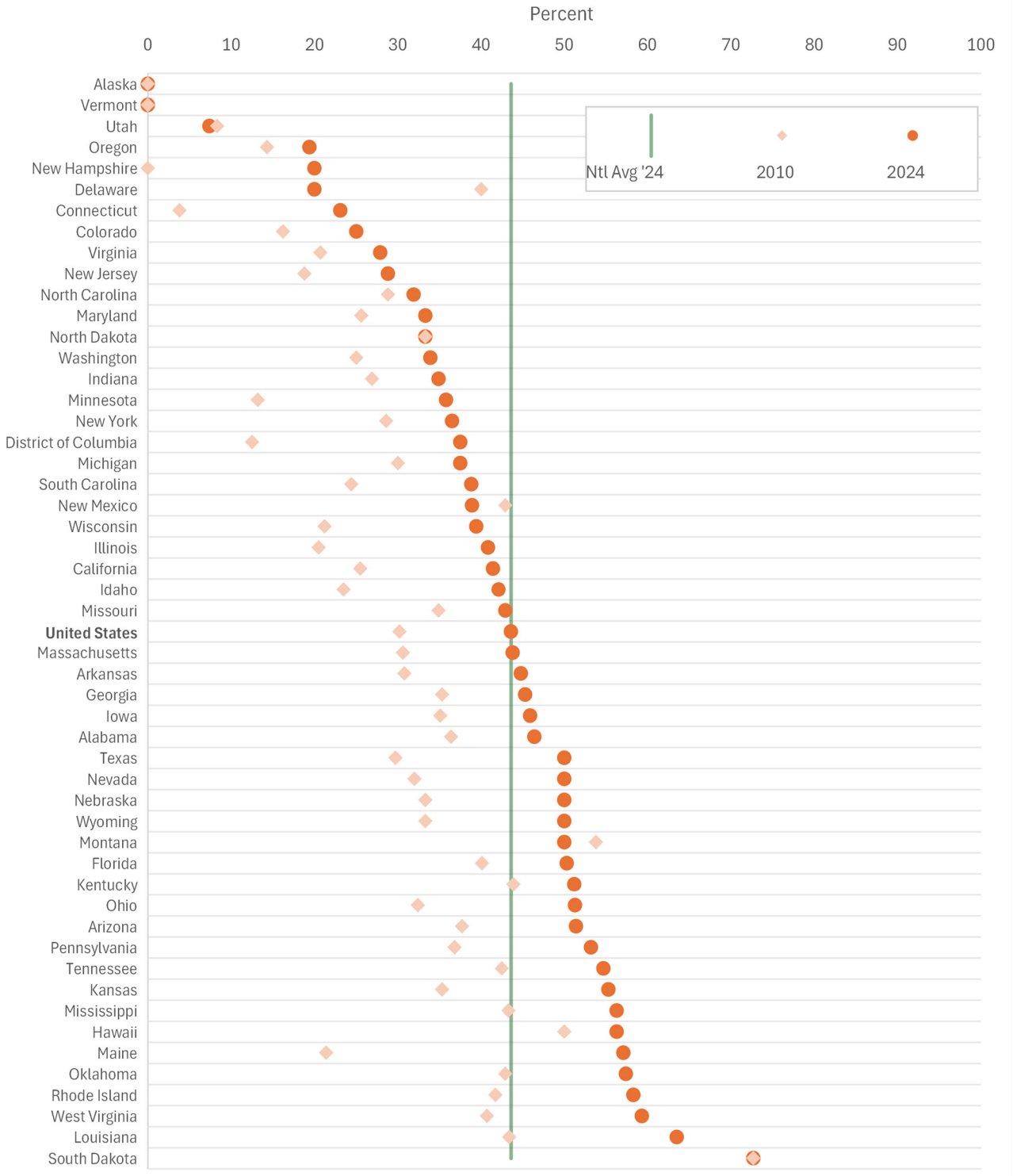
Percents in 2010 are the number of hospitals without obstetric services in 2010 among hospitals open and operating as short-term acute care hospitals in 2010 in the indicated state. Percents in 2024 are the number of hospitals without obstetric services in 2024 (either because they were open but did not provide services or the hospital was closed) among all hospitals that were open and operating as short-term acute care hospitals in any study year (2010-2024) in the indicated state. Line shows the national average of hospitals without obstetric services in 2024 (49.1%).

Figure 7: Percent of rural hospitals without obstetric services in the US by state, 2010 and 2024



Rural hospitals were those located in non–Metropolitan Statistical Areas per 2023 Office of Management and Budget definitions (the District of Columbia, New Jersey, and Rhode Island did not have any non–Metropolitan Statistical Areas). Percents in 2010 are the number of hospitals without obstetric services in 2010 among hospitals open and operating as short-term acute care hospitals in 2010 in the indicated state. Percents in 2024 are the number of hospitals without obstetric services in 2024 (either because they were open but did not provide services or the hospital was closed) among all hospitals that were open and operating as short-term acute care hospitals in any study year (2010-2024) in the indicated state. Line shows the national average of all rural hospitals without obstetric services in 2024 (57.5%).

Figure 8: Percent of urban hospitals without obstetric services in the US by state, 2010 and 2024



Urban hospitals were those located in Metropolitan Statistical Areas per 2023 Office of Management and Budget definitions. Percents in 2010 are the number of hospitals without obstetric services in 2010 among hospitals open and operating as short-term acute care hospitals in 2010 in the indicated state. Percents in 2024 are the number of hospitals without obstetric services in 2024 (either because they were open but did not provide services or the hospital was closed) among all hospitals that were open and operating as short-term acute care hospitals in any study year (2010-2024) in the indicated state. Line shows the national average of all urban hospitals without obstetric services in 2024 (43.6%).

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Do you know of a hospital that closed their obstetric/labor and delivery unit? Please email your information and tips to us here: RMC@umn.edu.

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