

A National Problem, Local Impact: The Reality Behind OB Closures

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West Virginia's hospitals are facing difficult but necessary decisions about maintaining obstetric (OB) services in certain communities. While recent closures of OB units have raised understandable concerns, it is critical to recognize that this is not unique to our state. Rather, it reflects a growing national crisis affecting rural communities across the country – one that we are committed to tackling.

Across the United States, access to maternity care has been steadily declining for more than a decade. According to the Centers for Healthcare Quality and Payment Reform, more than 100 rural hospitals have stopped delivering babies since 2020 alone. In fact, 60 percent of rural counties nationwide no longer have hospital-based maternity care, forcing expectant mothers to travel longer distances for essential services.

This trend is especially pronounced in rural states like West Virginia. Research from the University of Minnesota Rural Health Research Center shows that more than half of all counties in 28 states lack hospital-based OB services. In highly rural areas, nearly 75 percent of counties have no access at all. West Virginia is not an outlier—it is part of a broader national pattern driven by the same underlying challenges.

One of the most significant factors is declining birth volume. Simply put, fewer babies are being born. In West Virginia, births have declined by 20 percent over the past decade. Smaller populations mean fewer deliveries at local hospitals, and that creates serious sustainability issues – both in terms of safety as well as financial viability. Studies suggest that hospitals delivering fewer than 1,000 babies a year will face challenges maintaining their clinical team's skillset.

Beyond keeping skills sharp, maintaining a safe OB unit requires 24/7 staffing—physicians, nurses, anesthesiologists, and surgical teams—regardless of how many babies are born on a given day. Hospitals must maintain fully staffed teams around the clock, even on days when no deliveries occur, but they are only paid when there is a birth at the facility. When hospitals only see a small number of births each year, the cost of keeping that team in place far exceeds the payments generated.

Government payment policies further complicate the situation. Medicaid covers approximately half of all births in West Virginia, yet reimbursement rates often fall short of the true cost of care. This is especially true in low-volume hospitals where the current payment system fails to account for the “standby” nature of OB services. This creates an unsustainable financial model for many rural facilities.

At the same time, workforce shortages are intensifying. Rural hospitals across the country—and here at home—are struggling to recruit obstetricians, nurses, and other specialized clinicians. Some West Virginia hospitals have spent years trying to fill OB positions without success. Fewer providers are willing to take on the demanding schedules required for labor and delivery care, particularly in smaller, isolated communities. While these realities are difficult, patient safety remains the top priority.

Addressing this issue will require coordinated, long-term solutions. West Virginia is actively pursuing strategies to strengthen maternity care, including expanding telehealth services for routine, low-risk appointments, increasing training opportunities for clinicians, and investing in workforce development through initiatives like the state's Rural Health Transformation Program. These efforts aim to rebuild capacity and improve access over time, but they will not produce immediate results.

The bottom line is this: the challenges facing OB services in West Virginia are the same challenges facing rural America as a whole. Hospital leaders are not choosing to walk away from maternity care—they are contending with a system that makes it increasingly difficult to sustain these services.

We remain committed to working with policymakers, providers, and communities to find solutions that ensure every mother and baby in West Virginia has access to high-quality care. But we must also be honest about the realities driving these changes. This is not just a West Virginia issue—it is a national one, and it demands a national response.

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