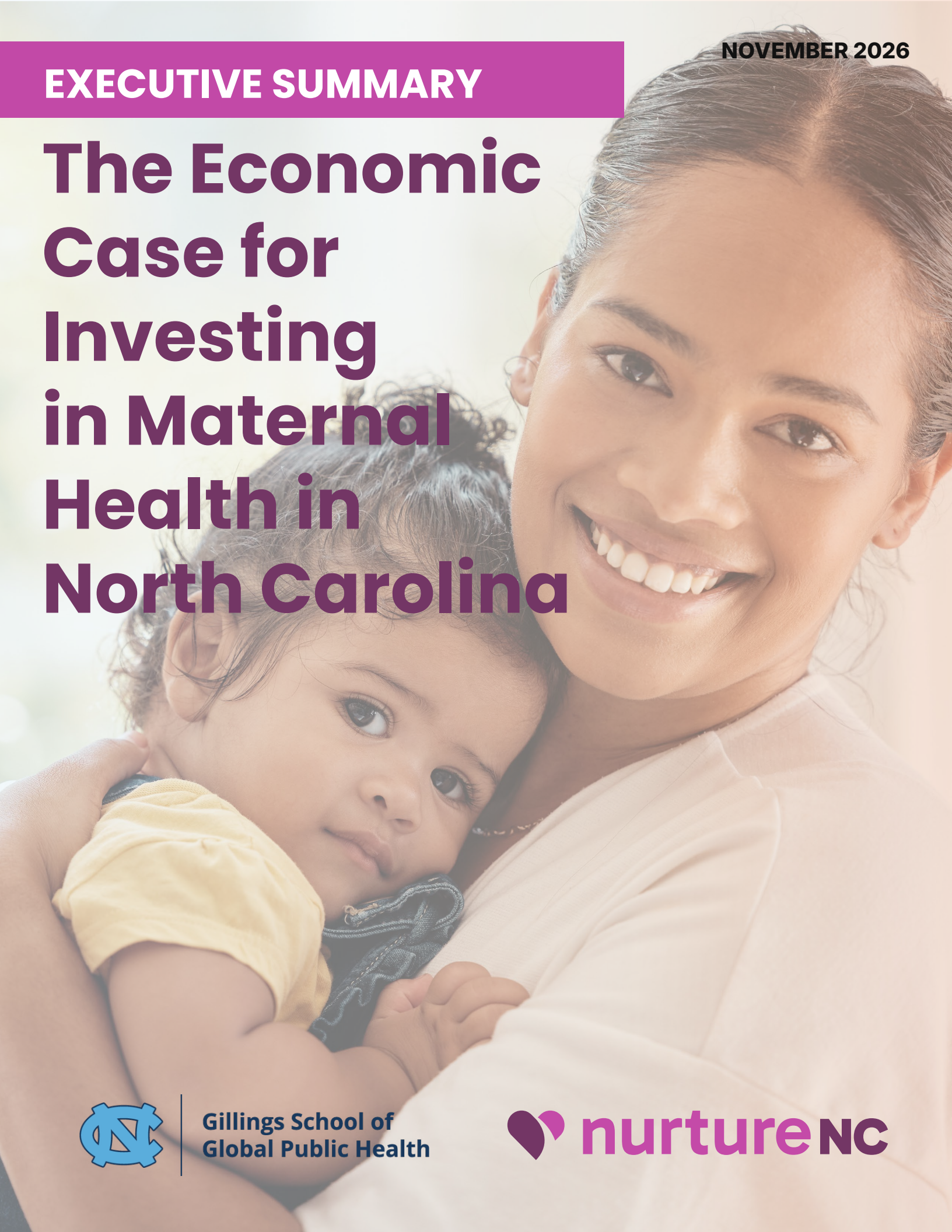
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EXECUTIVE SUMMARY

The Economic Case for Investing in Maternal Health in North Carolina



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Preventable adverse maternal and infant outcomes - such as the death of the mother or infant, low birth weight or preterm births - take both a human and economic toll in the United States and North Carolina. Mothers and infants in North Carolina have higher mortality rates than the national average[1], and 87% of North Carolina's pregnancy-related deaths are considered preventable.[2] North Carolina infants die at a higher rate than the national average, and we continue to receive a D+ grade from the March of Dimes for the state's preterm birth rate.[1]

There is evidence of a relationship between a mother's risk of death and the number of prenatal care visits: Maternal mortality rates are lower for women who receive 10 or more prenatal care visits.[3] In North Carolina, nearly one in five mothers do not receive an adequate number of prenatal visits.[1] Access and proximity to care are critical to promoting maternal and infant health.

These preventable poor outcomes don't fall evenly across populations in the state. Mothers and babies who are Black, live in rural areas, or are covered by Medicaid are more likely to die or have worse birth outcomes than those who are White, live in urban areas, or are commercially insured.[4]

Beyond the tragic loss of human life, this report makes the case that poor maternal and infant health outcomes in **North Carolina also carry a substantial, quantifiable economic cost, borne by families, insurers, employers, and the state as a whole.**

Our approach builds on the 2024 Heartland Forward report, The Economic Case for Investing in Maternal Health, which quantified the economic burden of select adverse maternal and infant health outcomes across four heartland states.[3] We bring a similar research focus to North Carolina, estimating the state's economic burden across three categories:
1) direct excess medical costs associated with preterm and low birth weight births,
2) non-medical costs due to travel and time burdens for families accessing out-of-county care,
3) workforce productivity losses associated with preterm birth.

Using standardized economic methodology, we also calculate the societal loss from maternal and infant deaths. Where possible, we report North Carolina-specific estimates using state vital statistics data; where that was not feasible, we apportioned established national estimates based on North Carolina's share of relevant cases (detailed in our methodology appendix).

Our findings show that the total economic burden of select adverse maternal and infant health outcomes in North Carolina is estimated at $1.03 billion annually, including $988.4 million in excess healthcare spending due to preterm and low birth weight births, $22.5 million in non-medical travel and time costs to access out-of-county prenatal and delivery care, and $21.7 million in lost workplace productivity due to preterm birth.

We also estimate the overall societal loss to North Carolina from preventable maternal deaths and infant deaths above the state's goal to be **$1.18 billion ($255.6 million from maternal deaths and $921.8 million from infant deaths).**

While these figures may initially seem overwhelming, they show the tremendous opportunity and substantial economic benefits that improved maternal and infant health outcomes could deliver. For example, reduction in preterm birth and low birth weight rates to national goals **would save North Carolina public and private payers and families over $415 million a year in health care spending,** equivalent to roughly $126,000 in avoided costs per averted preterm or low birth weight birth. This savings is more than half of what the state spends on its entire mental health, developmental disability, and substance use services system ($816.8 million for the 2026-2027 fiscal year).[5]

A recent national poll found that nearly 90% of registered voters across political party, region, and age agree that maternal health must improve.[6] Multiple policy and investment opportunities are available to drive progress, many of which are already gaining support and funding. For example, strengthening the maternal health workforce by expanding and better integrating midwives and doulas can improve birth outcomes.[7-10] The connection between maternal mortality risk and the number of prenatal care visits underscores the importance of timely access to care and the availability of maternal health services close to where families live.[3,11] Expanding innovative care delivery models, particularly in rural communities, can further increase access to essential maternal health services. In addition, policies that address basic needs, such as health insurance coverage and economic supports, can improve outcomes for both mothers and infants.[12-16]

Looking forward, this report is phase 1 of ongoing economic analyses. Phase 2 will provide more specificity on the economic return on specific investments to improve birth outcomes in North Carolina, including the costs and expected returns of select targeted interventions. These analyses will further inform the business case for maternal health and help guide those future strategic investments.

The following sections highlight our findings in more detail and suggest investments for North Carolina policymakers, insurers, and employers.

Read the full report at www.nurturencnow.org/economicanalysis for more detail on these findings and suggested investments for North Carolina policymakers, insurers, and employers.

