The Economic Case for Investing in Maternal Health in North Carolina

November 2026

Gillings School of Global Public Health

nurture NC

Who We Are

nurture NC

A statewide collaborative bringing together cross-sector partners to strategically improve maternal and infant health across North Carolina



Analyze and Prioritize

Partner and Convene

Raise Awareness and Amplify

Invest and Resource

We have three key focus areas.

- Strengthening the maternal healthcare workforce.
- Closing rural healthcare gaps.
- Optimizing public policy.

Working together for healthy starts

Who We Are

SYSTEMS STRENGTHENING HUB

FOR PUBLIC HEALTH

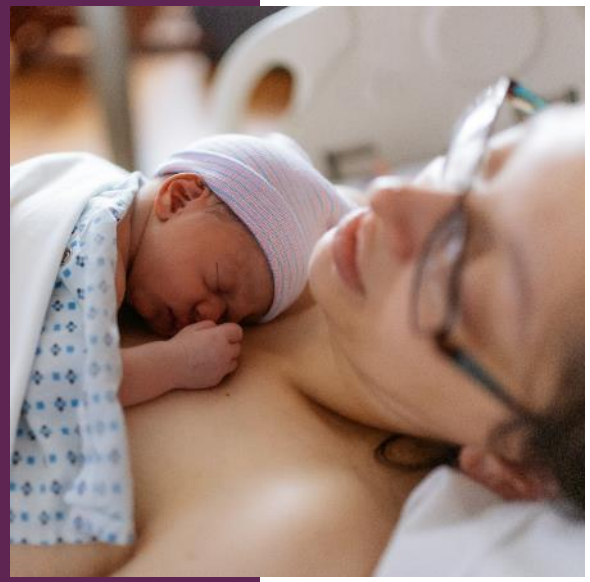
Advancing the capacity and resilience of public health systems through innovative, collaborative, systems-informed approaches.

The Hub supports communities and organizations in navigating complex public health challenges by fostering learning, partnership, and coordinated action to improve health outcomes.

OUR WORK IS GROUNDED IN

- System dynamics
- Collaboration science
- Decision science







Purpose

Release the first **state-specific economic case for maternal and infant health investment** in North Carolina, designed to inform decisions about insurance coverage, workforce investments, and maternal health policy

> "Maternal healthcare is an economic and workforce development issue"
>
> - The Economic Case for Investing in Maternal Health (Forati et al., 2024)[1]

Why this analysis matters for North Carolina

- Persistent rate of preterm birth (10.7%) and low birth weight births (9.3%) **drive high healthcare costs**.[2]
- Both mothers and infants in North Carolina have **higher mortality rates than the national average**.[3]
- Across the state, up to **18 rural hospitals have closed** entirely or closed their obstetric units over the past 12 years, and **28 of North Carolina's 100 counties lack obstetric clinicians or delivery facilities** entirely.[4]
- Black, rural, and Medicaid covered moms and babies experience poor outcomes disproportionately.[2,5]

Why this analysis matters for North Carolina

- **Poor maternal and infant outcomes are preventable**
  - Almost 9/10 pregnancy related deaths are considered preventable.
  - North Carolina receives a D+ grade from the March of Dimes for its preterm birth rate.[3]
- Maternal health outcomes shape **workforce participation, family stability, and long-term economic growth.**
- **Policymakers face tradeoffs** between upfront investment and long-term public spending.

The first NC-specific economic case

Modeled on Heartland Forward's 2024 multi-state analysis[1], this report estimates North Carolina's economic burden across four categories using NC vital statistics.

Medical

Excess healthcare spending in the first six months of life for preterm and low birth weight births.

Non-Medical

Wage loss and travel costs incurred for out-of-county prenatal and delivery care.

Workforce

Preterm birth-related productivity loss in the year after delivery.

Mortality

Societal loss from preventable maternal deaths and infant deaths above the state's goal.



Report findings

Doing what we're doing is expensive.

$1.03 B

Annual economic burden of excess medical spending associated with preterm and low birth weight births, costs to travel out-of-county for prenatal care, and productivity loss associated with preterm birth

When moms and babies die, it's a loss for our state.

$1.18 B

Annual societal loss from preventable maternal deaths and infant deaths above the state's goal

Medical costs

Headline: Preterm and low birth weight births cost North Carolina **$988.4 million a year in excess medical spending.**

- In North Carolina, 10.7% of babies are born preterm and 9.3% are born low birth weight.[2]
- If North Carolina reached the March of Dimes' national goal of a 5.5% preterm and low birth weight birth rate, t**he state could save over $415 million a year in medical costs** or roughly $126,000 per averted preterm or low birth weight birth.

Non-medical costs

Headline: Gaps in local maternity care access cost North Carolina families a combined **$22.5 million a year in travel and lost wages.**

- Roughly 38% of families travel out-of-county to give birth every year.
- These families travel an average of 49 miles (~68 minutes) for care, incurring $488 in combined transportation costs and lost wages.*
- Families in Medicaid Region 6 (eastern North Carolina) bear a disproportionate share of this burden – 35% of total statewide non-medical costs, and $1,060 per family on average.

*Assumes 25% of prenatal visits occur at the delivery location; full sensitivity analysis in the report's methodology appendix.

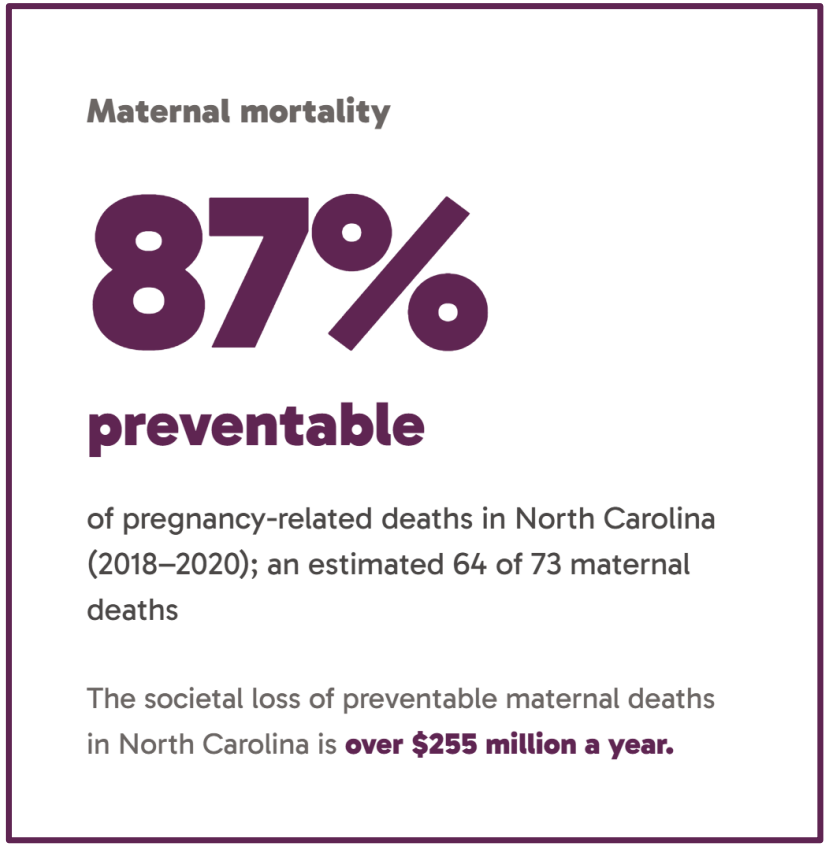
Workforce costs

Headline: Preterm birth costs North Carolina employers **$21.7 million a year in lost productivity**, through medical absenteeism and disability leave.

- North Carolina ranks 8th highest of all 50 states for this cost.
- In the year following birth, mothers of preterm infants lose an average of 7 additional workdays to medical absenteeism and disability – on top of the roughly 48 days mothers of full-term infants already lose to the same causes – resulting in $1,666 more per mother in lost productivity costs.

Societal loss from maternal mortality

North Carolina's Maternal Mortality Review Committee found that 87% of pregnancy-related deaths in the state from 2018-2020 were preventable. **The societal loss of preventable maternal deaths in North Carolina is $255.6 million a year.***



* Societal loss is the value society loses when a death occurs, measured by what people would pay to lower their own small risk of dying, added up across a population.

Societal loss from infant mortality

North Carolina has about 67 infant deaths a year above the Healthy North Carolina 2030 infant mortality goal of 6 deaths per 1,000 live births. **The societal loss from these deaths is $921.8 million a year.***



*This is a conservative estimate. Using child-specific VSL multipliers (1.5x-2.9x) from literature[6], the annual value could range from $1.38 billion to $2.67 billion.

These costs are not inevitable

Poor outcomes are preventable and multiple opportunities exist to improve maternal and birth outcomes. Examples include:

- Incorporating midwives and doulas in maternity care can improve birth outcomes.[7,8]
- Implementing innovative maternal care delivery models, like Perinatal Access to Care and Health in North Carolina (PATCH-NC), can expand access to rural areas.
- Policies that provide basic health insurance and economic support for mothers and infants can further improve outcomes.[9]

Where to start?

Policymakers

Address root causes through preventive care, invest in workforce including midwives and doulas; deploy innovative models of care for rural and underserved counties.

Employers

Offer family-friendly policies, comprehensive benefits, and flexible leave.

Funders

Fund prevention-focused research and high-return strategies, including doula and midwifery workforce expansion.

Society & Communities

Expand the clinical workforce; strengthen family-friendly policies; financial incentives for high-quality care.









Messaging Guide





SAMPLE SOCIAL MEDIA MESSAGES

The messages below adapt the report's key findings for social media. Each is available in English and Spanish to support outreach to North Carolina's diverse communities.

What's next: Phase 2

Phase 1 of this analysis showed what adverse outcomes cost. Phase 2 will show what specific investments can save.

- Estimate the return-on-investment of specific interventions to improve birth outcomes in North Carolina.
- Further inform the business case for maternal health and help guide future strategic investments.



THANK YOU

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Acknowledgements

Vital statistics data from the North Carolina Department of Health and Human Services, Division of Public Health, Office of Vital Records were used in this analysis. The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the North Carolina Department of Health and Human Services, Division of Public Health.

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Appendix: Methods at a glance

This slide summarizes our approach at a high level; the full report's Methodology Appendix has the complete data sources, calculations, and limitations.

- **Medical Costs:** We applied per-infant healthcare spending estimates from a national study of commercially insured infants (Beam et al., 2020) broken down by gestational age and birthweight to NC birth records from 2021-2024, then subtracted the cost of all full-term and normal-birthweight births to calculate the excess cost.
- **Non-Medical Costs:** We identified NC births from 2021-2024 where the family's home county differed from the county of delivery, calculated driving distance and time between county centroids using mapping software, and valued that travel using IRS mileage rates and average NC wages. Costs are scaled assuming 25% of prenatal care visits occur at the delivery location, with the remainder closer to home (a modeling assumption detailed further in the full report).
- **Workforce Costs:** We applied findings from a national study of employer-sponsored health plans (Patel et al., 2024) which measured workdays lost to absenteeism and disability after a preterm birth to NC's 2021-2024 preterm birth counts.
- **Societal Loss from Maternal & Infant Mortality:**
  - Maternal: We calculated NC's share of a national estimate of years of life lost to maternal death (White et al., 2022), then applied the share NC's Maternal Mortality Review Committee found preventable.
  - Infant: We compared NC's current infant mortality rate to the state's own 2030 goal, then valued the difference using the federal government's official value of a statistical life.

Appendix: Measuring societal loss

How we measure societal loss:

- Willingness to pay is what people would invest to lower their own chance of dying (through safer cars, cleaner air, better care, etc.).
- Added up across a population, it becomes the value of a statistical life (VSL), the figure federal agencies use to weigh health and safety policies.
- This isn't a measure of what any individual life is worth, it's a standard economic tool reflecting the value society places on preventing a death, used across public health and policy research.
- We used it to estimate the societal loss from preventable maternal deaths and from infant deaths above the state's 2030 goal.