Gillings School of Global Public Health

nurtureNC

The Economic Case for Investing in Maternal and Infant Health in North Carolina



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The Cost

$1.03 billion

Annual economic burden of preventable adverse maternal and infant health outcomes in NC, including:

1. additional medical spending for preterm and low birth weight births,
2. costs for families to travel out-of-county for prenatal care, and
3. workforce productivity loss associated with preterm birth.

$1.18 billion

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

The Opportunity

$415 million per year

Reducing NC's preterm birth and low birth weight rates to the national goal of 5.5% would save over $415 million per year in medical costs, or about $126,000 per averted preterm or low birth weight birth.

Promising strategies

- Strengthen the maternal health workforce by expanding midwives and doulas
- Increase rural access to prenatal care by implementing innovative care delivery models
- Optimize policies that address basic needs, including health insurance and economic supports

Why this economic analysis is needed in North Carolina

- Persistent rate of preterm birth (10.7%) and low birth weight births (9.3%) drive high healthcare costs.[1]
- Both mothers and infants in NC have higher mortality rates than the national average.[2]
- Up to 18 rural NC hospitals have closed entirely or closed their obstetric units in the past 12 years, and 28 of NC's 100 counties lack obstetric clinicians or delivery facilities.[3]
- 87% of NC's pregnancy-related deaths are considered preventable[4] and NC continues to receive a D+ grade from the March of Dimes for preterm birth prevention.[2]

The first NC-specific case for maternal and infant health investment

Direct Medical Costs

Preterm and low birth weight births cost NC $988.4 million annually in excess medical spending. Much of this excess spending is through Medicaid[1] and a direct cost to the state budget. Reducing NC's preterm birth and low birth weight rates to the national goal of 5.5% would save NC over $415 million per year in medical costs, or about $126,000 per averted preterm or low birth weight birth. Improving prenatal care and birth outcomes will also save employers money.

Non-Medical Costs

Gaps in local maternity care access cost NC families a combined $22.5 million each year in travel and lost wages. Maternity care deserts disproportionately impact NC's rural communities, forcing families to travel long distances for basic maternal care. Families who deliver out-of-county pay an average of $488 more than families who can access care locally. Increased access to high-quality prenatal care can help close these gaps.

Workforce Costs

Preterm births cost NC employers $21.7 million per year in lost productivity. NC ranks among the highest states in the country for preterm birth-related productivity loss related to medical absenteeism and disability leave. As NC continues to invest in economic and business growth, investing in improved maternal and infant health will translate into lower workforce costs and a more productive workforce.

Societal Loss

Societal loss associated with preventable maternal deaths and infant deaths above the state's goals totals more than $1 billion. Nearly nine out of every ten pregnancy-related deaths in the state are preventable. The societal loss of preventable maternal deaths in NC is $255.6 million a year. Achieving NC's infant mortality goal of 6 deaths per 1,000 births would mean about 67 fewer infant deaths each year. The societal loss from these potentially avoidable deaths is $921.8 million a year.

"Investing in maternal and child health is an investment in North Carolina's future and it can save money for employers, payers, and families."

- Elizabeth Tilson, Nurture NC Executive Director

Learn more and connect.

NurtureNCNow.org

1. North Carolina Department of Health and Human Services, Division of Public Health. (2025b). N.C. Maternal and Infant Health Dashboard: Infants Born Low Birthweight. https://www.dph.ncdhhs.gov/programs/title-v-maternal-and-child-health-block-grant/nc-maternal-and-infant-health-data-dashboard/low-birthweight 2. March of Dimes. (2025). 2025 March of Dimes Report Card for North Carolina. https://www.marchofdimes.org/peristats/reports/north-carolina/report-card 3. Fraher, E. (2026, March 10). Access to maternal health care in NC [Presentation]. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Presented to the North Carolina General Assembly Joint Legislative Oversight Committee on Health and Human Services. https://webservices.ncleg.gov/ViewDocSiteFile/105355 4. North Carolina Department of Health and Human Services, Division of Public Health. 2026 North Carolina 2018-2021 Maternal Mortality Review Report NC 2018-2021 Maternal Mortality Review Report