Children's Hospital of Philadelphia PolicyLab

Pilot Grants

Understanding the Geography and Role of Crisis Pregnancy Centers in Maternal Health Care Deserts in Rural Pennsylvania

Family & Community Health

Statement of Problem

Many rural Pennsylvania communities have poor access to comprehensive maternal health services to fully support the needs of people who are pregnant and postpartum and their infants. In fact, across the Commonwealth, nine rural counties have no hospital at all, and an additional 23 counties have no hospitals with obstetric facilities. Aside from inadequate services during birth, there are also concerning shortages in prenatal, perinatal, and postpartum physical care and mental and behavioral health supports for people who are pregnant and new parents.

These care deserts contribute to negative health and birth outcomes for infants and people who give birth. Pennsylvania's 2022 Maternal Mortality Review Committee report suggests that the drivers of maternal morbidity in the state are primarily related to social determinants of health like substance use, mental health barriers and intimate partner violence. Evidence from the 2020 Family Support Needs Assessment—conducted by PolicyLab—upholds this, pointing to community-level challenges in supporting people who are pregnant and have significant social needs. In comparison to the rest of the state, numerous rural counties have higher proportions of people experiencing postpartum substance use and babies born with neonatal abstinence syndrome, while having few, if any, supportive resources for substance use treatment and mental health services.

Where the network of health care and social service providers in rural Pennsylvania is sparse, crisis pregnancy centers provide services to people who are pregnant and parenting. These centers may be serving as stand-in providers in areas with inadequate access to prenatal care, particularly for high-need populations experiencing greater social risk. However, it is unclear how crisis pregnancy centers provide services to clients experiencing high needs situations.

Description

Through this project, we aimed to identify communities in Pennsylvania where crisis pregnancy centers are available in the local service landscape while comprehensive maternal health services are inadequate. We also aimed to better understand the actions of crisis pregnancy centers when a client presents with a desired pregnancy, with a specific focus on people experiencing identified drivers of maternal morbidity.

Our team utilized an exploratory mixed-method design to identify the geographic and demographic characteristics of the communities served by crisis pregnancy centers but underserved by comprehensive maternal health care.

Additionally, we interviewed 17 crisis pregnancy center leaders, discussing how they approach supporting people who are pregnant and experience higher social risk within a landscape of maternal health care shortages.

The research showed that these organizations do not consistently meet evidence-based standards. Additionally, they do not universally offer connections or referrals to evidence-based medical care. Interviewees varied in their perceptions of perinatal clients' social complexity, including for some of the state's leading drivers of maternal morbidity like substance use disorder, mental health and intimate partner violence. Centers also varied in their screening and referral activities.

Next Steps

Situated in a policy and health care landscape that continues to roll back perinatal care in rural areas, crisis pregnancy centers may position themselves as filling a gap. However, the services they offer cannot replace evidence-based perinatal care in rural areas. It is critical that we look to right-size investments in maternal health and ensure funds are supporting evidence-based care.

This pilot grant was completed in April 2026.

Suggested Citation

Children's Hospital of Philadelphia, PolicyLab. *Understanding the Geography and Role of Crisis Pregnancy Centers in Maternal Health Care Deserts in Rural Pennsylvania* [Online]. Available at: http://www.policylab.chop.edu [Accessed: plug in date accessed here].

Project Leads

Jennifer Whittaker
Jennifer Whittaker
PhD, MUP
Research Scientist
Xi Wang

Team

Diya Nag
Diya Nag
MPH, CHES
Clinical Research Coordinator
Rebecka Rosenquist
Rebecka Rosenquist
MSc
Deputy Director of Policy & Strategy
Meredith Matone
Meredith Matone
DrPH, MHS
Director

Funders of Project

PolicyLab
Clinical Futures

Project Contact

Jennifer Whittaker

WHITTAKERJ@chop.edu