

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, [six rural counties have no hospital at all, and an additional 19 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 aim 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 aim 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.

We plan to utilize 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 will interview crisis pregnancy center administrators regarding how they approach supporting people who are pregnant and experience higher social risk.

Next Steps

As access to comprehensive maternal and infant health care continues to shrink in rural communities, this gap may further entrench rural health inequities, particularly for those most poorly served by existing health care and social service systems. Our hope is that this project is the first step in further understanding the role of crisis pregnancy centers in maternal and infant health care in rural Pennsylvania and can inform the policy

discussion on improving maternal and infant health outcomes in rural communities across the state.

Suggested Citation

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