



**Congress on Nursing Practice  
Massachusetts Nurses Association  
White Paper**

# **Massachusetts: Maternal Services Are Central to Racial and Social Justice**



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The Massachusetts Nurses Association identifies access to reproductive care, including maternity and birth-related services, as essential to racial and social justice.

Unfortunately, due to the state's lack of any viable regulatory authority to protect these and other public health services, and a privatized health care system that values a market-based health care model over its mandate of ensuring the communities it serves the full spectrum of health services, including maternity care, too many families are seeing their access to these services curtailed, placing both mother and newborns at unnecessary risk, particularly those living in poorer communities and communities of color.

Maternal services need to be preserved, expanded, and improved for women in the Commonwealth, with action to ensure that all women have access to appropriate, affordable and culturally competent prenatal, delivery and postnatal care within safe, reasonable geographic proximity to their homes.

According to the Centers for Disease Control and Prevention (CDC), approximately 700 women die each year in the United States from pregnancy-related complications. Approximately 3 in 5 of these pregnancy-related deaths are preventable. Non-Hispanic Black women are 3.3 times likely to die from a pregnancy-related cause compared to non-Hispanic white women. Another 50,000 women a year have severe pregnancy complications or severe maternal morbidity. Researchers have identified factors that contribute to pregnancy-related deaths including limited access to transportation; health facility factors such as lack of appropriate personnel or services; provider factors such as lack of continuity of care; and system-level factors including access to care.[1] As the Massachusetts Nurses Association stated in its anti-racism statement: "Research has consistently shown that minorities/people of color, indigenous people and individuals in vulnerable communities have greater difficulty accessing needed health care services, are more likely to be uninsured, and are overrepresented in publicly-funded health systems." [2] Early, consistent, quality prenatal care, has long been recognized as the best way to have a healthy outcome for both mother and baby.[3]

Unfortunately, ensuring healthy childbearing has become more difficult for mothers and babies in Massachusetts. Instead, stakeholders, including the Commonwealth, have taken actions that have led directly to diminished services for pregnant women. The closure of hospitals and maternity units across the state and a severe reduction in the availability of nurse midwifery services have gone on for more than a decade without meaningful intervention by the Commonwealth. These problems have only accelerated

in the last two years. At the same time, there has been a corresponding shift towards women delivering in more expensive urban teaching hospitals and other acute hospital settings. This shift has resulted in less care available in many communities. Pregnant women now must travel much farther and longer. This is a costly burden for the poor who may have less access to transportation. It also results in unsafe travel distance time in an emergency or when a woman is in labor.

In 1998, Quincy Medical Center announced the closure of maternal services citing financial reasons. Patients were shifting towards South Shore Hospital and Boston hospitals. At that time, Quincy Medical Center averaged 1,200 births and had 24 maternity beds. In 2012, Quincy Medical (now part of Steward Healthcare) announced a \$12.8 million renovation project to re-open its maternity unit. Initial expectations were that there would be between 2,000 and 2,500 births in the first year and more than 3,000 births afterwards. Quincy Medical Center CEO Daniel Knell stated at the time: “If you can meet community need, the halo effect from that is the community believes in that hospital (and) they start to bring other business in.”[4] However the unit was not re-opened and most of Quincy Medical Center was closed in 2014, leaving Quincy, with a population of over 94,000, as the largest city in New England without a local hospital. [5] [6]

In 2010, Baystate Mary Lane Hospital in Ware closed its maternity unit. Hospital officials cited the challenge of providing around the clock care and the low rate of births. In 2009, the unit had 172 births. Patients were encouraged to shift to Baystate Medical Center in Springfield, a 27-mile, 37-minute drive from Ware. Other options for patients included Harrington Hospital (Southbridge), UMASS Memorial Medical Center – Memorial Campus (Worcester), St. Vincent’s Hospital (Worcester), or Mercy Medical Center in Springfield. All were within 20-30 miles of Ware with a 30 minute to one hour drive. These plans were all predicated that patients would be able to travel such distances.[7] The town of Ware in one of the most economically deprived areas in the state (10th decile in an index of ten deciles, ranked least to most disadvantaged scale). [8] Almost seven years later, Ware Fire Chief Thomas N. Coulombe stated: “Percentage-wise, I’d say we had a big increase in the number of ambulance calls we got for maternity cases. We had a couple [that] delivered in the back of the ambulance.” [9]

In 2014, Northern Berkshire Healthcare abruptly closed North Adams Regional Hospital, Northern Berkshire Visiting Nurse Association and Hospice, and three medical practices including Northern Berkshire OB/GYN citing financial difficulties. North Adams is also located in the bottom SEC decile and is located in a geographically remote area. Patients were directed to Berkshire Medical Center in Pittsfield, a 21-mile, 30 to 40-minute drive, or to Southwestern Vermont Medical Center in Bennington, Vermont, a 15-mile, 30-minute drive. North Adams Regional Hospital closed with 3 days notice. Patients in the hospital were abruptly relocated, while those in the community scrambled to find other healthcare providers. Massachusetts requires both a 90-day



notice and a public hearing for a proposed hospital closure. Neither the hospital nor its leadership were held accountable for violating state law and jeopardizing patient care. This lack of accountability seems to have emboldened other hospitals.

In 2017, Harrington Hospital in Southbridge announced it would be closing their Family Birthing Center, with hospital administrators pointing to the low census – 217 births in 2016 - as the reason as well as patients “choosing to deliver their babies at city hospitals with neonatal intensive care units and other resources”.[10] Patients would be directed to UMASS Memorial Medical Center - Memorial Campus in Worcester, over 25 miles away. At this point, UMASS Memorial Medical Center has been asked to absorb the births from two shuttered maternity units within seven years.

In October 2017, Steward’s Morton Hospital announced the temporary closure of its maternity unit citing a staffing disagreement with Partners Healthcare regarding neonatal specialist coverage. Officials from both Steward’s Morton Hospitals and Partners Healthcare also cited Morton’s “low births” (325 per year) as the main reason in the staffing dispute. The Department of Public Health (DPH) threatened to fine Steward as Steward did not follow DPH procedures for closing a hospital unit. On November 27, on-call 24/7 pediatric coverage was restored as was obstetrical on-call coverage to comply with the DPH order. However, no patients were admitted to the unit. Patients were instead diverted to Steward’s Good Samaritan Medical Center in Brockton. [11] Good Samaritan Hospital is 19 miles and a 25–30-minute drive from Morton Hospital. In January 2018, Morton Hospital filed a 90-day notice to the Department of Health and the unit permanently closed in April. The options now available to Greater Taunton patients included Good Samaritan Hospital, Sturdy Memorial Hospital (Attleboro), Signature ‘s Brockton Hospital, Beth Israel Deaconess (Plymouth), Charlton Hospital (Fall River), St. Luke’s Hospital (New Bedford), Tobey Hospital (Wareham), and Women and Infants Hospital (Providence, Rhode Island). From hospital to hospital, all are within 12.5 to 28 miles and a 20 to 40-minute drive. Taunton’s geographic service area falls into the 8th, 9th, and 10th most deprived SES (socioeconomic status) quintiles. Elected officials and community leaders repeatedly expressed concerns over the lack of public transportation from Taunton to Brockton as well as the impact on mothers with babies with Neonatal Abstinence Syndrome (NAS). NAS is a withdrawal syndrome that infants exposed to substances such as alcohol, opioids, and other drugs experience after birth. The Tennessee Department of Health, supported by the Centers of Disease Control and Prevention (CDC), and the March of Dimes found that “children born with Neonatal Abstinence Syndrome (NAS) were more likely to have a developmental delay of speech or language impairment in early childhood compared to children born without NAS.” <sup>1</sup>In 2015, Morton Hospital had the highest ratio of babies with NAS in the state (75 per 1,000 live births).[12]

In August 2019, Southcoast Health announced the closure of Tobey Hospital in Wareham’s maternity unit on December 31, 2019 and the expansion of the maternity unit at another Southcoast Hospital, St. Luke’s in New Bedford. Southcoast cited

Tobey's declining births (375 in the previous year). St. Luke's Hospital averaged 1,500 births annually. Nurses at St. Luke's Hospital expressed concerns about the ability of St. Luke's Hospital to absorb the Tobey patients. This closure comes less than two years after patients at Morton Hospital were told they could seek care at Tobey Hospital. *Southcoast Today* reported, "Southcoast Health said the closing of the maternity unit at Tobey will ensure the sustainability of that facility, where the Emergency Department is undergoing a \$25 million expansion and renovation." [13] St. Luke's Hospital is 19 miles and 30 minutes from Tobey Hospital. Other options for patients included Falmouth Hospital and Beth Israel Deaconess-Plymouth. Both are within 30 miles and within 35 minutes of Tobey Hospital. Wareham's service area falls within the 8th and 10th most deprived SES quintiles.

In March 2020, Cape Cod Healthcare announced that both the maternity unit and the pediatric unit at Falmouth Hospital were permanently closing. Patients would be encouraged to go to Cape Cod Hospital in Hyannis, 33.7 miles from Falmouth Hospital. Cape Cod Healthcare cited declining birth rates at both Falmouth Hospital and Cape Cod Hospital (Hyannis) and the need to convert the 9 maternity beds and the in-patient pediatric beds at Falmouth Hospital to medical/surgical beds to accommodate any need with a COVID-19 surge. In 2019, there were 328 births at Falmouth Hospital and 752 births at Cape Cod Hospital. There are 14 obstetrical beds and 4 pediatric beds at Cape Cod Hospital. [14] Again, elected officials and community leaders expressed concerns about driving times particularly during the peak tourist season on the Cape. Cape Cod Healthcare officials responded by citing other options for patients including Beth Israel Deaconess- Plymouth and Charlton Memorial Hospital in Fall River. [15] Beth Israel Deaconess-Plymouth is 31 miles and a 35 to 40-minute drive (non-tourist season) drive from Falmouth. Charlton Memorial Hospital is 52 miles and 52 minutes (non-tourist season) from Falmouth Hospital.

In early April 2020, Holyoke Medical Center temporarily closed its birthing center to house patients from the Holyoke Soldiers Home where there had been a devastating large-scale outbreak of COVID-19. In June, Holyoke Medical Center announced plans to permanently close the birthing center citing the financial losses of providing maternity services. Elected officials and community activists immediately raised concerns pointing to the city of Holyoke's history of poor maternal health outcomes particularly among Latinas. In the early 1980's, the infant mortality rate was the highest in the state. The Department of Public Health and the Holyoke Infant Mortality Task Force identified that there was a large disparity in the infant mortality rates between minority populations and the white population. Advocates pointed to issues around access for Latinas to adequate prenatal care, transportation issues, and the lack of culturally competent healthcare providers and staff. In 1985 a midwifery practice was established at Holyoke Medical Center called Midwifery Care of Holyoke. By 2019, most of the midwives and staff had left the practice citing difficulties with Holyoke Medical Center's administration. With the closure of the Holyoke Birthing Center, patients were directed to Mercy Hospital in Springfield. Representative Aaron Vega, D-Holyoke told the *Daily Hampshire*

Gazette, “This goes right back to the disparities that we’re consistently fighting against in urban areas and western Massachusetts.”[15] Thirty-five years later, the women in this area are once again experiencing the same lack of care.

Steward’s Norwood Hospital, which serviced 23 communities, unexpectedly closed in June 2020 due to a flash flood. Maternity patients were encouraged to go to another Steward facility, St. Elizabeth’s Hospital in Brighton. Other options included Steward’s Good Samaritan Hospital (Brockton), Newton-Wellesley Hospital (Newton), South Shore Hospital in Weymouth, and Sturdy Memorial Hospital in Attleboro. Once again, Good Samaritan Hospital and Sturdy Memorial Hospital are being asked to absorb patients from a closed hospital or unit.

There is almost always a disconnect between the hospital’s plans when closing a unit and the reality for expectant mothers after the closure. For example, one of the options available to expectant mothers in the service area for Baystate’s Mary Lane Hospital was Harrington Hospital in Southbridge. Three years later, Harrington Hospital shuttered its maternity unit pushing its patients to UMASS Memorial Medical Center in Worcester. After Steward’s Morton Hospital closed maternity services, only one obstetrician kept an office in Taunton accepting new patients. The Greater Taunton Women’s Health Roundtable was formed to bring nonprofits, elected officials, community activists, and other stakeholders together to collaborate with administration from Good Samaritan Hospital and Signature’s Brockton Hospital to find solutions to the lack of access to prenatal care in Taunton.

Cape Cod Healthcare repeatedly stated in the media that Falmouth births averaged less than one a day and could be absorbed by Cape Cod Hospital. Yet, between April and September of 2020, Cape Cod Hospital saw a 38.32 percent increase in deliveries compared to the same months in 2019. Cape Cod Healthcare then announced that services provided by the midwifery practice at Cape Cod Hospital would be cut in half on November 16.[16] After a public uproar, Cape Cod Healthcare reversed its decision and restored midwifery services.

The burden on pregnant women or people, particularly from low-income communities, is enormous. Pregnant women planning to deliver at Morton were told to travel an additional 19 miles to Steward’s Good Samaritan Hospital in Brockton. That imposed a significant hardship on women who might not have a vehicle and there are not any public transportation options from Taunton to Brockton. Steward offered taxi vouchers to pregnant patients who needed a ride from Taunton to their hospital in Brockton-if there is time to do so for a woman in active labor. If not, patients were left to deliver in the emergency room at Morton Hospital, which is a completely inadequate, unsafe experience for all concerned- women, babies, and hospital staff not accustomed to providing routine, let alone special need obstetrical services.[17]

These closures and service reductions have been allowed to happen even though the Massachusetts Department of Public Health (DPH) has determined that these (and

other) essential health services are “necessary for preserving access and health status in a particular service area.”[19] Despite these determinations, the DPH lacks the authority to prevent these closures or service reductions, so hospitals are permitted to proceed, ignoring the findings of the expert regulatory authorities. This allows everything from the termination of maternity services at a particular hospital to closures of entire hospitals leaving cities as large as Quincy, large parts of northwest and large parts of southeastern Massachusetts without maternity services and other essential health services in the community. There are currently neither penalties nor sanctions levelled on these healthcare corporations for their disregard of the needs of pregnant women and their babies. The Massachusetts Nurses Association has been unable to receive accurate data from the Department of Health on the current amount of maternity beds there are in Massachusetts. As of November 2020, the number of maternity beds in Massachusetts remains an unanswered and unquantifiable figure. Those existing beds, however, are concentrated at bigger hospitals such as UMASS Memorial Medical Center -Memorial Campus, Baystate Medical Center (Springfield) and the Brigham and Women’s Hospital (Boston).

These tertiary care hospitals provide much more costly care, a factor noted by the Massachusetts Health Policy Commission as contributing to the increase in healthcare expenditures in the Commonwealth.[20] On average, community hospital costs were \$1,500 less per average inpatient stay as compared to academic medical centers (data was from 2014 so presumably this figure is significantly higher now). The change in proportion of all births in community hospitals shrank 74 to 50 percent between 1992 and 2012 (and presumably has shrunk even more after the closures of the last decade).[21] The closure of hospitals and maternity units across the state, and the severe reduction in the availability of nurse midwifery services has been going on unchecked for more than a decade and has been accelerating in the last two years. Hospitals say money but the Health Policy Commission further estimated that a shift of 5 percent of care provided at teaching hospitals to community hospitals would result in a savings of \$43 million; a shift of 10 percent would save the Commonwealth \$86 million.

## **Conclusion:**

From the perspective of both safety and convenience for pregnant women and their babies, as well as from an economic standpoint, it makes sense to restore, preserve and enhance the provision of community-based maternity and delivery service in Massachusetts. It is logical, ethical, moral, financially sensible and a much-needed imperative for the Commonwealth to undertake.

## **Recommendations:**

Consequently, the Massachusetts Nurses Association calls for the following:

- A moratorium on any further closure or reduction in maternity services including midwifery services in the Commonwealth.

- Those geographic areas now suffering inadequate maternal care services need to be made whole again.
- Trial projects including birthing centers, nurse midwifery programs, and doula care with funding provided by the Commonwealth. In areas approaching maternity desert status, such as North Adams and southeastern Massachusetts, a cooperative maternity hospital should be considered an option, designed with both community and provider input.
- Programs targeted to increase the diversity and cultural competency of healthcare providers.
- Updating of state laws and regulations to allow for the imposition of fines or other penalties on facilities that close services deemed “necessary for preserving and health status in a particular service area.”
- The Commonwealth should undertake a comprehensive evaluation of what maternal/child services are needed in each geographic area in order to serve the citizens of Massachusetts.

The Massachusetts Nurses Association applauds the recent passage by the Massachusetts State Legislature of a Resolve Reducing Racial Inequities in Maternal Health. This establishes a commission to address racial inequities in maternal mortality and morbidity.[22] The MNA encourages all committees, task forces, agencies, departments, etc. who are looking at issues related to access and/or health disparities to include an examination of maternal/child health.

Massachusetts is one of the wealthiest states in the nation. It can afford to promptly address the appalling disrespect, racist and sexist treatment of pregnant women by virtue of what has been allowed to happen in healthcare services for women of childbearing age in recent years.

## Notes

<sup>1</sup> “Key Findings: Children Born with Neonatal Abstinence Syndrome (NAS) May Have Educational Disabilities.” A study from the Tennessee Department of Health, supported by the Centers for Disease Control and Prevention (CDC) and March of Dimes, found that **children born with neonatal abstinence syndrome (NAS) were more likely to have a developmental delay or speech or language impairment in early childhood compared to children born without NAS**. NAS is a serious withdrawal syndrome that can occur in newborns after exposure to opioids during pregnancy.  
<https://www.cdc.gov/pregnancy/features/kf-nas-educational-disabilities.html>

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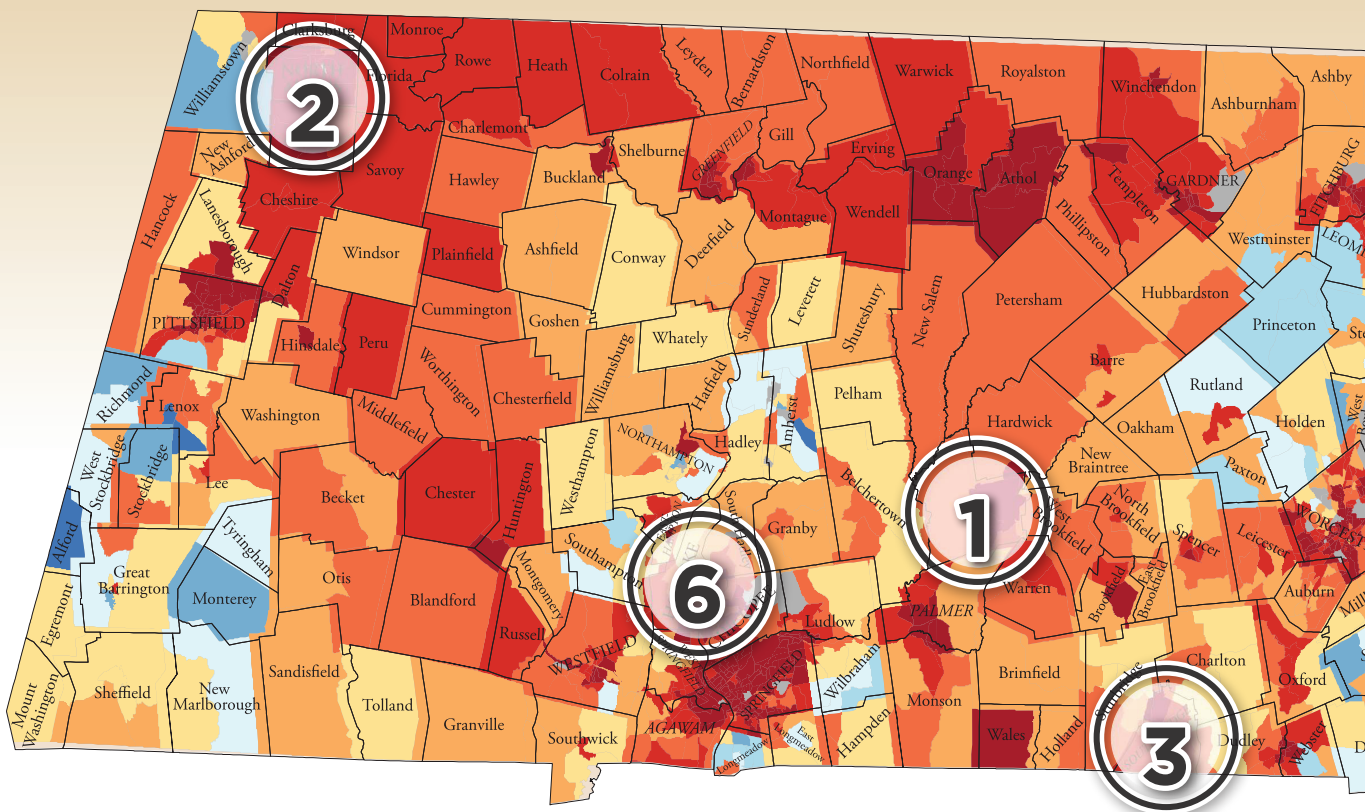
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# A Maternity Service De



## A list of the units closed in the last ten



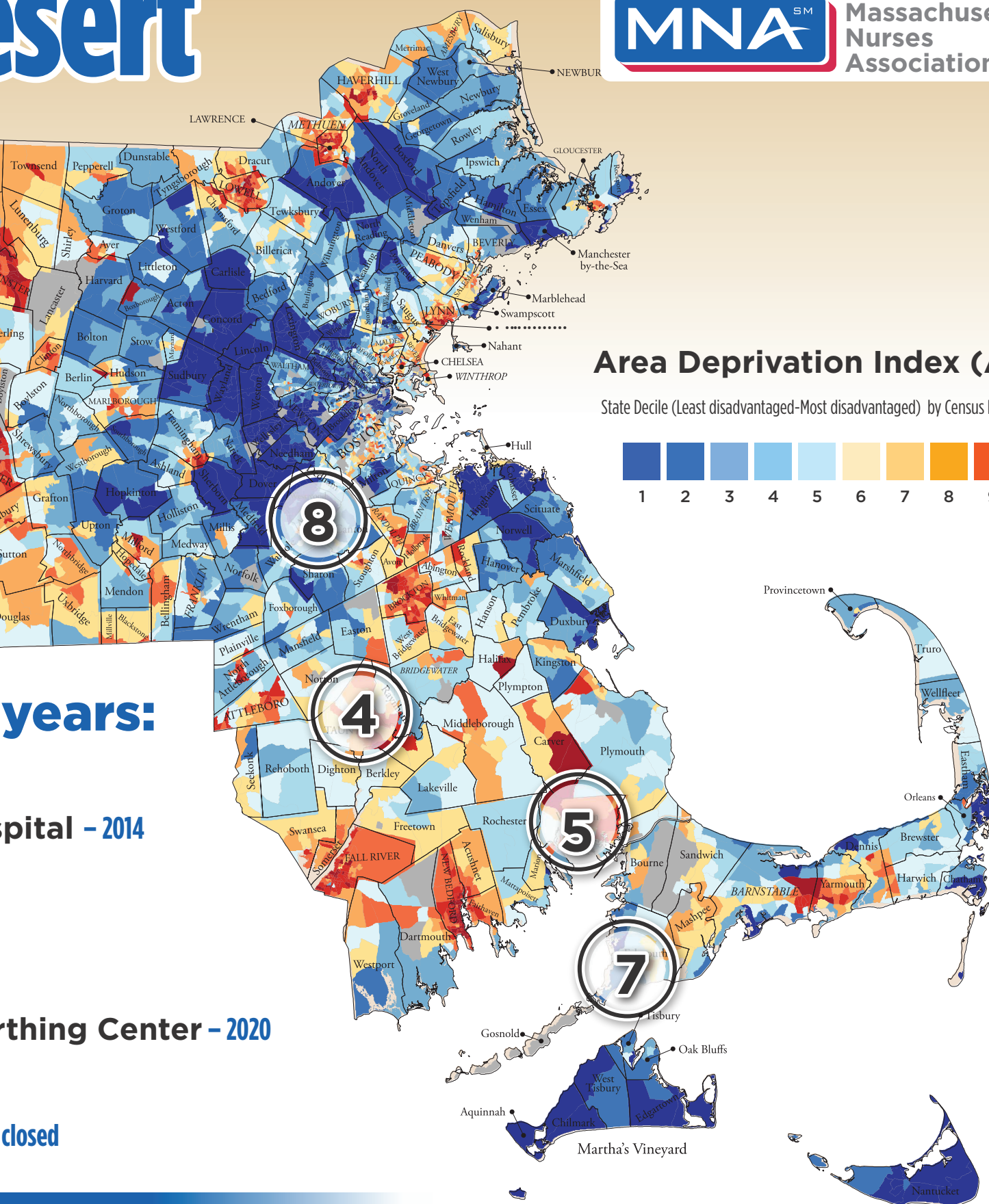
1. Mary Lane Hospital - 2010
2. North Adams Regional Hospital - 2010
3. Harrington Hospital - 2017
4. Morton Hospital - 2017
5. Tobey Hospital - 2019
6. Holyoke Medical Center Birthing Center - 2019
7. Falmouth Hospital - 2020
8. Norwood Hospital - temporarily



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years:

Capital - 2014

thing Center - 2020

closed





