PROTECTING THE FUTURE OF

MATERNITY CARE

IN NEWPORT COUNTY

How the Noreen Stonor Drexel Birthing Center is Critical to the Health of the Aquidneck Island and East Bay Communities

Protecting the Future of Maternity Care in Newport County: How the Noreen Stonor Drexel Birthing Center is Critical to the Health of the Aquidneck Island and East Bay Communities

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Executive Summary

The Noreen Stonor Drexel Birthing Center, located at Brown University Health's Newport Hospital in Newport, RI, is central to providing high-quality maternal and neonatal care to a large catchment area. In addition to dictating health outcomes, services for birthing people contribute to the economic vitality of communities by supporting healthcare employment, sustaining hospital service lines, and reinforcing the attractiveness of the region for families and seasonal workers. In tourism-dependent regions such as Newport County, reliable local maternity care helps ensure that both residents and temporary populations have access to essential health services, strengthening overall community resilience.

For communities served by Newport Hospital, the local birthing unit provides critical, timely access to obstetric care, reducing travel times for laboring patients (especially those without access to personal transportation) and helping maintain continuity of prenatal, delivery, and postpartum services. The hospital also supports regional health infrastructure by coordinating with community health centers, EMS systems, and specialized referral facilities.

This report examines the importance of maintaining maternity services at Newport Hospital within the broader context of labor and delivery unit availability, community health outcomes, and local economic impacts. Evidence from the United States demonstrates that closures of in-hospital maternity units can have measurable (and, sometimes, dire) consequences for birthing people and their infants, emergency medical service utilization, and the economic stability of communities that rely on accessible obstetric care.

After analyzing the available data, we found that the Noreen Stonor Drexel Birthing Center at Newport Hospital is an excellent and safe in-hospital labor and delivery unit serving persons of childbearing age on and around Aquidneck Island, that there is a more than adequate population to sustain the Birthing Center, and that it contributes substantially to the public and economic health of Newport County, cementing Newport's place as a high-quality living environment and travel destination and making it a safe and desirable place for persons of childbearing age to live in and visit.

The authors of this report recommend that the Birthing Center continue to be fully resourced, so it thrives and grows. We recommend the establishment of an independent community council to provide oversight and support of the Noreen Stonor Drexel Birthing Center, the development of a staffing plan or a regional care collaborative with Rhode Island's other maternity hospitals and the Rhode Island Department of Health, the creation of a robust marketing plan to grow the number of pregnancies served and improve payer mix, and the consideration of a family medicine residency and/or a family medicine obstetrics fellowship to help staff the birthing center and address the primary care needs of Newport County, now and into the future.

Authors' Note

We use the terms "women," "mothers," "maternal," "maternity," and the like throughout this report to refer to those who are pregnant, giving birth, and/or are postpartum. This language is intended as a practical shorthand and is not meant to exclude or diminish the experiences of people who give birth but do not identify as mothers, including transgender men, nonbinary individuals, and others.

We recognize that pregnancy and childbirth are experienced by people of diverse identities. Our use of the term "mothers" and the like reflects a shorthand we are using for the sake of brevity, not a limitation in whom we support.

We firmly believe in the right of all people to a safe, respectful, and accessible birthing experience, and we are committed to advocating for dignity, equity, and high-quality health care for everyone who is pregnant or giving birth.

Introduction

The Noreen Stonor Drexel Birthing Center and the attached obstetrics and gynecological services at Newport Women's Health, both housed at Newport Hospital, represent the only local maternal and newborn care for families living on Aquidneck Island and the surrounding communities in Newport County. Named in honor of local philanthropist Noreen Stonor Drexel, the renovated Birthing Center has provided high-quality, compassionate labor, delivery, and postpartum care since it opened in 1995, building on many years of excellent, community-based maternity care. It is staffed by board-certified obstetricians, pediatricians, certified nurse midwives, neonatal nurse practitioners, and nationally certified obstetrical nurses. Acclaimed for its exemplary, evidence-based care, the Birthing Center became only the 40th hospital in the United States to earn the "Baby-Friendly" designation from the World Health Organization and UNICEF for its strong support of breastfeeding and maternal education. While expectant families from across the state and beyond travel to Newport for care, the Birthing Center primarily serves residents of Newport and Bristol Counties, ensuring that families across this region have access to critical obstetric services close to home.

In recent years, the Noreen Stonor Drexel Birthing Center delivered nearly 500 babies annually, with 479 births to Rhode Islanders (489 in total) recorded in 2024 according to state health data. [1] These births represent hundreds of families each year who depend on this facility not only for safe deliveries but also for pre- and postnatal care

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1

References

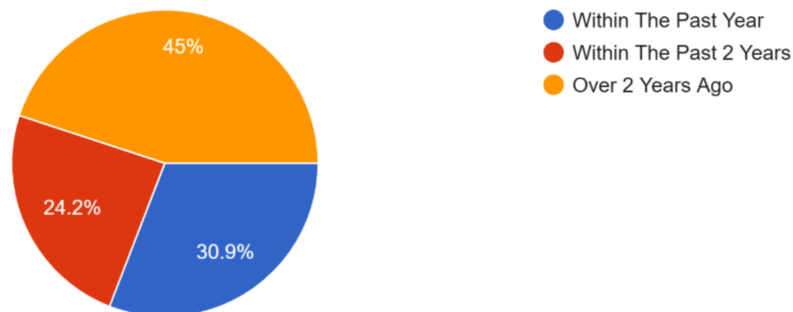
RI Department of Health. (2025, July). *Center for Health Data and Analysis, Vital Stats File*. [data set]. RI.gov. https://health.ri.gov/data

that anchors maternal health in the community. Amid discussions about its long-term future, the Birthing Center remains a vital healthcare resource whose continued operation supports equitable access to maternity services – especially for lower-income and BIPOC residents – and reinforces the well-being of women and infants across southern New England.

According to the Rhode Island Department of Health, the Noreen Stonor Drexel Birthing Center serves Rhode Island mothers from Newport, Middletown, Portsmouth, Tiverton. Bristol, Jamestown, North Kingstown, and Warren.

Patient Stories and Experiences

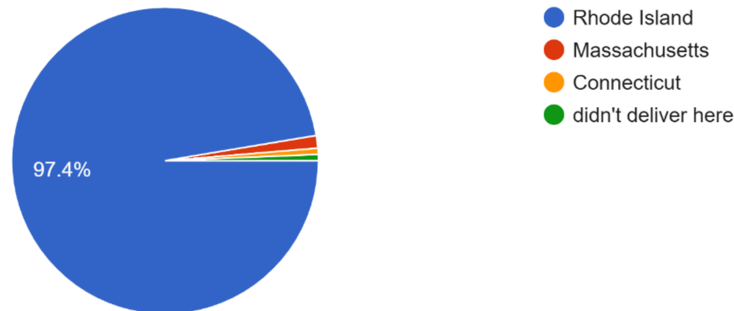
In the winter of 2026, local grassroots advocacy group Moms Over Margins conducted an informal survey that garnered over 150 responses regarding patient experiences at the Noreen Stonor Drexel Birthing Center. Of the respondents, over 50% indicated that they gave birth within the last 3 years, providing some insight into the quality of care provided at Newport Hospital ahead of official Rhode Island Department of Health numbers. Over 93% of respondents received obstetric care through Newport Women's Health.



Data from the survey also shows the vast majority of women who have delivered at the Noreen Stonor Drexel Birthing Center live in Rhode Island, indicating how critical the Birthing Center is to overall maternal health in the state.

Which state did you live in when you delivered at Noreen Stonor Drexel Birthing Center?

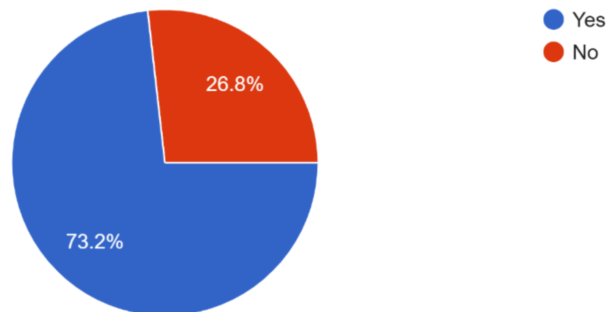
152 responses



Additionally, this survey painted a picture of the wide breadth of services provided by the Birthing Center, with 55% indicating they received fetal monitoring outside of birth and 45% indicating they received a non-stress test. Education is also seen as a large benefit provided by the Birthing Center to the community, with over 73% of respondents saying that they utilized the birthing classes and/or lactation support (through both breastfeeding classes and the weekly breastfeeding support group) at Newport Hospital.

Did you utilize birthing classes or lactation support at Newport Hospital?

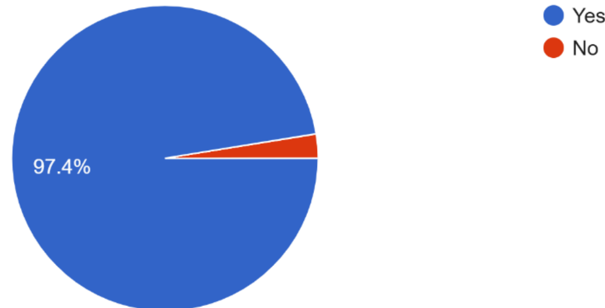
153 responses



Critically, over 97% of respondents indicated that they would recommend the Birthing Center to friends or family members considering delivering a baby.

Would you recommend Noreen Stonor Drexel Birthing Center as a place to deliver a baby to a friend/family member?

156 responses



As the below testimonials illustrate, the Noreen Stonor Drexel Birthing Center is well-respected and well-supported in the community, as evidenced by the outcry in July 2025 when Brown University Health suggested they might shut down the birthing center. [2]

Jessica Wurzbacher, from Jamestown, Rhode Island, shared her experience:

> I gave birth to my son at Newport Hospital in 2013, and it was an extremely positive and reassuring experience from start to finish. During my pregnancy, it brought tremendous peace of mind to know that the hospital was only about fifteen minutes from my home and that it was staffed by knowledgeable, compassionate, and dedicated professionals.
>
> In advance of my delivery, my husband and I participated in the parenting programs offered through the hospital, which were both practical and genuinely helpful for first-time parents. We also attended a tour of the Birthing Center before the birth, which helped us feel prepared, informed, and welcomed. These opportunities made a meaningful difference in how supported we felt going into labor.
>
> During the birth itself, having my OB-GYN present at the hospital where I received my prenatal care was incredibly reassuring. The continuity of care and familiarity with the staff created a calm and trusting environment.

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[2] Weisman, J. L. (2025, July 29). Brown University Health commits to keeping Newport Hospital Birthing Center open. for now. *Rhode Island Current*.https://rhodeislandcurrent.com/2025/07/29/brown-university-health-commits-to-keeping-newport-hospital-birthing-center-open-for-now/

> After my son was born, I continued to benefit from Newport Hospital through the weekly breastfeeding support group. Those groups were invaluable during what can be an isolating time for new parents. Having access to dedicated nurses, guidance, and a community of other parents going through similar experiences made a lasting impact on my confidence and well-being as a new mother.
>
> The Birthing Center at Newport Hospital is more than just a medical facility. It is a critical community resource that supports families before, during, and after birth. Losing it would be a significant loss for pregnant mothers and families in our area, particularly those who rely on local access to high-quality maternity care and supportive services. I sincerely hope that every effort will be made to preserve the Birthing Center so that future families can have the same positive experience and support that I was fortunate to receive.

Another patient discussed her first birthing experience at another hospital in Rhode Island as unfavorable, stating the 45-minute ride to the hospital was marked with discomfort and fear. When she arrived at the hospital, she spent eight hours in triage and received impersonal care. She went on to write that, by contrast:

> My experience delivering at Newport Hospital in October 2014 was calm, personal, and deeply supportive. I arrived and delivered quickly, within 40 minutes. The staff knew who I was. The environment was steady and reassuring. It felt human. After delivery, my child stayed in my room except when testing was necessary. Despite temperature regulation and feeding challenges, the nurses, physicians, and feeding specialists provided attentive, coordinated care that eased my fears and made the experience truly wonderful. The lactation nurse spent hours making sure we were confident and ready to take our baby home. One of my children began life at Newport Hospital, and it is now part of our family's story.
>
> The experience that will stay with me forever, however, was delivering my third baby, who was born still, at Newport Hospital. In the most devastating moment of our lives, the care we received was extraordinary. The nurses and physicians treated our baby, our third child, and our family with dignity, tenderness, and individual attention. They were not rushed. They were present. Their kindness and professionalism carried us through something no family should endure. The care we received allowed us to grieve with dignity.
>
> Because Newport Hospital is close to home, my husband was able to be there and easily travel back and forth even though we had two toddlers at home. That proximity mattered. In moments of joy and in moments of heartbreak, distance matters. Time matters. Comfort matters.

Another Newport resident and professor at Salve Regina University shared her overwhelmingly positive experience with the Birthing Center:

> From the time I entered the Birthing Center, [...] my family and I were cared for respectfully, lovingly, and with genuine care. The birthing center is a first-rate facility that our Aquidneck Island community deserves and needs. The "Baby-Friendly" designation is completely [deserved]; all the moms that I speak with had a similarly positive experience. When I walk and drive by the hospital it is the first memory that I have, and I [look] up to the seventh floor with such respect and gratitude for helping me become a mother in a safe space. Both times I looked at my doctors and nurses and asked them with genuine fear, "Can I do this?" and I was given a meaningful, "yes," in response. Behind that yes, there was the implicit, "We are here with you, you are safe."

But the importance of having a local birthing center does not just stop at labor and delivery, as this story from Newport resident, Casey Lindie, demonstrates:

> I went into labor with my son in August 2025 at 35 weeks and had an unexpected birthing experience. I had a precipitous birth and went from 4 cm dilated to birthing my son in 20 minutes. I often wonder what my experience would have looked like had I needed to travel off-island for care. Would he have been born in the car on the way to Providence? Would there have been a bed available in time for me to be admitted, or would he have been born in the lobby? I am very thankful the birthing center was open for the birth of both my children. I am truly terrified by the safety ramifications it could have on so many future mothers and babies if the Noreen Stonor Drexel Birthing Center were to close.
>
> Out of an abundance of caution, my son was transferred to the NICU at Women & Infants in Providence within 24 hours of his birth, and my vitals were stable enough that I was able to be discharged to be with him. While with my son in the NICU, I started experiencing significant abdominal pain. After speaking with my provider at Newport Women's Health, I was advised to be seen at Women & Infants to verify everything was okay. In pain, worried about my son, and freshly postpartum, I waited an excruciating two-and-a-half hours. It was not until my husband asked if I could pump in a private room that I was brought to triage. I had my blood pressure taken (due to a history of gestational hypertension), was seen by a doctor, and then I was sent on my way. While I nervously waited to be seen by the doctor, I saw mother after mother come in and join the extremely long wait. One mother had been in a car accident and waited two hours until there was availability for her to be seen. I also overheard a story about a mother a few days prior who delivered in the waiting room due to the extreme delay to get a room.
>
> Later that night, the abdominal pain returned with a higher degree of pain. Because the pain was so significant, I returned to the ER at Women & Infants where I was told the wait would, again, most likely be over two hours. My husband called down to the Birthing Center in Newport to see if they could assist. Maeve, one of the nurses present when both my daughter and son were born, answered the phone. She assured us we could come down and be seen right away. We got in our car and drove down, with our newborn son still in

the NICU. When we arrived in the ER, we were greeted by one of the labor and delivery nurses, who immediately escorted us up to the Birthing Center. Within 15 minutes of walking in the door, I was seen by the on-call doctor, who was able to quickly and correctly diagnose my complication and find an appropriate resolution.

My story is but one of many. Yet it highlights not only the necessity of keeping an on-island birthing center – the need for which was never more clearly illustrated than when all the bridges connecting the island to the mainland were shut down during the blizzard this February (2026) – but the importance of accessible, local care when complications arise in postpartum. One should not have to travel 45 minutes between Newport and Providence to receive maternity care during pregnancy, labor and delivery, or postpartum. For an expecting mother, the amount of anxiety and the constant stream of thoughts about the health and safety of both mother and baby can already feel overwhelming. For those in our community who do not have reliable access to transportation, off-island travel could not only be prohibitively costly, but downright dangerous.

Maternal Health in the United States: An Overview of Current Challenges

Maternal health in the United States is at a critical crossroads. Despite being one of the wealthiest countries in the world, the U.S. faces deeply entrenched gaps in access to maternity care that vary widely by geography, socioeconomic status, and race. Hospitals and clinical settings remain the most common site for childbirth in the U.S., accommodating the vast majority of the roughly 3.6 million babies born annually. However, the number of hospitals offering obstetric services – defined as facilities that provide labor and delivery care – has been declining. Recent research shows that while there are thousands of hospitals nationwide, many no longer maintain dedicated obstetric units due to financial pressures, staffing shortages, and low birth volumes in rural areas. This trend contributes to a narrowing network of accessible maternity facilities, especially outside major metropolitan centers. That said, the Noreen Stonor Drexel Birthing Center is located in a desirable community within 60 miles of a number of academic centers that have world-renowned obstetric services, so it is more likely than most to have access to available maternity staff. The Noreen Stonor Drexel Birthing Center enjoys community support second to none – and growing demand.

Maternity Care Deserts Across the U.S.

One of the most striking and concerning national trends is the expansion of *maternity care deserts* – counties where no hospital offers obstetric services, no birth centers exist, and there are no practicing obstetric clinicians. According to the 2024 "Nowhere to Go: Maternity Care Deserts Across the U.S." report, more than 35 % of

U.S. counties currently meet this definition, jeopardizing access for more than 2.3 million women of reproductive age. In these 1,100+ counties, pregnant people often must travel long distances – defined as 30 minutes of travel time or more – to reach a facility where they can receive prenatal care, labor and delivery services, and postpartum support. [3]These staffing shortages have multiple causes – the aging of the physician workforce, a litigious environment, the absence of a national or state-level physician workforce policy process that ensures enough medical schools and OB-GYN residencies, the time demands of electronic medical records, the proliferation of guidelines and quality oversight (which take physicians away from the patient care they prefer), burnout, and changing expectations of a workforce with more desire for work-life balance, which is especially challenging in obstetrics and maternity care, where babies do not arrive neatly scheduled between 9 am and 5 pm.[4]

The impacts of living in a maternity care desert extend beyond inconvenience. Women in these areas see a 13% increase in the chance of preterm birth and are at greater risk of delayed or absent prenatal care, more severe pregnancy complications like preeclampsia and eclampsia, and in utero growth retardation. [5] [6] Two 2018 studies showed a 6-7% increase in preterm birth, a 10% increase in low-birthweight births, a 10% increase in out-of-hospital and unplanned births, and worse maternal and infant outcomes overall[7] [8] although some studies in the economics literature

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[3] March of Dimes. (2024). *Nowhere to go: maternity care deserts across the United States*. March of Dimes. https://www.marchofdimes.org/maternity-care-deserts-report

[4] Marsa, L. (2018, November 15). *Labor pains: the ob-gyn shortage*. AAMCNEWS. https://www.aamc.org/news/labor-pains-ob-gyn-shortage

[5] March of Dimes. (2024). *Nowhere to go: maternity care deserts across the United States*. March of Dimes. https://www.marchofdimes.org/maternity-care-deserts-report

[6] Partridge, S., Balayla, J., Holcroft, C. A., & Abenhaim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 U.S. deliveries. *American Journal of Perinatology, 29(10), 787-94.* https://doi:10.1055/s-0032-1316439

[7] Kozhimannil,K.B., Hung, P., Henning-Smith C., Casey M.M., & Prasad, S. (2018). Loss of hospital-based obstetric services and birth outcomes in rural counties in the United States. *JAMA*, 319(12),1239–1247. https://doi.10.1001/jama.2018.1830

[8] Durrance, C., Guldi, M., & Schulkind, L. (2024). The effect of rural hospital closures on maternal and infant health. *Health Services Research*, 59(2):e14248. https://doi.org/10.1111/1475-6773.14248

found no overall worsening of birth or maternal outcomes, which they attributed to births occurring at more skilled facilities.[9] But any worsening of birth or maternal outcomes may be further exacerbated for BIPOC families and families with socioeconomic or language barriers, who already experience significant disparities in maternal and birth outcomes. For Black infants, obstetric unit closure is associated with use of assisted ventilation at birth, and with lower birthweight and APGAR scores.[10]

The closures of obstetric units in over 100 hospitals across the U.S. in recent years have accelerated these access issues, with rural states – such as North Dakota, South Dakota, Oklahoma, Missouri, and Nebraska – experiencing the highest prevalence of maternity care deserts. These gaps are not limited to rural areas, however; many suburban and urban communities also face barriers to maternal care due to workforce shortages and financial instability of local hospitals. With over 85,000 residents, Newport County is not rural by any means, but if critical prenatal care, labor and delivery services, and postpartum treatment were to be eliminated, women in the area could start to see similar challenges.

Fiscal Challenges Facing Maternity Services

A key driver of the maternal care crisis in the U.S. is the fragile fiscal foundation on which many maternity services operate. Providing labor and delivery care is expensive and uniquely demanding: obstetric units must be staffed around the clock, supply specialized clinical teams – including obstetricians, certified nurse-midwives, nurses, anesthesiologists, and neonatal care providers – and maintain emergency capabilities even during low birth volume periods. Yet reimbursement rates from public payers, particularly Medicaid (which covers about 40% of all births nationwide), are often significantly lower than private insurance reimbursements. As a result, many hospitals – especially smaller rural and community hospitals – find it increasingly difficult to sustain financially viable maternity units. That said, Newport Hospital's birthing unit enjoys deep community support, and has opportunities to grow both its number of deliveries and improve its payer mix over time. (Note that financial viability is a very subjective assessment. There is no single standard hospitals and health systems use to assess the profitability of maternity units. That profitability is often a product of the ways hospital and systems costs for space and administration is attributed to smaller units, and thus claims about profitability need to be carefully audited to ensure that the assignment of cost and income is in keeping with industry norms.)

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[9] Fischer, S. J., Royer, H., & White, C. D. (2022). Health care centralization: the health impacts of obstetric unit closures in the US. (NBER Working Paper No. 30141). *National Bureau of Economic Research*. https://doi.org/10.3386/w30141

[10] Chatterji, P., Ho, C.-Y., & Wu, X. (2023). Obstetric unit closures and racial/ethnic disparity in health (NBER Working Paper No. 30986). *National Bureau of Economic Research*. https://doi.org/10.3386/w30986

In addition to low reimbursement rates, maternity services face broader systemic fiscal pressures: rising labor and supply costs due to national economic factors, competition for patients from other healthcare systems, and workforce shortages that drive up recruitment and retention expenses. These pressures have led to a wave of obstetric unit closures in recent years and contribute to the risk that additional facilities could reduce or eliminate maternity services without targeted investment and policy support. Moreover, proposed changes to Medicaid funding and eligibility rules – such as work requirements or deep funding cuts – could further strain already vulnerable providers, particularly in rural regions where hospitals operate on narrow margins.

The Importance of Maintaining Hospital-Based Maternity Services

Over the past two decades, a substantial number of hospitals in the United States have closed their in-hospital maternity units, even while the hospitals themselves remain open. These closures reflect a combination of financial pressures, workforce shortages, malpractice costs, and declining birth volumes. National analyses estimate that hundreds of hospitals have discontinued obstetric services since the mid-2000s, producing significant changes in where and how women receive maternity care. These closures represent a structural shift toward regionalization of obstetric services, with deliveries increasingly concentrated in larger hospitals.[11]

A growing body of research has examined the consequences of these in-hospital maternity unit closures. One of the most comprehensive analyses, using a difference-in-differences design across U.S. counties, found that when a hospital obstetric unit closes, pregnant patients travel farther to give birth and are more likely to deliver in larger hospitals with more specialized resources. The study also found that closures were associated with changes in clinical practice patterns, including differences in induction and cesarean section rates. However, overall maternal and neonatal health outcomes in aggregate populations were generally unchanged or slightly improved in some regions, suggesting that centralization of care may move some births to higher-resource facilities. [12] That said, it is possible and even likely that the absence of impact on cesarean section rates may be due to the number of mothers with scheduled repeat cesarean sections at high-resource facilities who go into labor and do not arrive to these more distant facilities in time, and so have

[11] Fischer, S. J., Royer, H., & White, C. D. (2022). Health care centralization: the health impacts of obstetric unit closures in the US. (NBER Working Paper No. 30141). *National Bureau of Economic Research*. https://doi.org/10.3386/w30141

[12] Weisman, J. L. (2025, July 29).Brown University Health commits to keeping Newport Hospital Birthing Center open. for now. *Rhode Island Current*. https://rhodeislandcurrent.com/2025/07/29/brown-university-health-commits-to-keeping-newport-hospital-birthing-center-open-for-now/

unplanned vaginal births, artificially depressing the cesarian section rate at those institutions – and increasing maternal risk. Babies don't wait.

Other studies, however, highlight important access and equity concerns associated with obstetric unit closures. Research examining birth patterns before and after the closure of labor and delivery units found that patients increasingly delivered outside their home communities and experienced longer travel distances to reach obstetric care. In one multi-region study, the average distance traveled for delivery increased substantially after local unit closures, and women with Medicaid coverage or fewer socioeconomic resources were disproportionately affected. [13] Similarly, analyses of travel patterns among more than one million childbirth hospitalizations found that women living in lower-income communities experienced growing travel distances to hospital obstetric services over time as local units closed. [14] [15] Importantly, there are no studies on the impact of local unit closures on economic and social well-being of families who have to travel further for care and incur travel expenses, family disruption, and new challenges around child care, nor are there studies on the economic impact of those closures on the local economy in areas where maternity units closed.

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[13] Sullivan, M. H., Denslow, S., Lorenz, K., Dixon, S., Kelly, E., & Foley, K. A. (2021). Exploration of the effects of rural obstetric unit closures on birth outcomes in North Carolina. *Journal of Rural Health*, 37(2), 373-384. https://doi.org/10.1111/jrh.12546

[14] Malouf, R.S., Tomlinson, C., Henderson, J., Opondo, C., Brocklehurst, P., Alderdice, F., Phalguni, A., & Dretzke, J. (2020). Impact of obstetric unit closures, travel time and distance to obstetric services on maternal and neonatal outcomes in high-income countries: a systematic review. BMJ Open, 10(12), e036852. https://doi.org/10.1136/bmjopen-2020-036852

[15] Minion, S. C., Krans, E. E., Brooks, M. M., Mendez, D. D. & Haggerty, C. L. (2022). Association of driving distance to maternity hospitals and maternal and perinatal outcomes. *Obstetrics and gynecology,* 140(5), 812-819. https://doi.org/10.1097/AOG.0000000000004960 Malouf, R.S., Tomlinson, C., Henderson, J., Opondo, C., Brocklehurst, P., Alderdice, F., Phalguni, A., & Dretzke, J. (2020). Impact of obstetric unit closures, travel time and distance to obstetric services on maternal and neonatal outcomes in high-income countries: a systematic review. BMJ Open, 10(12), e036852. https://doi.org/10.1136/bmjopen-2020-036852

Sullivan, M. H., Denslow, S., Lorenz, K., Dixon, S., Kelly, E., & Foley, K. A. (2021). Exploration of the effects of rural obstetric unit closures on birth outcomes in North Carolina. *Journal of Rural Health*, 37(2), 373-384. https://doi.org/10.1111/jrh.12546

Systematic reviews of maternity unit closures and travel distance to obstetric care show mixed but concerning public health effects. A review of 31 studies from high-income countries found evidence that closures and longer travel times are associated with increases in births occurring before arrival at the hospital, which can increase risks for both mothers and infants. [16]. Because obstetric emergencies can develop rapidly, timely access to hospital care remains a critical determinant of safe maternity care. Babies don't wait.

Beyond clinical outcomes, closures of hospital maternity units have broad implications for local health systems. Obstetric programs require 24-hour staffing, operating room readiness for emergency cesarean delivery, and neonatal support services. These fixed costs can make maternity units financially challenging to sustain in hospitals with lower birth volumes or high Medicaid payer mix. At the same time, obstetric services function as a gateway service line for hospitals, generating related admissions and outpatient services such as pediatric care, laboratory testing, imaging, and surgical procedures. When maternity units close, hospitals may lose not only delivery revenue but also associated service utilization that supports financial stability.

The closure of maternity units can also create operational pressures for emergency medical services (EMS) and community-based health providers. When deliveries must occur farther from home communities, ambulance transport times increase and emergency departments may encounter a higher number of patients arriving in active labor. Community health centers and primary care practices often must coordinate prenatal care across greater distances and multiple health systems when local delivery services are unavailable. These changes can increase both operational complexity and costs for regional health systems.

Access to Maternity Care in Rhode Island and the Role of Newport Hospital

Rhode Island has a relatively small number of hospitals providing maternity services, meaning that each hospital-based maternity unit serves a substantial regional population. The principal hospital delivery centers include Newport Hospital, Women & Infants Hospital, South County Hospital, Kent Hospital, and Landmark Medical Center. Because Rhode Island is geographically compact, regional planning has historically assumed that patients can access these facilities within reasonable travel time. However, research on maternity unit closures suggests that even modest increases in travel distance can affect patterns of care utilization and place additional demands on emergency transport systems, which would impact people on Aquidneck Island – including the City of Newport, the Town of Middletown, and the

[16] Malouf, R.S., Tomlinson, C., Henderson, J., Opondo, C., Brocklehurst, P., Alderdice, F., Phalguni, A., & Dretzke, J. (2020). Impact of obstetric unit closures, travel time and distance to obstetric services on maternal and neonatal outcomes in high-income countries: a systematic review. BMJ Open, 10(12), e036852. https://doi.org/10.1136/bmjopen-2020-036852

Town of Portsmouth – as well as those in surrounding communities like Tiverton, Bristol, Jamestown, Little Compton, Adamsville, and Warren.

Zip	Municipalites	South County Hospital (Wakefield)	Women & Infants (Providence)	Kent Hospital (Warwick)	Key Access Risk
02837	Little Compton	50–70 min (≈ 40 mi)	60–70 min (≈ 43 mi)	55–65 min (≈ 40 mi)	Very high risk; clearly beyond 30 min; most remote in RI
02801	Adamsville	50–70 min	60–70 min	55–65 min	Same as 02837, farthest east; very high risk
02878	Tiverton	38–45 min (≈ 27 mi)	45–55 min (≈ 30 mi)	40–50 min (≈ 27 mi)	At risk; consistently above 30 min; bridge and mainland travel
02835	Jamestown	36–45 min (≈ 28 mi)	40–50 min (≈ 31 mi)	35–45 min (≈ 26 mi)	At risk; bridge congestion amplifies during peak travel season
02842	Middletown	30–35 min (≈ 21 mi)	40–50 min (≈ 33 mi)	35–40 min (≈ 30 mi)	At risk; frequently >30 min in traffic
02840 **02841**	Newport	30–35 min (≈ 21 mi)	40–50 min (≈ 34 mi)	35–40 min (≈ 30 mi)	High risk; extremely vulnerable during peak travel season
02871	Portsmouth	30–36 min (≈ 22 mi)	40–45 min (≈ 30 mi)	35–40 min (≈ 27 mi)	At risk; most >30 min, depending on location

The service area for Newport Hospital's maternity unit includes not only Aquidneck Island but also portions of coastal Rhode Island that rely on the hospital for local delivery services. If deliveries were shifted to other hospitals in the state, many patients would need to travel across bridges or along longer coastal routes to reach facilities in Providence, Warwick, or South Kingstown. Evidence from studies of maternity unit closures suggests that such shifts commonly result in more patients delivering outside their home communities and greater reliance on regional referral hospitals. [17]

For emergency medical services, even relatively small increases in transport distance can have operational implications. Obstetric emergencies such as placental abruption, uterine rupture, umbilical cord prolapse, severe hemorrhage, or precipitous labor require rapid access to hospital care and surgical treatment.

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[17] Malouf, R.S., Tomlinson, C., Henderson, J., Opondo, C., Brocklehurst, P., Alderdice, F., Phalguni, A., & Dretzke, J. (2020). Impact of obstetric unit closures, travel time and distance to obstetric services on maternal and neonatal outcomes in high-income countries: a systematic review. BMJ Open, 10(12), e036852. https://doi.org/10.1136/bmjopen-2020-036852

Sullivan, M. H., Denslow, S., Lorenz, K., Dixon, S., Kelly, E., & Foley, K. A. (2021). Exploration of the effects of rural obstetric unit closures on birth outcomes in North Carolina. *Journal of Rural Health*, 37(2), 373-384. https://doi.org/10.1111/jrh.12546

Studies examining areas where maternity units have closed show that EMS agencies must absorb longer transport times and greater variability in call patterns when local delivery services are no longer available.[18] These changes can affect both ambulance availability and municipal costs.

Maintaining hospital-based maternity services at Newport Hospital therefore plays a significant role in sustaining access to timely obstetric care for the region's population. In addition to supporting maternal and infant health outcomes, the continued presence of a local maternity center strengthens the broader health care infrastructure by supporting hospital service lines, reducing strain on EMS systems, and maintaining coordinated care between hospitals and community health providers.

Geographic and Transportation Considerations in Coastal and Island-Access Communities

Communities located on islands or peninsulas often face unique challenges in accessing hospital services because transportation routes are limited and subject to congestion, weather conditions, and infrastructure constraints. In regions where bridges or causeways provide the primary connection to mainland hospitals, travel times to emergency medical care can vary significantly depending on traffic patterns and seasonal population increases. These factors are particularly relevant in communities like Newport whose populations fluctuate seasonally due to tourism.

Aquidneck Island, served by Newport Hospital, is connected to mainland Rhode Island primarily through the Claiborne Pell Newport Bridge, the Sakonnet River Bridge, and the Mount Hope Bridge. During peak tourist seasons, travel times across these bridges and along coastal routes can increase substantially because of visitor traffic and seasonal events. Studies of emergency medical transport in coastal regions have shown that transportation bottlenecks—such as bridges, ferries, and limited highway access—can extend ambulance transport times and increase variability in emergency response intervals. [19] In the context of obstetric care, where labor can progress rapidly and complications may require urgent surgical intervention, predictable and timely access to hospital services is particularly important.

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[18] Miller, K. E., James, C. V., Holmes, G. M., & Pink, G. H. (2020). Impact of rural hospital closures on emergency medical service time. *Journal of Health Economics, 72*, 102336. https://doi.org/10.1016/j.jhealeco.2020.102336

[19] Institute of Medicine, Board on Health Care Services, Committee on the Future of Emergency Care in the United States Health System. (2007, May 3). *Emergency Medical Services: At the crossroads.* National Academies Press. https://www.nationalacademies.org/read/11629/chapter/1

Seasonal population increases further complicate access to care in tourism-based communities. Coastal destinations often experience large surges in visitors and temporary workers during peak summer months, which can increase the demand for emergency services while simultaneously placing additional strain on transportation infrastructure. This is particularly true in Newport County. While Aquidneck Island only has around 60,000 year-round residents, an estimated 8-9 million tourists visit the island every year. On peak summer weekends, approximately 80,000-100,000 people may be in the City of Newport at one time – about quadruple the year-round population of around 25,000.[20] When combined with the limited access points to the island (in the form of the three bridges connecting Aquidneck Island to the mainland) and the narrow historic streets particularly found in the City of Newport, this seasonal influx of visitors and vehicles can double or even triple, during festivals or holiday weekends. Having local maternity care access during these times is particularly crucial, as a 10-minute trip to the hospital can easily turn into 30 minutes, depending on what time of year you are having a baby. If birthing individuals had to travel off island for care, that could easily turn into an hour or more on a busy summer weekend.

Additionally, based on studies of U.S. travel population, approximately 0.8-1.3% of individuals of childbearing age may be pregnant at the time of travel, representing a lower-bound estimate. When adjusted for overall traveler demographics, this implies roughly 0.3%–0.4% of all visitors may be pregnant at a given time. When applied to the 8-9 million visitors to Aquidneck Island each year, we can extrapolate that somewhere in the range of 20,000 – 40,000 visitors may be pregnant and reasonably need access to local maternity care should issues arise during their visit, with a plausible upper range approaching 90,000 when accounting for underreporting. [21] Health system planning studies have emphasized that hospitals in these regions frequently serve both resident populations and temporary seasonal populations, requiring sufficient capacity and service availability to accommodate fluctuating demand. [22]

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[20] Tremaine, J. (2018, October 24). *The best time to visit Newport, Rhode Island is the fall*. Forbes. https://www.forbes.com/sites/julietremaine/2018/10/24/the-best-time-to-visit-newport-rhode-island-is-the-fall/#5e8b17ca39fc

[21] Hagmann SHF, Rao SR, LaRocque RC, Erskine S, Jentes ES, Walker AT, Barnett ED, Chen LH, Hamer DH, Ryan ET; Global TravEpiNet Consortium and the Boston Area Travel Medicine Network. Travel Characteristics and Pretravel Health Care Among Pregnant or Breastfeeding U.S. Women Preparing for International Travel. *Obstetrics & Gynecology. 2017 Dec;130(6):1357-1365.* doi: 10.1097/AOG.0000000000002360. PMID: 29112671; PMCID: PMC5909816

[22] Crisafulli, S., Mangada, A., Segura Sampedro, J., Mirasso, C. R., Toral, R., Galla, T. (2026, February 13). Forecasting emergency department visits in tourist regions:

Therefore, maintaining hospital-based maternity services within a geographically constrained community plays a key role in ensuring timely access to obstetric care. The presence of a local maternity center reduces reliance on long-distance emergency transport, helps stabilize EMS response patterns, and ensures that residents and seasonal workers can access delivery services without leaving the community during labor. For coastal communities with limited transportation routes that become even more congested during the peak tourism season, maintaining local obstetric services is a critical component of both health system resilience and community safety.

The Case for Protecting Newport's Maternal Health Infrastructure

Taken together, these trends illustrate how access to maternal health care in the United States is uneven and, in many places, declining. The ongoing reduction of obstetric units in hospitals and the limited distribution of birth centers leave millions of women without nearby high-quality maternal care. The emergence and growth of maternity care deserts underscore the geographic and socioeconomic inequities embedded in the healthcare system. These systemic challenges, rooted in fiscal pressures and workforce shortages, highlight the urgency for policies that support the sustainability of maternity services, expand access to smaller in-hospital birthing centers, and address the financial instability that threatens core maternal health infrastructure.

The known risks of increased travel time, combined with geographic isolation, plus the extra burden of traffic and a tourist population suggest that studies of the risks of maternity unit closures significantly understate the risks to the birthing population of Newport. Many maternity unit closures are in rural areas with wide open roads, no speed limits, and no traffic, and some occur in units that are marginally functional. Again, babies do not wait. Newport residents must contend with unpredictable traffic and a tourist season that brings its own congestion -- and Newport has an excellent birthing unit, not a marginal one.For community-based facilities like the Noreen Stonor Drexel Birthing Center, these national patterns are not abstract – they reflect an environment in which maternal and newborn services are increasingly scarce, and where preserving local access becomes not just a matter of convenience, but one of equity, safety, and public health. Sustained investment, policy innovation, and strategic partnerships will be essential to ensure that all families have meaningful access to the care they need throughout pregnancy and childbirth.

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the role of tourist and weather data. *arXiv*, 2602. 12808. https://doi.org/10.48550/arXiv.2602.12808

Humphreys P., Spratt B., Tariverdi M., Burdett R.L., Cook, D., Yarlagadda, P. K. D. V., Corry, P. (2022). An Overview of Hospital Capacity Planning and Optimisation. *Healthcare*, 10(5), 826. https://doi.org/10.3390/healthcare10050826

Maternity Service Delivery Need in Newport County

Women of Childbearing Age

To understand the demand for maternity services on Aquidneck Island and across Newport County, it is essential to begin with the size of the population most likely to require obstetric care. According to recent U.S. Census Bureau estimates, Newport County, Rhode Island, had a population of 83,468 people in mid-2024. [23]Between 13,500 and 14,500 women of reproductive age (commonly defined as ages 15–44) live in Newport County. [24] An estimated 24,500 to 28,000 women ages 15-44 live in the eight towns of the Noreen Stonor Drexel Birthing Center service area. According to the Rhode Island Department of Health, the Noreen Stonor Drexel Birthing Center serves Rhode Island mothers from Newport, Middletown, Portsmouth, Tiverton, Bristol, Jamestown, North Kingstown, and Warren. [25]

This cohort of women drives the need for prenatal care, labor and delivery services, postpartum follow-ups, and family planning support. Even with modest declines in birth rates experienced by Rhode Island over the past decade, the growing number of deliveries at Newport Hospital and the share of women of reproductive age in Newport County underscores sustained demand for accessible, high-quality maternity care in the region.

Number of Deliveries

Birth data at the county and service area levels provide a concrete picture of service demand. According to U.S. Census Bureau data, the service area of Newport Hospital produced 1,455 births in 2022.

The Noreen Stonor Drexel Birthing Center delivers close to 500 babies annually, with more than 300 recorded in just the first half of 2025 alone, or about half of all the deliveries in the Newport Hospital service area. This volume underscores the extent

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[23] U.S. Census Bureau. (2024). *QuickFacts: Newport County, Rhode Island*. U.S. Census Bureau. https://www.census.gov/quickfacts/newportcountyrhodeisland

[24] U.S. Census Bureau. (2023). *American community survey 5-year estimates: Sex by age (Table S0101), Newport County, Rhode Island*. U.S. Census Bureau. https://data.census.gov

[25] U.S. Census Bureau. (2023). *American community survey 5-year estimates: Sex by age (Table S0101), Rhode Island municipalities (Newport, Middletown, Portsmouth, Tiverton, Bristol, Jamestown, North Kingstown, and Warren)*. U.S. Census Bureau. https://data.census.gov

to which women in Newport County and the surrounding communities depend on this facility for safe and timely childbirth. Patients travel from across the island, and from Jamestown and adjacent towns – where alternative maternity providers are limited – to access continuous labor and delivery care. The Birthing Center is particularly important to mothers on Aquidneck Island, whose access to alternative care on the mainland could be slowed or completely cut off due to seasonal population surges, high winds, or bad weather. As a recent example, the blizzard of February 2026 forced all four bridges connecting Aquidneck and Conanicut Island to the mainland – the Claiborne Pell Newport Bridge, the Jamestown Verrazzano Bridge, the Sakonnet River Bridge, and the Mount Hope Bridge – to close, completely cutting off access to other labor and delivery units in the region.[26]

Year-over-Year Report on Newport Hospital Births, 2015-2024

Year	Occurrent Births	Change	Percentage Change (%)
2015	409	-	-
2016	458	49	12.0
2017	456	-2	-0.4
2018	495	39	8.6
2019	436	-59	-11.9
2020	452	16	3.7
2021	436	-16	-3.5
2022	418	-18	-4.1
2023	433	15	3.6
2024	479	46	10.6

Data Source: RI Department of Health, Center for Health Data and Analysis, Vital Stats File as of July 2025
Occurrent births are all births occurring at the hospitals including those among out of state residents

[26] Dion, E. (2026, February 26). *Key RI bridges will close to traffic tonight ahead of blizzard*. What to know. The Providence Journal. https://www.providencejournal.com/story/news/local/2026/02/22/ri-bridges-will-close-blizzard-travel-ban-jamestown-mt-hope-newport-pell-sakonnet/88815273007/
Dunning, S. (2026, February 23). *A blizzard baby? Bristol woman waiting out the storm in Newport hotel*. The Providence Journal. https://www.newportri.com/story/news/2026/02/23/ri-weather-blizzard-leads-pregnant-bristol-woman-to-stay-in-newport/88825433007/

Year-over-Year Report on Newport Hospital Births, By Municipality

Municipality (Zip Codes)	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
NEWPORT (02840)	151	188	167	189	172	150	129	136	144	159	1585
MIDDLETOWN (02842)	122	95	122	126	103	112	109	112	96	88	1085
PORTSMOUTH (02871)	61	69	69	85	64	66	78	61	55	88	695
TIVERTON (02878)	16	39	36	33	22	37	28	20	42	41	314
BRISTOL (02809)	13	19	13	14	21	25	19	21	19	25	189
JAMESTOWN (02835)	<5	5	9	<5	7	9	10	6	5	12	68
NORTH KINGSTOWN (02852, 02874)	<5	<5	5	10	<5	<5	8	7	13	12	68
WARREN (02885)	6	<5	<5	8	<5	6	7	<5	5	11	53
Total Occurrent Births	409	458	456	495	436	452	436	418	433	479	4472
Total Resident (Occurrent) Births	396	440	443	481	419	433	422	401	416	466	4317

Data Source: RI Department of Health, Center for Health Data and Analysis, Vital Stats File as of July 2025
<5: Data suppressed
Note: Verification of <3% of city/town data information are pending
Occurrent births are all births occurring at the hospitals including those among out of state residents
Resident occurent births are births occurring at the hospitals among RI residents

Miscarriages

Miscarriage (spontaneous pregnancy loss before 20 weeks) is common but is not reliably tracked at the local level in public datasets, making precise counts for Newport County and Aquidneck Island unavailable. National studies estimate that at least 15-25% of recognized pregnancies end in miscarriage, though higher rates are likely when very early losses are included. [27]Applying a 15 to 25 % miscarriage rate to Newport County's estimated 1455annual births in 2026 suggests that approximately 218 to 363 miscarriages likely occur in the community each year – a figure that places additional demand on related reproductive and emotional health services, including early pregnancy care, counseling, and follow-up clinical visits. While this estimate cannot replace official local statistics, it helps illustrate the hidden portion of maternal care demand that extends beyond live births.

Low-and High-Risk Deliveries

Published vital statistics for Rhode Island provide insight into statewide patterns in delivery risk, which can inform local service needs even when town-specific data is not available. Across Rhode Island, in recent reporting periods, we can see:

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[27] American Society for Reproductive Medicine. (2012). Evaluation and treatment of recurrent pregnancy loss: A committee opinion. *Fertility and Sterility, 98*(5), 1103–1111. https://doi:10.1016/j.fertnstert.2012.06.048

- Approximately 9-10 % of live births were preterm (before 37 weeks gestation), with Newport County's preterm rate historically slightly higher than the state average.
- In 2023, about 27.5 % of low-risk births statewide resulted in Cesarean deliveries, a surgical birth that elevates clinical complexity relative to spontaneous vaginal birth.
- In Rhode Island, a significant portion of the birthing population experiences high-risk gestational conditions. According to the most recent health data, approximately 15.4% of Rhode Island women giving birth are diagnosed with gestational hypertension or pre-eclampsia, while roughly 10.6% are affected by gestational diabetes. These conditions significantly increase the clinical complexity of care and the likelihood of adverse outcomes.[28]
- The primary Caesarian section rate at Newport Hospital was 24.9% in 2025, a little lower than the state average.

Because risk status (low vs. high) is determined clinically based on maternal health, fetal health, pregnancy history, and other factors, local providers at the Noreen Stonor Drexel Birthing Center track these distinctions in patient care. In general:

- Low-risk deliveries include term pregnancies with no significant maternal or fetal complications and typically proceed with vaginal birth or low-intervention management.
- High-risk deliveries involve conditions such as pre-eclampsia, placental issues, multiple gestation (twins or more), or significant medical comorbidities, often requiring additional monitoring, specialist consultation, or surgical delivery.

Regional referral patterns indicate that high-risk cases are frequently transferred to facilities with expanded maternal-fetal medicine capabilities, such as Women and Infants Hospital in Providence, when necessary, while low- and moderate-risk births occur at local centers like Newport Hospital. This underscores the vital role of the local birthing center in managing the bulk of births while coordinating specialized care for more medically complex pregnancies.

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[28] RI Department of Health. (2024, July). *Rhode Island Maternal and Child Health Data Book*. RI.gov. https://health.ri.gov/data/maternal-and-child-health-mch-data

Centers for Disease Control and Prevention, National Center for Health Statistics. (2024, April 4). National Vital Statistics Reports. *National Vital Statistics Reports: Births: Final Data for 2022.*73(2). https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02-tables.pdf

America's Health Rankings. (2023). *Public Health Impact: Gestational Diabetes in Rhode Island.* America's Health Rankings. https://www.americashealthrankings.org/explore/states/RI

RI Department of Health. (2022). *PRAMS Pregnancy Risk Assessment Monitoring System 2021 Data Summary*. RI Department of Health. https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/posters/PRAMS_2021.pdf

Other Pediatric Services

In addition to labor and delivery, Neonatal Nurse Practitioners (NNPs), Pediatricians, and Registered Nurses at Newport Hospital's Noreen Stonor Drexel Birthing Center contribute significantly to the health and wellbeing of Newport County's children.

In particular, they:

- Provide lactation support (by certified lactation staff)
- Teach prenatal care, childbirth preparation, and breastfeeding classes
- Provide prenatal tours of the Birthing Center
- Provide routine care to well infants
- Attend at high-risk deliveries
- Assist with neonatal resuscitation and stabilization of the newborn
- Provide vaccine counseling
- Support and care for babies during and after circumcisions performed by obstetricians
- Initial and repeat hearing screens, even for babies born at other hospitals
- Check on weight and jaundice
- Readmit for jaundice, even for babies born at other hospitals
- Perform second newborn screenings, if indicated
- Readmit infants transferred to higher levels of care who do not require acute services
- Consult on higher risk cases for care coordination prior to delivery
- Manage babies affected by Neonatal Abstinence Syndrome, who are withdrawing from opioids used by their mothers prenatally
- Manage babies affected by respiratory distress, hypoglycemia, hypothermia, and poor APGAR scores
- Manage and coordinate care for babies born with genetic conditions

Clear Evidence of the Need for and Value of the Noreen Stonor Drexel Birthing Center

Taken together, demographic estimates, birth data, and menu of services portray a clear and ongoing need for robust maternity and pediatric services for Aquidneck Island residents and the surrounding East Bay communities:

- An estimated 13,500 to 28,000-plus women of childbearing age live in the area, creating a steady base for pregnancy and reproductive care services.
- There were 1,455 births to mothers in the Newport Hospital service area in 2022, the last year full data is available.
- Of these 1,455 births, 1,165 births were low to moderate risk.[29]

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[29] RI Department of Health. (2026). *Pregnancy Risk Assessment Monitoring System*. RI Department of Health.https://health.ri.gov/pregnancy/data/pregnancy-risk-assessment-monitoring-system-prams

- Approximately 500 births occur annually at the Noreen Stonor Drexel Birthing Center accounting for about 50% of deliveries.
- Although miscarriage data is not reliably published, national incidence estimates suggest significant demand for early pregnancy care beyond live births.
- Patterns in statewide perinatal risk highlight the need for services capable of addressing both low- and high-risk deliveries through coordinated clinical pathways.

Maintaining and strengthening access to these services is essential to meet the full spectrum of maternal health needs in the community – minimizing travel burdens, supporting positive pregnancy outcomes, and ensuring that all women and families on Aquidneck Island and surrounding communities have equitable, quality care throughout their reproductive years.

How Does the Noreen Stonor Drexel Birthing Center Compare? Rhode Island's Smaller Hospital Maternity Metrics

As shown by the charts below, the Noreen Stonor Drexel Birthing Center at Newport Hospital is an excellent and safe in-hospital maternity unit serving women of childbearing age in and around Newport County. It is the third-busiest labor and delivery unit in Rhode Island, and the *only* unit with a consistent straight-A rating in reports released by the Leapfrog Group. Newport Hospital has about the same caesarean section rate as its counterparts within the state according to Rhode Island Department of Health data and performs well on all maternity care quality indicators. It is a Baby-Friendly® unit with deep and broad community support.

The Birthing Center staff includes approximately twenty-five direct care Registered Nurses, 92% of whom hold Bachelor's degrees (BSN) or higher – twenty-one (84%) at the BSN level, one who holds a Master's degree (MSN), and one who holds a Doctorate in Nursing Practice (DNP). More than half of the direct care RNs hold national or international specialty certifications – thirteen are nationally certified in inpatient obstetrics (RNC-OB) and three are internationally board-certified lactation consultants (IBCLC). Six (24%) of the Birthing Center's RNs have achieved Clinical Nurse IV status, a level of expertise only 17 current Newport Hospital RNs across all units have achieved.[30]

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[30] Nursing certifications are completely voluntary. This reflects a strong culture of nurse-driven professional commitment and a high level of clinical excellence, increases quality of care, improves maternal-newborn outcomes, and increases safety.* Newport Hospital's Clinical Ladder Program is a professional advancement pathway, which requires a comprehensive application process and portfolio demonstrating advanced clinical skills, evidence-based practice,

	Cesareans		Medicaid		Breastfeeding by Discharge		Total Occurrent Births
	N	Rate	N	Percent	N	Rate	
WOMEN AND INFANTS HOSPITAL OF RI	2840	34.5	3588	43.6	6897	83.8	8229
SOUTH COUNTY HOSPITAL	260	36.2	138148	20.6	678	94.3	719
NEWPORT HOSPITAL	164	34.2	126	26.3	431	90.0	479
KENT COUNTY MEMORIAL HOSPITAL	161	35.8	181	40.2	392	87.1	450
LANDMARK MEDICAL CENTER (WOONSOCKET)	137	31.7	221	51.2	346	80.1	432
TOTAL	3563	34.3	4290	41.3	8806	84.8	10380

Data Source: RI Department of Health, Center for Health Data and Analysis, Vital Stats File as of July 2025
Occurrent births are all births occurring at the hospitals including those among out of state residents

Leapfrog Ratings

The Leapfrog survey, conducted by the non-profit Leapfrog Group, is an evidence-based tool for healthcare experts to assess healthcare safety and performance within U.S. hospitals and ambulatory surgical centers. It is recognized as a metric for quality improvement by healthcare professionals. The 2025 Fall Leapfrog Hospital Safety Grade Rating gave Newport Hospital an A grade – the highest rating – which it has maintained for multiple years.[31]

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mentorship, quality improvement involvement, leadership and peer recommendations, and other criteria. It promotes professional practice and recognizes nurses who consistently go above and beyond their job requirements.

[31] Leapfrog Ratings. (2025, July 17). *Newport hospital*. Leapfrog. https://ratings.leapfroggroup.org/facility/details/88-7338/newport-hospital-newport-ri

Measure	**Newport Hospital**	**South County Hospital**	**Landmark Medical Center**	**Kent Hospital**	**Leapfrog Standard**	**U.S. Average**
NTSV Cesarean Rate (low-risk first births)	24.9%	35.6%	29.7%	29%	≤23.6%	25.3% (PR Newswire)
Episiotomy Rate	1%	3.2%	0.7%	4.9%	≤5%	3.4–4.6% (ratings.leapfroggroup.org)
Newborn Jaundice Screening	100%	96.7%	100%	100%	≥90%	~96% hospitals compliant (Advisory Board)
Blood Clot Prevention After C-Section (DVT prophylaxis)	98.1%	90%	100%	94.3%	≥90%	Most hospitals meet standard (Advisory Board)
Early Elective Delivery <39 weeks	Meets standard	Meets standard	Meets standard		≤5%	86% hospitals compliant (Becker's Hospital Review)

Breastfeeding Initiation and Support

All three of the community birthing hospitals operate in Rhode Island, where hospital breastfeeding support is a strong practice; statewide, about 76% of mothers intend to breastfeed at hospital discharge. (rikidscount.org)

- Newport Hospital and South County Hospital are both designated Baby-Friendly® facilities – recognized for supporting breastfeeding initiation and mother-baby bonding. (rikidscount.org)
- Landmark Medical Center's maternity services do not appear on the current Baby-Friendly list), which might reflect differences in structured breastfeeding programs.

Overall, this suggests that breastfeeding initiation support may be strongest at Newport and South County Hospitals, in line with statewide best practices.

Cost Per Delivery

Rhode Island's median in-network cost for a hospital birth (including delivery and associated services) is approximately $17,179 for a vaginal delivery based on recent cost data.[32]

Cesarean deliveries – which require surgery and longer hospital stays – tend to be more expensive, with national median costs ranging between approximately $19,000–$25,000, depending on region and payer.

While hospital-specific billing data isn't publicly standardized, this framing helps compare expected costs across facilities likely to follow similar regional reimbursement patterns.

Comparative Maternity Metrics

Below is a side-by-side comparison table of the maternity units at Newport Hospital, Landmark Medical Center, and South County Hospital, using the most recently available public data. Where hospital-specific data are not publicly reported, statewide context is noted.

[32] Twenter P. (2025, July 28). *The cost of giving birth, by state*. Becker's Hospital Review. https://www.beckershospitalreview.com/quality/the-cost-of-giving-birth-by-state/
FAIR Health. (2024). *Cost of Giving Birth Tracker*. FAIR Health, Inc. http://www.fairhealth.org
Winger, A., Rae, M., & Cox, C. (2025).*Health costs associated with pregnancy, childbirth, and infant care.* Peterson-KFF Health System Tracker. https://www.healthsystemtracker.org

Breastfeeding Support Culture

Newport Hospital	South County Hospital	Landmark Medical Center
Baby-Friendly	Baby-Friendly	Not currently listed as Baby-Friendly

Comparative Maternity Metrics

Metric	Newport Hospital	Landmark Medical Center	South County Hospital
Breastfeeding Support / Initiation Context	Baby-Friendly® designated; strong initiation support	Not currently listed as Baby-Friendly®	Baby-Friendly® designated; strong initiation support
Estimated Cost per Vaginal Delivery (RI median)	~$17,179 (statewide median)	~$17,179 (statewide median)	~$17,179 (statewide median)
Estimated Cost per Cesarean Delivery (National Range)	~$19,000–$25,000+	~$19,000–$25,000+	~$19,000–$25,000+

- Birth Volume: South County Hospital has the highest annual delivery volume among the three community hospitals, followed by Newport and then Landmark.
- Medicaid Coverage: Landmark historically serves a substantially higher proportion of Medicaid-covered births than the statewide average (~42%), suggesting a more economically vulnerable patient population.
- Cesarean Rates: Newport and South County show cesarean rates in the mid-to-high 30% range, while older data suggest Landmark's rate was lower. Differences may reflect case mix, referral patterns, or practice variation.
- Breastfeeding Support: Newport and South County both hold Baby-Friendly® designations, indicating structured lactation support and breastfeeding promotion policies.
- Costs: Hospital-specific negotiated charges are not publicly standardized; statewide median costs provide a reasonable benchmark for comparison.

Economic Impact: Base Data & Assumptions

A regional economic study estimates Newport Hospital produces about $54 million in annual economic impact (direct and indirect). This includes jobs (~302 positions), wages (~$37 million), and vendor spending (~$14.7 million). [33]

Statewide Hospital Economic Multipliers

Rhode Island hospitals collectively:

- o Support ~63,000 jobs
- o Generated ~$11.7 billion in total economic output statewide (direct, indirect, and induced) in 2024. [34]

This statewide analysis implies healthcare spending circulates through the economy far beyond direct patient care. Every dollar spent creates additional economic activity via supplier purchases and local employee spending.

Output Multipliers for Hospitals

From input-output research, typical hospital output multipliers for Rhode Island are:

- Job multiplier ~2.2 – every hospital job supports ~1.2 additional jobs elsewhere
- Income multiplier ~2.0 – wages circulate back locally
- Output multiplier ~1.9 – each $1 of hospital output generates ~$0.9 in other sectors [35]

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[33] Belmore, R. (2022, December 20). *Newport Hospital's economic impact estimated at $54 million annually*. What's Up Newp. https://whatsupnewp.com/2022/12/newport-hospital-generates-54-million-in-annual-economic-impact-study-finds/

[34] Hospital Association of Rhode Island. (2025, March 6). *The Economic Impact of Rhode Island's Hospitals on the State Economy.* HARI. https://www.hari.org/news/2024-economic-impact-analysis

[35] U.S. Department of Commerce, International Trade Administration. (2023). *Regional input-output modeling system (RIMS II): an essential tool for regional developers and planners.* U.S. Department of Commerce. https://www.bea.gov/sites/default/files/methodologies/RIMSII_User_Guide.pdf
Healthcare Cost and Utilization Project (HCUP). (2022). *Statistical briefs: costs of childbirth and maternity care in U.S. hospitals.* Agency for Healthcare Research and Quality. https://hcup-us.ahrq.gov/reports/statbriefs/statbriefs.jsp

Allocating Impact to the Birthing Center

Typically, maternity/obstetric revenue in full-service hospitals accounts for 3-7 % of total revenue depending on community size and demographics. For Newport Hospital, a conservative assumption is ~5% of total hospital output relates to obstetrics and the birthing center.[36]

Therefore, the Birthing Center has an estimated economic output of around 5% of Newport Hospital's $54M total impact = ~$2.7M annual economic output.

This figure includes both direct hospital revenue (delivery fees, maternal care billing, etc.) and hospital-wide indirect effects attributed to obstetrics operations.

Jobs Supported

If the hospital supports 302 jobs overall, direct Birthing Center jobs equal approximately 5% of total hospital employment, or about 15 total jobs.

With indirect/induced multipliers (~2.2), total jobs supported by the Noreen Stonor Drexel Birthing Center (direct and indirect) ≈ 33 jobs.[37]

Breakdown (estimated):

- ~15 direct birthing center employees (nurses, midwives, admin, support)
- ~18 indirect/induced jobs (local vendors, services, retail/spending effects)

Income & Wages

Assuming nursing/care jobs at hospital average compensation ~$80,000/year and administrative/support jobs ~$45,000/year:

- Estimated direct wages from birthing center employment:
  ~15 jobs × $60,000 avg ≈ $900,000/year
- With the income multiplier effect (~2), total wages supported are ≈ $1.8M/year

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[36] American Hospital Association. (2023). *TrendWatch Chartbook 2023: Trends Affecting Hospitals and Health Systems.* American Hospital Association. https://www.aha.org/guidesreports/trendwatch-chartbook
Hospital Association of Rhode Island. (2024). *The Economic Impact of Rhode Island's Hospitals on the State Economy.* Hospital Association of Rhode Island. https://www.hari.org/news/2024-economic-impact-analysis

[37] The job numbers are based on national estimates. Sources suggest the actual number of employees is higher than national averages, suggesting a greater economic impact.

Total Economic Output

As noted above, we estimate the Birthing Center's direct economic impact to be ~$2.7M annually. With the output multiplier of 1.9, the ripple effects of this direct impact total a whopping $5.1M in overall economic activity in Newport County.

This includes:

- hospital expenditures on goods/services related to obstetrics,
- employee spending in local businesses (grocers, retail, housing),
- and vendor supply chain effects.

Comparison to Rhode Island Hospital Sector

- All Rhode Island hospitals generate billions in state economic output and support tens of thousands of jobs. [38]
- Smaller hospitals like Newport scale down proportionally but still play a material economic role in their communities.

Community Impact Beyond Dollars

Although quantitative estimates help frame economic size, the Birthing Center also:

- Anchors maternal care access,
- Reduces healthcare travel burdens,
- Improves health outcomes linked to long-term economic productivity,
- and cements Newport's place as a high-quality travel destination, making it a safe and desirable place for women of childbearing age to visit.

These quality-of-life effects (not fully captured in economic outputs) indirectly help retain local families and workforce, thus boosting the regional economy even further.

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[38] Hospital Association of Rhode Island. (2025, March 6). *The Economic Impact of Rhode Island's Hospitals on the State Economy.* HARI. https://www.hari.org/news/2024-economic-impact-analysis

SUMMARY — Estimated Annual Economic Contribution

Impact Category	Estimated Value
Direct Birthing Center Output	~$2.7M
Total Economic Output (with multipliers)	~$5.1M
Direct Jobs Supported	~15
Total Job Supported (with multipliers)	~33
Direct Wages	~$900K
Total Wages Supported	~$1.8M

Even though it is one clinical service line within a mid-sized community hospital, the Noreen Stonor Drexel Birthing Center at Newport Hospital likely contributes:

- ~$5+ million/year in total economic activity
- ~30+ local jobs supported through direct and secondary economic effects
- More than $1.8 million/year in supported household wages

This quantifies both the direct economic footprint and the local multiplier effects – showing the center is not just a healthcare asset, but a tangible economic contributor to Newport County.

Maternity Challenges in Newport County

Although one of the best small in-hospital birthing Centers in Rhode Island, the Noreen Stonor Drexel Birthing Center shares the same challenges to maternity care that all hospitals in the US now experience: inadequate reimbursement, competition for clinical staff, and a national health care environment that favors high margin procedures over public health and community support missions. With over 85,000 residents, Newport County is not rural by any means, and so avoids some of the challenges faced by community hospitals in and near maternity care deserts. Despite all this, evidence shows the demand for the Birthing Center's services is growing, even though the national birth rate has fallen in the last few years Broader state trends show that birth volumes in Rhode Island have declined over the past two decades as women delay childbearing and have fewer children overall; the statewide

total dropped from about 12,375 births in 2002 to 10,115 births in 2022 – but the birthing center continues to have robust utilization – and the relocation of NOAA's Marine Operations Center to Newport is is expected to bring more than 1,500 federal employees, military personnel, and family members to Aquidneck Island over the coming years. [39] That said, the opportunity to address the needs of the community exists despite a number of challenges.

About 15.2 percent of adults in Newport County have Medicaid. [40] 36.4 percent of mothers who delivered at Newport Hospital had Medicaid in 2024[41]. About 7 percent of births in Newport County are low-birthweight babies.[42] 12-16 percent of 2024 births in Newport in itself were to mothers with delayed prenatal care.[43]

Labor and delivery units require 24/7 staffing by highly trained clinical professionals (obstetricians, certified nurse-midwives, anesthesiologists, nurses) and readiness for emergency intervention, which drives personnel and overhead costs. Small maternity units must spread those costs over a smaller number of deliveries. No pregnancy is ever truly low risk, as some obstetrical complications are not predictable, and so all maternity units need to be prepared to handle life-threatening obstetric emergencies that can occur without warning. That said, Newport Hospital's in-hospital birthing center has been able to manage these risks successfully while providing a safe and nurturing birth experience.

The supply of obstetricians, certified nurse-midwives, anesthesiologists, and maternity nurses can be a major challenge because there is a national shortage of clinical professionals. Newport Hospital is likely adversely impacted by the Rhode Island clinical landscape. It is the only maternity unit in the Brown University

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[39] Cozzolino, P. (2025, July 17). *Navy gauges public on incoming base capacity*. Newport This Week. https://www.newportthisweek.com/articles/navy-gauges-public-on-incoming-base-capacity/

[40] Georgetown University. (2023). *Medicaid coverage in Rhode Island counties, 2023*. Retrieved February 21, 2026, from https://ccf.georgetown.edu/2025/02/06/medicaid-coverage-in-rhode-island-counties-2023/

[41] RI Department of Health. (2025, July). *Center for Health Data and Analysis, Vital Stats File*. [data set]. RI.gov. https://health.ri.gov/data

[42] County Health Rankings. (2025). *Newport, RI Health Data*.[data set]. County Health Rankings. https://www.countyhealthrankings.org/health-data/rhode-island/newport?year=2025

[43] Maternal Health. (2025). *2025 Rhode Island KIDS COUNT factbook.* RI Kids Count. https://rikidscount.org/wp-content/uploads/2025/04/MaternalHealth.pdf

Medicine clinical portfolio, so there is a limited bench: most obstetricians, certified nurse midwives, obstetric anesthesiologists, and maternity nurses in Rhode Island work for Women and Infants Hospital, which is part of the competing Care New England system. That said, both Landmark Hospital and South County Hospital maintain in-hospital birthing units that are independent of both Care New England and Brown University Medicine – although Landmark's family physicians, who provide the bulk of the maternity care at Landmark, maintain an academic relationship with the Department of Family Medicine at the Warren Alpert Medical School, which is a Care New England affiliate.[44]

Reimbursement is always a challenge for any health care service, with Medicaid rates being typically lower than rates paid by private insurance. The financial sustainability of maternity services at Newport Hospital would improve if Medicaid reimbursement for maternity services were higher, or if Newport were able to attract more patients with private insurance. In summary, the major challenges for maternity care at Newport Hospital include case mix, total maternity care volume, reimbursement, and work force. If critical prenatal care, labor and delivery services, and postpartum treatment were to be eliminated, women in the area could start to see similar challenges to those living in more rural parts of the country, and Newport County might find itself classified as a maternity desert with the attendant risks to maternal and infant health.

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[44] Hospital Affiliation Agreements with the Warren Alpert Medical School at Brown University are said to control the ability of hospitals or hospital systems affiliated with the medical school to develop new residency programs in certain specialties, but these affiliation agreements, if they exist, are not public. If they exist, they may curtail the ability of Brown University Medicine to develop new residencies or collaborate with other institutions around residency training in certain specialties like obstetrics, family medicine, and anesthesiology, remembering that Brown University Medicine and the Warren Alpert Medical School are not the same institution: Brown University Medicine, formally Lifespan, a hospital holding company including Rhode Island Hospital, the Miriam Hospital, Bradley Hospital, Brown University Health, Gateway Health care and other clinical organizations is a clinical entity that provides hospital and clinical services and its own endowment and Board of Directors, while the Warren Alpert School of Medicine is the medical school of Brown University and has a separate endowment and Corporate Board.

Opportunities to Strengthen the In-Hospital Birthing Center at Newport Hospital: A Strategy to Expand Census, Improve Financial Performance, and Build a Sustainable Workforce

The Noreen Stonor Drexel Birthing Center at Newport Hospital is both a clinical asset and a strategic anchor for the Aquidneck Island community. Strengthening it requires a coordinated strategy that expands patient volume, improves payer mix, stabilizes workforce coverage, and embeds the unit within a broader regional maternity network. The goal is not merely preservation, but growth, sustainability, and long-term excellence in outcomes and financial performance.

While we do not have access to the Birthing Center's actual computed profit and loss, there appears to be a major opportunity to improve its financial performance by attracting more of the now estimated 800-1,000 yearly low and moderate risk deliveries to mothers who live in areas where other mothers who deliver at Newport Hospital currently reside. As mentioned above, NOAA's Marine Operations Center in Newport is likely to bring more than 1,500 federal employees, military personnel, and family members to Aquidneck Island over the coming years, expanding the nearby population base from which the Birthing Center draws.

Below is a strategic framework organized around three pillars: expanding census and profitability, building workforce stability through regional collaboration, and developing a maternity-focused Family Medicine residency pipeline.

Expand Census and Profitability

1. Grow the Number of Deliveries at Newport Hospital

A. Reposition Newport as the Preferred Low-Intervention, Community-Centered Birth Site

Newport Hospital can differentiate itself by emphasizing:

- Personalized, relationship-based maternity care
- Lower intervention rates for low-risk pregnancies
- Midwifery-integrated care models
- A community hospital setting with rapid access to tertiary consultation

Many families prefer smaller, less medicalized birth settings — provided safety and backup systems are clear. By marketing the birthing center as a high-quality,

mid-sized, patient-centered alternative to larger tertiary hospitals, Newport can attract mothers from:

- Aquidneck Island
- East Bay communities
- Coastal Massachusetts
- Parts of South County

This requires targeted outreach to obstetric practices, family physicians, and midwives, as well as direct-to-consumer digital campaigns.

B. Strengthen Referral Pathways

Actions include:

- Formal referral relationships with independent OB/GYN and midwifery practices
- Shared call schedules with regional physicians
- Fast-track consult pathways for high-risk patients
- Building seamless referral channels, which increases volume without increasing marketing costs

2. Expand the Proportion of Privately Insured Deliveries

A. Market to Employer-Based Insurance Populations

- Partner with local employers, hospitality industry leaders, and the Naval Station to promote Newport Hospital as the preferred maternity site.
- Develop maternity education seminars for insured employee groups.

B. Offer “Value-Based Maternity Packages”
Transparent bundled pricing – an all-inclusive fee for prenatal care and delivery, regardless of mode of delivery – for commercially-insured patients can attract families seeking predictable costs and coordinated care.

C. Leverage Quality Metrics
Highlight:

- Low cesarean rates
- High patient satisfaction
- Breastfeeding success rates[45]
- Low NICU transfer rates

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[45] Mahmood, I., Mahmood, J., Khan, N. (2011). Effect of mother-infant early skin-to-skin contact on breastfeeding status: a randomized controlled trial. *Journal of the College of Physicians and Surgeons- Pakistan: JCPSP, 21(10), 601-605. https://doi.org/10.2011/JCPSP.601605*

Commercial insurers increasingly steer patients toward high-value providers. Demonstrating quality can improve both volume and contract leverage.

Expand the Available Workforce

Workforce constraints are a primary driver of financial vulnerability in smaller maternity units. A sustainable staffing strategy reduces overtime costs, expenses, and coverage gaps. State funding of all or some of these options might create new incentives to make them achievable.

1. Create a Maternity Staffing Contract with Women & Infants Hospital

Women & Infants is Rhode Island's tertiary maternity center and an academic affiliate. A structured staffing partnership could include:

A. Create Shared Coverage Agreements

- Rotating OB hospitalists
- Backup call coverage
- Access to maternal-fetal medicine consultation

B. Expand Existing Tele-MFM Services

Real-time consults for high-risk pregnancies reduce unnecessary transfers and support provider confidence.

C. Create a workforce pooling contract

A formal contract could:

- Reduce expensive temporary staffing
- Ensure 24/7 coverage
- Create cross-credentialed providers across sites

This transforms competition into strategic collaboration while preserving Newport's autonomy.

2. Build a Collaborative Maternity Network with Landmark Medical Center and/or South County Hospital

Rather than operating as isolated community units, Newport could anchor a regional "middle-tier" maternity network.

A. Network Structure:

- Shared clinical protocols
- Joint quality improvement initiatives

- Standardized risk stratification tools
- Coordinated transfer systems

B. Shared Workforce Benefits:

- Cross-hospital OB hospitalist pool
- Shared lactation consultants
- Regional midwifery staffing collaboration
- Rotating specialty coverage

C. Financial Benefits:

- Shared purchasing contracts
- Reduced malpractice risk through standardized protocols
- Shared data analytics for payer negotiation

A three-hospital collaborative increases bargaining power, stabilizes staffing, and reduces duplication of administrative costs.

Develop a Maternity-Focused Family Medicine Residency at Newport Hospital

Long-term sustainability requires a workforce pipeline that is mission-aligned and community-based.

1. Establish a Family Medicine Residency with a Strong Maternity Track

A Newport-based Family Medicine residency program could:

- Train family physicians in full-scope maternity care
- Provide continuous labor coverage
- Reduce reliance on external OB staffing
- Create a pipeline of physicians likely to remain in the region

Residency programs bring:

- Graduate Medical Education (GME) funding
- Increased inpatient service coverage
- Enhanced hospital prestige and recruitment leverage

Residents add supervised clinical capacity while strengthening community ties.

2. Incorporate or Partner in a Cesarean Section Fellowship

Newport could model participation in a C-section training pathway similar to programs affiliated with Landmark Medical Center.

Family physicians trained in operative obstetrics:

- Provide 24/7 backup surgical capacity
- Expand flexibility in staffing
- Reduce dependence on OB-only call pools
- Enhance rural/community hospital resilience

Evidence from rural and community hospitals shows that family physicians trained in cesarean delivery can safely maintain operative services when supported by appropriate protocols and backup systems.[46] [47] A family medicine residency program that also has a Cesarean section fellowship would likely provide at least five to ten new family physicians to Newport, one-to-three of whom would be able to perform Cesarean sections as needed. A group of this size would substantially reduce the need for other obstetrical services in Newport County.

Financial and Strategic Impact

If successful, this integrated strategy could:

Increase Delivery Volume

Even a modest increase of 100–150 additional births annually significantly improves fixed-cost leverage in a maternity unit.

Improve Payer Mix

A 5-10% increase in commercially insured deliveries could materially improve margin per case.

Reduce Staffing Costs

- Fewer locums expenses

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Tons, S.T., Morgan, Z. J., Bazemore, A. W., Eden, A. R., & Peterson, L. E. (2023). Maternity access in rural America: the role of family physicians in providing access to cesarean sections. *Journal of the American Board of Family Medicine, 36(4), 565-573.* https://doi.org/10.3122/jabfm.2023.230020R1

47 Homan, F.F., Olson, A. L., & Johnson, D. J. (2013). A comparison of cesarean delivery outcomes for rural family physicians and obstetricians. *Journal of the American Board of Family Medicine 26(4), 366-372.* https://doi: 10.3122/jabfm.2013.04.120203

- Reduced overtime
- Shared coverage agreements lower per-provider cost

Increase Graduate Medical Education Revenue

Residency programs generate federal funding and strengthen inpatient service economics.

Strategic Repositioning: A Regional Community Maternity Hub

By combining:

- Workforce collaboration with Women & Infants
- Network alignment with Landmark and South County Hospitals
- A maternity-focused Family Medicine residency pipeline

Newport Hospital can position itself as:

- A community-centered maternity destination
- A training site for full-scope family medicine
- A regional partner in coordinated maternity care

This approach preserves local access while embedding the Birthing Center within a sustainable, academically linked, financially sound network.

Strengthening the in-hospital birthing center at Newport Hospital requires moving from a standalone service model to a networked, workforce-integrated, growth-oriented strategy.

By expanding census, improving payer mix, stabilizing staffing through regional contracts, and investing in a maternity-focused Family Medicine residency with operative capability, Newport Hospital can transform its birthing center from a vulnerable cost center into a strategic growth engine for the hospital and the community.

Likely Costs and Public Health Consequences to Newport County Residents if the Newport Hospital Birthing Center Closes

Closure of the Newport Hospital birthing center would most directly affect the residents of Newport County by removing the county's only hospital-based labor and

delivery site, forcing most pregnant patients to travel long distances for birth care, most likely to Women & Infants Hospital in Providence or, in some cases, to South County Hospital. Newport Hospital reported 479 births to Rhode Islanders in fiscal year 2024, and local reporting during the 2025 debate over the birthing center's future reported 318 births in the first six months of 2025, indicating that the closure would shift roughly 500 or more births per year out of Newport. Newport Women's Health currently provides prenatal care, delivery care, postpartum depression screening, lactation support, and related obstetric services tied to the Newport birthing center. [48] [49]

Would Closure Make Newport County a "Maternity Desert"?

The answer depends on the definition used, and that distinction matters. March of Dimes defines a maternity care desert as a county with no hospital or birth center offering obstetric care and no obstetric clinicians. March of Dimes further classifies counties as having low, moderate, or full access depending on the number of birthing facilities, the supply of obstetric clinicians, and insurance coverage. As of the most recent March of Dimes update, Rhode Island had 0.0% of counties classified as maternity care deserts and 0.0% classified as low or moderate access; all counties were listed as full access. [50]

Strictly speaking, closure of Newport Hospital's birthing center alone would not automatically make Newport County a formal March of Dimes "maternity care desert" if obstetric clinicians remained in Newport County for prenatal and postpartum care. Newport County would, however, lose its only in-county hospital birthing site and would therefore no longer have local hospital delivery capacity. If, as often happens after labor-and-delivery closure, local obstetricians and certified nurse

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[48] Brown University Health. (2026) *Newport Hospital Facts and Statistics*. Brown University Health. https://www.brownhealth.org/locations/newport-hospital/about-newport-hospital/facts-and-statistics

[49] Brown University Health. (2026). *Newport Women's Health Services*. Brown University Health. https://www.brownhealth.org/centers-services/newport-womens-health

March of Dimes. (2024). *Nowhere to go: maternity care deserts across the United States*. March of Dimes. https://www.marchofdimes.org/maternity-care-deserts-report

[50] March of Dimes. (2024). *Nowhere to go: maternity care deserts across the United States*. March of Dimes. https://www.marchofdimes.org/maternity-care-deserts-report

midwives reduced or ended obstetric practice because they no longer had a local site at which to deliver, Newport County could then meet the formal March of Dimes definition of a maternity care desert. At a minimum, the county would become a place with no local childbirth facility, and for pregnant families the lived effect would be similar to what the literature describes as severe loss of maternity access.[51] [52]

That distinction is important because the published evidence is clear that counties with no or limited maternity access have worse outcomes. March of Dimes' 2024 national report found that women living in maternity care deserts and counties with low access have poorer health before pregnancy, receive less prenatal care, and experience higher rates of preterm birth; the report estimated more than 10,000 excess preterm births among people living in no-access or limited-access counties during 2020-2022. The same report also notes that as maternity access declines, travel burdens rise and obstetric unit closures create growing barriers to timely care.[53]

Newer national evidence strengthens that concern. A 2025 *JAMA Network Open* study found that infant mortality risk rose as county maternity access worsened, with the highest mortality in counties with no access; infants born to mothers in no-access counties had a 14% higher adjusted risk of death than those in full-access counties. [54] Although Newport is wealthier and geographically different from many counties in national studies, large portions of Newport's population struggles economically and the underlying mechanism's of maternal and infant mortality remains highly relevant: when local labor-and-delivery capacity disappears, delays, disrupted continuity, and emergency transport burdens increase.

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[51] Brown University Health. (2026) *Newport Hospital Facts and Statistics*. Brown University Health. https://www.brownhealth.org/locations/newport-hospital/about-newport-hospital/facts-and-statistics

[52] Brown University Health. (2026). *Newport Women's Health Services*. Brown University Health. https://www.brownhealth.org/centers-services/newport-womens-health

[53] March of Dimes. (2024). *Nowhere to go: maternity care deserts across the United States*. March of Dimes. https://www.marchofdimes.org/maternity-care-deserts-report

[54] Lucas, R., Thames, T., Chestnut, J. F., DeMaria, A. L., & Stoneburner, A. (2025). Maternity care access and infant mortality. *JAMA Network Open*, 8(11), e2542831. https://doi:10.1001/jamanetworkopen.2025.42831

The Most Immediate Costs to Newport County Residents

The largest and most predictable burden would be transferred directly onto local families. Reporting during the 2025 public controversy over the birthing center estimated that, absent delivery at Newport Hospital, patients would need to travel about 30 minutes to South County Hospital or about 60 minutes to Women & Infants Hospital (depending on traffic variations). For Newport County families, that means not only lost income due to additional fuel and parking costs, but the potential of lost wages due to more time away from work, more child-care costs for older children, missed work for partners or support persons, and more practical disruption for triage visits, inductions, false labor, postpartum problems, and newborn follow-up.[6] [55]

Those burdens are not merely economic inconveniences. March of Dimes' Rhode Island report states that greater travel distance to maternity care is associated with higher risk of maternal morbidity and adverse infant outcomes such as stillbirth and NICU admission, and also causes financial strain, prenatal stress, and anxiety. The report noted that as of 2024, only 2.3% of women in Rhode Island lacked a birthing hospital within 30 minutes. If Newport's birthing center were closed, a substantial share of Newport County residents would newly fall into that over-30-minute category for hospital birth care. [56]

Specific Public Health Risks for Newport County Residents

The strongest and most consistent published risk associated with closure of local obstetric units is a rise in births before arrival at the hospital and other unplanned out-of-hospital or non-obstetric-facility births. A systematic review of obstetric unit closures in high-income countries in 2020 found evidence suggesting increased rates of babies being born before arrival at hospitals after birthing unit closures due to longer travel times; the review also noted possible associated increases in perinatal

[55] Thomas, N. (2025, July 15). *Going off-island if Brown University Health closes Newport Hospital Birthing Center. meeting tonight.* RI News Today.com. https://rinewstoday.com/going-off-island-if-brown-university-health-closes-newport-hospital-birthing-center-meeting-tonight/

[56] March of Dimes. (2023). *Where you live matters: maternity care in Rhode* Island. March of Dimes. https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-RhodeIsland.pdf

or neonatal mortality. [57]A 2021 study found that travel times of more than 30 minutes to a delivery unit increased the risk of giving birth before arrival, which may in turn be associated with stillbirth or neonatal harm. [58]

A major U.S. *JAMA* study of rural counties that lost hospital-based obstetric services found increases in out-of-hospital births, births in hospitals without obstetric units, and preterm birth after the loss of local services. [59] The U.S. Government Accountability Office reached a similar conclusion, finding that loss of hospital-based obstetric services is associated with increased out-of-hospital birth and preterm birth.[11] [60] Newport is not part of rural America, but for laboring patients in island communities who would now be required to leave the county for delivery, the mechanism of risk is not abstract: greater distance means less margin for error.

The postpartum period is also likely to become less safe and less coordinated. A 2025 *JAMA Network Open* cohort study found that patients who bypassed local childbirth care for urban hospitals had the highest one-year postpartum severe maternal morbidity and mortality risk, while those delivering locally had better continuity and lower risk. [61] If Newport County residents must deliver in a different locale and then

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[57] Malouf, R.S., Tomlinson, C., Henderson, J., Opondo, C., Brocklehurst, P., Alderdice, F., Phalguni, A., & Dretzke, J. (2020). Impact of obstetric unit closures, travel time and distance to obstetric services on maternal and neonatal outcomes in high-income countries: a systematic review. BMJ Open, 10(12), e036852. https://doi.org/10.1136/bmjopen-2020-036852

[58] Ortqvist, A. K., Haas, J., Ahlberg, M., Norman, M., & Stephansson, O. (2021). Association between travel time to delivery unit and unplanned out-of-hospital birth, infant morbidity, and mortality: a population-based cohort study. *Acta Obstetricia Gynecologica Scandinavica, 100(8), 1478-1489.* https://doi.org/10.1111/aogs.14156

[59] Kozhimannil, K. B., Hung, P., Henning-Smith C., Casey M.M., & Prasad, S. (2018). Loss of hospital-based obstetric services and birth outcomes in rural counties in the United States. JAMA, 319(12),1239–1247. https://doi.10.1001/jama.2018.1830

[60] U.S. Government Accountability Office. (2022, October 19). *Maternal health: availability of hospital-based obstetric care in rural areas*. GAO. https://www.gao.gov/products/gao-23-105515

[61] Hung, P., Gao, H., Liu, J., Rudisill, A. C., Boghossian, N. S., Campbell, B. A., Workman, L., Ma, Y., & Zhang, J. (2025). Severe maternal morbidity and mortality after delivery hospitalization among rural residents bypassing local care for urban hospitals. *JAMA Netw Open.* 8(11), e2544522. doi:10.1001/jamanetworkopen.2025.44522

transition back to local pediatric, primary care, lactation, and maternal follow-up services, the handoff becomes more fragmented. That fragmentation is especially concerning for postpartum hypertension, hemorrhage warning signs, breastfeeding complications, postpartum depression and anxiety, and newborn issues requiring early reassessment.

What This Would Mean in Practical Terms for Newport County

For Newport residents, closure would likely produce four concrete local effects:

1.) The cost of childbirth would rise for families even if insurance coverage remained unchanged. The additional spending would include transportation, parking, meals, childcare, and lost work time. Those costs would fall most heavily on lower-income households, single parents, younger parents, and families with unreliable transportation or who rely upon public/mass transit options.

2.) Inequalities associated with risk would rise. Patients with private cars, flexible work, and uncomplicated pregnancies could likely manage the added travel burden. Those with rapid labors, hypertension, diabetes, prior cesarean births, limited transport options, limited local family support, or childcare constraints would bear disproportionate risk. The literature on maternity deserts and obstetric closures consistently shows that harms are concentrated at the margins, rather than spread evenly across all patients.[62] [xli]

3.) Newport County residents would become more dependent on EMS and emergency departments for pregnancy-related crises that are now buffered by local labor-and-delivery capacity. When a local birthing unit exists, many labor evaluations, urgent assessments, and deteriorations can be managed within the birthing unit itself. Without it, some – and perhaps many or most – of those cases become ambulance calls, ED stabilizations, or urgent off-island transfers, which cost the taxpayers of these municipalities and the patients themselves much more money. [xliv]

4.) There is a large risk of workforce erosion. Newport Women's Health currently markets local obstetricians and certified nurse midwives as the only practice delivering babies at Newport Hospital's birthing center. If that local delivery platform disappears, sustaining a full obstetric workforce in Newport becomes harder. That is

[62] March of Dimes. (2024). *Nowhere to go: maternity care deserts across the United States*. March of Dimes. https://www.marchofdimes.org/maternity-care-deserts-report

the pathway by which “loss of a birthing unit” can evolve into a true maternity care desert. [63] [64]

Projected EMS Transport Costs if Births Now Occurring at Newport Hospital are Instead Delivered at Women & Infants

A precise projection would require claims data and EMS utilization records that are not public. But it is possible to estimate a reasonable range.

Rhode Island Medicaid’s posted ambulance reimbursement rates list $179.56 for Basic Life Support emergency transport and $213.23 for Advanced Life Support1 emergency transport, plus $0.56 per mile. [xlvi] Public travel references place Newport and Providence roughly 34 driving miles apart, and local reporting during the Newport Hospital birthing center controversy estimated roughly 60 minutes of travel time from Newport to Women & Infants. [65] [66]Using a 33-34 mile transport proxy, the direct Medicaid reimbursement for a one-way obstetric emergency transport from Newport to Providence would be roughly:

- BLS emergency: about $255 per run

[63] Brown University Health. (2026) *Newport Hospital Facts and Statistics*. Brown University Health. https://www.brownhealth.org/locations/newport-hospital/about-newport-hospital/facts-and-statistics

[64] Brown University Health. (2026). *Newport Women’s Health Services*. Brown University Health. https://www.brownhealth.org/centers-services/newport-womens-health

[65] Thomas, N. (2025, July 15). *Going off-island if Brown University Health closes Newport Hospital Birthing Center. meeting tonight*. RI News Today.com. https://rinewstoday.com/going-off-island-if-brown-university-health-closes-newport-hospital-birthing-center-meeting-tonight/

[66] March of Dimes. (2024). *Nowhere to go: maternity care deserts across the United States*. March of Dimes. https://www.marchofdimes.org/maternity-care-deserts-report

- ALS1 emergency: about $395 per run. [67] [68]

Those figures almost certainly understate the true economic cost to the public, because they represent Medicaid reimbursement rather than the full operating cost to municipal EMS, fire-rescue staffing, vehicle readiness, overtime, and backfill coverage. They also do not include the cost of standby time, emergency department evaluation before transfer, or secondary neonatal/maternal transfer if complications arise. [69] [70]

Because not every birth would require EMS, the most responsible approach is scenario modeling. Using Newport Hospital's reported 489 annual births as the baseline, if closure caused emergency obstetric ambulance transport for only a small fraction of those births, the direct annual Medicaid-paid transport cost to Women & Infants would be approximately:

- If 2% of births required emergency ambulance transport: about 10 runs per year, costing roughly $1,937 to $2,266 annually in direct BLS/ALS reimbursement.
- If 5% required emergency ambulance transport: about 24 to 25 runs per year, costing roughly $4,842 to $5,665 annually.
- If 10% required emergency ambulance transport: about 49 runs per year, costing roughly $9,684 to $11,331 annually.

Those numbers should be understood as a floor, not a ceiling. They exclude non-transport EMS responses, ED stabilization costs, interfacility transfers, police or fire coverage overlap, and the economic cost to families. They also exclude the cost of emergency responses to births before arrival or deliveries in transit, which are exactly the kinds of events the closure literature suggests become more likely as travel times lengthen.

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[67] Rhode Island Executive Office of Health and Human Services. Ambulance provider payment page, listing Medicaid rates of $179.56 for BLS emergency transport and $213.23 for ALS1 emergency transport, plus $0.56 per mile.https://eohhs.ri.gov/providers-partners/provider-directories/ambulance

[68] TravelMath. (2026). *Travel distance calculator*. TravelMath.com. https://www.travelmath.com/drive-distance/from/Newport,+RI/to/Providence,+RI

[69] U.S. Government Accountability Office. (2022, October 19). *Maternal health: availability of hospital-based obstetric care in rural areas*. GAO. https://www.gao.gov/products/gao-23-105515

[70] Rhode Island Executive Office of Health and Human Services. Ambulance provider payment page, listing Medicaid rates of $179.56 for BLS emergency transport and $213.23 for ALS1 emergency transport, plus $0.56 per mile.https://eohhs.ri.gov/providers-partners/provider-directories/ambulance

What This Would Mean in Practical Terms for Rhode Island

The other existing birthing units in Rhode Island would be forced to absorb almost five hundred new deliveries a year, possibly overloading them, and likely duplicating what transpired at the emergency rooms at the Miriam and Rhode Island Hospitals when Memorial Hospital closed. Births to people living in Little Compton, Tiverton, and Portsmouth would likely occur in Fall River.

Bottom Line

The likely effect of closing the Newport Hospital birthing center would be to save money only within a narrow hospital departmental ledger while shifting substantial cost and risk onto Newport County residents, municipal responders, and the broader local health system. For the people of Newport, the closure would mean loss of in-county childbirth capacity, more travel, more logistical and financial burden, more reliance on EMS in emergencies, and increased risk of births before arrival, preterm birth, fragmented postpartum care, and worsened infant outcomes associated with reduced maternity access.

One final clarification is essential: closure would not automatically make Newport County a formal March of Dimes-defined maternity care desert unless local obstetric clinicians also ceased practicing obstetrics in the county. But it would unquestionably eliminate the county's only local hospital birthing site, and it could place Newport County on the pathway from full access to functional childbirth scarcity, and potentially to formal maternity-desert status if the obstetric workforce erodes after closure.

Finding and Recommendations

Findings

1. The Noreen Stonor Drexel Birthing Center at Newport Hospital is an excellent and safe in-hospital maternity unit serving women of childbearing age on and around Aquidneck Island, as evidenced by the Leapfrog reports, its “Baby-Friendly” status awarded by the WHO and UNICEF, and it’s low intervention rates. (Newport received an “A” rating in the last 5 review cycles – the highest of any hospital in Rhode Island.)
2. There were 1,455 births to mothers in the Newport Hospital service area in 2022, the last year geographic population data is available. Of these, 1,165 births were low to moderate risk.
3. The Noreen Stonor Drexel Birthing Center at Newport Hospital contributes approximately

   ~$5+ million/year in total economic activity
   ~30+ local jobs supported through direct and secondary economic effects
   >$1.8 million/year in supported household wages

   as well as cementing Newport’s place as a high-quality living environment and travel destination, making it a safe and desirable place for women of childbearing age to live in and visit.

Recommendations

1. Maintain, fully resource, nourish, and grow the Noreen Stonor Drexel Birthing Center at Newport Hospital. It is a community resource that is not only critical to the public’s health, but it also strengthens the local economy and community.
2. Create a whole community council in collaboration with Brown University Health, Birthing Center staff and providers, local city and town councils, State Senators and Representatives, the Newport Hospital Foundation, and representatives of community-based organizations. This council should be based and facilitated in city government or at an independent, objective, unbiased city non-profit organization that is focused on preserving the sense of community and quality of life in Newport. It should meet at least quarterly to review these findings on outcomes, quality, safety and financial data of the Birthing Center, and plan for the future of the Noreen Stonor Drexel Birthing Center at Newport Hospital. This ensures decisions are broadly supported, collaborative, and positions the community both for input and to help with any required fundraising or advocacy to insure the sustainability of the Birthing Center. The Birthing Center is an owned entity of Brown University Health, but it is also community resource and should be treated that way.
3. Develop a staffing plan or a regional maternity care collaborative, perhaps in collaboration with other hospital maternity units and the Rhode Island Department of Health, to make sure that this unit and all Rhode Island maternity units have adequate workforce into the future. This could take many forms, but

such a staffing plan may require the development of resources to be devoted to new residency programs and to scholarships with obligations and loan payback programs, to help develop health professionals from Aquidneck Island and the surrounding area with a commitment to practice here after their training.

4. Develop a marketing plan to increase the visibility of Newport Hospital as a premier maternity center within the region – emphasizing the full-spectrum of prenatal, labor and delivery, and postpartum services – and ensuring its fiscal sustainability.
5. Create a planning and development group, to plan and fund a family medicine residency and/or a postgraduate family medicine obstetrics fellowship at Newport Hospital.

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