

DANGEROUS DESCENT

How Ascension Betrays its Mission by Gutting
Care for Pregnant Patients and Babies



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Committee



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&
BABIES
DESERVE
A BETTER
BEGINNING



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TABLE OF CONTENTS

I.	Introduction	6
II.	Hospital Consolidation and Obstetrics Service Closures	7
III.	Access to Obstetrics Services Is a Matter of Life and Death	8
IV.	Ascension Is Closing Obstetrics Services at Higher Rates, Especially in Metropolitan Areas	9
V.	Ascension Is Closing Obstetrics Health Care in Low-Income Communities	11
VI.	Closures Targeting Low-income Communities Reliant on Medicaid	12
VII.	Closures Are in Predominantly Black and Latine Neighborhoods	14
VIII.	Communities Lose When Ascension Has Controlling Market Share	16
IX.	Ascension Is Understaffing Obstetrics Units and NICUs	19
X.	Conclusion and Recommendations	20



Ascension Organizational Profile

Year Founded	1999
Headquarters	St. Louis, MO
Hospital Portfolio	140 hospitals in 19 states
Type of Hospital	Catholic nonprofit
Sponsoring Organizations	Four provinces of the Daughters of Charity of St. Vincent de Paul (now combined into the St. Louise Province), Sisters of St. Joseph of Nazareth (now part of Congregation of St. Joseph), Congregation of the Sisters of St. Joseph of Carondelet, Congregation of Alexian Brothers, and Sisters of the Sorrowful Mother
Private Equity Partnership	\$1 billion Cayman Island fund with Towerbrook Partners
Ascension Investment Management	Manages \$41 billion
Charity Care	Accounts for 1.9 percent of operating expenses (2.6 percent is the national average)
CEO	Joseph R. Impicciche
CEO Salary	\$13 million (2020)

SUMMARY OF FINDINGS

Mothers, pregnant patients, and infants face a health crisis in the United States, where they die at far higher rates than in comparably wealthy countries. Meanwhile, hospital consolidation has skyrocketed, giving rise to powerful national and regional hospital systems. Research shows that concentrated health care markets often lead to poorer patient outcomes and increased health care costs.

Ascension, one of the nation's largest Catholic, nonprofit health care systems with 140 hospitals, is using its market dominance to shut down its labor and delivery units, forcing patients to travel further for obstetrics care.¹ Our research finds Ascension is closing obstetrics services at higher rates than the national average and that closures are disproportionately in Black and Latine communities, counties with higher infant mortality rates than the national average, and in low-income neighborhoods reliant on Medicaid.

- » In 2012, there were 3,059 hospitals with a labor and delivery department. Between 2012 and 2021, 469 labor and delivery departments closed in the United States.
- » In 2012, Ascension hospitals had 61 labor and delivery departments. Between 2012 and 2021, Ascension closed 11 of its labor and delivery departments. Just since 2022, Ascension has closed five more of its labor and delivery departments — for a total closure rate of 26 percent of those labor and delivery departments existing in 2012.
- » Ascension's obstetrics closures disproportionately impact metropolitan areas. Between 2012 to 2021, Ascension cut 21 percent of its labor and delivery units in metropolitan areas, whereas the closure rate for metropolitan obstetrics units nationwide was only 6 percent.
- » The median poverty rate of census tracts with Ascension hospitals that provide obstetrics services is 10.5 percent, while nationally, census tracts with closures is 13 percent. Since 2012, 10 out of 16 hospitals with obstetrics closures are in census tracts with higher poverty rates than the surrounding county. (A census tract is a small geographic subdivision of a county for which the U.S. Census Bureau collects data.)
- » In 2022 and 2023, Ascension closed five obstetrics units. Four out of the five closures were at hospitals with a higher Medicaid participation rate than the surrounding county average.
- » Since 2017, Ascension has closed obstetric services at 10 hospitals, with eight of these closures in neighborhoods where the number of Black and Latine residents is higher than the surrounding county.
- » All five of Ascension's obstetrics closures since 2022 were in health care markets that are moderately or highly concentrated, meaning there is less competition from other health care systems in the area.
- » Half the counties where Ascension closed labor and delivery units have higher rates of infant mortality than the national average.

I. INTRODUCTION

Hospital consolidation has skyrocketed over the past two decades. More than 67 percent of hospitals belong to a larger system, compared to just 45 percent of hospitals in 2000. Numerous studies have found highly consolidated health care markets lead to an increase in prices, and may even result in worse patient care outcomes. The elimination of obstetric services, the branch of medicine that provides care during pregnancy and childbirth, has emerged as a major casualty of hospitals in highly concentrated markets that want to cut costs.

Meanwhile, the United States has earned a dubious distinction: It has the highest rate of death among pregnant women and infants among comparably wealthy countries. The maternal mortality rate is more than ten times the average among comparable wealthy nations, such as Australia and Japan,² and infant mortality is almost double.³ For the first time in two decades, infant mortality has risen, largely due to pregnancy-related complications. Experts attribute this increase to limited access to specialists who specialize in complicated pregnancies.⁴

A recent report by the Centers for Disease Control and Prevention (CDC) found that in 2021, maternal mortality in the United States increased by almost 40 percent, to 33 deaths per 100,000 live births — further widening longstanding racial disparities. Black women are more than twice as likely to die during childbirth and are nearly three times more likely to die in childbirth than white women.⁵ As health outcomes for patients delivering babies and infants have plummeted, a recent report by March of Dimes found 36 percent of U.S. counties now lack obstetrics services at hospitals or birth centers.⁶ And, despite a lack of direct study, the crisis extends beyond mothers to birthing patients of all genders.

In the face of this maternal health care crisis in the United States, hospitals are choosing their bottom line over the well-being of expectant patients and infants. The rise of obstetrics health care deserts

in rural and low-income communities exacerbates poor health care outcomes and inequity. A 2018 study found that after hospitals close their obstetrics unit, mothers and pregnant patients are at increased risk of illness and death, along with a higher risk of poor infant health.⁷

Ascension is one of the nation's worst offenders for closing obstetrics units. Over the past decade, our analysis found that Ascension has eliminated obstetrics services at 16 hospitals, slashing approximately 26 percent of its labor and delivery departments it previously provided in 2012. Since 2022 alone, Ascension has shuttered five maternity wards, all in moderately-to-highly concentrated health care markets.⁸

Ascension's closure rate of labor and delivery units in urban areas⁹ is far higher than the national average. Ascension eliminated 21 percent of its obstetrics units in urban areas from 2012 to 2021, compared to just 6 percent of all U.S. hospitals in metropolitan areas. These cuts, predominantly in low-income neighborhoods that are disproportionately Black and Latine, are forcing pregnant patients to travel farther and endure longer wait times to receive care.

Not only is Ascension targeting obstetrics services for closures, but nurses are also reporting chronic understaffing in labor and delivery departments in Ascension hospitals that still provide obstetrics services. As a mission-based organization that frequently promotes its commitment to maternal health care, Ascension's services do not match its rhetoric.

As one of the largest hospital systems in the country, Ascension's slashing of obstetrics services may have far-reaching health consequences, in an especially precarious time for reproductive health. Instead, Ascension should lead with its purported values, by swiftly implementing system-wide changes to safely staff obstetrics services and fully reinstate closed obstetrics units, to improve the well-being of mothers, pregnant patients, and newborns.

II. HOSPITAL CONSOLIDATION AND OBSTETRICS SERVICE CLOSURES

Since its founding in 1999, Ascension has grown rapidly. Just in the past decade, Ascension has added more than 30 hospitals, largely through acquisitions of smaller hospital systems. Despite this increase in scale, expanding access to obstetrics services has not matched the system's growth.¹⁰ Instead, Ascension has cut obstetrics care and other vital services and prioritized building its investment portfolio and private equity partnerships to increase revenue.¹¹

Methodology

Our research examines the closure rates of labor and delivery units within Ascension hospitals and compares them to the broader hospital industry. We utilized data from the American Hospital Association (AHA) Annual Survey, spanning from 2012 to 2021, to find closures of obstetrics units. The AHA Annual Survey is a self-reported dataset widely used for analysis by government agencies, the hospital industry, and in academia. If a hospital reported five or more births, we counted it as a labor and delivery unit. If a hospital reported four or less births, we determined that it did not have a labor and delivery

unit. If a hospital had a labor and delivery unit one year, and then did not have one the next, we counted it as a closure. As closure data for 2022 and 2023 had not yet been made available, we supplemented our Ascension data by incorporating articles from LexisNexis and conducting a comprehensive search of news articles to find additional closures.

To evaluate which communities were most impacted by Ascension's cuts, we compared the socioeconomic demographics of the areas surrounding those Ascension hospitals with the broader region. To assess which communities were affected by Ascension's closures, we examined poverty rates, vehicle ownership, Medicaid rates, and racial and ethnic demographics, using data from the U.S. Census Bureau's American Community Survey.

Additionally, we gauged the level of concentration of impacted markets and Ascension's market share, employing the AHA Annual Survey data. This analysis aimed to identify potential associations between market power and the decision to cut obstetrics services.



III. ACCESS TO OBSTETRICS SERVICES IS A MATTER OF LIFE AND DEATH

Delays in care for mothers, pregnant patients, and newborns can have severe health consequences. Pregnant patients forced to travel longer distances to their birthing hospital have a greater risk of maternal morbidity, while infants have higher rates of neonatal intensive care unit (NICU) admissions.¹² Half of Ascension's obstetrics unit closures have occurred in counties with higher rates of infant mortality than their respective state and national averages.¹³

Longer travel distances or increased travel times following an obstetric unit closure may decrease the utilization of prenatal care, along with higher rates of stress and anxiety. Access to prenatal care is crucial for a healthy pregnancy. Babies of mothers and pregnant patients who did not receive prenatal care are three times more likely to have a low birth rate and five times as likely to die, compared to mothers and pregnant patients who received care.¹⁴

As detailed in part seven of this report, "Closures Are in Predominantly Black and Latine Neighborhoods," after Ascension Sacred Heart Bay Hospital in Bay County, Florida closed its obstetrics unit in 2019, a spike in maternal deaths in Bay County occurred in the following years. In 2021, the rate per 100,000 live births of maternal deaths was 95.2 compared to 45.7 in 2018.¹⁵

Multiple studies have also found an increased risk of babies born before arrival at the hospital as a result of increasing distance and travel times, subsequently putting their lives at risk.¹⁶ A 2011 study, "Distance matters: a population based study

examining access to maternity services for rural women," found a link between patients who must travel far distances to access obstetrics services and higher rates of infant and maternal mortality.¹⁷ These barriers to care exacerbate health inequities faced by Black women: rural counties with high proportions of Black women are more likely to lose obstetrics services than other rural counties.¹⁸

Ascension's obstetric unit closures are primarily in metropolitan areas and often in communities where people are less likely to own cars, meaning they are likely reliant on public transportation or other transportation options. Out of the 16 obstetrics unit closures since 2012, seven are in census tracts with higher rates of households without a vehicle than the surrounding county.¹⁹ As Ascension's closures are disproportionately in low-income communities of color, these extra travel burdens may increase the health disparities many expectant patients already face. In addition, when obstetrics services are eliminated at a hospital, there is no neonatal intensive care unit or an obstetrics team to care for the patients. The result is that mothers and pregnant patients who seek care in the emergency room will not have specialized staff to handle obstetrics emergencies.

IV. ASCENSION IS CLOSING OBSTETRICS SERVICES AT HIGHER RATES, ESPECIALLY IN METROPOLITAN AREAS

While hospitals across the country are slashing obstetrics and reproductive health services, Ascension is cutting this type of care at a higher rate. By 2021, Ascension had closed 18 percent of the labor and delivery departments it operated in 2012; the national rate of closure was 15 percent. In 2012, Ascension’s hospitals had 61 labor and delivery units. By February 2023, the Catholic system only offered obstetrics services at 50 of its hospitals.²⁰

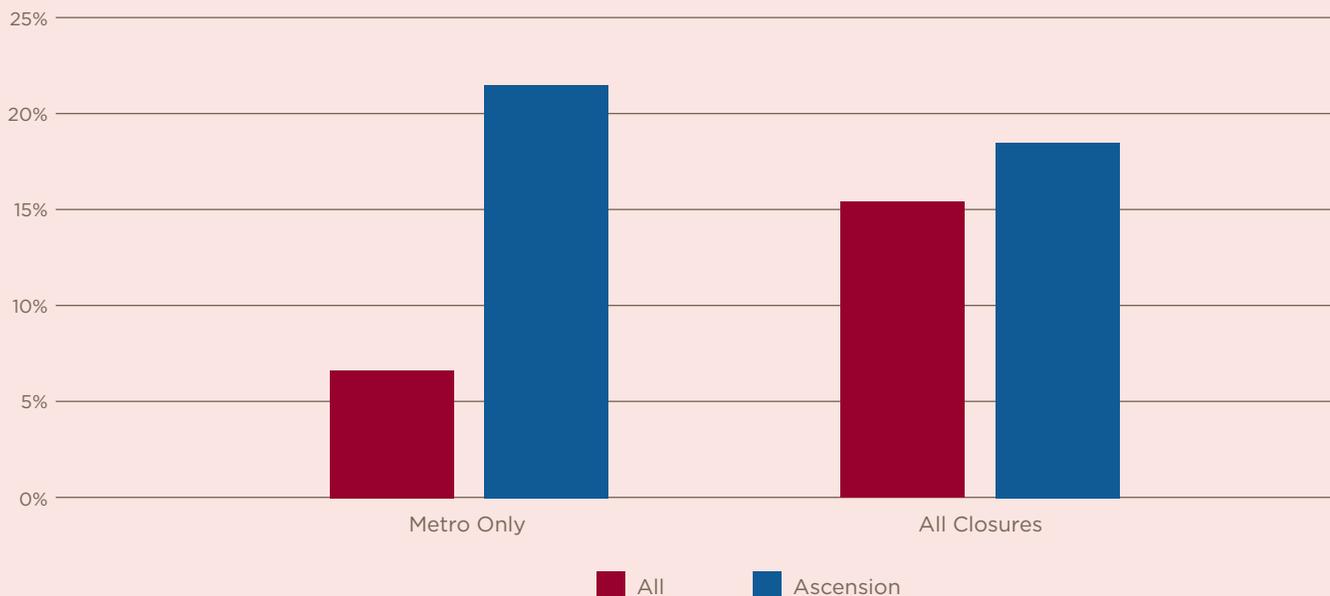
From 2012 to 2023, Ascension had closed 16 labor and delivery departments, eliminating 26 percent of the units it operated in 2012. Meanwhile, as Ascension was increasing the system’s overall footprint, the Catholic nonprofit was not only eliminating obstetrics care, it did not replace or expand those services through acquiring or opening hospitals.

Nationwide, we estimate 469 labor and delivery departments have closed since 2012, and similarly, new hospitals and acquisitions are not closing the gap. In 2012, there were 3,059 hospitals with labor and delivery units, but by 2021, that number

fell to 2,754, a steady decrease of around 1 percent per year, or nearly 10 percent overall.²¹

It is well-documented how cuts to labor and delivery units have disproportionately targeted rural communities across the country. However, most of Ascension’s hospitals are in metropolitan areas. Ascension, along with its large hospital operator competitors like HCA Healthcare, focuses on expanding into urban areas in hopes of extracting higher volumes of lucrative patients with good, private health insurance. When considering only labor and delivery department closures in metropolitan areas, 10 out of 11 of Ascension’s closures between 2012 and 2021 were in metropolitan areas, double the national rate. During the same time period, Ascension accounted for 5 percent of all closures in metropolitan areas, while only comprising 2 percent of metropolitan obstetrics units. By 2021, Ascension closed 21 percent of its obstetrics units in metropolitan areas from 2012, while the closure rate for metropolitan obstetrics units nationally was only 6 percent, as shown in Graph 1.

Graph 1. 2012–2021: Closure Rate of L&D Departments



Source: AHA Annual Survey, 2012-2021

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V. ASCENSION IS CLOSING OBSTETRICS HEALTH CARE IN LOW-INCOME COMMUNITIES

Ascension’s disinvestment in metropolitan areas has largely impacted low-income communities. Our analysis finds Ascension is closing obstetric services in neighborhoods with a higher percentage of residents below the federal poverty level than the surrounding county. In metropolitan areas, the median poverty rate of the census tracts surrounding Ascension hospitals with obstetrics closures is 13 percent, whereas the poverty rate of census tracts with Ascension hospitals that provide obstetrics services is 10.5 percent.²²

Ascension Seton Southwest Hospital exemplifies this trend. In 2019, Ascension eliminated obstetrics services at this facility located in a low-income neighborhood in Travis County, Texas. The poverty

rate of the census tract surrounding the hospital is 17.3 percent, over 6 percent higher than the overall Travis County poverty rate.²³ Obstetrics services were consolidated at Seton Medical Center, 15 miles away, and an hour-and-a-half trip by public transit.

Since 2012, 10 out of 16 of Ascension’s closures were in census tracts with a higher rate of poverty than the surrounding county, as seen in Table 1. Particularly, Ascension’s closures since 2022 have overwhelmingly been in some of the poorest neighborhoods in these counties, and often have higher rates of poverty than the locations of Ascension’s other hospitals. As a result, middle- to higher-income patients often still have nearby access, while patients in lower-income communities are forced to travel dozens of miles.

Table 1. Poverty Rate of Census Tract of Ascension L&D Closures Compared to County

Hospital	County	State or Territory	Census Tract Poverty Rate	County Poverty Rate
Ascension Macomb-Oakland	Macomb County	MI	22.1%	10.3%
Ascension River District	St. Clair County	MI	6.2%	12%
Ascension St. Vincent Dunn	Lawrence County	IL	20%	11%
Ascension St. Vincent Riverside	Duval County	FL	20.1%	14.5%
St. Francis Hospital	Milwaukee County	WI	18.2%	17.9%
Ascension Sacred Heart Bay	Bay County	FL	40%	12.9%
Ascension Seton Southwest	Travis County	TX	17.3%	11.2%
Saint Francis Hospital	Cook County	IL	10.3%	13.5%
St. Vincent’s East	Jefferson County	AL	7%	15.9%
Providence Hospital	District of Columbia	DC	9.8%	15.4%
Brackenridge Hospital	Travis County	TX	34%	11.2%
St. Vincent Frankfort Hospital	Clinton County	IN	12.3%	10.6%
St. Elizabeth Hospital of Wabasha	Wabasha County	MN	8.6%	7.1%
Ascension St. Vincent Salem	Washington County	IN	31.8%	12.2%
Ascension Via Christi Hospital of St. Teresa	Sedgwick County	KS	1.4%	13.2%
St. Mary’s Medical Center	Jackson County	MO	9.1%	13.4%

VI. CLOSURES TARGETING LOW-INCOME COMMUNITIES RELIANT ON MEDICAID

Even though Medicaid covers more than 40 percent of annual births, hospitals providing birthing services struggle to extract profits from Medicaid patients. As Ascension and other systems base many care decisions on revenue generation, hospital executives — regardless of their facilities’ for-profit or nonprofit status — have cited Medicaid’s low reimbursement rate as one of the primary justifications for closing labor and delivery departments.²⁴

“Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.”
—Ascension Mission Statement

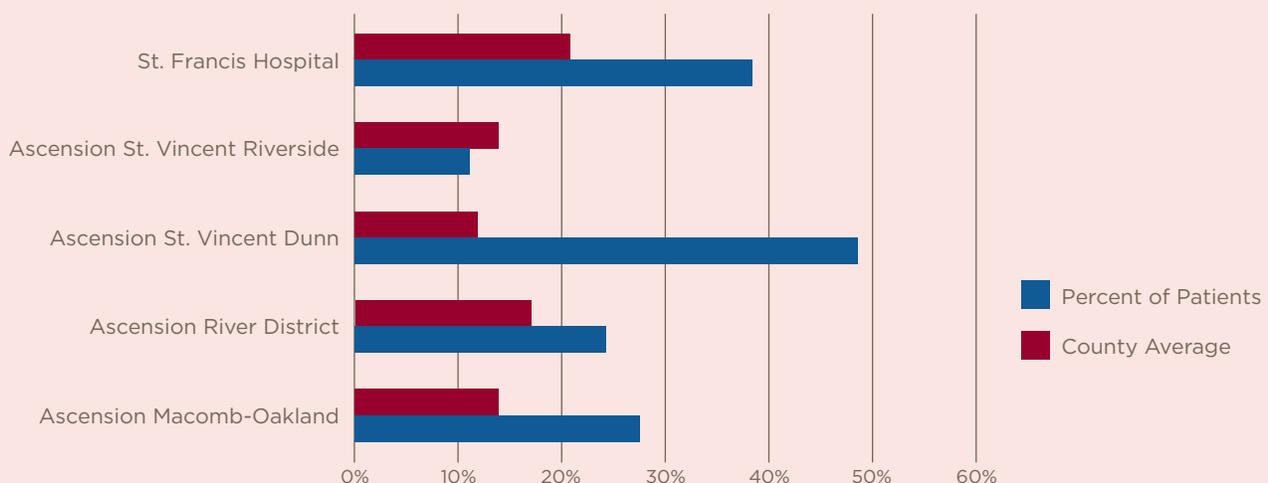
Despite being a mission-based, nonprofit organization with a commitment to serve low-income patients, our analysis finds Ascension is closing labor and delivery departments at hospitals with higher rates of Medicaid patients than the surrounding community. This is in direct contradiction to Ascension’s mission to provide care that “improves the health of individuals and communities.”

As seen in Graph 2, four out of the five closures of the past year were hospitals with a higher Medicaid participant rate than the county average.

Last year in Michigan, Ascension executives announced the closures of labor and delivery departments of Ascension Macomb-Oakland Hospital in Warren, a suburban city about 13 miles north of Detroit, and at Ascension River District Hospital in East China Township, more than 50 miles northeast of Detroit. Both hospitals provided care to a higher proportion of Medicaid patients than their surrounding counties. Ascension consolidated birthing services at its other regional hospitals, Ascension St. John Hospital in Detroit and Ascension Providence Rochester Hospital in Rochester Hills. Now, mothers and pregnant patients who previously received care at Ascension River District now must drive over 35 miles for services.

Ascension’s disinvestment in reproductive health care extends beyond eliminating obstetrics services in Michigan. Over the past year in the Great Lakes state, the system has cut midwife services at Ascension Borgess Hospital in Kalamazoo, Ascension River District in East China Township, and Providence Southfield Hospital in Southfield — all to much community outcry.²⁵

Graph 2. 2022–2023 L&D Closures: County Medicaid Participation Rates Compared to Percentage of Medicaid Patients



Source: American Hospital Association Annual Survey 2021, ACS Five Year Estimate 2017-2021, LexisNexis and Google News



VII. CLOSURES ARE IN PREDOMINANTLY BLACK AND LATINE NEIGHBORHOODS

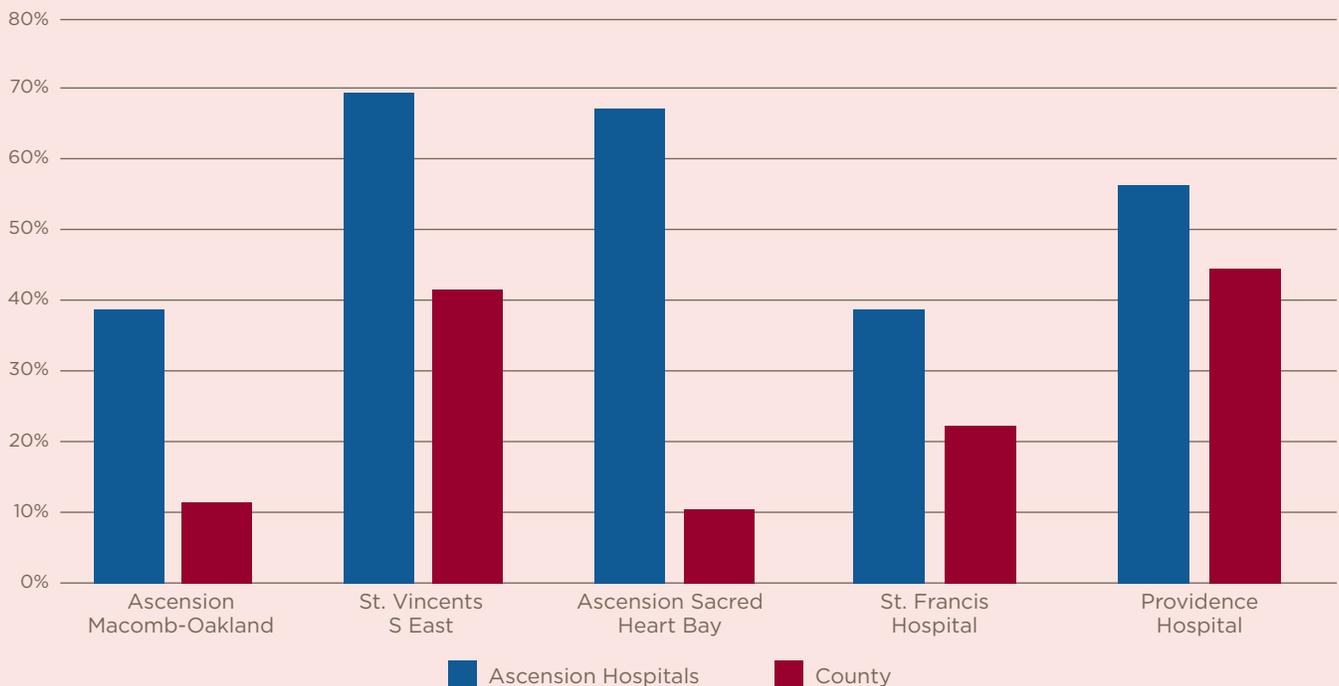
Ascension’s consolidation tactics have resulted in limited access to local pregnancy care for Black and Latine communities. Since 2017, Ascension has closed obstetric services at 10 hospitals, with eight of these closures in neighborhoods where the number of Black and Latine residents is disproportionately higher than the surrounding county.

Graph 3 reveals that five of the closures have specifically impacted neighborhoods with a significant Black population. The blue column shows the percentage of Black residents in the census tract where the closed labor and delivery department is located. In contrast, the red column notes the percentage of Black residents countywide. For example, in the surrounding community around Ascension Sacred Heart Bay Hospital in Bay County, Florida, 67 percent of residents are Black, nearly

seven times the county’s overall Black population.²⁶ In 2019, the hospital stopped providing birthing services. For patients intending to stay in the Ascension system, the nearest birthing center is 30 miles away.²⁷ A spike in maternal deaths in Bay County occurred in the years following the closure. In 2021, the rate per 100,000 live births of maternal deaths was 95.2 compared to 45.7 in 2018.²⁸

In late 2022, Ascension announced the closure of obstetric services at St. Francis Hospital, South Side Milwaukee’s only labor and delivery unit, disproportionately affecting the neighborhood’s large Latine population. Immediately, local community members, patients, health care workers, and politicians pushed back over the closure, raising concerns about equity for Milwaukee’s Latine residents and a lack of transparency in the decision-making.

Graph 3. 2017–2021: Percent of Black Residents: Census Tract with Obstetric Closure vs. County Average

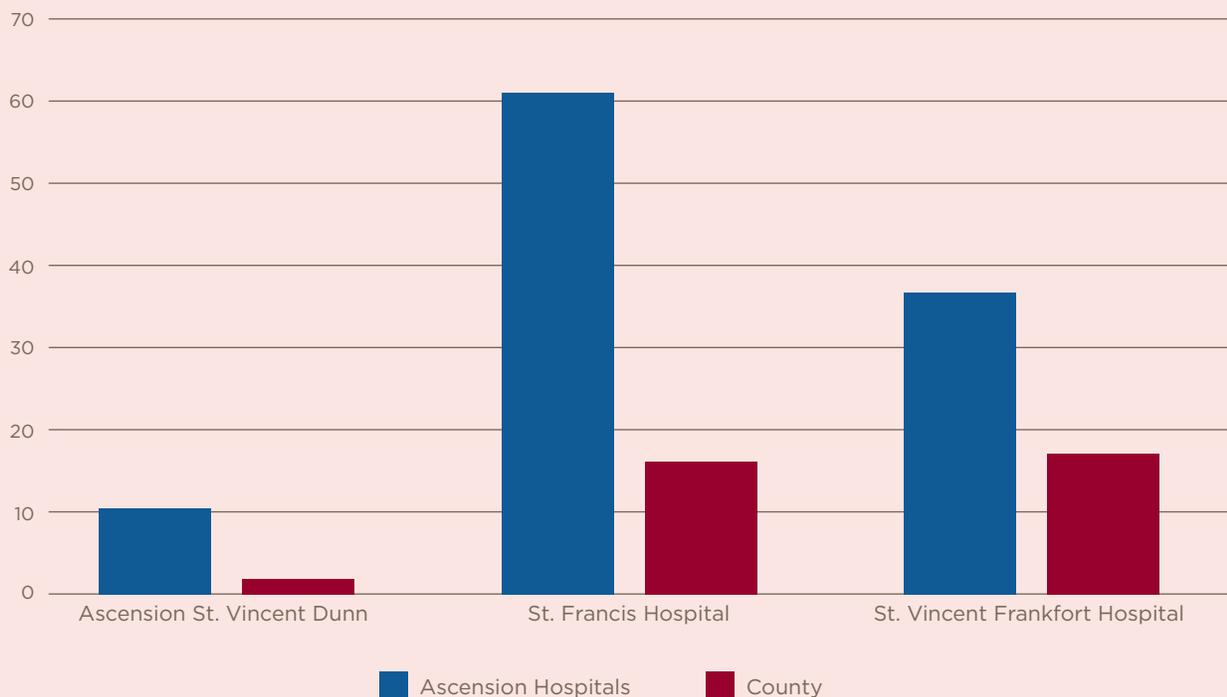


Source: American Community Survey Five Year Estimate 2017-2021, American Hospital Association Annual Survey 2017-2021

Ascension closed St. Francis' birthing center during the winter holidays with conflicting information leading up to the shutdown. Some mothers and pregnant patients learned about the closure through social media, rather than receiving direct communication from Ascension. This abrupt closure left expectant patients in a difficult position, forced to find a new hospital and doctor well into their pregnancies. Accessing care at other Ascension hospitals in the area may require traveling more than 20 minutes, posing additional challenges, especially for non-driving residents, who make up 40 percent of the surrounding census tract.²⁹ In response to the cuts at Ascension facilities in Wisconsin, Senator Tammy Baldwin wrote to Ascension CEO Joseph Impicicche, with concerns that the system's behavior was that of a "private equity fund."³⁰

This was not the first time Ascension closed obstetric services in predominantly Latine neighborhoods. Graph 4 shows the percent of Latine residents in census tracts where an obstetrics unit closure occurred, while the red column is the percent of Latine residents county-wide. Similar closures have taken place in Lawrence and Clinton counties in Indiana, where Ascension has come under scrutiny for not only closing maternity wards, but also for eliminating primary care services and in-patient services across the state. Indiana now has the third-worst maternal mortality rate in the country.³¹

Graph 4. 2017–2021: Percent of Latine Residents in Neighborhood, Obstetric Closure vs. County Average



Source: American Community Survey Five Year Estimate 2017-2021, American Hospital Association Annual Survey 2017-2021

VIII. COMMUNITIES LOSE WHEN ASCENSION HAS CONTROLLING MARKET SHARE

Ascension is a dominant health care provider in the states where it has eliminated obstetrics services. The scale of Ascension's operations allows management to consolidate labor and delivery services at its flagship hospitals, often leaving low-income communities without accessible obstetrics services. Studies indicate that regions with high health care concentration, where a few dominant providers control the market, may result in inferior care compared to markets with greater competition.³²

Using the AHA Annual Survey data for 2021, we calculated Ascension's market share in the counties and health referral regions (i.e., areas served by hospitals) where Ascension closed five labor and delivery departments since 2022.

Chart 3. Market Concentration by Health Referral Region of Ascension Hospitals with L&D Closures Since 2022

Referral Region	Market Share	HHI
Jacksonville, FL	17%	1,680
Detroit, MI	28%	2,276
Indianapolis, IN	18%	1,606
Milwaukee, WI	18%	2,708

Source: American Hospital Association Annual Survey 2021

Chart 4. County Market Share of Ascension Hospitals with L&D Closures Since 2022

Hospital	County	Market Share
Ascension St. Vincent's Riverside	Duval County, FL	24%
Ascension Macomb-Oakland Hospital, Warren Campus	Macomb County, MI	42%
Ascension River District	St. Clair County, MI	8%
Ascension St. Vincent Dunn	Lawrence County, IN	20%
Ascension St. Francis Hospital	Milwaukee County, WI	26%

Source: American Hospital Association Annual Survey 2021

The Federal Trade Commission (FTC) and Department of Justice (DOJ), the federal agencies responsible for overseeing and enforcing antitrust laws, use the Herfindahl-Hirschman Index (HHI) to measure market concentration. Similarly, we used HHI to gauge the level of concentration in health care markets, represented by health referral regions. Developed by Dartmouth Atlas of Health Care, each of the 306 referral regions has at least one hospital performing complex surgeries. An unconcentrated market with a low HHI is highly competitive whereas a highly concentrated market is uncompetitive. For example, the most highly concentrated market would be a monopoly.

The FTC and DOJ classify markets into three types:

- » **Unconcentrated Markets:**
HHI below 1,500
- » **Moderately Concentrated Markets:**
HHI between 1,500 and 2,500
- » **Highly Concentrated Markets:**
HHI above 2,500

As seen in Chart 3, all five closures were in referral regions that were moderately or highly concentrated, including two unit closures in the Detroit market. In each market, Ascension was among the top two or three largest systems. The literature on the impacts of hospital concentration supports that Ascension’s market power allows it to close obstetrics services without compromising revenue, since patients — with few alternative options — will still have to receive services and incur costs at their flagship hospitals. Ascension often touts the flagship hospitals as conveniently nearby, despite challenges patients may face in transportation logistics.

As shown in a previous section, Ascension has closed labor and delivery wards in hospitals that disproportionately serve Medicaid patients. In the Detroit market, where Ascension recently closed two obstetrics units at hospitals with high rates of Medicaid participation, the market is approaching highly concentrated. Ascension is the second largest provider in the Detroit referral region, including controlling 42 percent of the market in Macomb County, where the Ascension Macomb-Oakland Hospital is located.

Similarly, the Milwaukee referral region, where Ascension closed St. Francis Hospital’s obstetrics unit, is a heavily concentrated market. Ascension is the region’s third largest provider, controlling 18 percent of the market.

In Indiana, Ascension is one of the largest providers in the state, serving around 10 percent of the state’s acute-care patients. Most of the state’s hospitals are in the Indianapolis referral region, a moderately concentrated market where Ascension is the third largest provider. Indiana also has some of the highest rates of pregnancy-related mortality

and reproductive health deserts in the country. More than 650,000 Indiana residents live in a county without obstetrics services.³³

Indiana’s reproductive health deserts have had deadly consequences. A survey by the Indiana Maternal Mortality Review Committee found pregnant women in obstetric deserts accounted for 9.4 percent of women who gave birth in 2019, but made up 15 percent of all pregnancy-associated deaths and 20 percent of pregnancy-related deaths.

Meanwhile, Ascension has made no adjustments to its care model to serve pregnant patients living in reproductive health care deserts. According to a November 2021 report by the South Bend Tribune, Ascension St. Vincent owns four hospitals in counties without obstetrics services. When questioned by the South Bend Tribune about the possibility of reinstating full obstetric services in areas without adequate access, Ascension’s response was limited to stating that their hospitals are “equipped and ready to take care of patients and get them to where they need to be.” Ascension has consolidated obstetric services at Ascension St. Vincent Women’s Hospital in Indianapolis, miles away from where many pregnant patients need care.³⁴

Ascension continues to contribute to Indiana’s reproductive health crisis. In 2022, Ascension closed St. Vincent Dunn, the only hospital with a maternity ward in Lawrence County, creating another reproductive health care desert. Now pregnant patients must travel across county lines to Paoli or Bloomington, both requiring an additional 30 minutes of driving.³⁵



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IX. ASCENSION IS UNDERSTAFFING OBSTETRICS UNITS AND NICUs

In Ascension facilities that still provide obstetrics services, nurses report chronic understaffing and turnover in labor and delivery units and neonatal intensive care units (NICUs). According to nurses at Ascension Seton Medical Center in Austin, Texas, the labor and delivery unit is one of the hospital's worst staffed. When Ascension shuttered Brackenridge Hospital in 2017, many expectant patients came to Seton Medical Center. Since then, Ascension has not maintained safe staffing levels to accommodate the additional volume of patients.

Nurses in labor and delivery units are responsible for the health and well-being of both parent and baby — and Ascension's understaffing leaves both at risk. Frequently, high-acuity patients who need 1:1 care do not receive it, as nurses are also responsible for other patients.

Nurses even report having multiple high-acuity patients in active labor who need 1:1 care. For instance, a patient with preeclampsia, a condition that increases risk of seizure, must be watched carefully while on magnesium sulfate therapy for hypertension episodes and toxicity; they should therefore be in a 1:1 nurse-to-patient ratio per Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) standards.³⁶

Nurses report caring for multiple patients who are induced into labor through oxytocin. Because of the potential side effects of oxytocin, charting is supposed to happen every 15 minutes. Nurses run back and forth between patients trying to chart and provide safe care, an extremely challenging standard to meet when Ascension fails to safely staff.

Nurses also report that patients in active labor who want an epidural are often stuck in a triage room, not an actual delivery room to deliver their baby. That leaves patients unable to receive an epidural and forced to endure labor on a stretcher. Because of insufficient staffing, patients do not receive requested epidurals, due to the short window of time it can be administered. Nurses at Seton also report patients coming in for scheduled cesareans or who are in premature labor being forced to wait for hours because of understaffing.

Similarly, according to nurses, the hospital's NICU is often staffed with only one nurse for three or four patients — fragile newborn babies — while the hospital's official staffing standard is supposed to be one nurse to two NICU babies.

Ascension's understaffing of obstetrics and postpartum health services tracks with the system's organization-wide policy to reduce the number of employees per occupied bed, as reported in a December 2022 exposé by *The New York Times*.³⁷

Ascension has widely publicized its plans for a new women's health tower at Austin's Seton Medical Center, touting that it will double the beds in the NICU and increase capacity in its labor and delivery department. As Ascension is currently understaffing similar units in existing facilities, nurses fear that, without a major expansion in staffing, the significant expansion in capacity may exacerbate the staffing crisis and make bad conditions far worse for patients and nurses.

When Ascension nurses advocate for safer staffing for their pregnant patients, they are met with intimidation and hostility. Based on recent charges brought by National Nurses Organizing Committee/National Nurses United, the union that represents Seton nurses, the National Labor Relations Board is investigating whether Ascension unlawfully fired and disciplined nurses at Ascension Seton Medical Center in Austin because they raised safety concerns about Ascension's NICU.

Despite Ascension's unwillingness to increase staffing, nurses continue to advocate for mothers, pregnant patients, and newborns. In April 2022, registered nurses employed by Ascension Seton Medical Center greeted and educated attendees of the annual Elizabeth Ann Seton Board Gala, an event advertised to raise funds to support women's health services at the hospital. Nurses passed out fliers and spoke to attendees, informing them of how Ascension Seton neglected the basic staffing needs of its labor and delivery unit and NICU. In June 2023, unionized nurses at three Ascension hospitals went on a historic one-day strike to codify safe staffing ratios in their contracts, to improve the safety of newborns and their parents.

X. CONCLUSION AND RECOMMENDATIONS

Ascension's abandonment of low-income mothers, parents, and newborns continues the system's drift towards acting as if it's a for-profit corporation. For far too long, Ascension has used its status as a mission-based, not-for-profit health system to maximize profits, while leaving patients and health care workers behind.

Ascension is not the only large system shuttering obstetrics services, but it is remarkable that, as a self-professed mission-based organization, it is cutting these services at such a large scale. Competitor systems like HCA Healthcare are explicit in their profit-first agenda, while Ascension enjoys hundreds of millions of dollars in tax breaks, thanks to its nonprofit status.

As the largest union of registered nurses in the country, National Nurses United and National Nurses Organizing Committee urge the adoption of the following recommendations to create serious systemic changes. If the status quo remains, Ascension will continue to slash obstetric health services, falling further away from its mission to serve those who need care the most.

To fulfill its Mission, Ascension must:

1. Come to the table and listen to nurses, safely staffing every unit to ensure the best care for patients;
2. Commit to reopening closed labor and delivery wards; and
3. Provide obstetrics services at all new hospitals Ascension opens or acquires.

We encourage Ascension to use its scale and influence to become a leader in combating the meteoric rise in obstetric health care deserts and lowering the pregnancy-related mortality rate. The nation's disinvestment in reproductive health care continues to have deadly consequences, as thousands of pregnant women die every year and the crisis extends beyond women to birthing patients of all genders. Instead of disproportionately contributing to this crisis, Ascension has a chance to be an industry leader, by investing in accessible and quality obstetrics services.

UCLA
WHERE TO
START?
\$19 ~~BILLION~~ BILLION
CASH FLOW
\$13 million salary
**FAKE
NON PROFIT**



National
Nurses
United

AFL-CIO

SAVES
LIVES
PATIENTS OVER PROFITS



PATIENT'S
RESCUE

ENDNOTES

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