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**State of Women in Central Indiana:**  
**Women's Reproductive Health in Indiana**

**A State of Women in Central Indiana Report Webinar**

# Presenters

**Allissa Impink**



Director of Statewide  
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*The Women's Fund of Central  
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Community Research  
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Women's Fund of Central Indiana is partnering with The Polis Center on the State of Women in Central Indiana Report to provide stakeholders with up-to-date and actionable community intelligence to inform decision making about programs, funding, and policy.

Women's Fund brings a mission centered on systems change and supporting women and girls. Polis complements this by providing neutral, evidence-based research to inform decisions that impact women's health and well-being

**Women's Fund of Central Indiana**

[www.womensfund.org](http://www.womensfund.org)

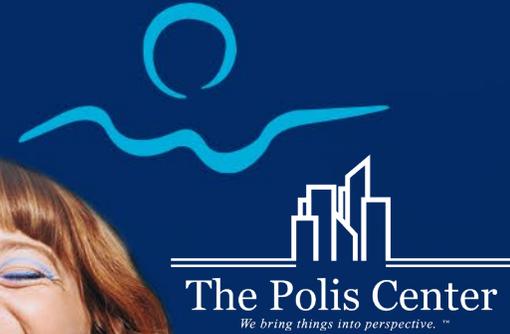
**State of Women Report**

[www.womensfund.org/report](http://www.womensfund.org/report)

# Purpose

- **Educate** residents about the condition of women in Central Indiana
- **Guide** philanthropic resources toward women-focused initiatives
- **Inform** state and local policies to create better outcomes for women

These goals reflect the mission of the Women's Fund.





## Service Providers



## Funders



## Other Decision Makers



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# The State of Women's Reproductive Health in Indiana



**Esmé Barniskis**

The Polis Center

# 2024 State of Women Report

## Qualitative Data Collection and Analysis

- **23** Key Informant Interviews
- **24** Focus Group Participants
- Thematic coding and integration of *quotes*

## Infant and Maternal Health Chapter: Quantitative Data Collection and Analysis

- Data Sources: Indiana Department of Health, Terminated Pregnancy Reports (INDoH), Indiana Maternal Mortality Review Committee, World Health Organization
- Trend *Analysis* and Visualizations

# Interviews with Experts

- **16** Key Informant Interviews
  - ***December 2025 and January 2026***
  - ***All women***
  - **6** women of color, **10** white women
  - Healthcare practitioners, service providers, researchers, advocates, and community and nonprofit leaders
  - Thematic coding and integration of ***quotes***



# From Interviews: Status of Women's Reproductive Health

## Patient Emotional Landscape

- "Clients are concerned"
- "People worry the doctor will call the police"
- "A lot of fear of...trying to access any kind of care program"
- "Women feel hopeless"
- "Desperation"
- "Underlying feeling of stress and frustration"

## Care Provider Challenges

- "Afraid to step in"
- "There's a shortage everywhere"
- "Schedules booked months and months and months out"
- "[Indiana policy] deters talent from coming"
- "Overworked"

# Status of Women's Reproductive Health in Indiana

## Assets Identified in Interviews

- VA Women's Health program has standard of access to care within 24 hours
- Expansion of Medicaid coverage for postpartum care to a full year
- Statewide PATH4You program offers entirely free contraception
- Growing awareness and use of doulas in maternity healthcare
- Dedicated clinicians who work to ensure that services are available and patients receive care

# Access & Care Deserts

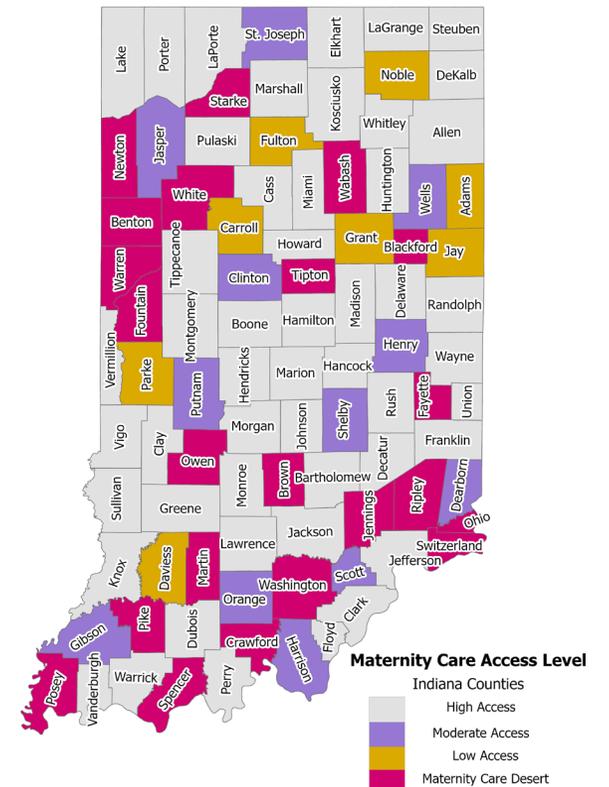


# Limited Access to Maternity Care Affects Much of Indiana

- **23.9%** of Indiana counties are maternity care deserts
- Additional **21.7%** of counties have low or moderate access
- **28 counties** have no practicing OB-GYN and **9 counties** have no maternity care providers at all

“One-fourth of our counties are maternity care deserts, and another one-fourth have shortages—and that’s going to be **exacerbated as fewer trained physicians want to practice in this state.**”

- Angie Carr Klitzsch



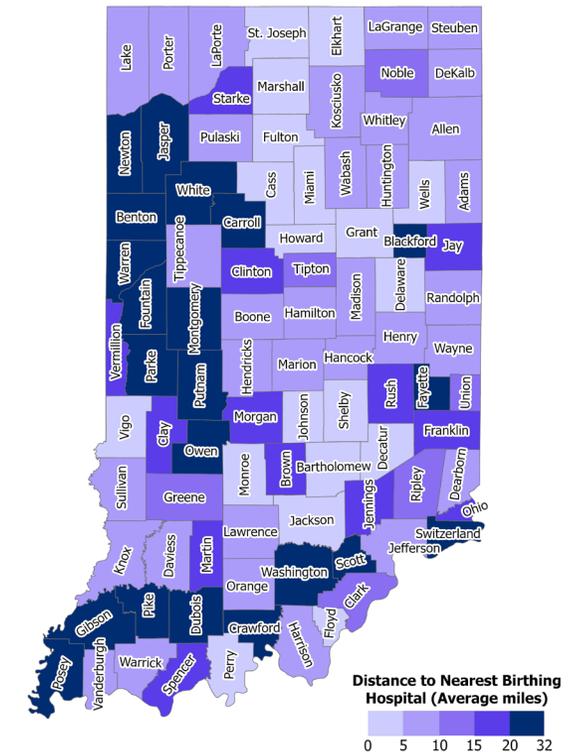
Sources: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2022; American Board of Family Medicine, 2017-2020; National Center for Health Statistics, 2021 final natality data.

# Distance to Hospitals Impacts Health Outcomes

- Rural women travel and **average of 13 miles** to birthing hospital while urban women travel an average of **7.5 miles**
- Women in care deserts have **36% higher rates** of maternal mortality
- 9% of all births in 2021 were to women in counties without inpatient delivery services, yet account for **11% of all pregnancy-associated deaths**
- 8 rural hospitals in Indiana are at immediate risk of closing

“If hospitals in Newcastle and Richmond shut down, that volume is coming in. It’s going to get ugly fast. **In obstetrics, time is outcome.**”

- Dr. Karla Loken



Sources: Healthcare Cost and Utilization Project State Inpatient Database. Indiana. Agency for Healthcare Research and Quality, 2020. Web. 1 Nov 2022. American Hospital Association, 2021; American Board of Family Medicine, 2017-2020; U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2022.

# Prenatal Care and Access to Family Planning

- Indiana has only **two Title X Clinics per 100,000 women**, compared to 5.3 clinics per 100,000 women nationally
- **16.1% of babies** in Indiana had mothers who received delayed or inadequate amount of prenatal care visits
- The One Big Beautiful Budget Bill passed federally in 2025 proposed federal changes that affected Medicaid eligibility for Planned Parenthood affiliates
- **Medicaid covers 40.7% of births** in Indiana in 2024

“Patients canceled their appointments [after Planned Parenthood was removed from Medicaid], but came back because **they couldn’t get care elsewhere.**”

- *Haley Bougher*



# Inequities in Care and Outcomes



# Infant Mortality Overall

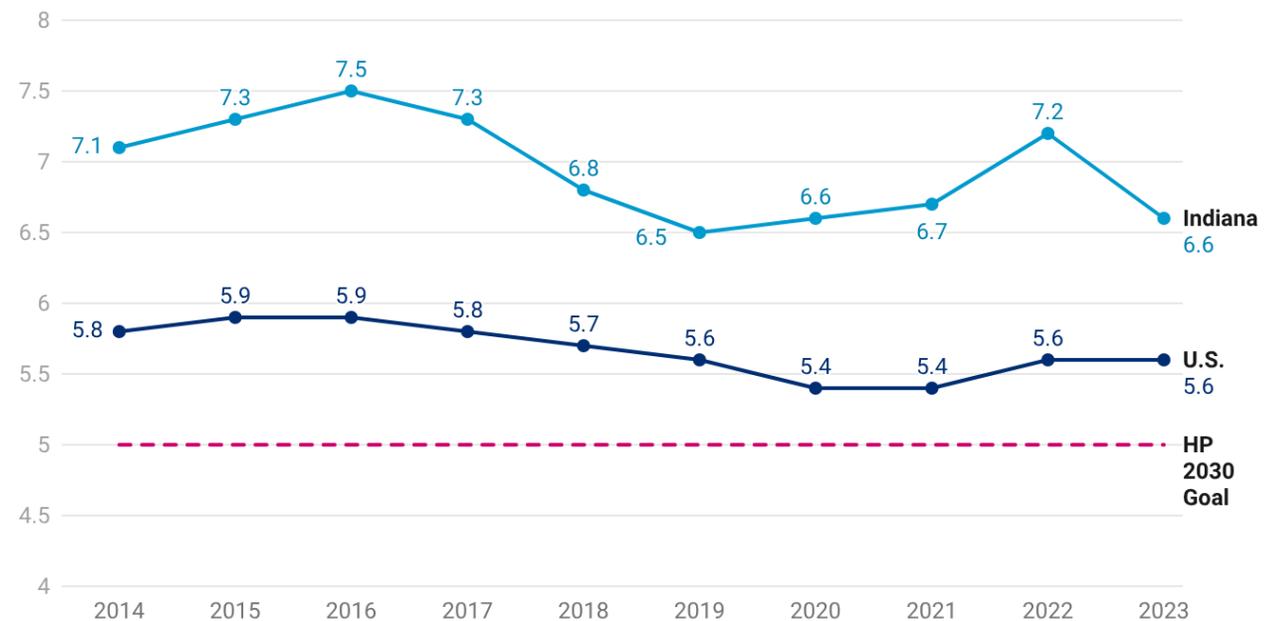
- Indiana consistently has higher infant mortality rates than US
- In 2024, Indiana's infant mortality fell to a **historic low of 6.3** for every 1,000 births

"We have lots of people who are **presenting quite late in pregnancy** because it's actually **difficult to get a first prenatal appointment**, and that increases maternal and infant morbidity and mortality."

- *Dr. Caitlin Bernard*

## Infant mortality rates (IMRs), 2014-2023

Rate per 1,000 live births

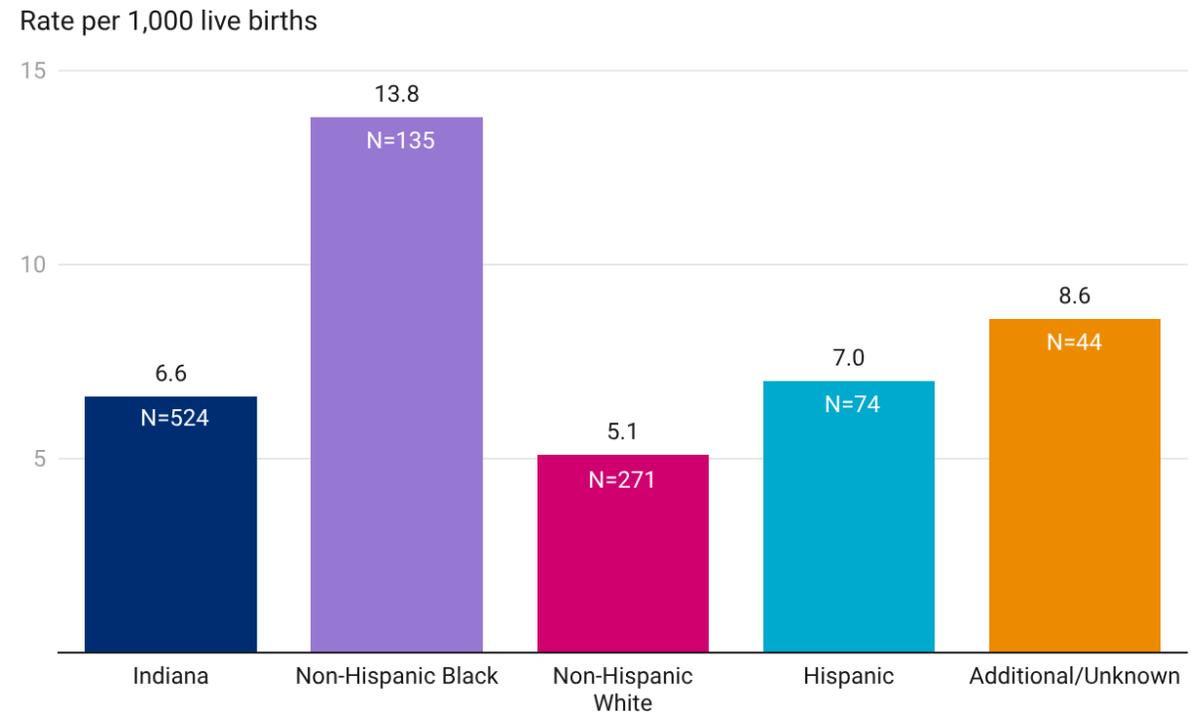


Source: Indiana MMRC 2023 • Created with Datawrapper

# Inequities in Infant Mortality

- In 2023, infant mortality rate for Black mothers was **13.8 per 1,000 live births**
  - The state rate is 6.5 per 1,000
  - White infants is 5.1 per 1,000
- Black infant mortality is **nearly 3x** the rate of white infants

**Infant mortality by race and ethnicity, Indiana 2023**

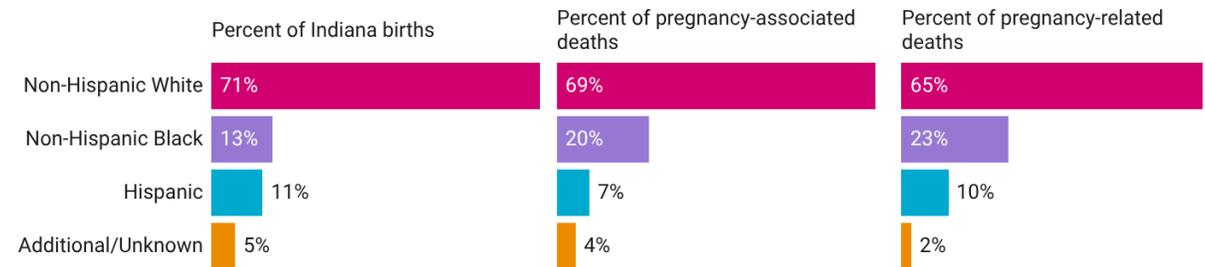


Source: Indiana MMRC 2023 • Created with Datawrapper

# Inequities in Maternal Mortality

- Black Hoosier women's maternal mortality rate was **156 per 100,000 live births**, compared to 91 for white women
- **70%** of both pregnancy-associated and pregnancy-related **deaths were deemed preventable**

## Rates of pregnancy-associated and pregnancy-related deaths by race and ethnicity in Indiana, (2018-2022)



Source: Indiana Maternal Mortality Review Committee 2024 Annual Report, 2018-2022 • Created with Datawrapper

“When you think about just baseline numbers of maternal mortality, we know Indiana by itself, without breaking down any further demographics, is the third worst in maternal mortality in the nation. But when you consider Black women, **those numbers are 3 times as high.**”

- Dr. Nicole Carey

# From Interviews: Inequities in Women's Reproductive Health

"It's **not simply the inequity of socioeconomic status** or because they don't have a specific education, we know that even Black women with PhDs have more chance of dying around pregnancy and childbirth than a white mother without a high school education. So, it's impossible to deny the inequities that exist." - *Dr. Nicole Carey*

"Single moms are often the ones holding their households up, and we're **making it harder for them to get care.**" - *Haley Bougher*

"[For immigrant women], there's just a lot of fear of even leaving their house, trying to access any type of care program, any government entity, essentially. There's **a fear related to being found, known, deported.**"  
- *Dr. Caitlin Bernard*

# Abortion Access and Trends

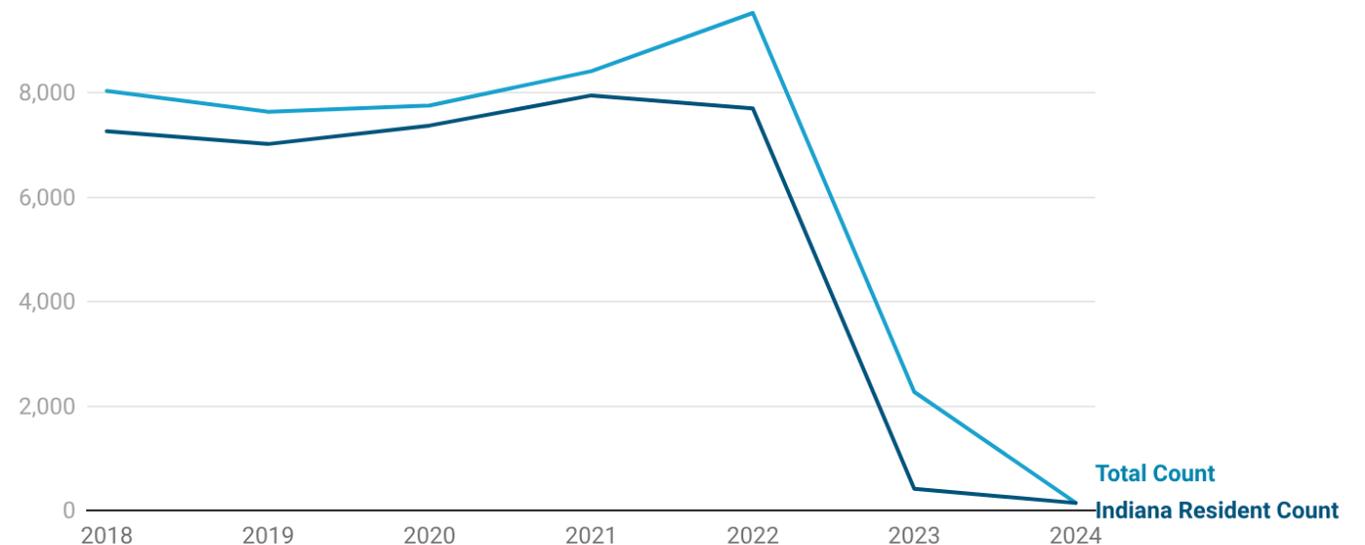
  
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# In-State Abortions Fell After State Policy Change

- In 2022, Indiana passed a law changing abortion eligibility criteria to:
  - Life, physical health, rape/incest (up to 12 weeks)
  - Lethal fetal anomalies (up to 22 weeks)
- **146 abortions** were performed in Indiana in 2024
- Down from **peak of 9,529 abortions in 2022**

**Abortion trends in Indiana, 2018-2024**



Source: Terminated Pregnancy Reports 2022-2024, Indiana Department of Health, 2018-2022 • Created with Datawrapper

# Timing of Abortions has Changed Since 2022

- Largest share of abortions in 2024 occurred between **14-20 weeks (46.58%)**
- In 2022, **67% of abortions were at or before 8 weeks** and less than 2% were 14 weeks or later
- In 2024, **53% of abortions were for patients ages 25-34**
- In 2022, **47% of abortions were provided to the 25-34 age group**

## Abortions by weeks of gestation in 2024

| Weeks of Gestation | Count | Percentage (%) |
|--------------------|-------|----------------|
| ≤8 weeks           | 10    | 7              |
| 9-13 weeks         | 27    | 18             |
| 14-20 weeks        | 68    | 47             |
| ≥21 weeks          | 41    | 28             |

## Abortions by age in 2024

| Age     | Count | Percentage (%) |
|---------|-------|----------------|
| < 16    | 3     | 2              |
| 16-24   | 24    | 16             |
| 25-34   | 77    | 53             |
| 35-44   | 42    | 29             |
| ≥45     | 0     | 0              |
| Unknown | 0     | 0              |

Source: Terminated Pregnancy Report 2024, Indiana Department of Health, 2024 • Created with Datawrapper

# Out of State Travel and Telehealth

- According to the Guttmacher Institute, **3,320 abortions were provided via telehealth** to women in Indiana in 2024
- Additionally, the Guttmacher Institute estimates **10,170 women traveled out of state** in 2024 to seek abortion services, with nearly 8-in-10 traveling to Illinois

“Even patients who qualify for the [abortion] ban's narrow exceptions often **choose to leave the state** rather than navigate lengthy and invasive processes at hospital facilities.”

- *Haley Bougher*

# Knowledge of Abortion Options is Limited

- **Only 24% of U.S. adults correctly identified medication** as the most common method of abortion, versus 29% of adults who believed surgical procedure abortions were most common
- **Less than a third (29%) of reproductive aged women (18-49)** knew medication abortion is most common method
- **Nearly four** in ten adults (40%) reported **uncertainty about whether medication abortion is safe** when taken as directed by a healthcare provider.

“I’m looking in Facebook groups and social media where women just are clueless and feel hopeless [about how and where to get reproductive care and contraceptives].”

- *Doneisha Posey*

# The Reproductive Health Workforce

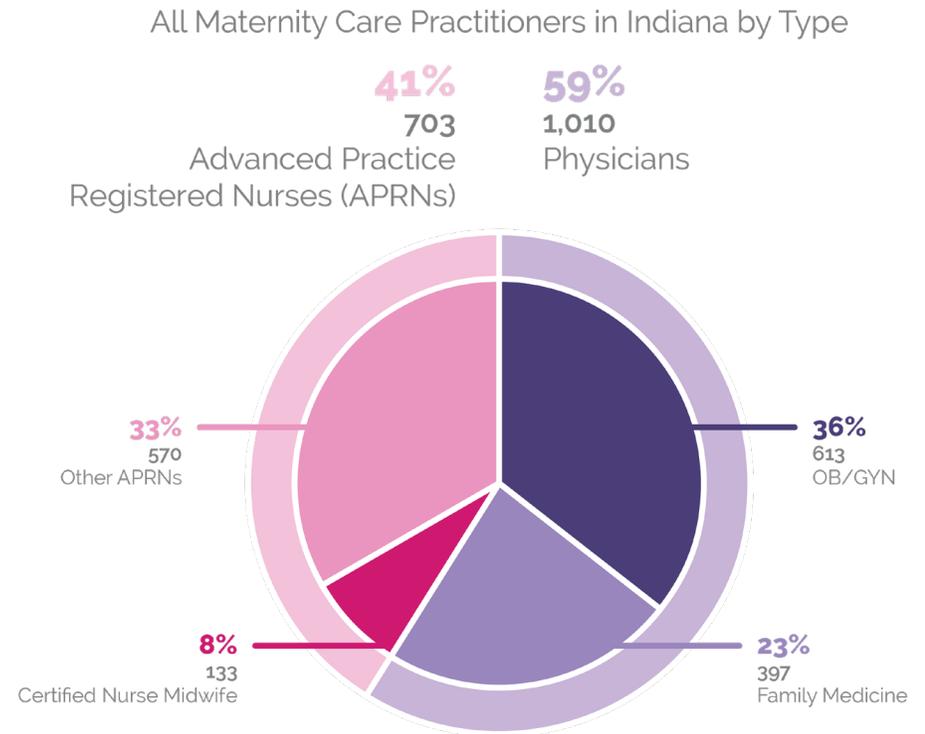


# Reproductive Healthcare Providers

- Of the state's 2,864 family medicine physicians, **only 7.3% provide labor and delivery services**
- **28 counties** have no practicing OB-GYN
- **9 counties** have no maternity care providers at all

“Healthcare providers that are available, **their schedules are booked** months and months and months out.”

- Dr. Wanda Thruston



# From Interviews: Reproductive Health Workforce: Brain-drain & Shortages

"Why would I stay in Indiana when I can cross the border to Michigan and practice freely? As neighboring states remove barriers, **Indiana will continue to lose its workforce.**" - *Darla Berry*

"We've **always been in a crisis for reproductive health workers** at all levels, and that's just being exacerbated right now in the current social and political climate." - *Doneisha Posey*

"[Indiana policy] deters talent from coming to Indiana and creates large gaps in healthcare and **leaves the gates open for poorer outcomes.**" - *Ariana McGee*

"I could go anywhere I want to in this country and find a job in obstetrics and gynecology. Anywhere. Because **there's a shortage everywhere.**" - *Dr Karla Loken*

"Who in their right mind would want to work in a space where you aren't able to practice to the full extent of your skill set, or where **you are forced to turn someone away** and told you can't help them, when you absolutely can?" - *Dr. Cara Berg Raunick*

# Ripple Effects of Barriers, Inequities, and More



# From Interviews: What is the Impact of Not Receiving Care?

"If you don't have access to reproductive care, the first thing is **unintended pregnancies.**"  
- *Lucia Guerra-Reyes*

"The ripple effects of that are things like **increase in foster care usage**, increase in substance use disorders, increases in **poor mental health**, not just for them, but for their children as well."  
- *Dr. Caitlin Bernard*

"It **sets up families to fail** when they're not given access to contraceptives." - *Haley Bougher*

"This pattern of delaying reproductive care, is surely adding to these cases and to the **rates of cancers that are eminently preventable.**" - *Lucia Guerra Reyes*

"**Burnout for providers** is going to continue to increase, and the **mental health of the patients** themselves." - *Christie Lodics*

"Our babies are **not born healthy**, and our **moms die.**" - *Gurinder Kaur*

# From Interviews: Reproductive Care goes Beyond Women and Infants

"Women are the **cornerstone** of all of our communities. When we don't see this as an all-of-our issue, **society loses when women don't have what they need.**" -  
*Doneisha Posey*

"By not prioritizing women's reproductive health across the lifespan, we are doing a huge disservice. **Women and children are the future**, and if we can't prioritize them, **it will cost us from every possible perspective.**"  
- *Darla Berry*

# Questions?



**Esmé Barniskis**

Community Research Project Coordinator at The Polis Center

# Moderator & Panelists

Moderator:

**Ebony Marie  
Chappel**



Director of Brand  
& Community  
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*Mirror Indy*

**Ariana  
McGee**



CEO  
*Navigate Maternity*

**Dr. Cara Berg  
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Director of Health  
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**Farah Célestin  
Chéry**



Executive Director  
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*Dieudonne  
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**Angie Carr  
Klitzsch**



CEO  
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**Thank you!**

**Presentation Recording and Slides**  
Link coming soon!



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