Maternal Care in Rural America

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Acknowledgements

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Maternity Care in Rural Areas

- 18 million reproductive-age women live in rural US communities.
- Half a million babies are born in rural hospitals each year.
- Access to care generally is a frequent challenge in many rural areas; contributing factors include:
  - Transportation,
  - Financial constraints,
  - Workforce shortages, etc.
- Rural areas are not a monolith. They always have been, and are increasingly, diverse on a variety of markers.
Rural Obstetric Unit and Hospital Closures

- From 2004-2014, how many rural communities lost hospital-based obstetric services?
## Data Sources

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Percent of Rural Counties with Hospital OB Services, 2004-2014

[Diagram showing the percentage of rural counties with hospital OB services from 2004 to 2014, with two categories: Micropolitan and Noncore. The Micropolitan category starts at 82.0% in 2004 and decreases to 77.9% in 2014. The Noncore category starts at 40.4% in 2004 and decreases to 30.2% in 2014.]
Factors Associated with OB Unit Loss

- Counties that had higher rates of obstetric unit loss had, on average:
  - Lower birthrates
  - More Black residents
  - Lower median income
  - Fewer family practice doctors and OBGYNs
What are the consequences of losing hospital-based obstetric services?

- For rural counties that lost hospital-based obstetric services between 2004-2014, what were the associated changes in birth location and birth outcomes?
Kozhimannil, Hung, Henning-Smith, et al.

Association Between Loss of Hospital-Based Obstetric Services and Birth Outcomes in Rural Counties in the United States

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<td>Restricted Use Natality Detail File (NDF) with county identifiers</td>
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<td>(maternal residence, hospital location)</td>
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Outcomes

• Birth location:
  – Out-of-hospital birth
  – Birth in a hospital without an obstetric unit

• Birth outcomes: Preterm birth (<37 weeks’ gestation)

• Secondary outcomes:
  – Low prenatal care (≤ 10 visits)
  – Cesarean delivery
  – Low infant Apgar scores (<7 at 5 minutes)
Changes in Birth Location

- Increase in out-of-hospital birth (1 to 2%); bigger jump in rural counties not adjacent to urban counties
- Increase in births in hospitals without obstetric units (from <1% to 3%) in non-adjacent rural counties

Photo credit: Kathleen Henning, 2019
Changes in Preterm Birth

• Preterm birth increase of 0.4–percentage points in non–urban-adjacent rural counties and a 0.2–percentage points in urban-adjacent counties
Putting Findings in Context

• Rural residents experience health disparities, relative to their urban peers
• Not all rural people and places have the same opportunities for health
• Addressing maternity care is vital for ensuring the health of parents, children, and the next generation of rural
The Way Forward – Federal Policy

• Federal policy efforts to address workforce shortages, capacity, and data collection.
  – Improving Access to Maternity Care Act (became law, 2018)
  – Rural Maternal and Obstetric Modernization of Services Act (Rural MOMS Act)

• Federal policy efforts to improve maternity care quality
  – Quality of Care for Moms and Babies Act
The Way Forward – State and Local Efforts

- Medicaid policy
- State scope of practice laws
- State and local efforts
  - Subsidies; “home-grown” rural workforce
  - Education and training; rotations that include obstetrics in rural areas
  - Capacity building/training: CME support
  - Telemedicine for obstetrics
  - Training for law enforcement, EMTs, and others who might encounter births
  - Housing and transportation support for rural families
  - Insurance regulation/costs
    (for hospitals, doctors)
The Goal for Rural Communities

- Workable solutions to the challenges that rural communities face to ensure maternity care access and quality