



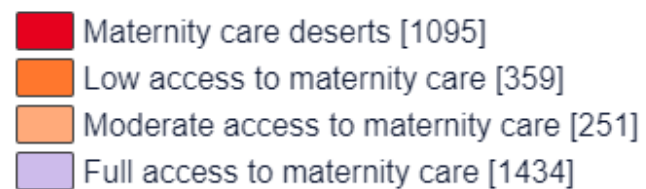
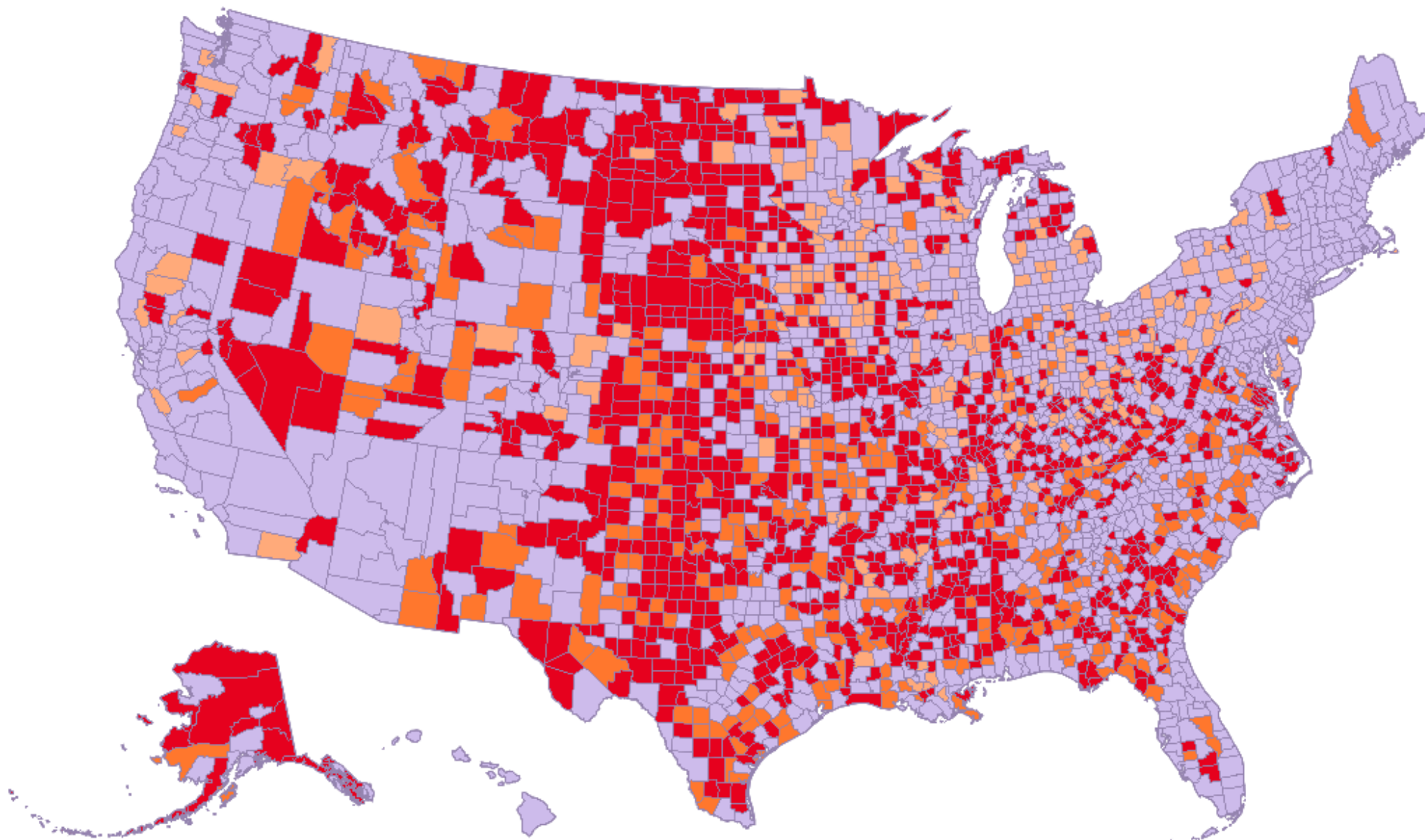
Improving Access to Maternal Health Care in Rural Communities

Obstetric or Maternity Care Deserts

More than 2.2 million women of childbearing age live in maternity care deserts (1,095 counties) that **have no hospital offering obstetric care, no birth center and no obstetric provider.**

❖ Many more live in areas with limited access.

Rural Disparities: 9% greater probability of severe maternal morbidity and mortality, compared with urban residence.



Increase in Obstetric Deserts

- Analysis of trends in hospital obstetric service closures found a **7.2% decline** in the percentage of rural counties with hospital-based obstetric services in the U.S. **between 2004 and 2014.**
 - A total of 179 rural counties (**about one in ten**) lost hospital-based obstetric services during those ten years (2004-2014).
 - Of these counties, 150 were area with less than 10,000 residents, indicating that **closures disproportionately affected more remote areas.**
- In 2017, almost 150,000 babies were born to women living in maternity care deserts.

Obstetric Deserts, Rural vs Urban

- Women who live in **rural areas have excess risk for childbirth complications** due to both clinical factors and social determinants of health.
- As of January 1, 2020, **120 rural health care facilities have closed.**
- The areas where **rural facilities are most likely to close are also those areas of greater need, experiencing higher levels of negative maternal health outcomes.**

- Louisiana SR 31 – establishes the study commission on maternal health and well-being, prioritizing rural and underserved areas.
- Michigan SB 82 – provides funding to noncritical access hospitals that qualified for rural hospital access payments and provide obstetrical care.
- Minnesota HB 2128 – awards grants to expand existing nurse-family partnership programs, with priority grants to rural areas given to community health boards, nonprofit organizations and tribal nations.



Recent State Action

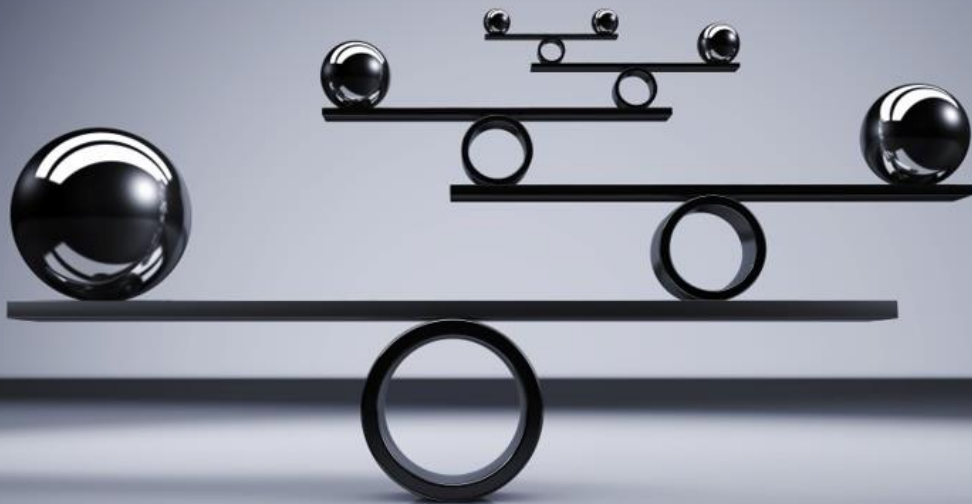
Administered through the Health Resources & Services Administration (HRSA) with four focus areas:

- Obstetrics service aggregation
- Care coordination
- Telehealth and specialty care
- Financial sustainability



Rural Maternity and Obstetrics Management Strategies (RMOMS) Program

New Mexico



Focus on opening satellite OB clinics in rural areas. Opened two clinics in 2021.

Used telehealth “kits” for people with high-risk conditions such as diabetes and hypertension.

Used navigators following the Pathways Community HUB model for care coordination and connection to social supports.

Missouri



Offered home visiting, but early findings showed a very small amount of utilization.

Using the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) PREPARE tool to assess social needs.

Provided education to emergency department clinicians and paramedics on handling obstetric emergencies.