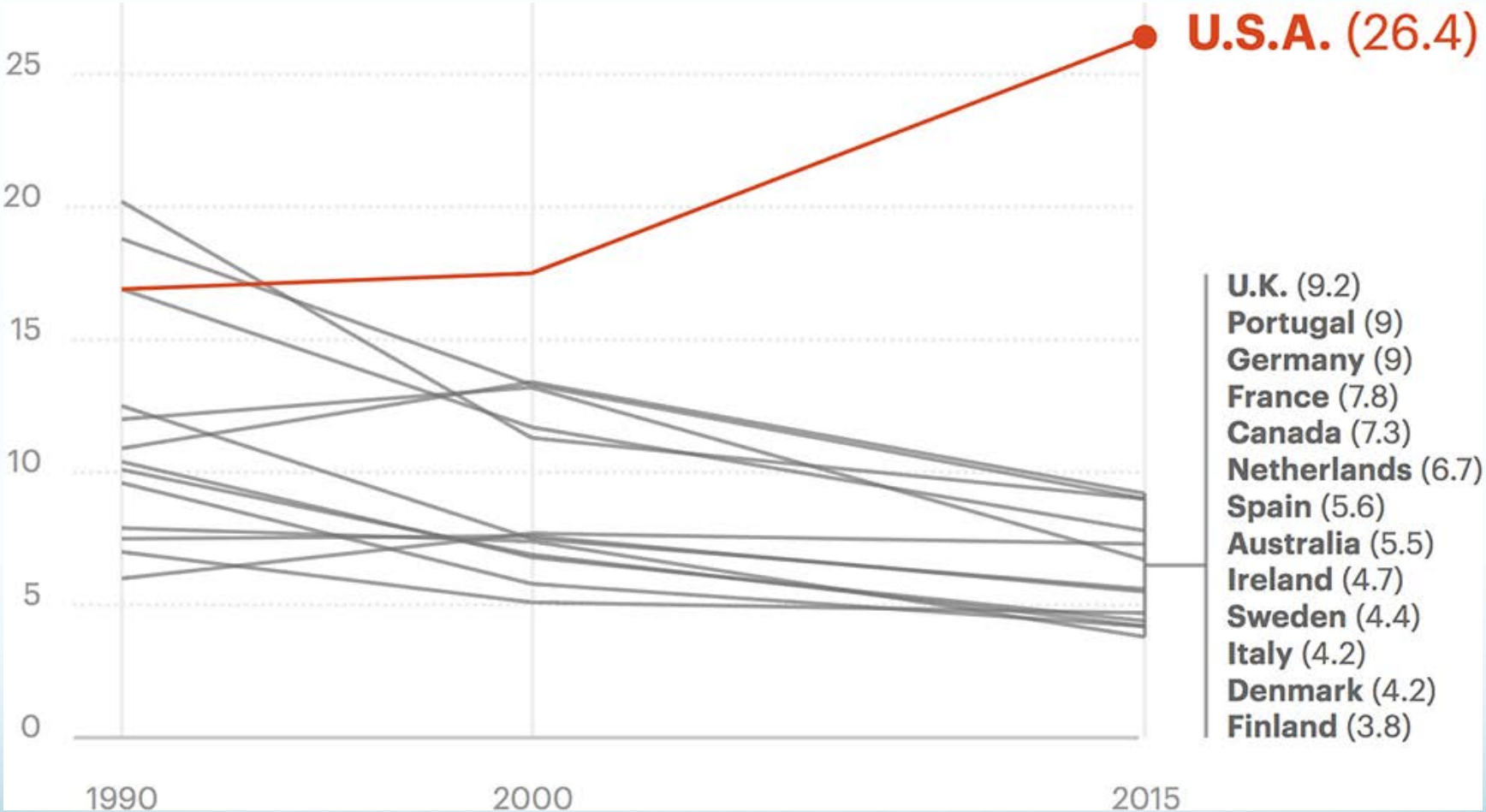
# Maternity Care Panel

RTT Collaborative Meeting
May 16, 2019
Sara Shields, Faculty, UMass Worcester Family Medicine (Massachusetts)
Keri Bergstrom, Site Director, University of Washington Chelan Rural Training Program (Washington)
Shelly Waits
Kaily McLellan, 3rd year resident, Swift River Rural Training Track (Maine)
Randall Longenecker, Facilitator (Ohio)

# Objectives

- Summarize the rural maternity care crisis in relation to physician shortages, hospital closures and perinatal morbidity and mortality.
- Identify evidence-based programs for preparing learners at student, resident, and fellowship levels for rural full spectrum family medicine practice.
- Describe strategies for recruiting family physicians for rural sites and for supporting them in practice for ongoing education/skill development, especially in low-volume settings.

# US Maternal Mortality is Climbing

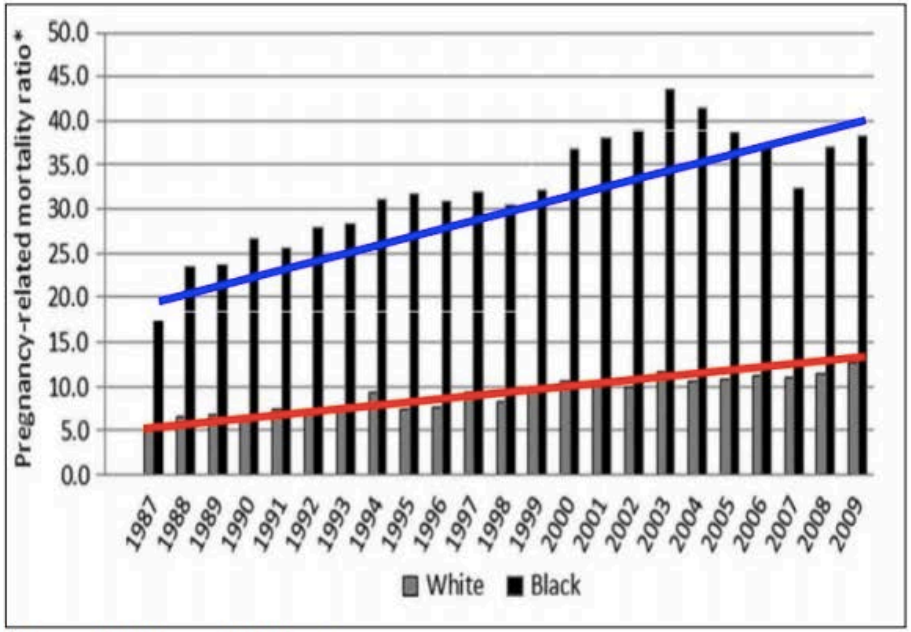



https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world

# Health Inequities Exist: For Moms

## Disparities in Mortality

- **Minorities represent half of all US births**
- **Disproportionate burden of mortality faced by racial minorities**
- **African American women are 3 to 4 times more likely to die as a complication of pregnancy**

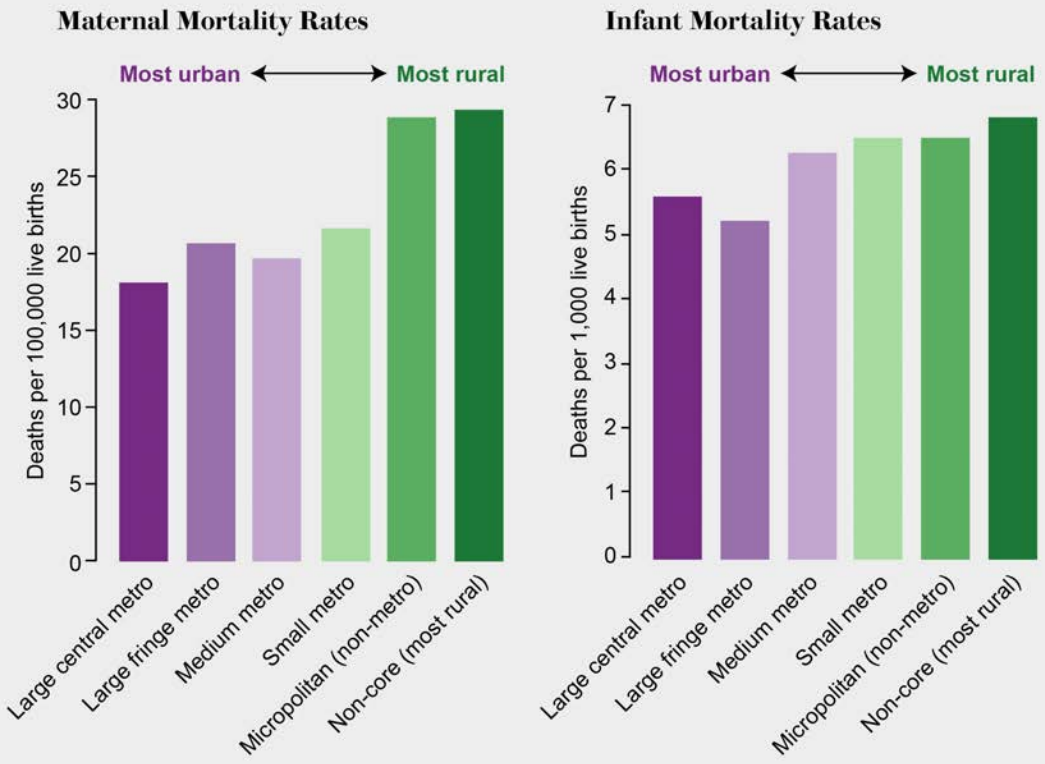



Creanga. J of Women's Hlth; 2014

https://safehealthcareforeverywoman.org/wp-content/uploads/2019/04/4.12-Safety-Action-Series-Presentation.Final_.pdf

# Maternal and Infant Mortality Rates Are Highest in Rural America

According to publicly available data from the U.S. Centers for Disease Control and Prevention analyzed by *Scientific American*, women living in rural areas of the U.S. have significantly higher chances of dying from causes related to pregnancy or childbirth compared with their city-dwelling counterparts. Likewise, babies are more likely to die before their first birthday if they live in rural locations. The graphs below reflect 2015 data.

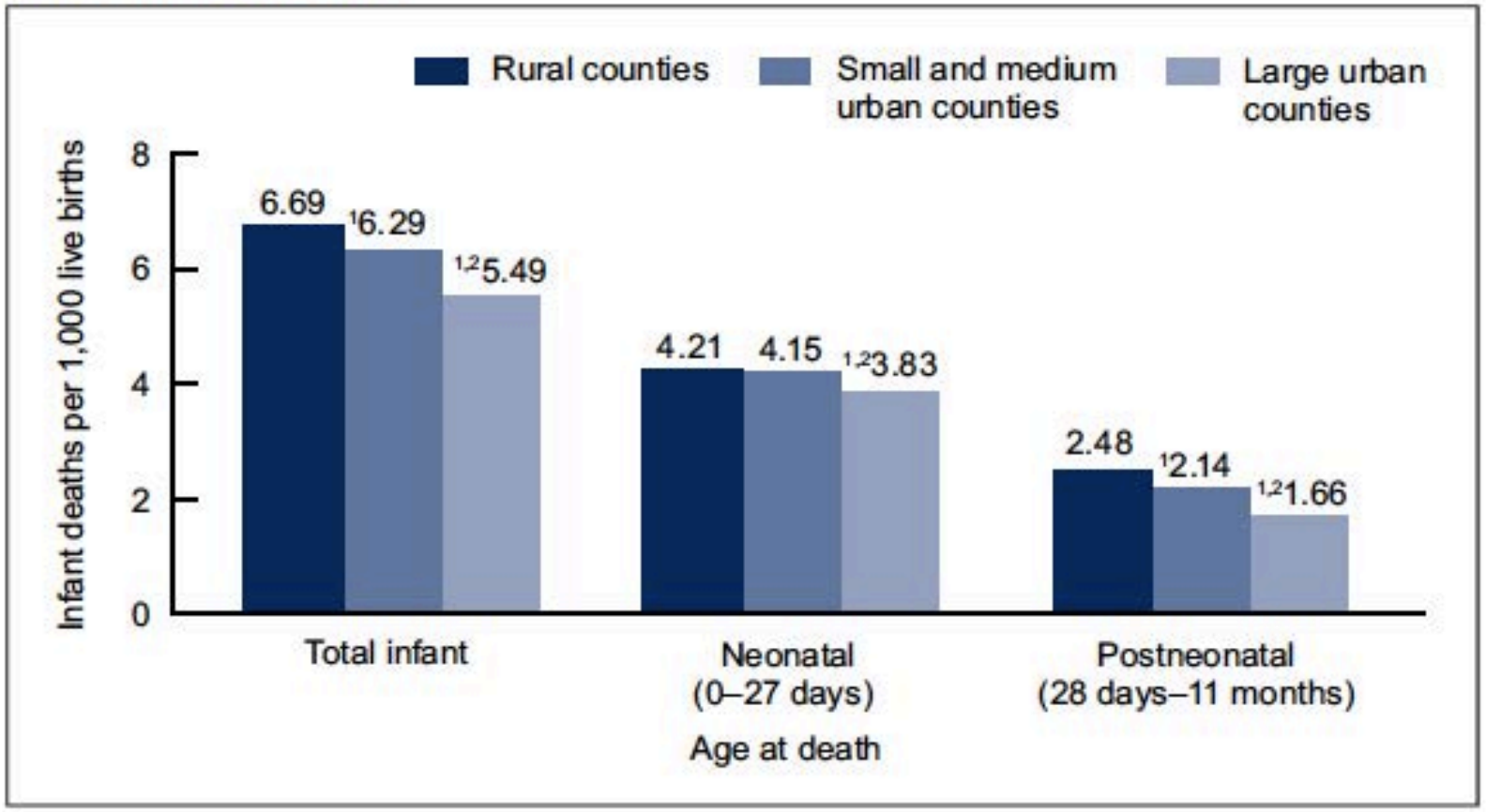



Rural areas w/o local obstetric services → associated with

- less adequate prenatal care
- higher rates of preterm delivery, infant mortality, and delivery complications

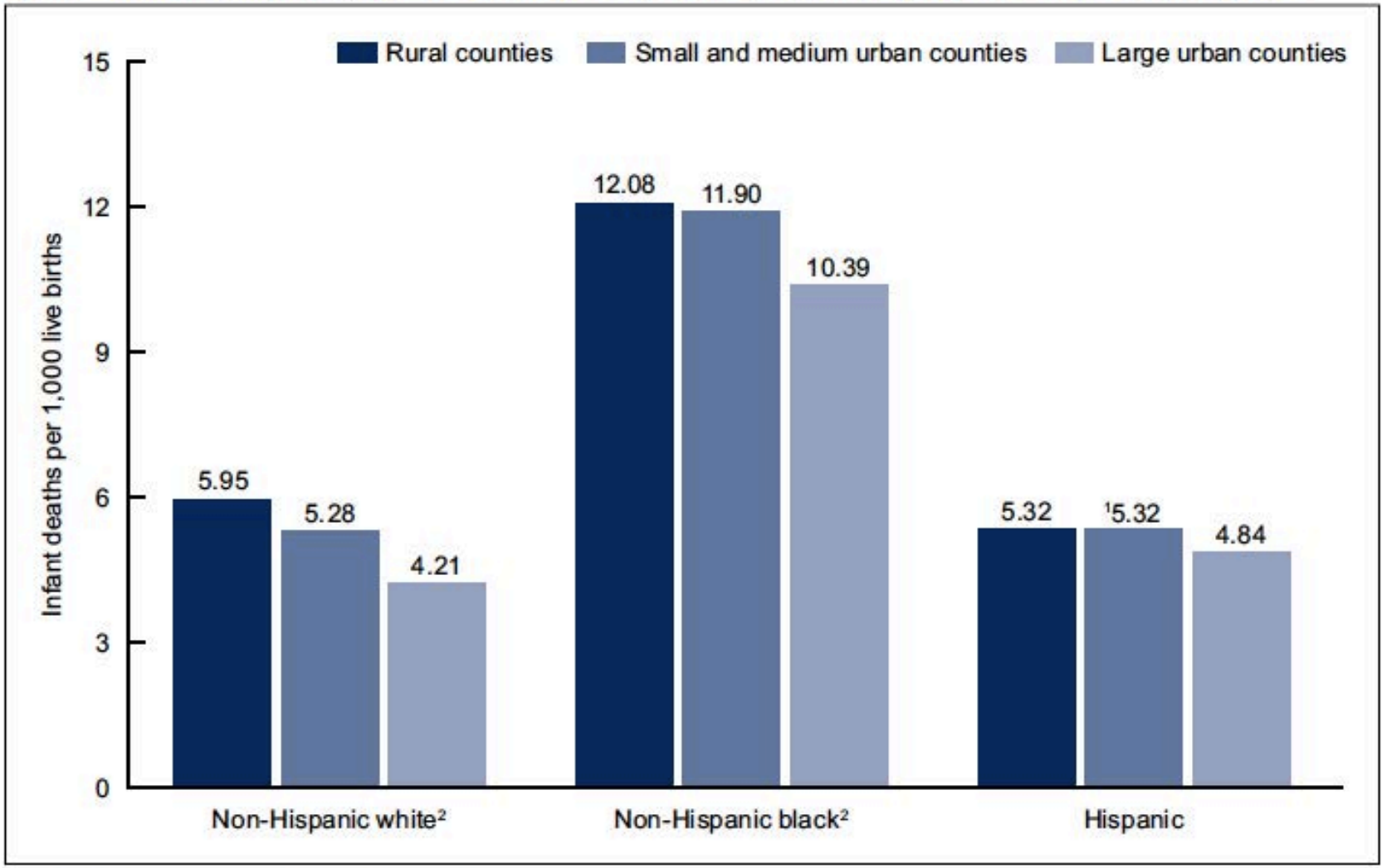
https://www.scientificamerican.com/article/maternal-health-care-is-disappearing-in-rural-americ

Figure 1. Total infant, neonatal, and postneonatal mortality rates, by urbanization level: United States, 2013–2015




[1]Significantly different from rural counties ($p < 0.05$).
[2]Significantly different from small and medium urban counties ($p < 0.05$).
NOTES: County designation is based on mother's county of residence as reported on the birth certificate. County classification is based on the 2013 NCHS Urban–Rural Classification Scheme for Counties.
Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db300_table.pdf#1.
SOURCE: NCHS, National Vital Statistics System, linked birth/infant death data set.

Figure 4. Infant mortality rates, by urbanization level and race and Hispanic origin of mother: United States, 2014




[1]Significantly different from large urban counties ($p < 0.05$).
[2]Significant decreasing linear trend from rural counties to large urban counties ($p < 0.05$).
NOTES: County designation is based on mother's county of residence. County classification is based on the 2013 NCHS Urban–Rural Classification Scheme for Counties. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db285_table.pdf#4.
SOURCE: NCHS, National Vital Statistics System.

# FP Maternity Care and Vulnerable Populations

- Cohen & Coco, 2009 (data 1995-2004)
  - Decreasing PNV by FP in this time period
  - 36% of prenatal visits to FP were Medicaid
  - 46% of prenatal visits to FP were rural
- Cohen et.al., 2003 (2000 data)
  - Maine: FPs provided a significantly greater proportion of their labor and delivery services to women insured by Medicaid compared with OBs (44 versus 29 percent, $P < .001$).
- Young 2017
  - FPs provide majority of rural maternity care

# Rural Issues

- ½ million births to rural women annually
- Rural health facilities' patients are more likely than urban facilities to:
  - Be low to moderate income (eligible for Medicaid or ACA)
  - Have higher percentage of births with Medicaid as payer
- Rural women >1/2 need to travel >30min to hospital obstetric services

https://www.scientificamerican.com/article/maternal-health-care-is-disappearing-in-rural-america/

# Hospital Closures

- 45 percent of all rural US counties (home to nearly two million women of reproductive age in 2004)
  - no hospital-based obstetric services in the period 2004–14.
- Another 9 percent of counties (home to more than 650,000 reproductive-age women as of 2004) lost obstetric services during the study period
- *leaving more than half of all rural US counties without obstetric services*
- Counties with **lower median incomes**, those with **greater percentages of non-Hispanic black women**, and states with **lower Medicaid income eligibility thresholds** for pregnant women
  - **were the most likely to lack or lose obstetric services**
  - **Exacerbating existing racial and income disparities in obstetric care**

Hung, HEALTH AFFAIRS 36, NO. 9 (2017): 1663–1671

# Access: Fewer FPs in Maternity Care

- Graduating residents: 22.7% plan to practice maternity care (Coutinho, 2017 and Tong, 2018)
- Bazemore (2007-11 group): 9.3% of recertifying FPs doing deliveries
- By initial recertification, 9.2% (Coutinho, 2017) with gradual downward trend as years in practice extend
- Overall only 7.7% doing intrapartum care at time of board recertification (2014 survey) (Coutinho)

# FP fellowship training: important in rural areas

- Family medicine obstetric fellowships
  - In a survey of 165 graduates, 44% of fellowship graduates practice in rural areas, 88% are based in community hospitals, and 49% are faculty in family medicine residency programs with 66% reporting having obtained cesarean delivery privileges.
- Rural fellowships
  - Offers family medicine physicians training for rural practice, including significant training in routine and operative obstetrics
  - 75% of rural fellowship graduates practiced in rural communities <25,000, nearly all obtain high-risk obstetrics privileges, and 75%-94% obtain cesarean privileges.

Chang Pecci, Fam Med 2008 May; 40(5):326-32

# Community Health Center Role in Rural Maternity Care

Thorsen, 2019: analysis of CHC role (rural/urban)

CHCs in rural contexts serving more older white patients than CHCs in general, with relatively lower levels of efficiency compared to CHCs as a whole,

BUT these rural CHCs provide "the highest level of access to prenatal care in the first trimester to their patients compared to other types of health centers"

***"the necessary and valuable role of CHCs in rural communities for providing prenatal care"***

Thorsen. *Social Science & Medicine*. 2019;226:143- 152

# Access in rural areas improves IMR

- Alabama “natural study”
  - When both prenatal care and delivery services were available locally, Pickens County exhibited a 60% decrease in IMR. Pickens County achieved an IMR that was not only lower than that of any of the control counties but also lower than both the state and the national mean IMRs during the same period.
  - Pickens County exhibited its lowest IMR when both prenatal care and delivery services were provided locally by 2 FPs
- “properly trained FPs can have a profound impact on infant mortality in rural areas”

Powell, et.al. Obstetric Care by Family Physicians and Infant Mortality in Rural Alabama, J Am Board Fam Med 2018;31:542–549

# Solutions

- Data on maternal deaths and near misses
  - National maternal mortality review
- Access to care: before, during, after pregnancy
  - Reduce “churning”; travel support
- Birth equity
  - Address racism, social determinants of health
- Accountability
  - Toolkits, QI (CMQCC)—team training/CME
  - Partnerships (EMT, etc)
- Listening to the mothers who were nearly lost and the families left behind by maternal death.

Kozhimannil, Reversing the Rise in Maternal Mortality, November 2018 37:11 Health Affairs

Kozhimannil, The Rural Obstetric Workforce in US Hospitals: Challenges and Opportunities, The Journal of Rural Health 31 (2015) 365–372

# What's Being Done?

Improving Access to Maternity Care

- Requires HRSA to identify maternity care health professional target areas
- areas within health professional shortage areas that have a shortage of maternity care health professionals, for purposes of assigning maternity care health professionals to those areas.
- HRSA must collect and publish data comparing the availability of and need for maternity care health services in health professional shortage areas and areas within those areas.

http://www.marchformoms.org/federal-legislation/

# Alliance for Innovation on Maternal Health (AIM)

https://safehealthcareforeverywoman.org/aim-program/

**National data-driven maternal safety and quality improvement initiative**

**Toolkits, webinars, eLearning Implementation**

**In 2018, received** $2 million per year for 5 years to expand national maternal safety efforts

23 states now use the safety bundles (March 2019)

AIM's goal is for every US birthing facility to be using the bundles within 5 years

# The Family's Voices:
# ProPublica
# March for Moms

- https://www.propublica.org/article/lost-mothers-maternal-health-died-childbirth-pregnancy

- http://www.marchformoms.org/

# "Dwindling Maternal Care in Rural Areas Has Feds Seeking Fixes" Bloomberg News 4/23/19

[HRSA] is launching a grant program to give networks of rural hospitals doing obstetrics care up to $3 million each for four years to improve access to that care

"organizations applying for the grant program [are required to] be part of a network that includes at least two rural or critical access hospitals and one federally qualified health center. The network is also required to contract with Medicaid and be part of one of two programs aimed at helping mothers and improving infant mortality"

Example: Kearny County Hospital, Lakin, KS: FPs who do "a variety of services" (10wks off for global health), once monthly MFM; talk with mothers

Wisconsin: Rural OB-GYN residency (20% of training in rural area)

Alabama: The College of Community Health Sciences (CCHS) at the University of Alabama in Tuscaloosa has developed an interdisciplinary, collaborative practice model with OB/Gyns and family physicians that provides obstetrical care to rural, underserved West Alabama.

# Recruitment

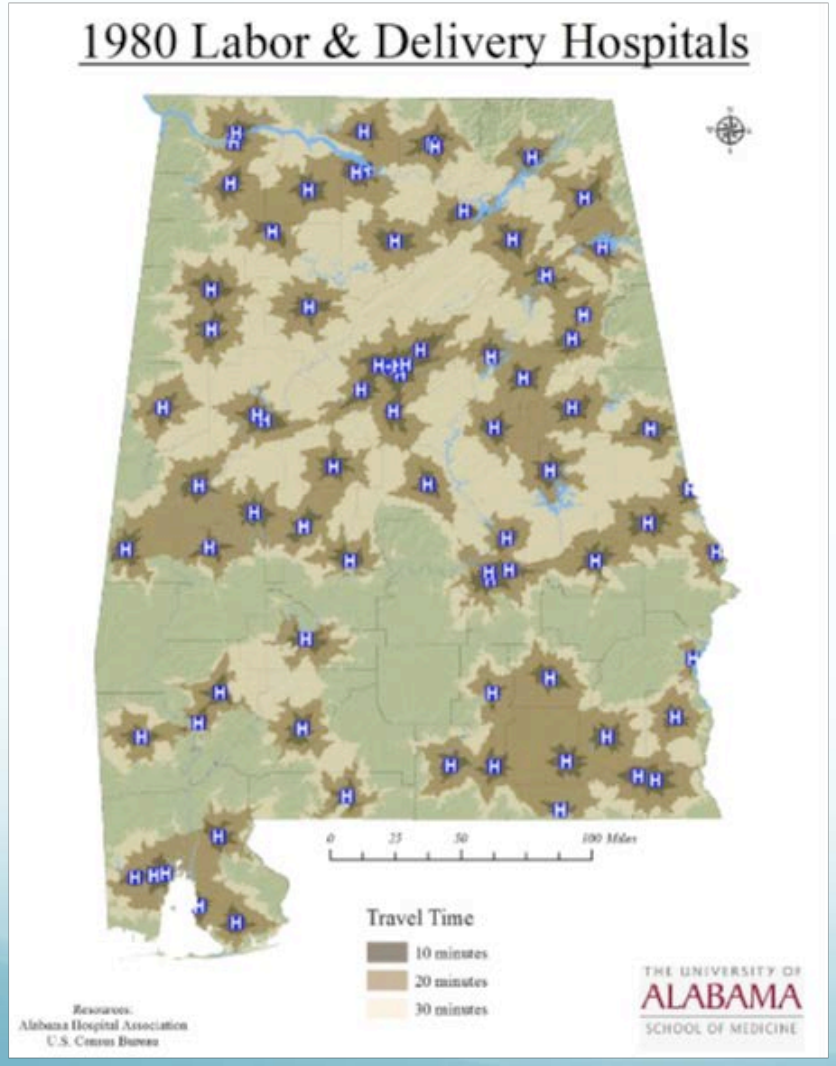
# FM with surgical skills Rural Practice

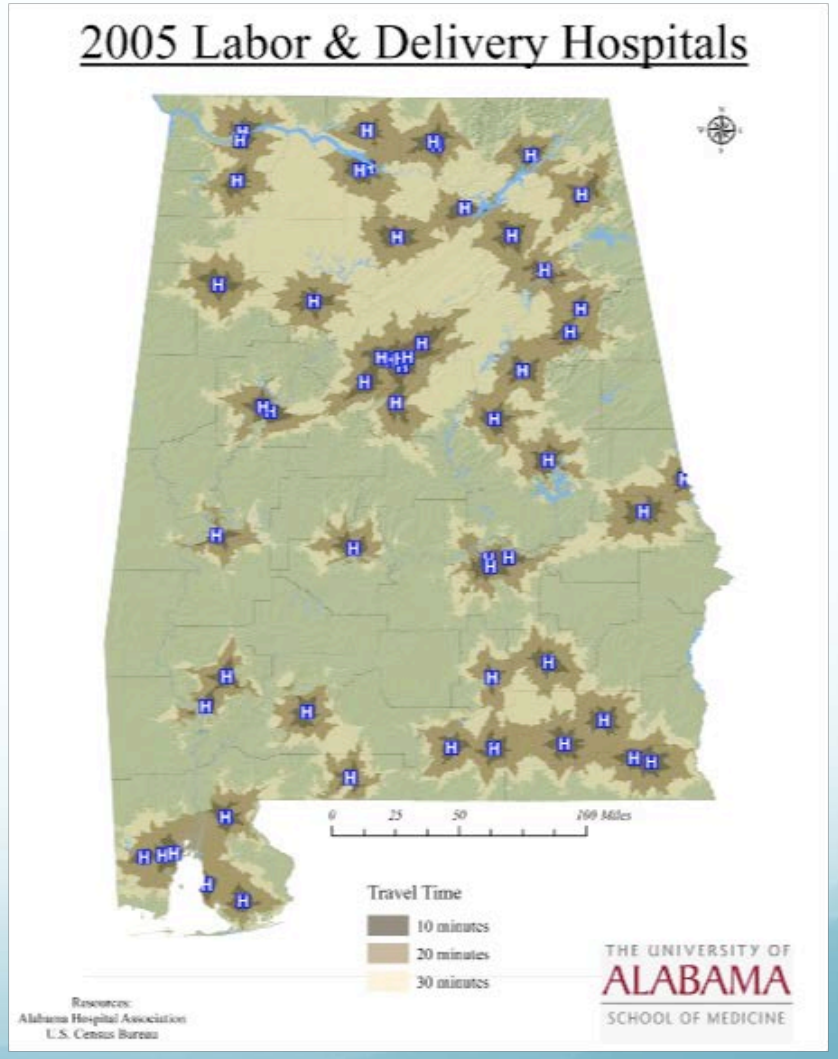
# Rural Maternity Workforce Challenges

Where is Family Medicine?

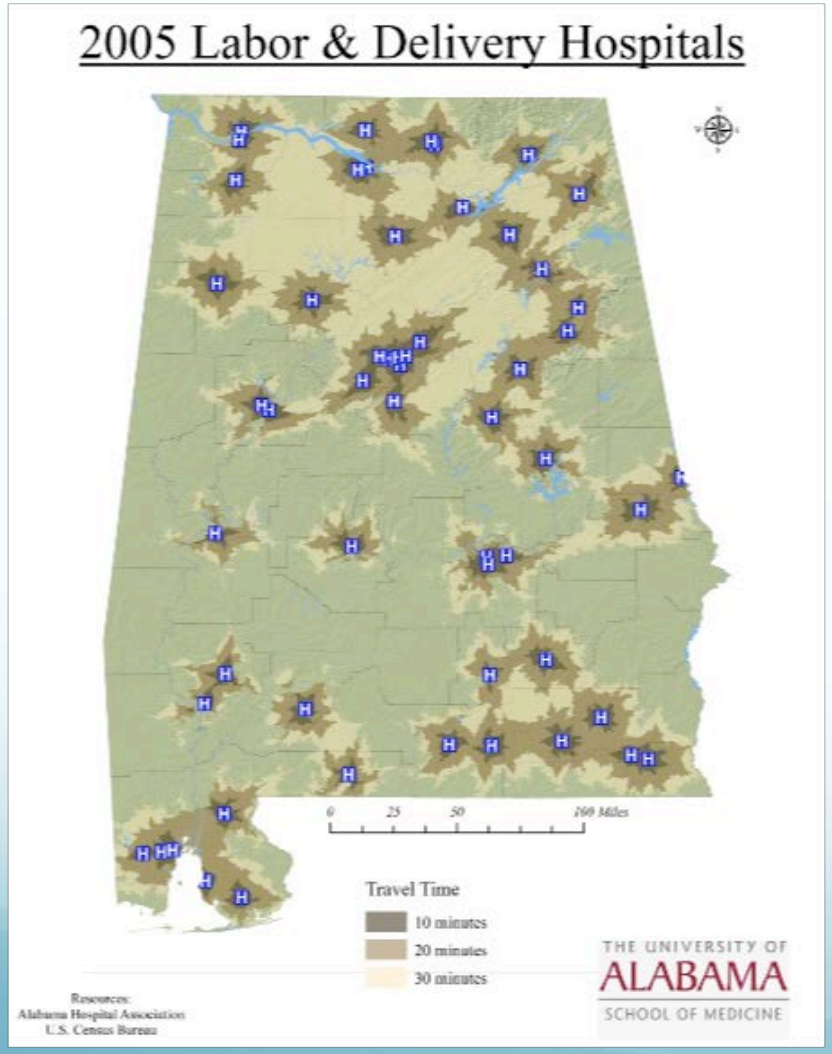
Shelley Waits, MD

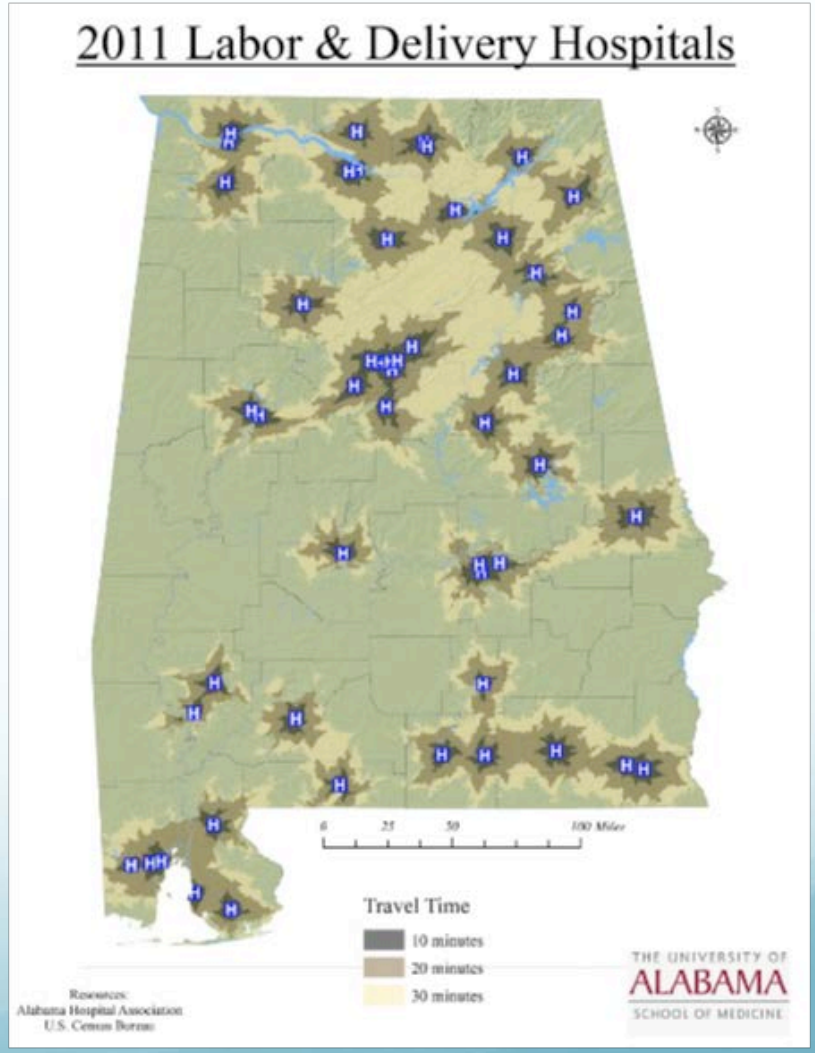
# Alabama Access to L&D



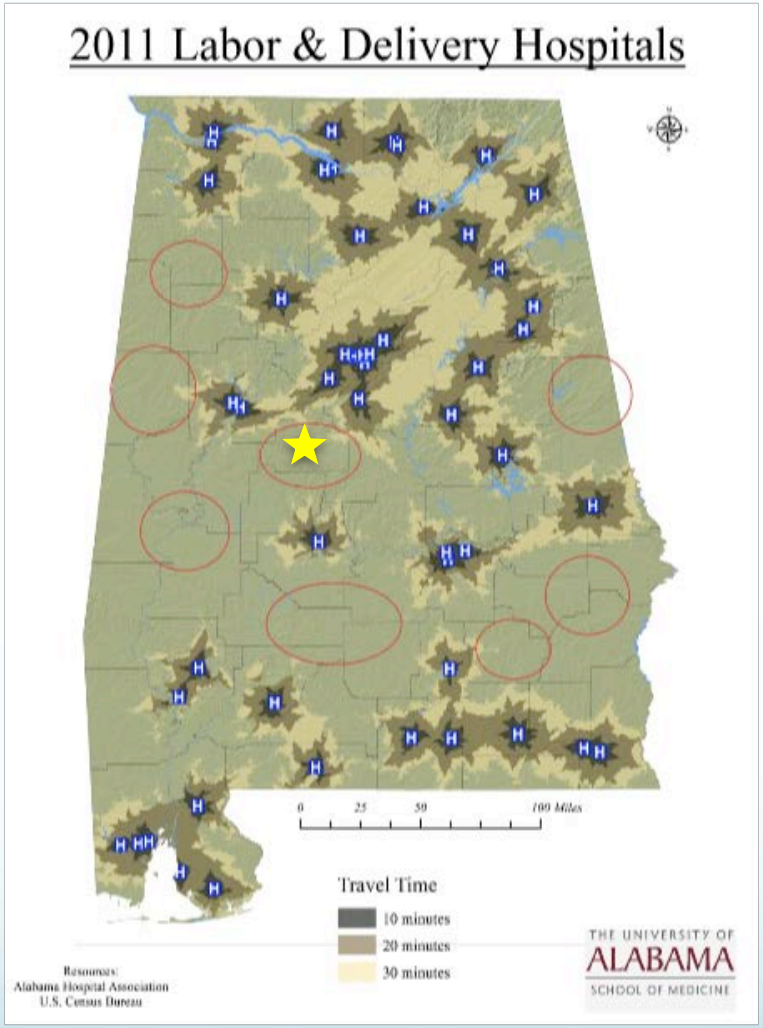



# Alabama Access to L&D



# 2011 Labor & Delivery Hospitals




HABA MEDICAL CARE
OBSTETRICS/L&D
November 2016

# The Resident Perspective

The RTT Collaborative
May 16, 2019

# Student Education & Training: Encouraging students toward maternity practice

RANDALL LONGENECKER MD

# Unicorn or Reindeer?

Web image – Female First

Web image – AWOL

# Family-Centered Maternity Care Course

# Unicorn or Reindeer?

"We are drawn to family medicine by its comprehensive and longitudinal nature as a specialty. As part of that comprehensive care, we hope to provide maternity care for our patients. However, we have struggled with whether it is possible, as well as how to make it possible. Through writing this reflective piece, we have been able to think critically about how we want to provide maternity care and why we are drawn to providing maternity care as a family physician." (EH)

# Tactics I tried, and some I haven't

- Workshops – Sow seeds; "Obstetrical Urgencies: Caring for Two" and "Scope of Practice Lab - Obstetrical Urgencies in Primary Care"
- Rural PREP Grand Rounds: "Operative Obstetrics"
- ALSO Course for Residents in a small community hospital
- Two day blended ALSO Course for practicing physicians, residents and students
- Continuity OB experience in medical school (LIC or assigned patient and family)