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# Meeting Maternal Needs in Rural America

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# Childbirth in the U.S.

- Nearly 4 million people give birth every year
  - Most common reason for hospitalization in U.S.
  - Approximately half a million babies are born in rural areas each year
- Childbirth is costly!
  - Total costs of \$27 billion annually for hospital care (>7% of all hospital costs)
- Medicaid covers half of all births
  - More in rural areas



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# Access to Rural Maternity Care

- Decline in access to obstetric services at rural hospitals
  - In 1985, 24% of rural counties lacked OB services; by 2002 this number had risen to 44%
  - Between 1985 and 2002, approximately 760 U.S. hospitals closed their OB services
- As of 2007, an estimated 5.8 million U.S. women lived in a rural county within an obstetrician
- Nearly 80% of women in the most rural counties do not have access to a local hospital with maternity care services



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# What about Quality of Care?

- Among rural hospitals that do provide obstetric services, there a need for data on patterns of care, quality of care, and workforce.



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# Overview: RHRC Studies on Rural Maternity Care

- Two examples of completed studies:
  - Rural Obstetric **Workforce Challenges** and Opportunities
  - Childbirth in **Non-Local Hospitals** Among Rural Women
- Current project: Rural **Obstetric Unit and Hospital Closures** and Maternal and Infant Health



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# Study: Obstetrics Workforce



Who attends births in rural hospitals?

- What types and combinations of clinicians are delivering babies in rural hospitals?
- What is the relationship between hospital birth volume and staffing models?
- What staffing challenges are rural hospitals facing?



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# Key Findings

- Hospitals with lower birth volume ( $< 240$  births per year) are more likely to have family physicians and general surgeons attending deliveries, while those with a higher birth volume more frequently have obstetricians and midwives attending deliveries.
- General surgeons perform cesarean deliveries in 58.1 percent of lowest-volume ( $<110$ ) hospitals, but in none of the high-volume ( $>460$ ) hospitals surveyed.
- Workforce challenges reported by surveyed hospitals are related to their rural location and low birth volume.





# Study: Non-Local Childbirth

- What are the local hospital characteristics and maternal diagnoses present at childbirth that are associated with non-local childbirth for rural women?



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# Findings

- About 75% of rural women gave birth at local hospitals
- More likely to deliver at non-local hospitals:
  - Rural women with preterm births and clinical complications
  - Rural women without local access to higher-acuity neonatal care
- Less likely: rural Medicaid beneficiaries
  - Indicates potential access challenge



# Current Study: Rural Obstetric Unit and Hospital Closures

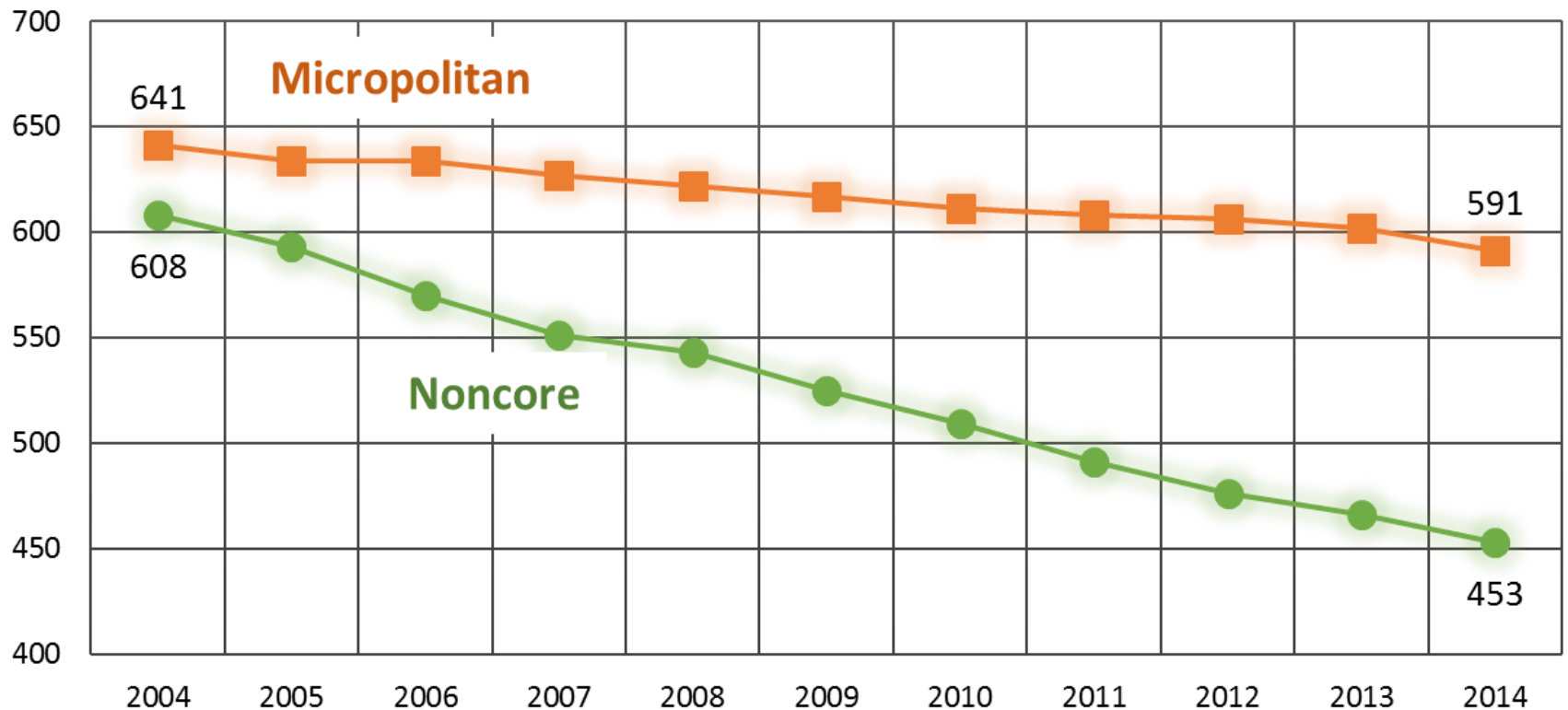
- What is the scope of obstetric unit and hospital closures resulting in loss of obstetric services in rural US counties between 2004-2014?



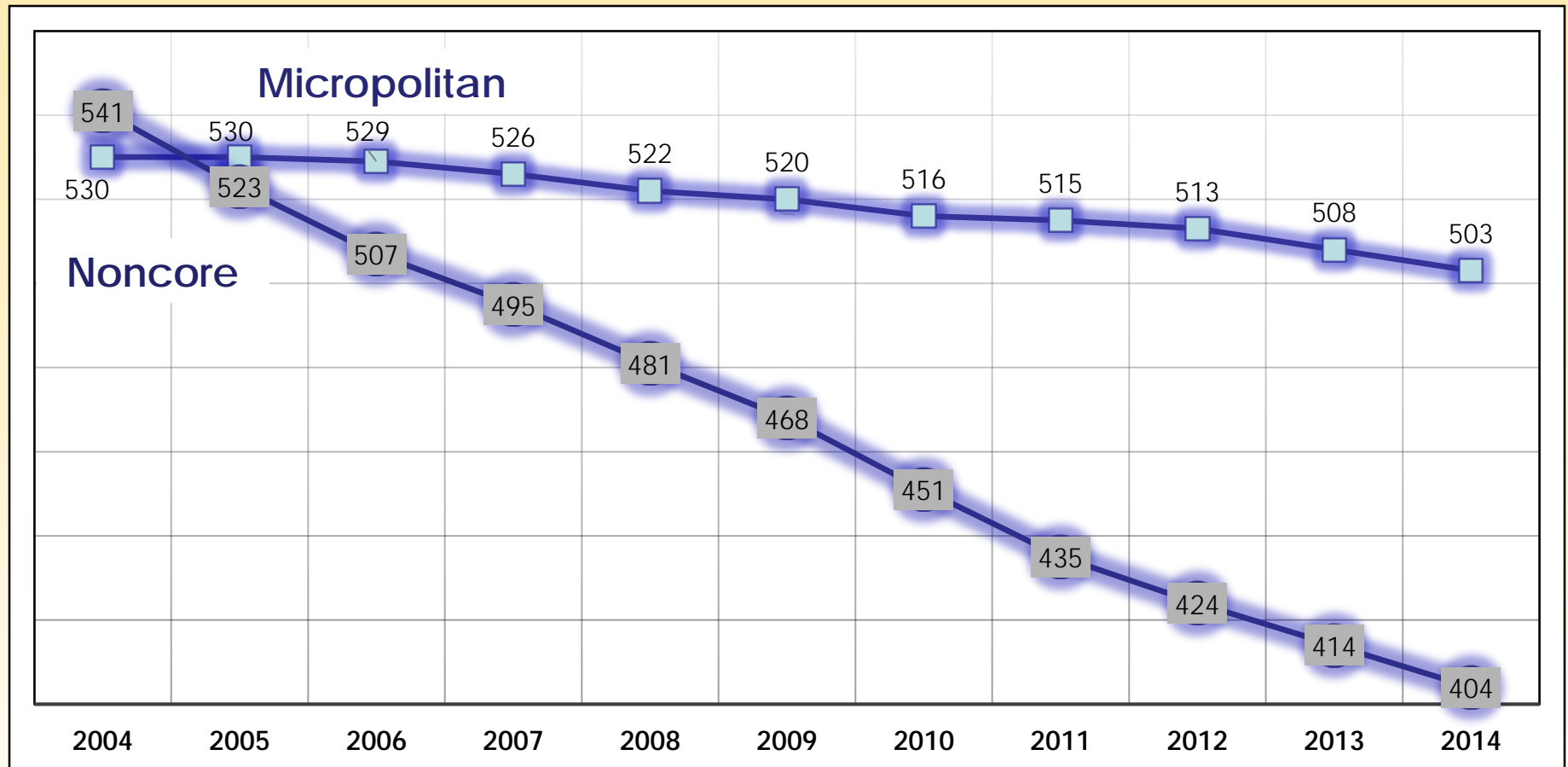
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# Findings

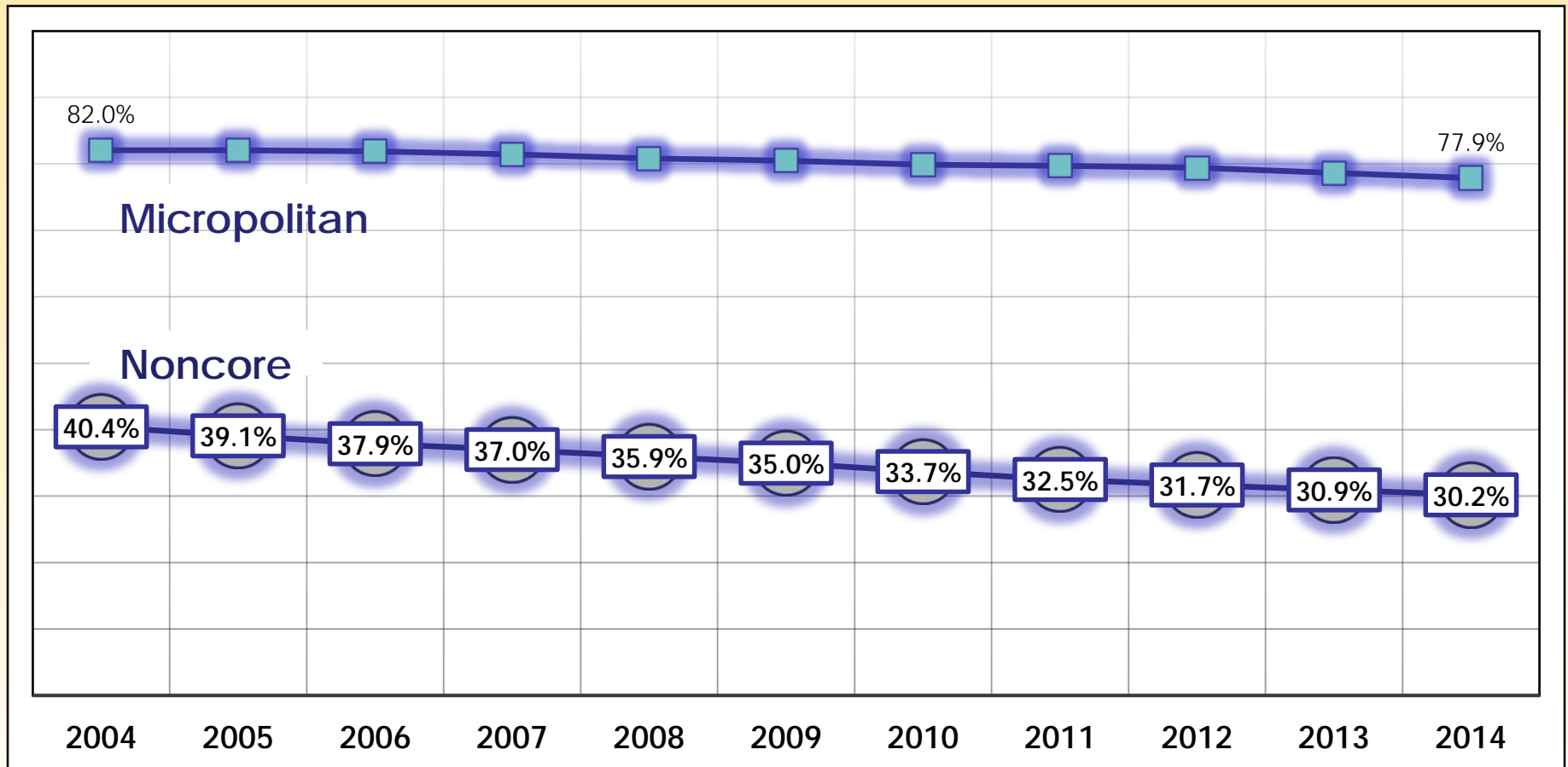
Figure 1. Number of Hospitals Providing Obstetric Services in Micropolitan and Noncore Counties 2004-2014



# Number of Micropolitan and Noncore Counties with In-County Hospital Obstetric Care 2004-2014



# Percent of Micropolitan and Noncore Counties with In-County Hospital Obstetric Care 2004-2014



# County Characteristics

- Compared with counties with continuous obstetric services, counties with no obstetric services (never had, or had full closures between 2004-2014) have:
  - Lower median household income
  - Higher poverty rates
  - Higher rates of uninsurance
  - Greater racial diversity





# Stay Tuned...

- Results coming soon:
  - State-level analyses
  - More detailed socio-demographic correlates of closures
  - Impact of closure on use of maternity care services and maternal and infant health outcomes



# A New Policy Context?



- End of the Affordable Care Act?
- It's likely that
  - “Value” will be increasingly important in policy decisions
  - People will keep giving birth
  - Costs of childbirth will be shared by families, employers, and – importantly - taxpayers



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# The Goal for Rural Communities

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



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# Thank You!

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