

## Providing High-Quality Support to Pregnant People and Their Families in Racially Diverse Rural Communities

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### Key Findings

- The three hospitals included in this case series offer strong examples of hospitals in racially diverse, rural communities providing high-quality support to pregnant people and their families.
- San Luis Valley Health listens to community needs and provides an array of evidence-based supports for pregnant and postpartum people in the Alamosa, Colorado area.
- Yukon-Kuskokwim Delta Regional Hospital and Health Corporation have developed creative care solutions in a uniquely challenging physical environment, supporting Alaska Native cultural values while meeting the medical needs of a geographically at-risk rural frontier region.
- Permian Regional Medical Center provides an example of how regional hospitals can prioritize culturally and linguistically appropriate services to meet community health needs and ensure that families have safety net hospitals for pregnancy, childbirth and postpartum care.

### Purpose

The purpose of this case series is to highlight examples from racially diverse rural communities, where hospitals and health systems with obstetric units strive to meet patient needs and provide evidence-based, supportive services during pregnancy, childbirth, and the postpartum period.

### Background and Policy Context

The health of rural birthing people and their families is an important clinical, policy, and community priority across the United States. Compared with urban birthing people, rural residents experience higher rates of infant mortality,<sup>1,2</sup> maternal mortality, and severe maternal morbidity.<sup>3,4</sup> Rural residents who are Black, Indigenous, and People of Color (BIPOC) have the highest maternal mortality and infant mortality rates in the country.<sup>5,6</sup> At the same time as mortality and morbidity are rising, a steady trend of rural hospital and maternity unit closures has reduced access to care for pregnant rural residents.<sup>7</sup> Still, some rural communities thrive, providing high-quality support to pregnant people, parents, infants, and families. This case series highlights examples from racially diverse rural communities, where hospitals and health systems with obstetric units strive to meet patient needs and provide evidence-based, supportive services during pregnancy, childbirth, and the postpartum period.

### Approach

Our research team recently administered a nationwide survey of rural hospitals with obstetrics units.<sup>8</sup> In the survey, we identified responding hospitals in rural counties that were either majority Black, Indigenous, and People of Color (BIPOC), majority white, and those with no racial majority group (the no-majority counties had a sizeable portion of BIPOC residents). Among responding hospitals in rural, majority-BIPOC counties, or rural counties with no racial majority, we examined data to determine hospitals with exemplary community-serving programs, based on their responses

to survey questions about provision of evidence-based services and supports for pregnancy and childbirth (e.g., breastfeeding support, childbirth education, group prenatal care, etc.). After identifying eight such hospitals, we sent email communications to obstetric unit administrators, inviting them to participate in a case study, which highlighted their hospital. The three hospitals profiled in this case series include the following: San Luis Valley Health, in Alamosa, Colorado; Yukon-Kuskokwim Delta Regional Hospital, in Bethel, Alaska; and Permian Regional Medical Center, in Andrews, Texas.

**Note on Language:** This policy brief uses the terms “maternal,” “maternity,” “female,” and “women” to align with language cited in secondary data sources. Where possible, we use “pregnant individuals,” “birthing people,” or “reproductive-age residents.” We remain committed to using respectful language and evaluating the state of pregnancy-related care for all rural residents, including all individuals who do not identify as women.

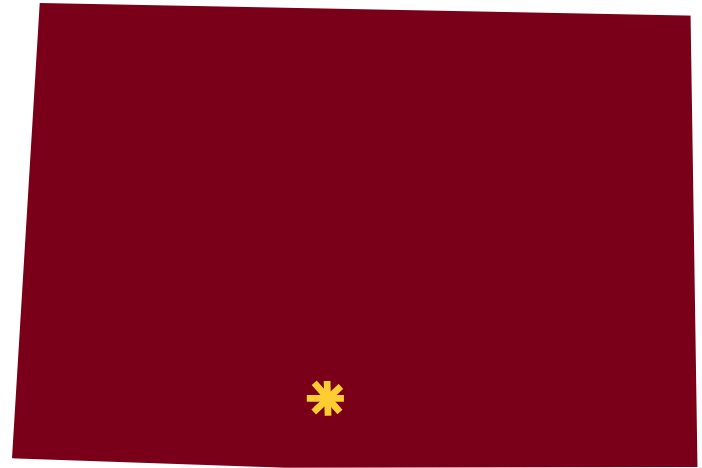
## Case #1: Providing Evidence-Based Supports for Birth in Rural Colorado

### Overview

Alamosa, Colorado, is a community of about 15,000 situated in Alamosa County, in south central Colorado.<sup>9</sup> It is a rural, noncore county, not adjacent to any urban counties.<sup>10</sup> Alamosa is one of several towns in the San Luis Valley, an area with strong agriculture and outdoor adventure tourism industries. The Valley’s primary industry is agriculture (top crops produced include potatoes, alfalfa, and native hay) and it serves as the gateway to the Great Sand Dunes National Park and Preserve, in addition to offering access to other sources of scenic beauty, such as Zapata Falls.<sup>9</sup> It is also rich in racial and ethnic diversity, with more than twice the percentage of Hispanic/Latino residents (47% vs. 21.8%), and more than three times the percentage of American Indian/Alaska Native residents (5.5% vs. 1.6%) than Colorado’s statewide measures.<sup>11</sup> It is more common in Alamosa County than overall in the state of Colorado for residents not to be proficient in English, and the county population is younger than the state average.<sup>11</sup>

Yet, the community faces many challenges, particularly when it comes to health outcomes. A higher proportion of the population of Alamosa County describes being in “poor or fair health” compared to the rest of Colorado (22% vs. 14%).<sup>11</sup> There are also substantially

**Figure 1: Map of Colorado showing the location of San Luis Valley Health**



higher rates of smoking (19% vs. 15%), low birthweight infants (11% vs. 9%), and premature death (9,500 vs. 5,900 years of potential life lost) compared with the rest of the state.<sup>11</sup> In addition, there are economic struggles as well; one in four children in Alamosa County lives in poverty, and residents of the county are, on average, less educated, and face higher rates of unemployment and uninsurance than Coloradans generally.<sup>11</sup>

### San Luis Valley Health

San Luis Valley Health (SLVH) is a health care system, based in Alamosa, which includes two hospitals and five clinics.<sup>12</sup> SLVH plays an integral role in the community of Alamosa. In addition to the provision of vital health care, it is one of the largest employers in the Valley, and is involved in other forms of community enrichment such as sponsoring athletics, art, and education initiatives.<sup>13</sup> SLVH also values and encourages community input (e.g. sharing feedback on care and health needs surveys) and engagement (e.g. volunteering at the hospital, lunch and learn opportunities, etc.).<sup>14</sup>

In terms of health care provision, SLVH offers an array of medical and behavioral health services, including the only obstetric unit in the Valley. Our research team spoke with Monica Hinds, BSN, RN, Director of Obstetrics (Labor & Delivery) to better understand the types of services they provide for birthing people in their community in rural Colorado. SLVH provides care for a majority of pregnant people in the community.<sup>15</sup> On average, 30–35 infants are born in the hospital’s obstetrics unit per month (430 infants delivered in 2021). The next closest obstetrics unit is nearly 90 miles away.

The obstetrics unit at SLVH has seven labor and

delivery rooms and a well-baby nursery. Three obstetricians, two Certified Nurse Midwives, and a team of nurses provide a range of labor and birth services, including vaginal and cesarean births. SLVH also offers Medication Assisted Therapy (MAT) is also available for pregnant patients. Outside of SLVH, Valley Wide Health Systems also employs three family practice doctors who provide prenatal and postpartum care at non-hospital clinics in the Valley. For patients with higher acuity needs (e.g. preterm delivery), SLVH providers aim to transfer care to the closest hospital that can provide an appropriate level of or neonatal care, which is approximately 90 miles away.

SLVH clinicians often care for patients of lower socioeconomic status. Approximately 75% of patients at SLVH get their insurance through Medicaid. Many patients also do not speak English, and require Spanish-language interpreters for their appointments. The vision of the hospital is to be a “trusted partner in health” with the community, and the staff at SLVH say this drives their choice of services, especially when it comes to pregnancy continuum of care. They recognize that it is important for the community that they provide inpatient labor and birth care. They aim to provide the clinical support needed for a safe birth experience, and to reduce the potential for births in the Emergency Department.

*“Not having this service [obstetrics unit] would be very detrimental to our community. Is it a money-maker? No, not really, but it is a service we need to provide.”*

*– Monica Hinds, BSN, RN, Director of Obstetrics (Labor & Delivery)*

Below, we explore some important aspects of the care provided for pregnant and postpartum people in the Alamosa area.

### **Key Features**

#### *A constellation of evidence-based supports*

Existing research shows that certain evidence-based models of clinical care and economic, social, and educational supports are associated with improved health outcomes for birthing people and their infants.<sup>16–26</sup> These evidence-based supports tend to be less widely available to pregnant people in rural communities, compared with urban residents.<sup>27</sup> Additionally, access to these supports is even more limited in rural communities where a majority of the population are Black, Indigenous, and Peo-

ple of Color (BIPOC).<sup>27</sup> San Luis Valley Health offers a range of evidence-based supports to birthing people and families in the Alamosa area. In addition to prenatal care and screenings throughout pregnancy,<sup>16</sup> and care with certified nurse midwives,<sup>20</sup> a wide array of supports are available through the hospital. For example, they have been offering childbirth education classes for decades.<sup>25</sup> These free courses often fill up quickly, as soon-to-be parents in the community are well aware of this service.

Beyond educational classes, there are several other types of supports for pregnant people and new parents. Postpartum peer support exists in the form of a parenting group,<sup>23</sup> which meets at the hospital on a monthly basis, and provides childcare and dinner so parents can focus on connecting and learning.<sup>14</sup> Breastfeeding is highly encouraged, and breastfeeding support<sup>19,23</sup> is also available at the hospital. The obstetrics unit has a nurse midwife who is also a Certified Lactation Consultant and a number of nurses taking lactation classes to further their training. This breastfeeding support exists in a one-on-one or peer group capacity.<sup>28</sup> Perinatal mental health<sup>18</sup> is also a recognized priority; patients are screened for depression and anxiety during prenatal and postpartum visits, and the hospital staff seek to provide those who screen positive with a warm handoff to behavioral health providers located onsite at the hospital.<sup>29</sup>

Beyond the provision of the aforementioned evidence-based supports for pregnant and postpartum people in the Valley, SLVH works to meet particularly high-risk patient needs by offering additional services like their medication-assisted therapy (MAT) program.<sup>30</sup> Behavioral health care is also available specific to those with substance use disorders.<sup>29</sup> Each of these services can be a critical way for people with mental health and substance use challenges, including those who are also pregnant, to get the services they need.

While providing this breadth and depth of services is challenging, Hinds noted the passion her colleagues have for their work, and for caring for patients with the evidence-based services. She emphasized that the work can be challenging, but that the reward that comes with it is tremendous.

#### *Supporting healthy births and families throughout the community*

In addition to supports offered directly through SLVH, there are other evidence-based supports available in the community. Most of these are available through Valley-Wide Health Systems, Inc. (“Valley-Wide”), a local non-profit Federally Qualified Health Center (FQHC) with several clinics throughout the Valley.<sup>31</sup>



The prenatal care providers at Valley Wide have admitting privileges in the hospital and are able to deliver infants for all vaginal births. SLVH obstetricians manage cesarean births and then work together with the Valley-Wide providers for post-surgical care. Valley-Wide providers assume postpartum and pediatric care, unless the patient had selected a pediatrician from SLVH. Hinds described a great working relationship between SLVH and Valley-Wide, noting that “we are here to support each other in any way needed.” Valley-Wide offers group prenatal care,<sup>21,32</sup> nurse home visiting<sup>17</sup> through the Nurse Family Partnership, and the Supplemental Insurance Program for Woman, Infants, and Children (WIC),<sup>26,32</sup> all supports that have been shown to improve maternal birth parent and infant health outcomes.

Doulas, non-medical professionals who offer support during labor and birth (and often prenatal and postpartum support), have been shown to improve birth outcomes.<sup>22</sup> While no formal partnerships exist with them, SLVH is aware of doulas available and practicing in the Valley, and recognizes them as a valuable resource. While doulas’ presence in the community does not guarantee their availability to all pregnant people in the Valley, it is a first step toward the provision of this evidence-based birth support for those who desire it.<sup>29</sup>

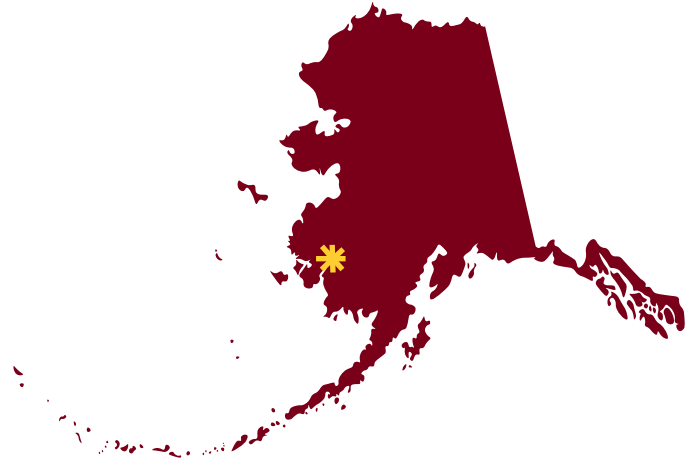
## **Case #2: Creating Community for Child-birth, Far from Home**

### *Overview*

Located in southwest Alaska, the Yukon-Kuskokwim Delta (YKD) spans 75,289 square miles, roughly the size of Oregon. Consisting of coastal land, mountains, and tundra, the YKD is the home of approximately 26,000 residents, 85% of whom are members of 58 federally recognized tribes, including the Yup’ik, Cup’ik, and Athabascan people.<sup>33</sup> The United States government is obligated by treaty to provide health care services to American Indian/Alaska Native (AI/AN) people, and because of these obligations created the Indian Health Service (IHS) in 1955.<sup>34</sup> The IHS provides healthcare to AI/AN people through operation of IHS facilities, coordinating with and providing funding to tribally-run organizations (such is the case in the YKD), or through contract with outside health-care providers.

As there are no connecting surface roads, bush planes and boats are the primary means of transportation between communities, and snow machines utilize frozen

**Figure 2: Map of Alaska showing the location of the Yukon-Kuskokwim Delta Regional Medical Center**



*Photos of fishing boats in summer and winter dogsledding in YKD courtesy of Dr. Ellen Hodges, Medical Director, YKDRH*



rivers as roadways during the winter months. In this rural Alaskan region, running water in homes is not the norm and villages usually have one building called a “Washateria” where villagers access running water for laundry and showering.<sup>35,36</sup>

Despite the difficulties of living in rural Alaska, the culture of the YKD is rich. With 82% of the population in the YKD being Alaska Native, people continue to practice subsistence living by harvesting salmon, berries, and game. Traditionally, women and children lived separately from the men’s house, or *qasgiq*, a way of life that encouraged community-engaged child-rearing.<sup>37</sup> These practices are actively being revitalized today. Here, about 50% of the Alaska Native people speak the most widely spoken Alaska Native language today, Yup’ik, in addition to English, the language in which they attend school.<sup>38</sup>

Bethel is the central hub of the Yukon-Kuskokwim Delta and has a population of 6,325 people per the 2020 census.<sup>39</sup> Approximately 65% of Bethel’s population is Alaska Native. Bethel is the location of the main airport, a University of Alaska - Fairbanks regional campus, and the region’s only hospital: Yukon-Kuskokwim Delta Regional Hospital.

Some of the villages in the YKD are more than 100 miles from Bethel, and must access the city’s amenities and services by air, which generally requires a flight of more than 75 minutes. Many villages are closer, but as there are no roads connecting them, residents still require a flight of at least 15 minutes to reach Bethel. Without easily accessible hospitals, trained community health aides in 41 village clinics handle many medical issues locally; these range from chronic illnesses to emergencies, and behavioral health illnesses to dental problems. Providers from YKD Hospital regularly use radio and telemedicine to remotely consult with community health aides. There are also five sub-regional clinics that have year-round providers (nurse practitioners and physician assistants) on staff.<sup>40,41</sup>

#### *Yukon-Kuskokwim Delta Regional Hospital*

Yukon-Kuskokwim Delta Regional Hospital (YKDRH) is a 39-bed acute care medical facility and Level 4 Trauma center. It is managed by the Yukon-Kuskokwim Health Corporation (YKHC), a Tribal Organization that administers a comprehensive healthcare delivery system for 58 rural communities in southwest Alaska on behalf of the federal Indian Health Service. The hospital provides care for Native and non-Native people living in the region including: family medicine

primary care, obstetrics, pediatrics, psychiatry, pharmacy, laboratory services, diagnostic imaging, and the region’s only emergency department.<sup>41</sup> If patients need more intensive medical or surgical care than what is available in Bethel, they must be flown 400 miles to Anchorage, Alaska. Because many of the villagers must travel more than 100 miles to access care at the hospital, YKHC maintains Qavartarvik, a hostel to house patients when they come in to Bethel for appointments and services. The hospital cafeteria/kitchen employs mainly Yup’ik staff and is equipped to process and cook subsistence foods such as whole fish and game.

The hospital has 8 obstetric beds and sees anywhere from 360-400 births per year. Twenty-eight family doctors and two obstetricians attend births. The hospital’s most recent annual cesarean rate was 5%, compared with a national cesarean rate of 31.7%<sup>42</sup> and they have an exclusive breastfeeding rate of 50%. A majority of births at YKDRH are paid for by Medicaid (80%) and Indian Health Service (10%). Our research team spoke with Kerry Cobbledick, RN, obstetric charge nurse to better understand the types of services Yukon-Kuskokwim Delta Regional Hospital provides for birthing people in their community in rural Alaska.

#### **Key Features**

##### *Fostering community when expectant mothers are far from home*

During pregnancy, patients from remote villages fly to Bethel for their prenatal appointments and relocate to Bethel a month before their estimated due date, leaving their partners, families, and homes behind. They stay in YKHC’s 45-bed Pre-maternal home with other pregnant patients.<sup>43</sup> After they give birth, they will return to their home communities with their infant. Meals are provided to the Pre-Maternal home residents and include subsistence foods when possible. Medicaid pays for a vast majority (more than 90%) of Pre-Maternal home stays.<sup>44</sup> Programming for the Pre-Maternal home residents is supported by the Bethel Community Services Foundation.<sup>45</sup>

In order to build community, staff at YKDRH try to schedule prenatal appointments for those with a similar due date around the same time of the month so that they can get to know one another prior to sharing the Pre-Maternal home. Childbirth education classes are provided by the obstetric unit nurses to those awaiting birth in the Pre-Maternal home.

Prior to the COVID-19 pandemic, YKDRH offered

Centering Pregnancy® group prenatal care to further build relationships between people who would reside in the Pre-Maternal home around the same time. Because they do not often have partners or other support people in Bethel, fellow Pre-Maternal home residents often go into the hospital to support each other through labor and birth. These efforts to build community have been halted temporarily due to the COVID-19 pandemic, but YKHC aims to restart them when possible.

#### *Supporting cultural values of normal birth*

In Yup'ik culture, pregnancy and birth are viewed as a healthy part of life, not a dangerous or risky experience that needs medical management. Pregnant people “trust their bodies to grow and birth babies.” The nurses on the obstetric unit are trained to support this cultural value of normal, unmedicated birth. The unit has birth balls and jacuzzi tubs available, and the nurses provide assistance with movement and positioning to facilitate labor and birth.

#### *Keeping communication open and acting as a community resource*

The YKDRH obstetric unit nursing staff provides lactation and parenting support to their former patients on an as-needed basis. Occasionally, even years after a baby is born, a parent will phone the obstetric unit nurses' station with a question. The YKDRH strives to keep lines of communication open and parenting support available to the entire YKD community.

### **Case #3: Culturally-Centered, Community-Based Care**

#### *Overview*

Andrews, Texas is a community in the far southwest part of the state. Home to about 18,000 residents, Andrews is in a rural, micropolitan county of the same name.<sup>10</sup> Situated in the Permian Basin of West Texas, the predominant industries driving the economy are petroleum, livestock, and other agricultural products. The county population is predominantly Hispanic/Latinx (56.6%) and non-Hispanic white (39.9%).<sup>46</sup> Nearly 16% of Andrews County residents were born outside the United States, and 67% were born in Texas.<sup>47</sup> In the northern region of the county, there is an established Mennonite community that speaks German and occasionally Spanish or English.<sup>48</sup>

Andrews County health outcomes vary, and the county tends to fare better than Texas in some areas including greater access to exercise locations (94% com-

**Figure 3: Map of Texas showing the location of Permian Regional Medical Center**



pared to 81%), lower prevalence of diabetes (7% versus 10%), and food environment index (8.1 compared to 6.0 on a 10-point scale).<sup>46</sup> However, Andrews County residents also face some important health challenges, including twice the state average rate of teen pregnancy, and lower compliance with certain health screenings like mammography (26% compared to 37%), and vaccinations (24% received flu vaccines compared to 44% of the state).<sup>46</sup> Of all teen pregnancies in Andrews County, a greater proportion occur among Hispanic/Latinx teens than their non-Hispanic white peers (65 per 10,000 vs. 39 per 10,000). Still, the county maintains a higher than average high school graduation rate at 95 percent.<sup>46</sup>

#### *Permian Regional Medical Center*

Permian Regional Medical Center (PRMC) is a level 2 maternal facility<sup>49</sup> and a level 1 nursery<sup>50</sup> located in Andrews.<sup>51</sup> We spoke with Director of Family Birthplace Leslie Luxton, RN, to better understand the services they provide. For referrals to nearby hospitals, PRMC sends patients to Odessa Regional Medical Center, about 45 miles from Andrews, and fully equipped with a Neonatal Intensive Care Unit, high-risk obstetric unit, and a transport team that will manage patient transport to their facility. As the primary site for childbirth in the area, PRMC recently renovated their Family Birthplace to include six labor, delivery,



postpartum rooms, two labor rooms, two triage beds, and a nursery.<sup>52</sup> The birthplace sees an average of 30 births per month, and delivered 334 babies in 2019.



*Photos of Permian Regional Medical Center and PRMC Family Birthplace courtesy of Leslie Luxton, RN, Director of Family Birthplace*



### **Key Features**

#### *Culturally centered, community-based care*

From the CEO to its nursing staff, Permian Regional Medical Center has a strong commitment to providing comprehensive obstetric services within their unique rural context. With a large Hispanic/Latinx patient population, 32% of Family Birthplace staff are Spanish speakers. Staff demonstrate an awareness of the particular needs of the families that visit their facility for labor and delivery, and expressed an accepting rapport with the local Mennonite patients who deliver at the hospital, working with interpretive services in German or Spanish, and addressing desires for low-intervention births. With approximately 80% of births at PRMC funded by Medicaid, patients are generally lower-income and benefit from additional community-based services and supports. Staff are familiar with a range of local services available to these patients in the surrounding community.

The local Women, Infants & Children (WIC) office holds hours twice a week for patient drop-ins, and a local faith-based center (the Life Center) provides early family education on safety and health topics, and distributes baby supplies to families free of charge for up to 36 months. The hospital staff are also responsive to individual patients' birthing preferences, which has earned the trust of the nearby Mennonite community that frequents PRMC for childbirth cases. While there is not a formal connection between this community and the hospital, staff are familiar with the cultural preferences of the population, such as low-medical interventions, and respectfully work with these families to ensure safe childbirth.

#### *Responsive, individualized postpartum care*

Staff have a strong commitment to breastfeeding success for their patients. Through a partnership with a Texas-based non-profit, the Medical Breast Pump Depot, PRMC provides each patient with an electric pump covered by the patient's insurance. In Texas, most Medicaid and private insurers fully cover pumps with no copays. If the patient is uninsured, they can self-pay at a subsidized fee or work with WIC to receive a free pump through their services. An international board-certified lactation consultant (IBCLC) on staff is highly responsive to patient needs and available for consultation on an ongoing basis. When asked about this service, the lactation consultant mentioned that she lives very close to the hospital and enjoys being able to respond when clients have requests or questions. The lactation consultant has shared her passion for this with colleagues, who refer to her directly for lactation consultation services, even later in the postpartum period. Primary care physicians in town know that the lactation consultant is available and will share her direct number with clients to connect.

#### *Challenges*

One challenge facing PRMC is retention of nursing staff, a problem that they identify as not unique to their hospital, and attributable to competitive nurse training opportunities in the region. To address the challenges recruiting nurses, the Family Birthplace department has approached a local LPN to RN transition program to build a relationship and explore possibilities to attract nurses to the consider working in the obstetrics unit at Permian Regional. Nurse staffing shortages impact all of rural America, where only 16% of RNs practice.<sup>53</sup> The impact of COVID-19 has accelerated some of the nursing shortage concerns in areas like Andrews, Texas.

## Conclusion

Providing obstetric services presents unique challenges in rural communities. While many rural communities are increasingly losing access to inpatient obstetric care, some rural hospitals are finding ways to both maintain this critical resource, and go above and beyond to meet the needs in their community. The three hospitals included in this case series offer strong examples of this. First, San Luis Valley Health provides an example of a hospital in a rural, racially diverse frontier county that listens to community needs and strives to provide many evidence-based supports for pregnant and postpartum people in the Alamosa, Colorado area. Next, the Yukon-Kuskokwim Delta Regional Hospital and Health Corporation have developed creative supportive care solutions in a uniquely challenging physical environment. They are able to support Alaska Native cultural values and traditions while meeting the medical needs of a geographically at-risk rural frontier region. Finally, Permian Regional Medical Center provides a hopeful example of how regional hospitals can prioritize culturally and linguistically appropriate services to meet community health needs and ensure that families have safety net hospitals for pregnancy, childbirth and postpartum care needs.

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