



A Comparison of Evidence-Based Supports for Maternal and Infant Health in 133 Rural US Counties with and without Hospital-Based Obstetric Care

Phoebe L. Chastain, BA

Mariana S. Tuttle, MPH

Alyssa H. Fritz, MPPH

Bridget Basile Ibrahim, PhD, MA

Katy B. Kozhimannil, PhD, MPA

Key Findings

- Among sampled Rural U.S. communities (N=133), those with hospitals that provide obstetric services are more likely to have greater availability of evidence-based birth supports than rural communities with hospitals that have recently closed their obstetric units.
- Hospital administrators that direct obstetric services in rural communities more frequently report that people in their community have local access to care; family-centered models of care; peer and community supports for families; and health-focused programming available, compared with hospital administrators in rural communities that have lost obstetric services.
- Within sampled communities that have lost access to inpatient obstetric services, there is also limited access to many supports and services indirectly related to inpatient obstetric care that have strong evidence of improving maternal and infant health outcomes, such as breastfeeding groups, doula care, and childbirth education classes.

Purpose

This infographic offers a comparative look at evidence-based supports available for maternal and infant health in rural counties with recently closed obstetric units (within the past 10 years) and those with hospital-based obstetric care at the time of the survey, in 2021. We developed and conducted a web-based survey to describe availability of evidence-based supports in rural communities across the United States. This infographic presents information from 133 rural hospital administrators that responded; 93 had currently operating obstetric units, and 40 had closed their obstetric units in the past 10 years.

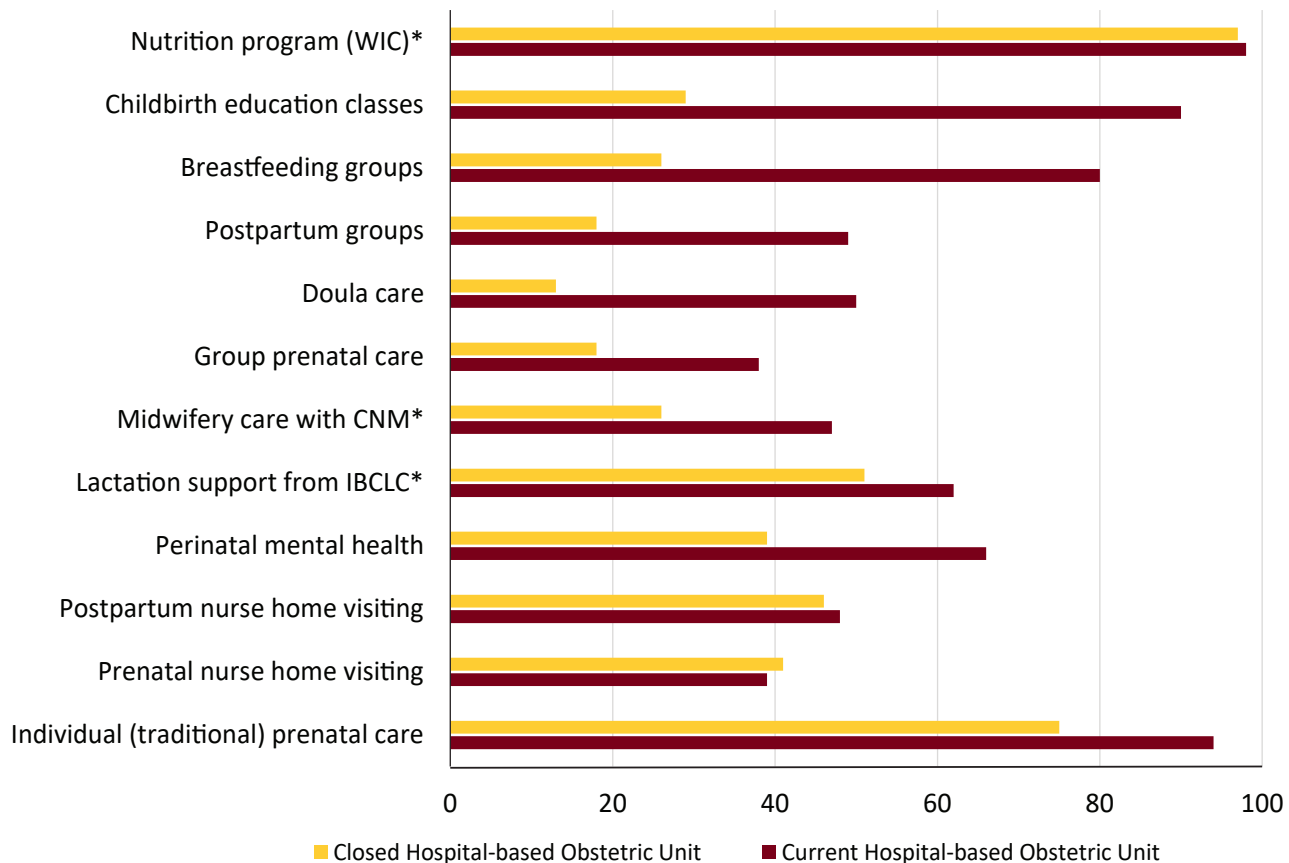
Overview

In rural communities where hospitals have closed their obstetric units, there are fewer evidence-based supports available compared to rural communities with hospitals that provide obstetric care, including lower access to each of the following: maternity-related care; peer and community supports for pregnancy, birth, and families; family-centered models of care such as midwifery and doula care; and health-focused programming. We could not examine the services offered in communities before an obstetric unit closure. Excluding the WIC Program, the difference is statistically significant for each of the evidence-based supports we investigated ($p < 0.05$).

Suggested Citation

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Percent of Surveyed Rural Communities with Evidence-Based Supports by Status of Obstetric Units in 2021 (n=133)



133 rural hospital administrators responded to a survey conducted in March through August 2021.

*Note: WIC is the Special Supplemental Nutrition Program for Women, Infant, and Children (WIC); CNM is Certified Nurse Midwife; and IBCLC is International Board-Certified Lactation Consultant. Excluding the WIC Program, the difference is statistically significant for each of the evidence-based supports we investigated (p<0.05).

For further information, see the following resources:

- <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2790544>
- <https://rhrc.umn.edu/publication/racial-inequities-in-the-availability-of-evidence-based-supports-for-maternal-and-infant-health-in-93-rural-us-counties-with-hospital-based-obstetric-care/>

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