

# Models of Success in Rural Maternity Care: Western Wisconsin Health

Katy B. Kozhimannil, PhD, MPA

Mary Gilbertson, BA

## Key Findings

- We found that hospital and clinical leadership at Western Wisconsin Health values a holistic birth experience for local residents, drawing an impressively large number of clients from surrounding areas who seek types of maternity services (trial of labor after cesarean, water birth, planned vaginal breech delivery, not always available in rural communities).
- Key to successful provision of maternity care is the engagement of clinical staff at all levels, as well as working with community-based birth workers (doulas, midwives, childbirth educators) to provide a community-wide, collaborative approach to meeting the needs of pregnant residents.
- We found that the vision for success at Western Wisconsin Health centered around creating the safe and empowering birth experiences that individuals want and deserve.

## Introduction

Rural, hospital-based obstetrics units continue to close across the nation. Between 2014 and 2018, 52 rural counties lost all local hospital-based obstetric services, continuing a trend of declining access that has been occurring since at least 2004.<sup>1</sup> As a result of these closures, rural residents are more likely to give birth in an emergency room, or to give birth prematurely – a leading cause of infant mortality.<sup>2</sup> While the current COVID-19 pandemic has already catalyzed additional closures, little literature has attempted to capture models of success or best practices used in rural hospitals that have maintained successful obstetrics units. In an effort to explore this, key informant interviews were conducted by phone with members of leadership at Western Wisconsin Health in April, 2020 and an email communication to clinicians at Western Wisconsin Health conducted to validate identified themes in this case study June, 2020.

## Overview

The village of Baldwin sits within St. Croix County in western Wisconsin. The community of approximately 4,000 people is predominantly white, with an average family median income of \$50,000. Western Wisconsin Health, a hospital system with a transformative vision for maternity care, resides within this micropolitan-adjacent county, located approximately 45 minutes from the Twin Cities metropolitan area.

In 2019, Western Wisconsin Health delivered 203 infants, including 7 sets of twins. A wide range of birthing options are available to mothers including routine vaginal births, water births, cesarean births, and vaginal birth after cesarean birth. Western Wisconsin Health also has staff and equipment to manage planned vaginal breech births, and assistance with forceps and vacuum. Western Wisconsin Health also maintains a telemedicine relationship with Children's Hospital of Minnesota for neonatology.

Western Wisconsin Health has a 96% vaginal birth after cesarean success rate (national standard is 60%) and 88% rate of exclusive breastfeeding rate at discharge (national standard is 84%).<sup>3</sup> Western Wisconsin Health has reduced its cesarean birth rate from 50% to under 5% in the last 11 years. In 2019, Western Wisconsin Health's cesarean birth rate was 3.9% low risk cesarean birth rate (national average is 25.7%). The positive maternal and infant health statistics at Western Wisconsin Health highlight successes that may be overshadowed by the trend of rural, hospital-based obstetric closures nationwide.

## Key Features

### Empowerment philosophy

Western Wisconsin Health focuses its maternity care on the “the birth experience you [mothers] deserve” says Chief Nursing Officer, Stephanie Johnson. The philosophical and transformative long-term vision of maternity care at Western Wisconsin Health is embedded in every aspect of pregnant families’ experience during birth and providers experience as employees of the medical center. This empowerment philosophy is a core value of leadership across nurse, provider, and overall hospital administration, and is shared by all those we interviewed.

Johnson indicates that providers in the birthing room become “guardians of the birth space,” ensuring that hospital staff are not unnecessarily coming in and out of the room. Furniture in birthing suites is on wheels so birthing individuals may situate the room as they feel comfortable. Language is powerful and important. For example, clinicians ask about new parents’ birthing experience instead of referencing their delivery. “The experience of birth is a gift that a woman will have the rest of her life. They are going to parent and mother and be a grandmother differently than if they had been treated differently during the birth experience. So, we are changing the world by changing birth. I really believe that,” said Johnson.

Dennis Hartung, MD, Chief of Obstetrics, describes the coaching of pregnant individuals: “They can do this, they don’t have to be told that they need help from the anesthesia, they don’t need help from this and that, unless they need it. When they need it, we are there to assist them. But we would like to try to get them through this natural, physiological way as much as possible and so we try to talk that way.”

### Scope of services

The philosophy of care described by Hartung plays out in the scope of services provided for pregnant patients. Western Wisconsin Health is a rare Critical Access Hospital that safely offers a wide range of services and birthing options in a rural setting, including vaginal birth after cesarean, planned vaginal breach births, vacuum and forceps-assisted delivery, cesarean delivery, and water birth.

### Keeping people local and drawing from other communities

This philosophy has drawn families from the suburbs of the Twin Cities in Minnesota across state lines to Western Wisconsin Health. In addition to the variety of birthing options available, Johnson attributes this high bypass rate to the long-term vision of holistic and natural maternal and child health at Western Wisconsin Health. “The very best

### Western Wisconsin Health, Baldwin, Wisconsin



measure of success is after a birth when a mom says, ‘I did that! I did that!’ Not, ‘Thank you for saving me,’” says Johnson.

### Strong vision, leadership, and teamwork

Leadership and teamwork are both foundational to the success of Western Wisconsin Health’s model of maternity care. From the CEO to the hospital board to the clinician leadership, all are aligned with an empowerment vision. In order for this holistic philosophy of maternity care to be successfully implemented, Western Wisconsin Health emphasizes recruiting and retaining a team of providers who are mission-driven. CEO, Alison Page describes the organizational structure as a “flat world” where team members’ voices are valued, and change and decisions are swiftly made, “I like to think that we have created an environment where great clinicians can do their life’s work on the job. We employ people who are motivated by making a difference, not by making money.” Additionally, she describes a supportive board of directors with well-aligned values, offering her and her team the freedom to engage in innovative work. CEO Alison Page says, “Strong women make strong families, starting with that birth experience. We are not just changing the birth experience; we are changing the world.”

As a part of contributing to their long term vision of the future of maternity care, Western Wisconsin Health is a resident site for the University of Wisconsin’s Rural Obstetric Residency Program, the first program of its kind across the nation.<sup>4</sup>

*“We are changing the world by changing birth.”  
- Stephanie Johnson, CNM, clinical nurse leader*

## Recommendations from Western Wisconsin Health

Western Wisconsin Health sees strong maternity care services as a source of strength in the local community. Here are some ways in which Western Wisconsin Health built their model and recommendations that can be emulated elsewhere:

- *Recruiting clinicians and staff based on mission, not money.* Western Wisconsin Health has built a successful obstetric unit and a strong regional reputation based on their philosophy of care, and they report no problems with recruitment or retention. Their recruitment model is based on their mission, not money. Hartung and Johnson indicate their decisions to join the practice as answering the question, ‘Can I do my life’s work at this job?’ Johnson describes her ability to live out her vision at Western Wisconsin Health, “For me, the biggest accomplishments in the last 4 plus years that I have been here is “midwifing” the group of nurses and the birth center here into a whole other mindset.”
- *Engagement with the local birth community.* Developing strong relationships with women and families and with birth workers in the community has undergirded success in Western Wisconsin Health. Johnson describes a round table meeting that brought community birth workers from across the region together to share and understand each other’s needs and expectations in the event of a transfer to a hospital. She indicated that this conversation built relationships across two different worlds, with the ultimate goal of helping pregnant residents better understand the process of a transfer if it was needed: “...often times we get a client or a patient here that has different expectations than what we are going to do here in the hospital. And we certainly don’t ever

want the patient to feel like we are doing things to them but they have to understand that they are coming to the hospital for a reason.”

- *Providing pregnant patients the birth experiences they deserve.* CEO Page describes the trailblazing path Western Wisconsin Health is on: “We are not looking at competitors... [we are] demonstrating what you ought to want, you know this is the birth experience you ought to want. This is the birth experience you deserve.”

It is well worth noting that this key informant interview took place during the 2020 COVID-19 pandemic. Our team thanks Western Wisconsin Health workers for all that they are doing now, and in the future, to make maternity care more than work, but also transform to better serve mothers and infants. Concluding with Dr. Hartung’s final message, “Women are worth it.”

## References

1. Hung P, Henning-Smith CE, Casey MM, Kozhimannil KB. Access to obstetric services in rural counties still declining, with 9 percent losing services, 2004-14. *Health Aff.* 2017;36(9):1663-1671.
2. Kozhimannil KB, Hung P, Henning-Smith C, Casey MM, Prasad S. Association between loss of hospital-based obstetric services and birth outcomes in rural counties in the United States. *JAMA - J Am Med Assoc.* 2018;319(12):1239-1247.
3. Division of Nutrition PA and ONC for CDP and H. Breastfeeding Report Card . Centers for Disease Control and Prevention. Published October 17, 2020. Accessed September 26, 2020. <https://www.cdc.gov/breastfeeding/data/reportcard.htm>
4. Nation’s first and only rural Ob-Gyn residency program expands. University of Wisconsin School of Medicine and Public Health. Published November 14, 2019. Accessed June 24, 2020. <https://www.med.wisc.edu/news-and-events/2019/october/rural-ob-gyn-residency-program-expands/>



Rural Health Research  
& Policy Centers

Funded by the Federal Office of Rural Health Policy  
[www.ruralhealthresearch.org](http://www.ruralhealthresearch.org)

Support for this study was provided by the Federal Office of Rural Health Policy, Health Resources and Services Administration, Cooperative Agreement U1CRH03717-13-00. The information, conclusions, and opinions expressed are those of the authors, and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

For more information, contact Katy B. Kozhimannil ([kbk@umn.edu](mailto:kbk@umn.edu))

University of Minnesota Rural Health Research Center  
Division of Health Policy and Management, School of Public Health  
2221 University Avenue SE, #350 Minneapolis, MN, 55414