

Access to Reproductive and Maternity Care in Rural Pennsylvania



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Objectives:

- ▶ Discuss **access to reproductive and maternal health care** in rural areas of Pennsylvania;
- ▶ How women are **impacted by distance from** reproductive and maternal health care services;
- ▶ How can **midwives and other clinicians can be of service** to women living in rural Pennsylvania?

Shared Goals:

- ▶ Women to experience **healthy pregnancies on their time**
- ▶ Receive **high quality care**
- ▶ Feel **well-cared for**
- ▶ Enjoy giving birth to **full-term infants that are well**
- ▶ Are **Satisfied** with their prenatal, birth and postpartum experiences.
- ▶ This occurs in the **wider contexts** of their lives, families, communities
- ▶ **Close to home**
- ▶ **Without undue stress** or burden
- ▶ **Affordable**, without financial worry





How far do women and families have to travel for care?

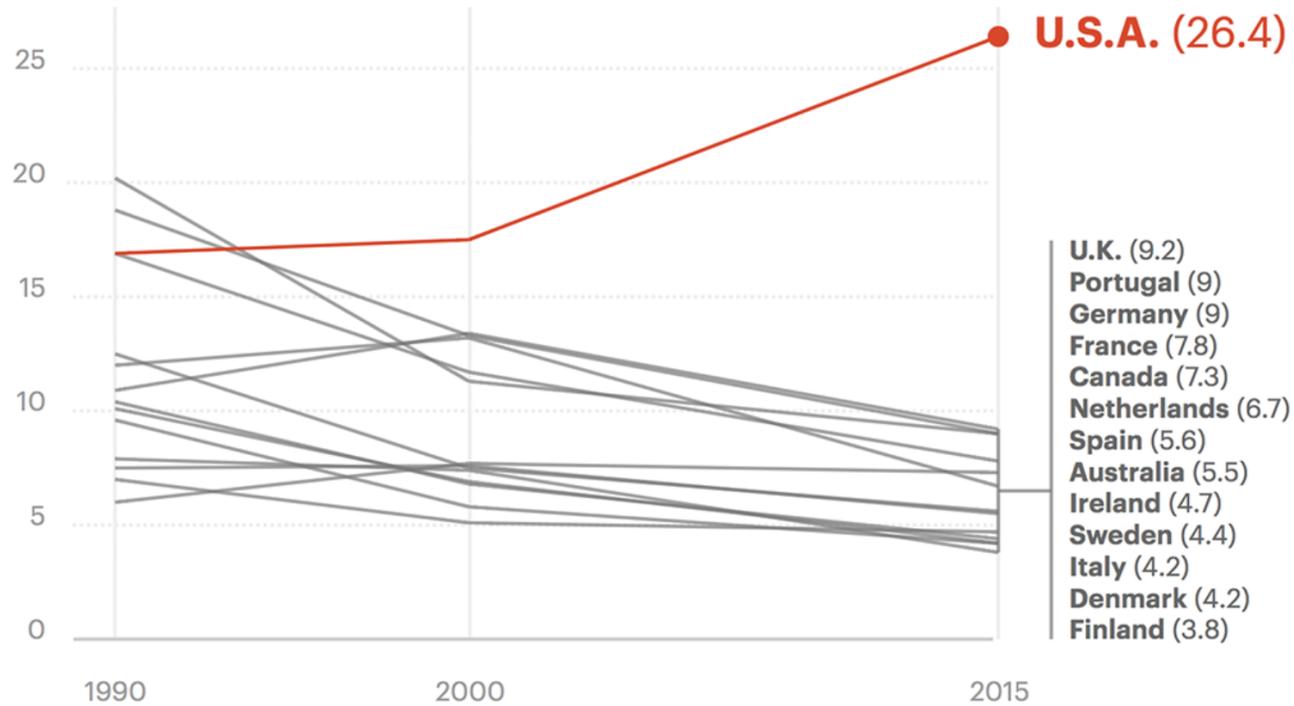


Photo courtesy of Gabriella Hunt.

Maternal Mortality in the US

Maternal Mortality Is Rising in the U.S. As It Declines Elsewhere

Deaths per 100,000 live births

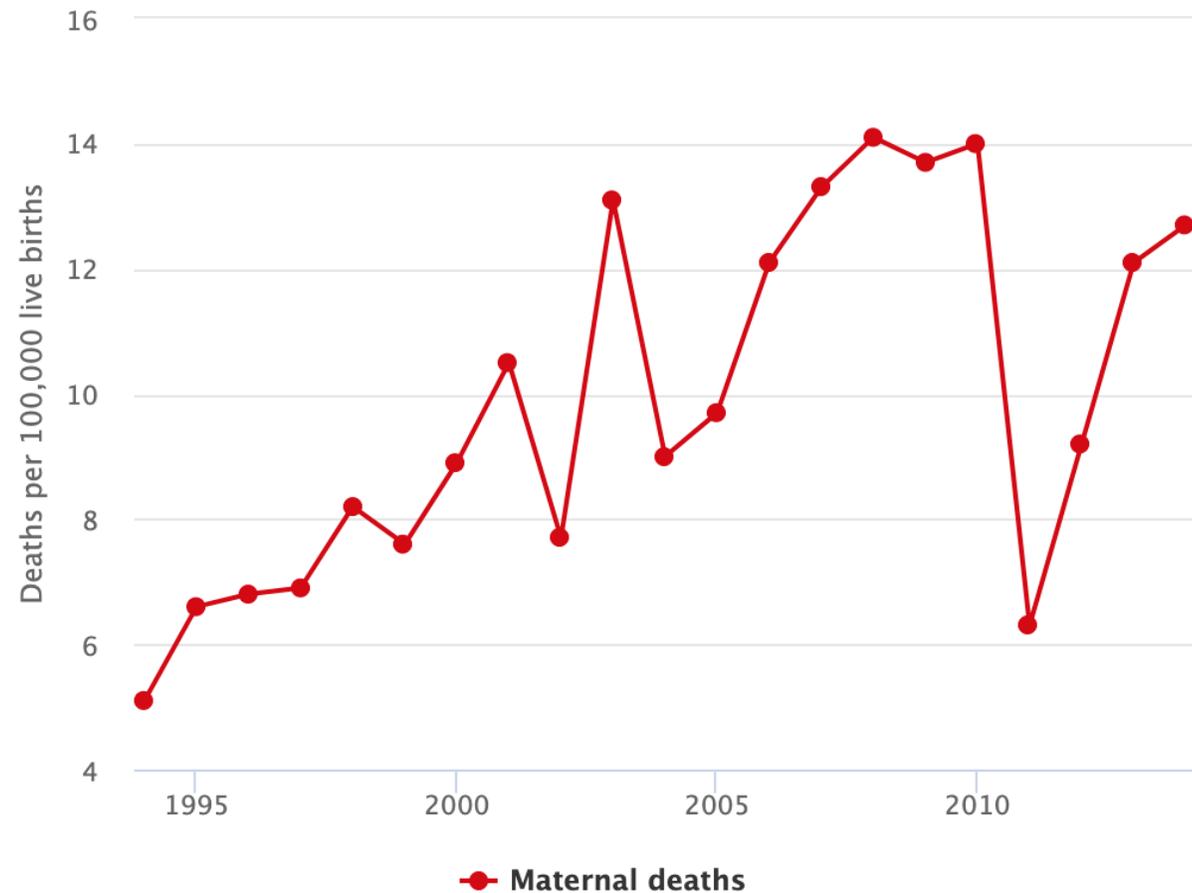


Notes

"Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015," *The Lancet*. Only data for 1990, 2000 and 2015 was made available in the journal.

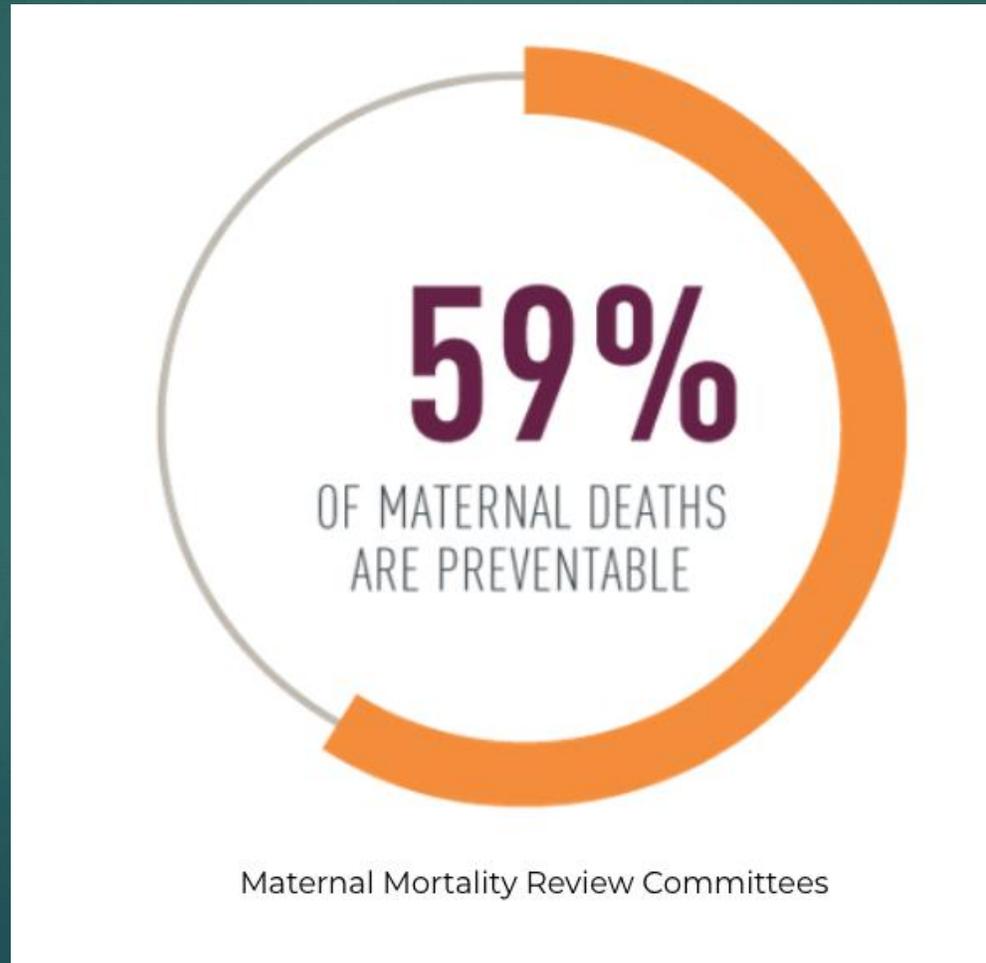
Maternal Mortality in Pennsylvania

Maternal deaths in Pennsylvania, per 100,000 live births, 1994-2014:



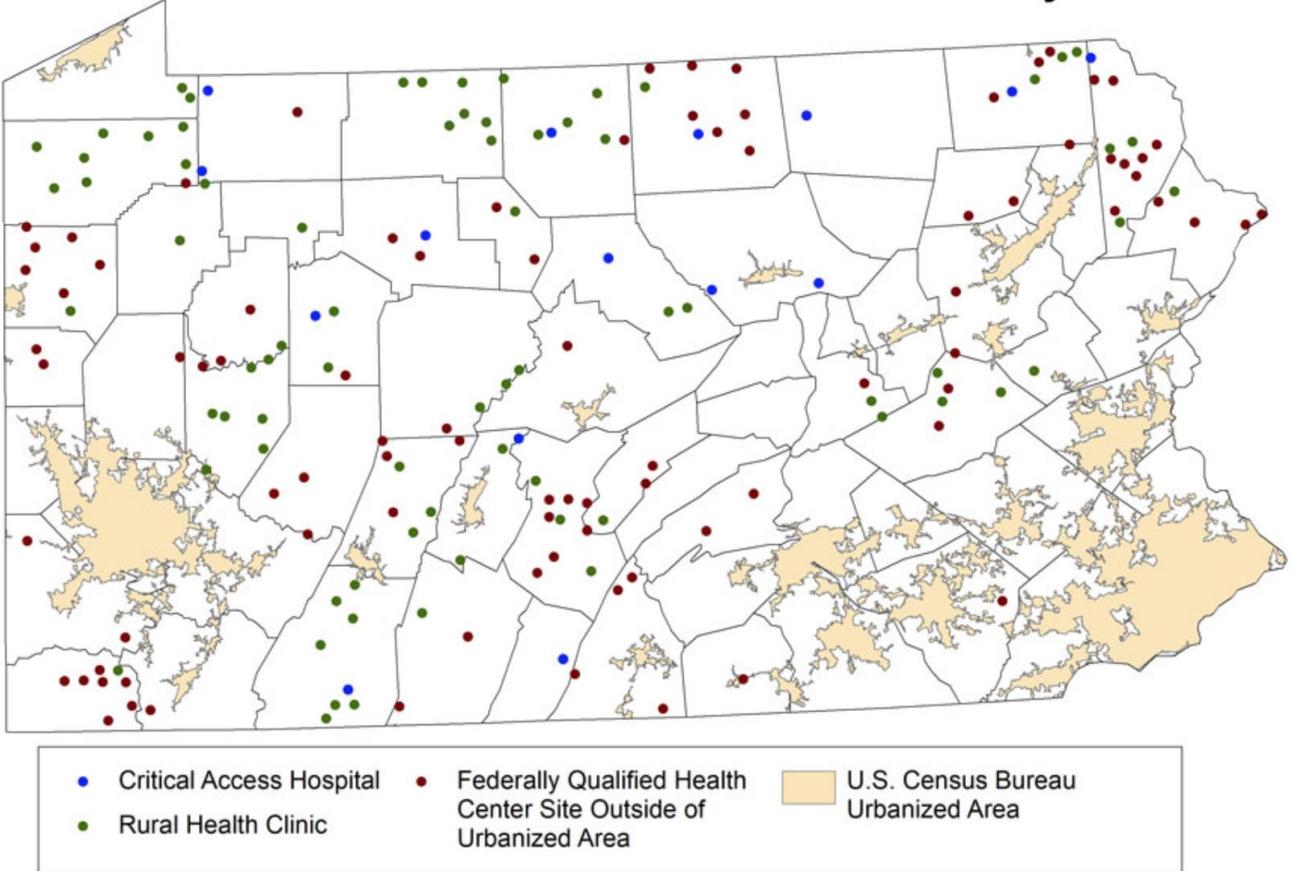
Source: Pennsylvania Department of Health | Graphic: James Hilston/Post-Gazette

Most maternal deaths are preventable.

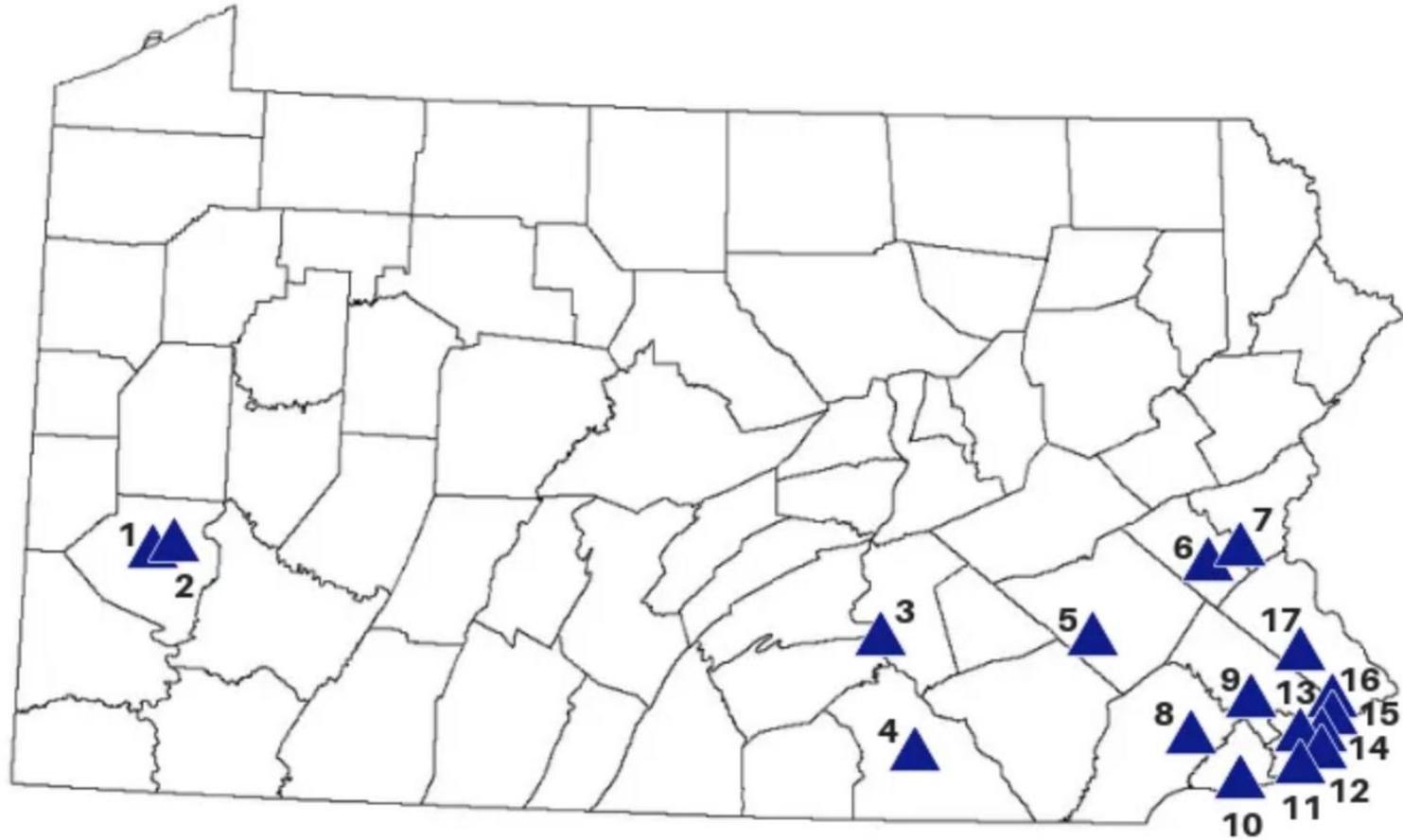


Rural Health Facilities in Pennsylvania

Selected Rural Healthcare Facilities in Pennsylvania



Access to Abortion Services



100 Miles

Rural hospitals are closing.



- Poor financial health
- Low occupancy rates/low volume
- Recruitment/Retention challenges
- Reduced number of services
- Limited revenue

Obstetric Units in Rural U.S. Hospitals are Closing:



▶ Difficulty in **staffing**



▶ Low birth **volume**



▶ Low **reimbursement**

Pennsylvania Hospitals Closing Maternity Units



- 23% Decline in Obstetrics Services from 2004-2014

Travel for Labor and Birth

- **Decreased prenatal care**
- **More babies of low birthweight**
- **Increased neonatal death**
- **Increased NICU hospitalization days**
- **More unplanned out-of-hospital births**



▶ **Longer** lengths of stay



▶ Financial, social and psychological **stress**

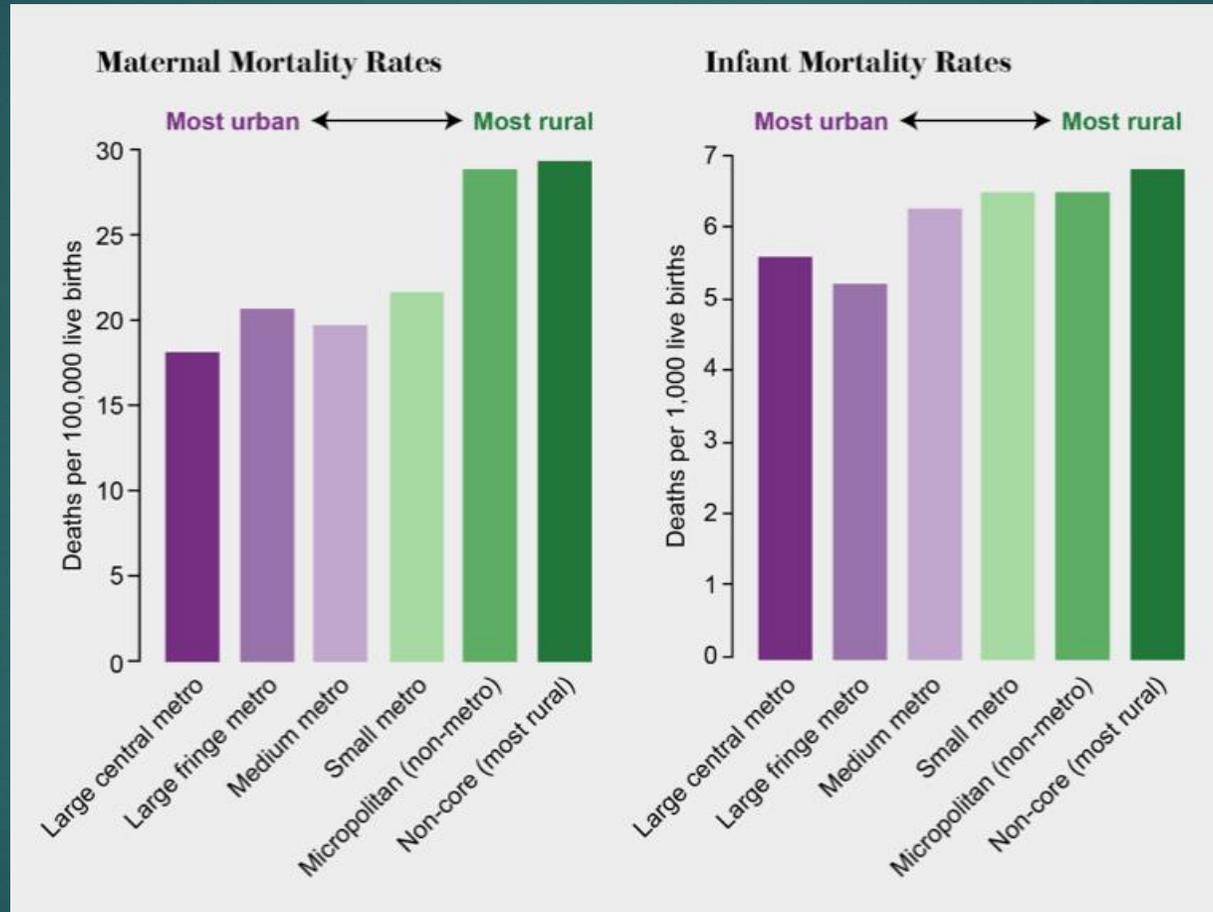
▶ More women may utilize **emergency departments** for giving birth

▶ **Maternal complications and death**

By Rurality

Maternal Mortality

Infant Mortality

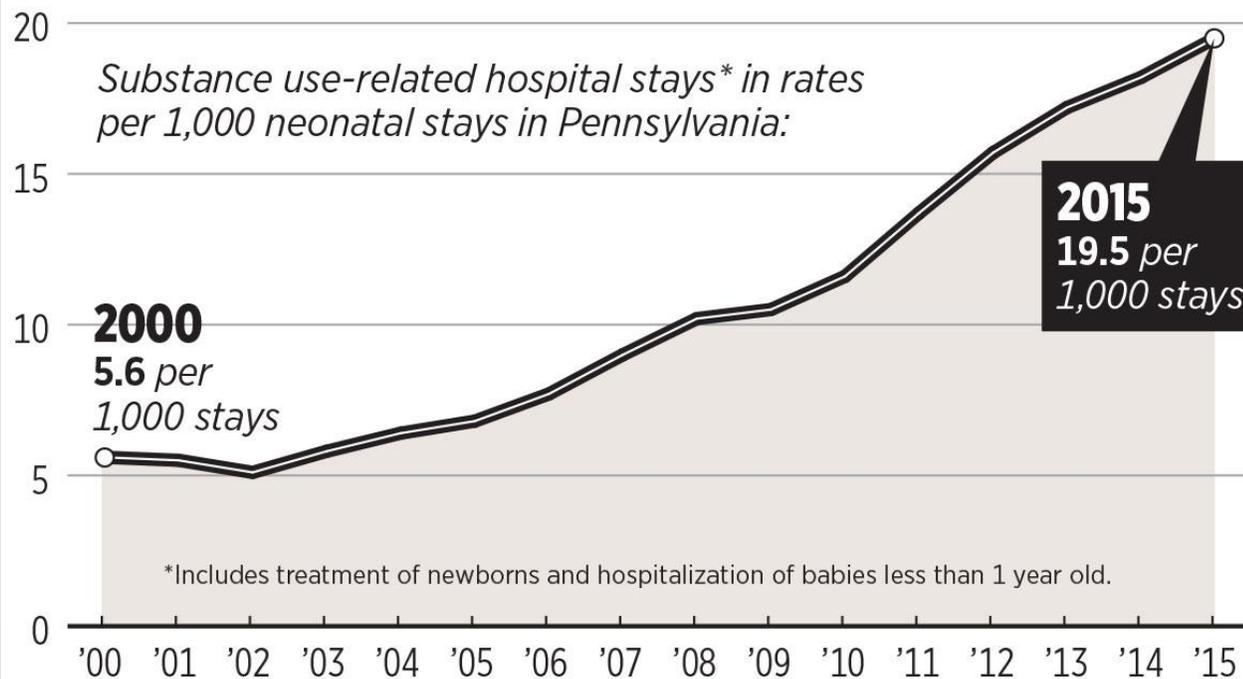


Maron, D. (2017). Maternal Health Care is Disappearing in Rural America. *Scientific American*

Hospitalizations for Substance Use

More Newborns Treated for Mothers' Substance Abuse in Pennsylvania

Hospitalizations of babies due to their mothers' drug use during pregnancy increased 250 percent between 2000 and 2015, with the vast majority now related to opioids.



SOURCE: Pennsylvania Health Care Cost Containment Council

Staff Graphic

Solutions?



Maternity Care Providers



- Midwives
- Obstetricians
- Family Practitioners
- Nurse Practitioners
- Physician Assistants



Joint Practice Statement: ACNM and ACOG



- ▶ Shared Goal of **safe women's health care**
- ▶ **Evidence-based** models
- ▶ Recognizing **expertise** in respective fields
- ▶ **Independent clinicians**

Midwifery in Rural US Hospitals



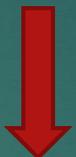
- **32%** of births attended by nurse-midwives
- Likely to **grow 25%**
- Autonomous **state regulations**

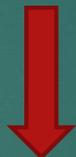
Midwifery Integration Scores

-  Rates of **Spontaneous Vaginal Birth**

-  Rates of **VBACs**

-  Rates of **Breastfeeding**

-  Rates of **Cesarean**

-  **Preterm Births**

-  **Low birthweight Infants**

-  **Neonatal death**

Also:

- ▶ **High satisfaction**
- ▶ **Cost savings**





Midwifery Integration State Scoring (MISS) System Report Card

Pennsylvania

State Rank: #39

Integration Score: 26/100

26 out of a possible 100

Place of birth

more than 97% hospital

1.2% birth center

1.7% home

Improving Access to Maternity Care

Shown Here:
Reported to Senate (11/29/2018)

Calendar No. 696

115TH CONGRESS
2^D SESSION

H. R. 315

To amend the Public Health Service Act to distribute maternity care health professionals to health professional shortage areas identified as in need of maternity care health services.

IN THE SENATE OF THE UNITED STATES

JANUARY 10, 2017

Received; read twice and referred to the Committee on Health, Education, Labor, and Pensions

NOVEMBER 29, 2018

Reported by Mr. ALEXANDER, without amendment

AN ACT

To amend the Public Health Service Act to distribute maternity care health professionals to health professional shortage areas identified as in need of maternity care health services.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Birth Centers:

- Lower rates of low birthweight
- Lower rates of preterm birth
- Fewer C-sections/More VBACs
- Satisfied
- Cost \$2010 less/birth + year



Group Prenatal Care:

- **Cost \$427 less** per woman during 8 months before birth
- Lower rates of very low birthweight
- **More VBACs**



Pennsylvania Perinatal Quality Collaborative



Opioid Use
Disorder

[Read More >](#)



Neonatal
Abstinence
Syndrome

[Read More >](#)



Maternal
Mortality

[Read More >](#)



Get Involved.

[Read More >](#)

Pennsylvania Rural Health Model

The Philadelphia Inquirer Unlimited Access Log In

NEWS SPORTS BUSINESS OPINION POLITICS ENTERTAINMENT 🔍 ☰

Can we heal rural health? All eyes are on Pennsylvania's bold experiment | Opinion

by [Rachel Levine and Andy Carter, For the Inquirer](#), Updated: April 26, 2019

A photograph of a large, modern building with the letters 'UPMC' prominently displayed on its facade. The building is dark in color, and the sky in the background is a clear, light blue.

How can we leverage:

- ▶ **Telemedicine**, consult MFMs/OBs



- ▶ **Mobile Health Clinics**



- ▶ **Birth Centers**, including those alongside hospitals



In Summary...

- Put our heads together
- Make use of our respective expertise
- Remove barriers
- Build on strengths
- Invite voices of women
- Be creative and hopeful





Resources:

- ▶ National Partnership for Women and Families
- ▶ Pennsylvania Perinatal Quality Collaborative
- ▶ Childbirth Connection
- ▶ American College of Nurse-Midwives
- ▶ American Association of Birth Centers
- ▶ Pennsylvania Office of Rural Health
- ▶ Pennsylvania Rural Health Association



Thank you

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