



**OKLAHOMA PERINATAL QUALITY**  
IMPROVEMENT COLLABORATIVE



Creating a culture of excellence in perinatal  
care

[WHAT'S THE LATEST?](#)[INITIATIVES](#)[COURSES](#)[CALENDAR](#)[RESOURCES](#)[ABOUT US](#)

## ABOUT US

Our mission is to provide leadership and engage interested stakeholders in a collaborative effort to improve the health outcomes for Oklahoma women and infants using evidence-based practice guidelines and quality improvement processes.



# WELCOME

to the Oklahoma Perinatal **Quality**  
Improvement Collaborative



Check out our **Featured Resource** of the month

[CONTACT US TODAY](#)

## INITIATIVES

See initiatives facilitated by the Oklahoma Perinatal Quality Improvement



## COURSES

View a list of courses offered by the Office of Perinatal Quality Improvement.



## RESOURCES

Find resources for perinatal health care providers.

# National Rural Health Association Policy Brief



## *NRHA Policy Paper: Access to Rural Maternity Care*

*Britta Anderson, Ph.D., Adam Gingery, M.B.A., Maeve McClellan, M.P.H.,  
Robin Rose, R.N., David Schmitz, M.D., Pat Schou, M.P.H.*

### Introduction

Childbirth is the most common reason for hospitalization in the US<sup>i</sup>. An estimated half a million rural women give birth in US hospitals each year. The majority of rural women give birth at their local hospitals and therefore rely on local maternity services.<sup>ii</sup> However, women have lost access to local services with over 10% of rural counties losing these services in the past fifteen years [Hung 2017]. **Initial studies show a doubling of Infant mortality rate where counties have lost OB services, compared with a decrease in infant mortality rate where services are available.** <sup>39</sup> Additionally, out of hospital birth, preterm birth and deliveries in hospitals



Rep. Mark Meadows is pictured. | AP Photo

LETTER FROM NORTH CAROLINA

# Rural Hospitals Are Dying and Pregnant Women Are Paying the Price

Heavily reliant on Medicaid dollars, small hospitals shut down maternity wards just to stay afloat.

By LISA RAB | October 03, 2017

J. Scott Applewhite/AP Photo

# Modern Healthcare

March 09, 2018 12:00 AM

## Rural maternity care losses lead to childbirth risks

STEVEN ROSS JOHNSON





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INVITAE



## Maternal death in rural America

By Sharon T. Phelan, MD and Linda Marie Wetzel

August 17, 2018

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PUBLIC HEALTH

# Maternal Health Care Is Disappearing in Rural America

Many women must travel an hour or longer to find a hospital where they can deliver their babies

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By Dina Fine Maron on February 15, 2017





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Opinions

# Rural America's disappearing maternity care



November, 2017

## State Profile – Oklahoma

- Oklahoma Population – 3,930,864
  - 77.6% white
  - 9.0% AA/Black
  - 10.7% Am. Indian
  - 10.6% Hispanic
- Female population – 50.5%
  - 77.6% white
  - 8.8% AA/Black
  - 10.7% Am. Indian
  - 10.1% Hispanic
- Female median age 37.6 yrs

Source: U.S. Census Bureau

## State Profile – Oklahoma

- Females age (15-44 years) – 38.8%
  - 74.6% white
  - 9.9% AA/Black
  - 11.9% Am. Indian
  - 12.0% Hispanic
- Females of childbearing age (18-44 years) – 35.8%
  - 74.9% white
  - 9.8% AA/Black
  - 11.6% Am. Indian
  - 11.7% Hispanic

Source: U.S. Census Bureau

## State Profile – Oklahoma

	Medicaid deliveries July 2016-June 2017	# Live births SFY 2017	% of live births delivered via Medicaid
Overall	29,644	52,607	56.3%
White	18,498	37,253	49.6%
AA/Black	3,182	5,321	59.8%
Am Indian	3,250	5,848	55.6%
Hispanic	6,231	7,485	83.2%

Source: the Oklahoma Health Care Authority - *SoonerCare Delivery Fast Facts SFY2017*  
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care  
Information, Vital Statistics



# The Landscape of Perinatal Care In Oklahoma

48 birthing hospitals

58% rural

42% urban

~50,500 annual births

69% in urban hospitals

31% in rural hospitals

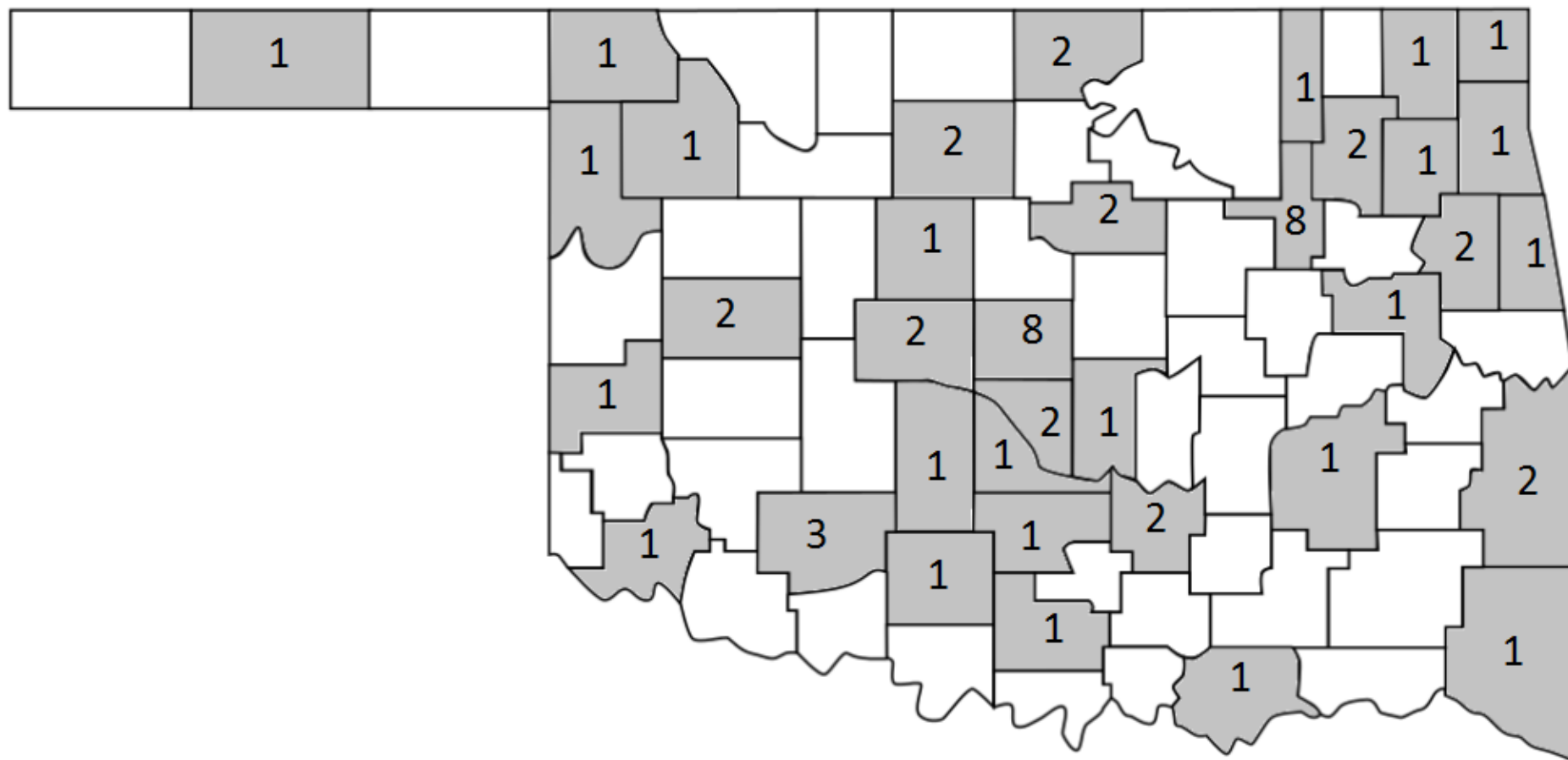
From ~30– 4100 annual births

~56% covered by Medicaid

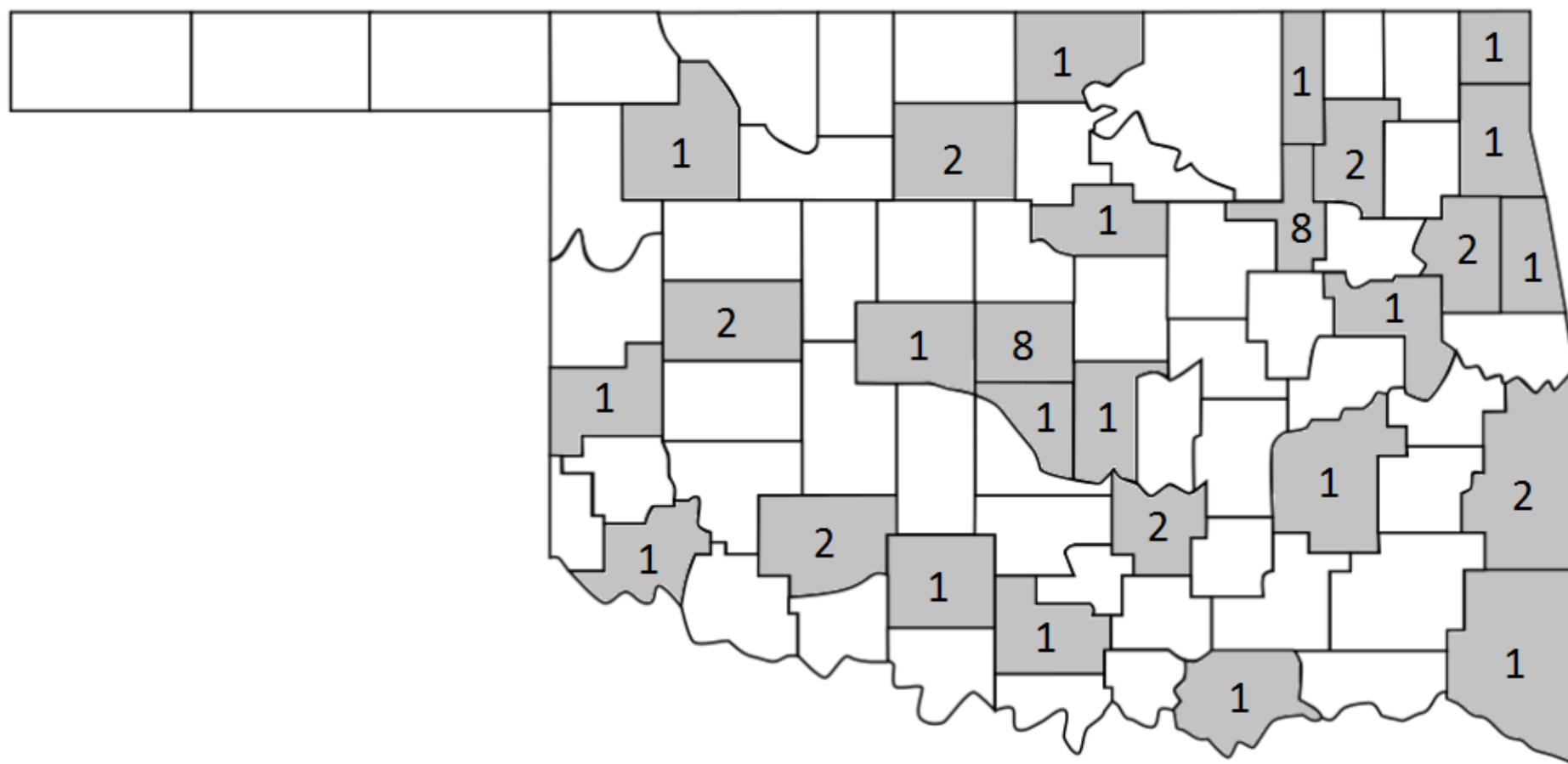




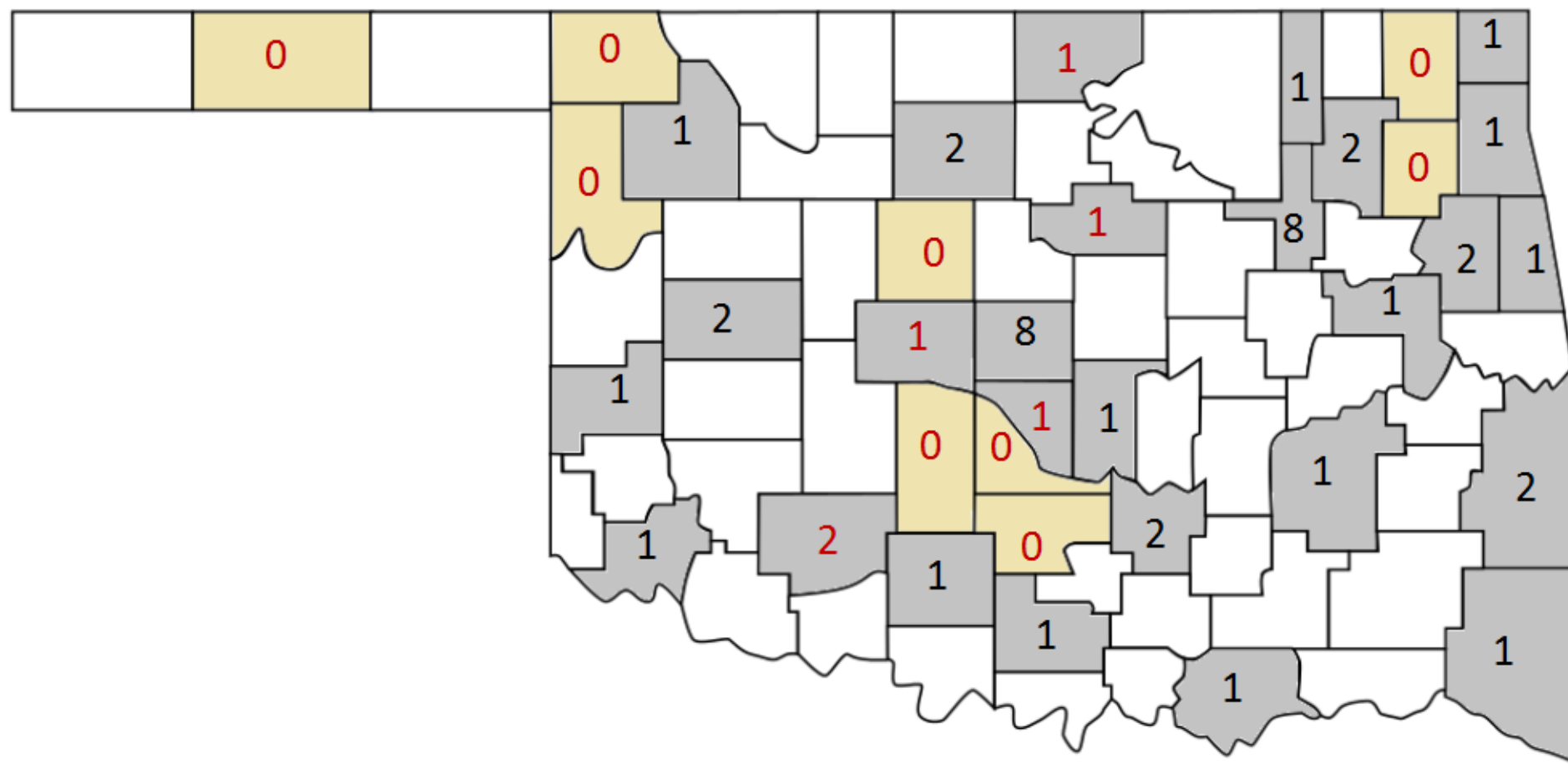
# Oklahoma Birthing Hospital Counties 2010



# Oklahoma Birthing Hospital Counties 2019



## OK Birthing Hospital Counties 2010—2019



9 counties lost a birthing hospital.

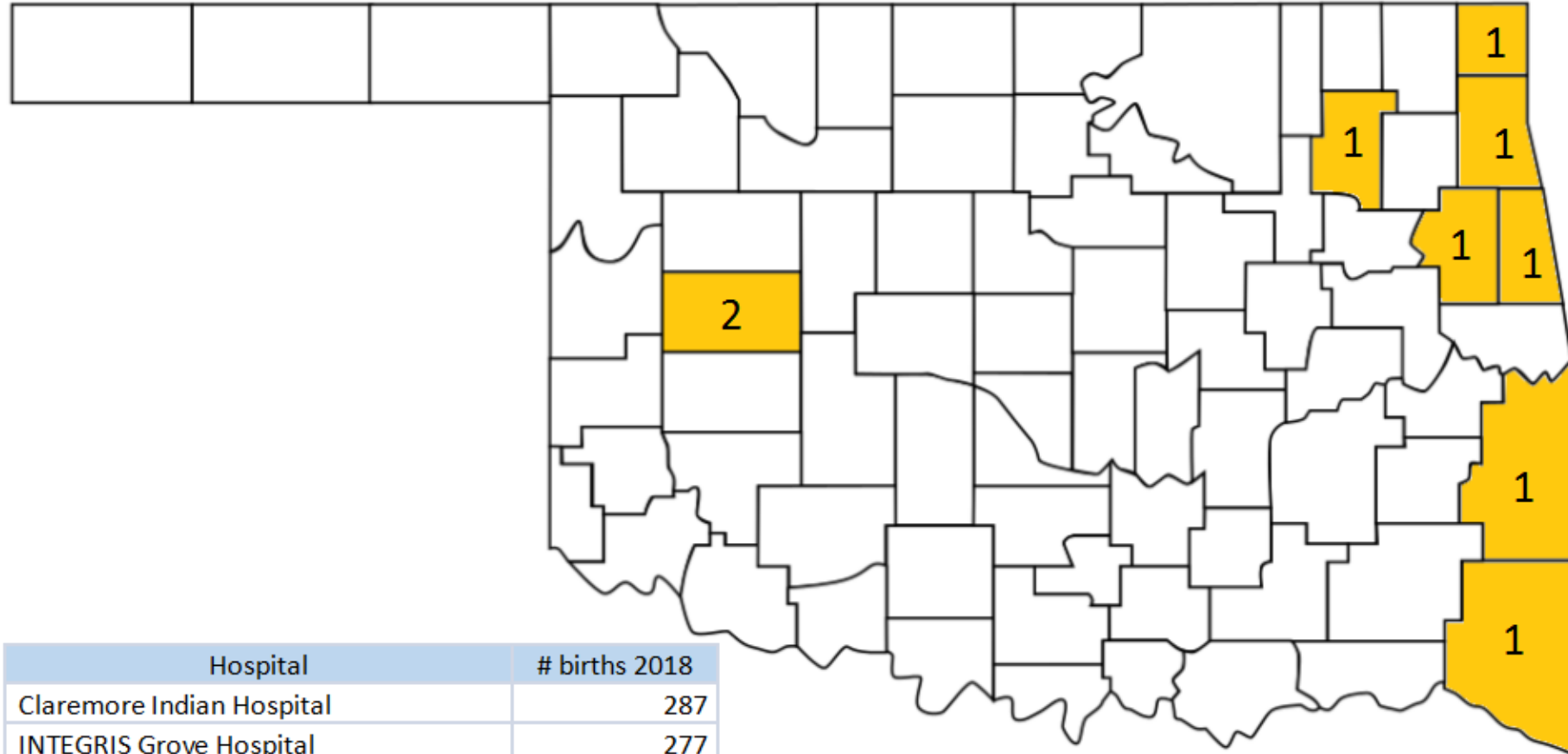
14 hospitals stopped OB services

Counties that had a birthing hospital in 2010

Counties that have a birthing hospital in 2019

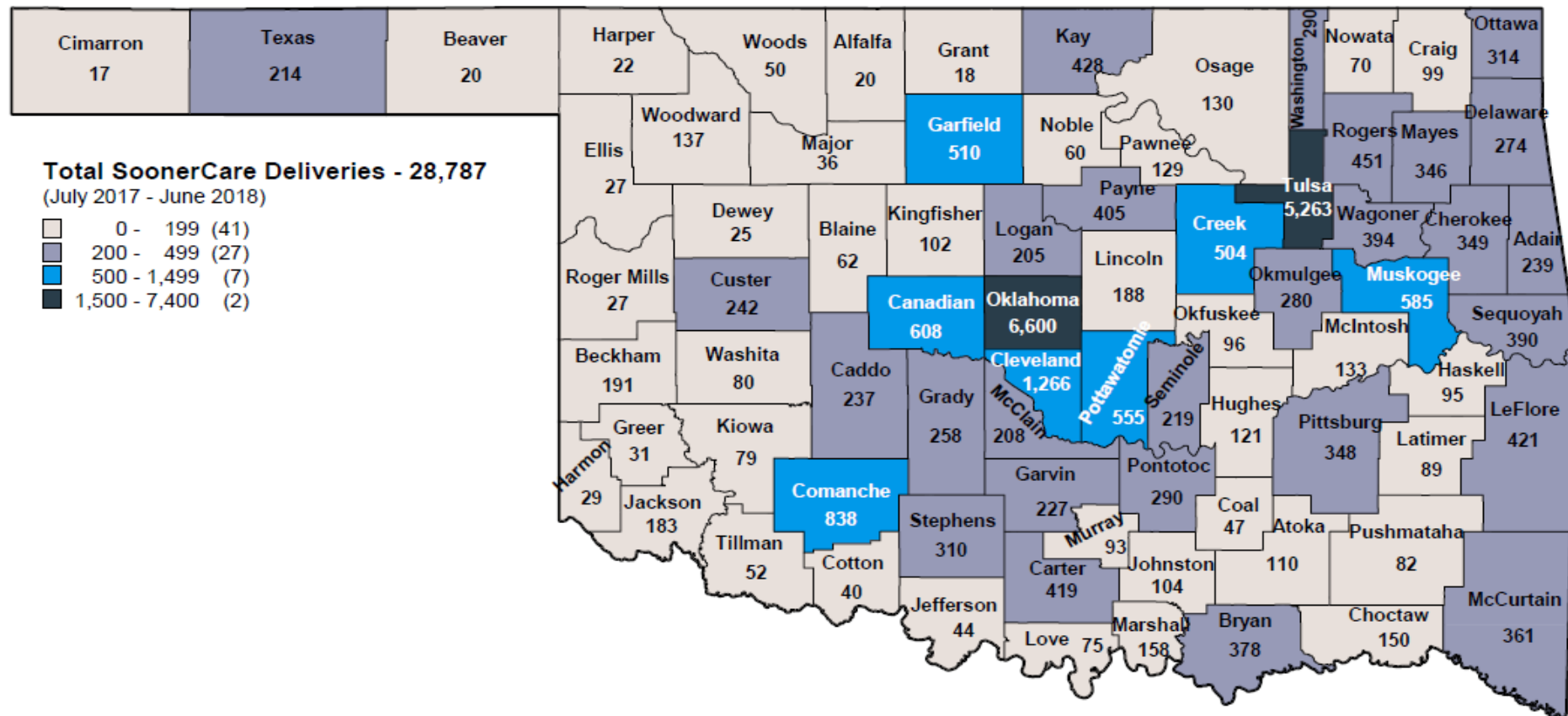
### Losses in number of hospitals

# Hospital Counties with less than 300 births



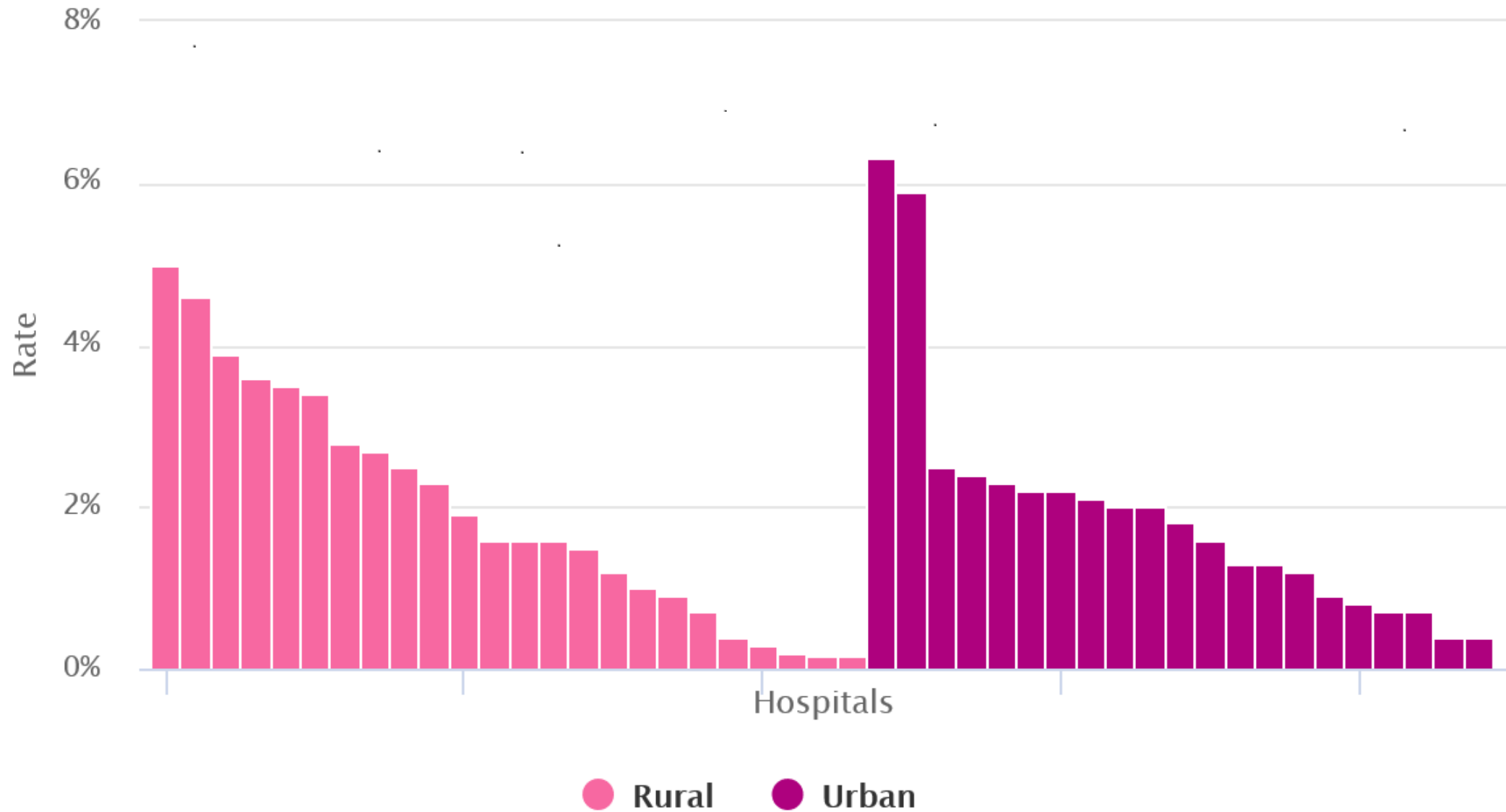
Hospital	# births 2018
Claremore Indian Hospital	287
INTEGRIS Grove Hospital	277
INTEGRIS Miami Hospital	276
Northeastern Health System	263
AllianceHealth Clinton	239
Eastern Oklahoma Medical Center	195
McCurtain Memorial Hospital	173
Weatherford Regional Hospital	144
Memorial Hospital of Stilwell	26

## SoonerCare Delivery Fast Facts SFY2018



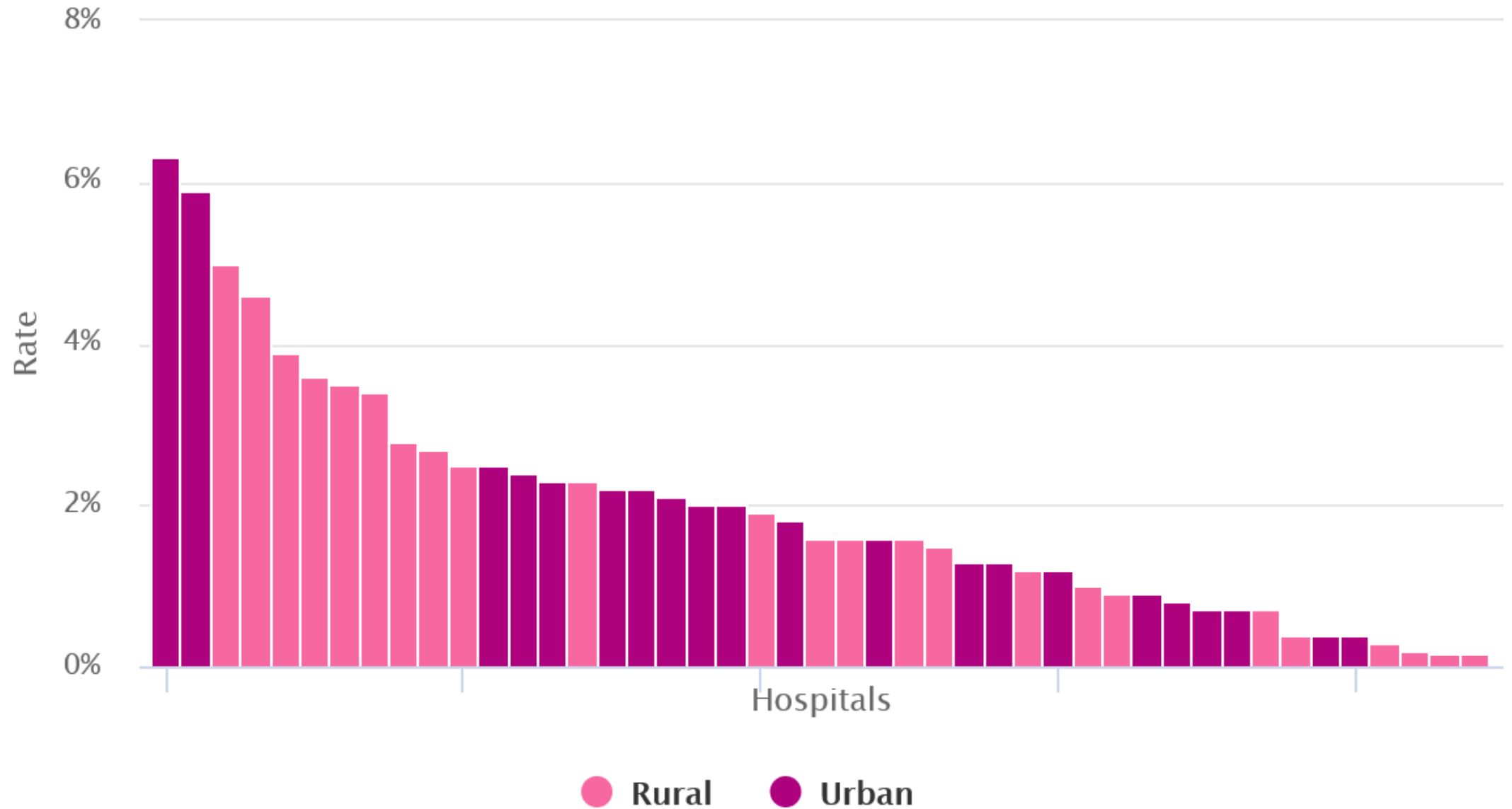
Source: the Oklahoma Health Care Authority -SoonerCare Delivery Fast Facts SFY2018

# Severe Maternal Morbidity among All Delivering Women (2017)

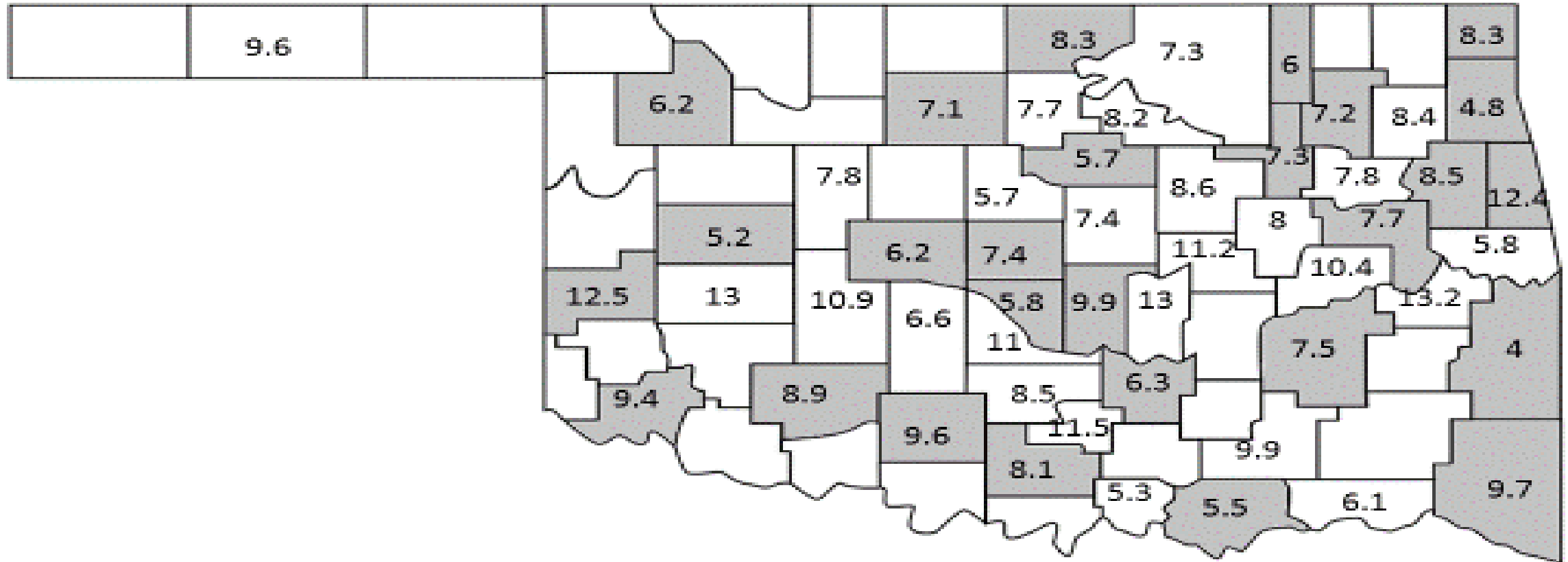




# Severe Maternal Morbidity among All Delivering Women (2017)



# Oklahoma Infant Mortality 2017



# Why are Rural Hospitals Closing OB Services?

- Cost of providing OB services
  - Declining birth volume
    - Aging rural population
  - Large percentage of Medicaid births in rural communities
  - Specialized Services
    - Equipment
    - Education and Training
    - Unit
  - Workforce Challenges

# Workforce Challenges for Rural Hospitals with OB Services

- Physicians
  - Oklahoma's ratio of ACOG Fellows and Junior Fellows/10,000 women (2009)
    - 1.5 (3<sup>rd</sup> worst in U.S.) – U.S. median = 2.0
  - Oklahoma's ratio of ACOG Fellows and Junior Fellows/10,000 women of reproductive age (2009)
    - 3.2 (3<sup>rd</sup> worst in U.S.) – U.S. median = 4.2
  - > 50% females in younger ages
    - Want to stop doing OB in 40s
  - Median OB income in U.S. = \$294,200
  - Median FP/OB income in U.S. = \$202,047
  - Average professional liability insurance in U.S. = \$67,336
  - Median medical student debt in U.S. (public) = \$120,000

# Workforce Challenges for Rural Hospitals with OB Services

- Physicians
  - Challenges of recruitment and retention
    - Decrease in FPs and FPs + OB
  - Other specialties
    - Anesthesia (Most CRNAs)
    - General Surgery
  - 24/7 coverage

# Workforce Challenges for Rural Hospitals with OB Services

- Nurses
  - Highly specialized
  - Challenges to reach and maintain clinical competency with low volume
  - $\frac{3}{4}$  of hospitals with < 300 annual births with shared staffing model
    - Shared staffing = more likely FPs, CNMs, CRNAs
  - Must have 2 OB RNs available 24/7
  - Challenges with recruitment and retention



## Potential Solutions

- Recruitment by schools in rural areas
- Financial incentives
  - Local
  - State policy
- Telemedicine
- Keep PNC in county
  - County Health Departments?
- Other providers – CNMs, ARNPs
- Centralized education
- Rural residency programs
- Others?

**QUESTIONS?**

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