



Preserving Access for Rural NM Communities: Midwives and Nurses Leading Innovations in Perinatal Health

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UNM College of Nursing Symposium:
Growing a Healthy New Mexico

November 11, 2020



“Nurses and midwives play a vital role in providing health services. These are the people who devote their lives to caring for mothers and children; giving lifesaving immunizations and health advice; looking after older people and generally meeting everyday essential health needs. They are often, the first and only point of care in their communities. The world needs 9 million more nurses and midwives if it is to achieve universal health coverage by 2030.”

GOALS:

- Celebrate the work of nurses and midwives
- Highlight the challenging conditions they often face
- Advocate for increased investments in the nursing and midwifery workforce



Objectives

- Describe challenges to the provision of perinatal care in rural NM communities
- Identify innovative practices led by midwives and nurses to improve access to and quality of rural perinatal care
- Discuss training and policy recommendations to improve rural perinatal care access and outcomes



Maternity Care Crisis in Rural America

- More than 28 million women of childbearing age (18-44) live in rural areas (U.S. Census, 2015)
 - 40% of U.S. counties have no identified childbirth care provider
- Maternity care services are increasingly centralized in metropolitan areas
 - Between 2008-2010, 14% of U.S. hospitals with fewer than 100 births/year closed maternity units
- Rural provider shortages are pervasive and worsening
 - 6% of OB/GYNs work in rural areas
 - Between 2000 and 2010, the number of family physicians attending births dropped from 23% to 10%
 - Role of midwives is inconsistent across states
- Rural residents have 9% greater probability of mortality or severe maternal morbidity (SMM) (Kozhimannil et al., 2019)



Rural NM Communities at Risk

- 5th largest state by territory / served by 29 birthing hospitals
 - 3 IHS hospitals
 - 9 in metropolitan areas (4 in ABQ alone)
 - *17 hospitals serve the remaining rural communities*
 - > 25% NM counties have no hospital-based maternity services
- **Since 2010, four rural hospitals have closed maternity care services and only one has partially reopened**
- Severe Maternal Morbidity (SMM) rate higher in rural NM
- Outcome disparities by race/ethnicity
 - SMM frequency nearly double for Native Americans



Risks to Perinatal Care Delivery in Rural NM

A perfect storm of conditions associated with risk of OB Unit closure (Hung et al, 2016)

- Structural/social determinants of poor health
 - 19.5% poverty rate, 2nd highest in nation (U.S. Census 2018)
- Persistent workforce instability
- Out-of-state ownership of rural community birthing hospitals
 - 40% of non-federal rural hospitals (7/17)



Challenges to Respectful/Equitable Care in Rural NM

- Workforce
 - Shortage / Maldistribution
 - Demographic discordance: Rural NM OBs more likely to be:
 - male (57% of rural ob-gyns vs. 39% of metropolitan)
 - older than 45 (78% vs. 63%)
 - non-Hispanic (95% vs. 85%) (Farnbach Pearson et al, 2018)
- Care delivery system
 - Inadequate response to structural/social determinants
 - Underfunded (heavy dependence on Medicaid)
 - Institutional siloes
 - Lack of integration of community expertise



Challenge: Workforce Maldistribution

- CNMs are the least likely to practice in rural counties (**18%**)
- LMs are the most likely to practice in rural counties (26%)
- OB/GYNs (25%)



**New Mexico
Health Care
Workforce
Committee**

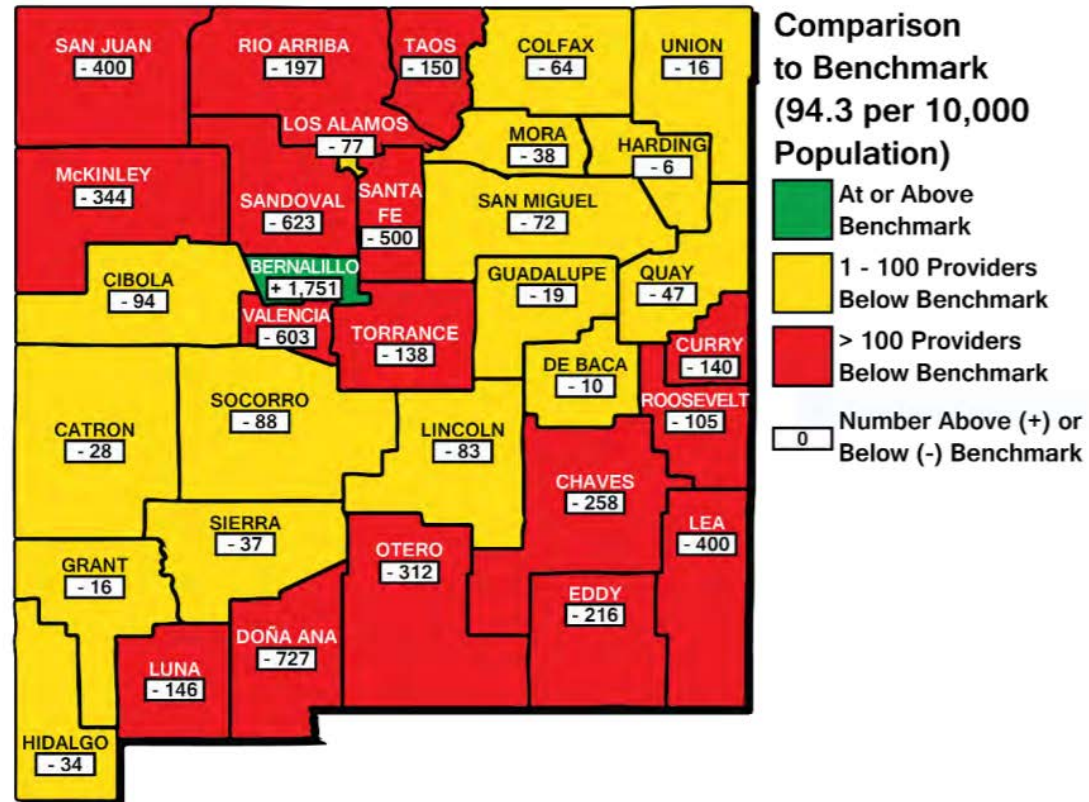
2020 ANNUAL REPORT



Challenge: Workforce Maldistribution

- 22% of RNs are in rural counties

RNs and CNSs Compared to Benchmark, 2019





New Mexico's Converging Midwifery Traditions





Midwifery Integration Matters

- The **Access and Integration Maternity care Mapping (AIMM) Study** found greater integration of midwives is significantly associated with:
 - Higher rates of:
 - Spontaneous vaginal birth,
 - Successful VBAC
 - Breastfeeding at birth and at six months
 - Lower rates of:
 - Obstetric interventions
 - Preterm birth
 - Low birth weight infants
 - Neonatal death

New Mexico ranked #2 in the U.S. for midwifery integration.



Rural Workforce Development

Rural Family Nurse Practitioner and Nurse Midwifery Residency Program



Presbyterian Healthcare Services has partnered with The University of New Mexico's Health Sciences Center College of Nursing to provide a one year Rural Family Nurse Practitioner and Nurse Midwifery Residency Program. This residency is for newly graduated providers who are interested in starting their professional career in a rural setting.

Components

Overarching components

- Structured transition into professional practice
- Paid precepted time for rural practice and year-long mentorship



www.phs.org/careers

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,200,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

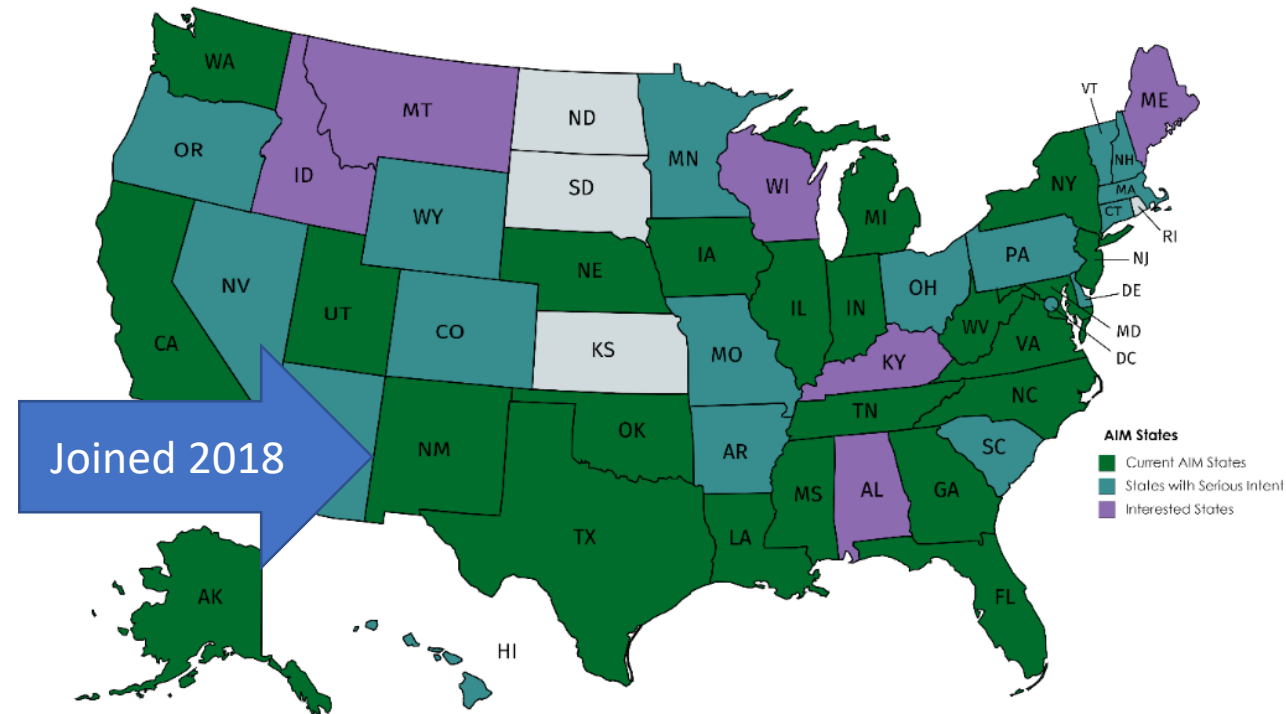


Innovative Models in Rural NM

- Free-standing community-based birth center model
- Community-based wrap-around services
- Multidisciplinary care models
- NMPC AIM initiative
 - Multidisciplinary collaboration for improvement
 - Improving Perinatal Health ECHO program



New Mexico is an AIM State



Integration of Ongoing Learning & Mentoring

- Leveraging ECHO model to deploy AIM maternal safety bundles across state
- Active engagement of providers across disciplines and geography
- Opportunity to highlight rural expertise and provide ongoing support for practice change and systems integration

NMPC
NEW MEXICO
DEPARTMENT OF
HEALTH

ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

NM HEALTH SCIENCES

ECHO

Improving Perinatal Health TeleECHO Clinic

- **Beginning April 1, 2019**
Every 1st and 3rd Mondays from 12:00-1:00pm (MT)
- This program will be a forum for the adaptation and dissemination of the AIM Maternal Safety Bundles beginning with the **Obstetric Hemorrhage Bundle**
- A series of evidence-based practices designed to help maternity care units and providers develop and improve:
 - Readiness
 - Recognition and Prevention
 - Response
 - Reporting and Systems Learning

All hospitals and maternity case providers are welcome to participate!

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Changing the World, Fast!
<https://echo.unm.edu>

ECHO **NM HEALTH SCIENCES**



Improving Perinatal Health ECHO

WHEN:

- Every 1st and 3rd Monday, 12-1pm (MT)

WHAT:

- Brief topic presentation
- Case presentation
 - Share case to discuss with network
 - Identify specific clinical/systems/bundle implementation question related to case
 - Address potential bias & structural determinants
 - No Protected Health Information (PHI)

The ECHO Model: All Teach, All Learn

NM Hospitals Engaged in the Work



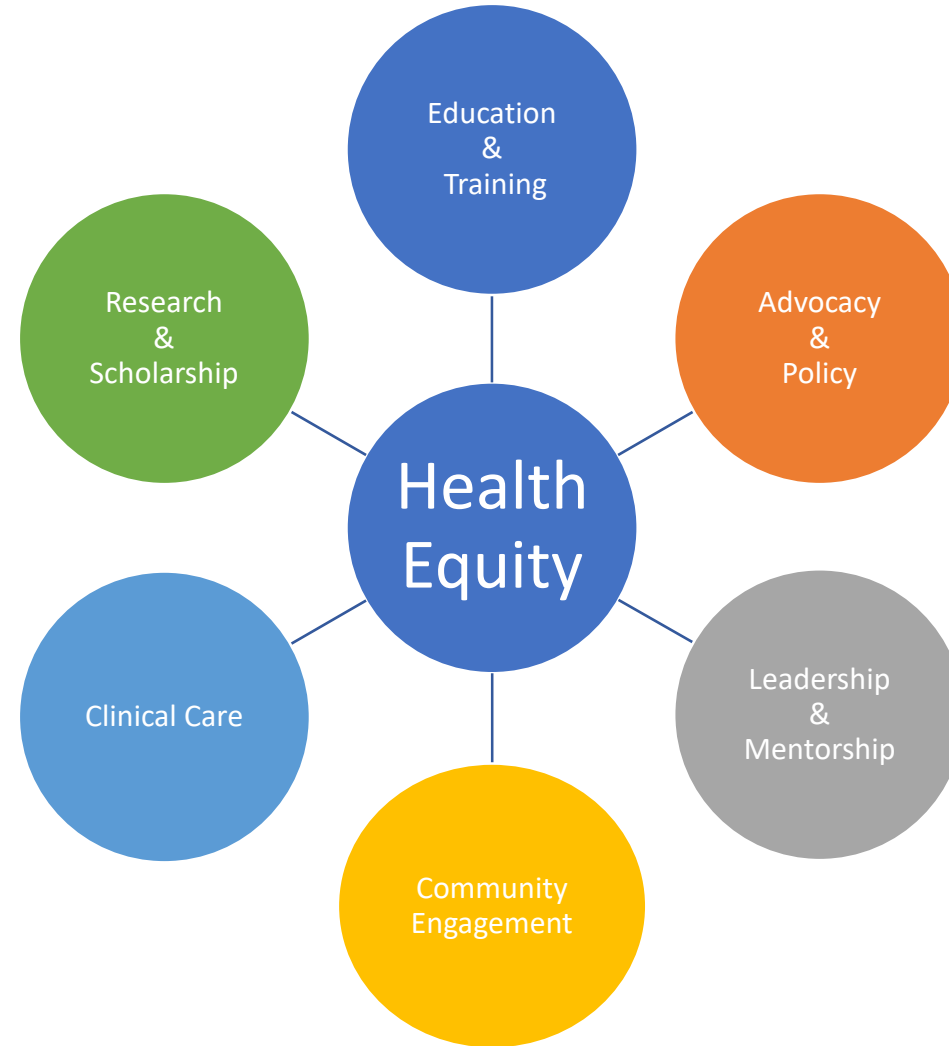
- Christus St. Vincent Regional Medical Center
- Cibola General Hospital
- Gallup Indian Medical Center**
- Gerald Champion Regional Medical Center
- Gila Regional Medical Center
- Holy Cross Hospital
- Lincoln County Medical Center
- Los Alamos Medical Center
- Lovelace Women's Hospital
- Mimbres Memorial Hospital
- Memorial Medical Center
- Miners Colfax Medical Center



- Northern Navajo Medical Center**
- Plains Regional Medical Center
- Presbyterian Hospital
- Presbyterian Espanola Hospital
- Presbyterian Rust Medical Center
- Presbyterian Santa Fe Medical Center
- Rehoboth McKinley Christian Health Care Services
- San Juan Regional Medical Center
- Socorro General Hospital
- UNM Hospital
- Zuni Comprehensive Health Center**



Rural Health Equity Requires Intentional Efforts at All Levels





CON Training Leadership Opportunities

- UNM CON is already a national leader in preparing a diverse midwifery workforce for rural and underserved community practice.
 - CNM/FNP or PMHNP dual certification
 - Advanced Nursing Education Workforce (ANEW) Program
 - NM/UNM Midwives of Color
 - Inter-professional education
 - Rural Track
 - ***Collaborate with the NMPC!***



Policy & Research Recommendations

- State Policy
 - Medicaid funding
 - Workforce: track birth attendance
 - Consider notice and contingency planning for hospital closure of maternity services
 - Support interdisciplinary quality improvement work in rural communities/facilities
- Research
 - Community engaged & led projects
 - Evaluation of innovative care models

Thank you!

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