

# Maternal Health Workgroup

## The Takeaway

Access to quality maternal healthcare in rural communities is critical for protecting the health and lives of mothers and babies. Rural women face higher rates of pregnancy-related complications, severe maternal morbidity, and maternal mortality compared to their urban counterparts. Limited access to skilled providers, emergency services, and specialized care can turn manageable complications into life-threatening situations. Ensuring comprehensive, well-staffed maternity care in these areas not only improves outcomes for mothers and infants but also strengthens the overall health and resilience of rural communities.

## Fast Facts

- In rural areas, women of childbearing age are more likely covered by Medicaid, which reimburses at lower rates than private insurance.<sup>1</sup>
- Pregnancy-related and infant health outcomes are significantly worse in rural areas, where maternal mortality and severe complications are higher, and infants face increased risks of death, prematurity, and low birth weight compared to urban populations.<sup>2</sup>
- Maternity care is costly, and rural hospitals face additional challenges due to low volumes. Maintaining around-the-clock staffing incurs high fixed costs, making it financially unfeasible for hospitals to operate labor and delivery units.<sup>3</sup>
- Rural areas often face higher rates of poverty, food insecurity, chronic disease, and limited access to ancillary services which compound maternal health risks.<sup>4</sup>

## Pennsylvania Insights

- Between 2010 and 2022, Pennsylvania experienced one of the nation's highest losses of rural obstetric services, with 46% of hospitals in rural counties ending maternity care.<sup>5</sup>
- The median drive time from rural hospitals without L&D to a birthing hospital is 39 minutes.<sup>6</sup>
- 47.6% of women in rural communities live more than 30 minutes from a birthing hospital.<sup>7</sup>
- Over 180 babies are delivered annually by EMS, yet a study found that 82% of EMS providers had never received obstetric training, even though 39% had experience delivering a baby in a pre-hospital setting.<sup>8</sup>
- Data shows that 31% of maternal deaths occur during pregnancy, compared to 52% that occur postpartum, proving that maternal healthcare is vital even after birth.<sup>9</sup>

## *What can be done?*

# Access to Care & Delivery Models

## The Takeaway

Access to care in rural regions is shaped by a combination of workforce shortages, geographic barriers, and limited healthcare infrastructure. Residents often face long travel times to reach primary, specialty, or emergency care, and many rural hospitals have closed or reduced services, creating gaps in essential care. Financial challenges, including underinsurance and high out-of-pocket costs, further discourage timely care. Limited broadband in rural areas also restricts telemedicine adoption, though virtual care is increasingly used to bridge gaps.

## Fast Facts

- About 26 million Americans remain uninsured, limiting access to routine and preventative care, and nearly 25% have delayed or skipped needed medical care because of cost.<sup>10</sup>
- Limited health literacy can also make it difficult for patients to understand medical information, navigate insurance systems, or manage chronic conditions effectively.<sup>11</sup>
- Nationally, an estimated 5.8 million Americans miss or delay medical care each year because of transportation challenges, and rural residents are disproportionately affected.<sup>12</sup>
- Community health worker programs in rural regions have been shown to reduce hospital admissions by 20-30% and improve management of chronic diseases such as diabetes.<sup>13</sup>

## Pennsylvania Insights

- Relative to other states, Pennsylvania lags in telehealth best practices, hindered by regulatory complexity, the absence of payment parity mandates, and restricted reimbursement for certain telehealth modalities.<sup>14</sup>
- In 2023, at least 279,000 locations (homes, businesses, schools, etc.) where internet services could be installed, did not have access to 25/3 Mbps internet service and an additional 54,048 locations did not have access to 100/20 Mbps broadband. This low of speed, limits telehealth capabilities.<sup>15</sup>
- Several flexible hospital models have been introduced to address challenges:
  - Micro-hospitals: Small-scale facilities offering emergency services and a limited number of inpatient beds, focusing on acute care without extensive surgical services.
  - Tele-Emergency Departments: Staffed by advanced practice providers 24/7, with remote physician support via telecommunications.
  - Outpatient Emergency Departments: Emergency services provided in outpatient settings without inpatient beds, designed to serve low-volume areas.<sup>16</sup>

**What can be done?**

# WORKFORCE DEVELOPMENT AND PIPELINE STRATEGIES

## The Takeaway

The rural healthcare workforce shortage directly impacts the health, safety, and economic stability of entire communities. When hospitals and clinics cannot recruit, patients face longer wait times, delayed diagnoses, and reduced access to essential services. For many rural residents, these shortages mean traveling hours for basic care or going without it altogether, leading to worse health outcomes and higher rates of preventable illness and death. Beyond health impacts, workforce shortages threaten the survival of rural hospitals, which are often major employers and anchors of local economies.

## Fast Facts

- Between 2010 and 2021, 136 rural hospitals closed their doors, often due to financial strain exacerbated by workforce shortages.<sup>17</sup>
- Rural healthcare facilities struggle to recruit and retain providers due to professional isolation, limited career advancement opportunities, lower salaries compared to urban areas, and lifestyle factors.<sup>18</sup>
- Over half of rural physicians in the U.S. are 50 or older, leading to a projected 23% decline in rural physicians by 2030 due to retirements.<sup>19</sup>
- The U.S. faces a projected shortage of over 200,000 nurses by 2030, with rural areas disproportionately affected. Approximately 30% are over 50 years old, meaning retirement will intensify shortages.<sup>20</sup>
- More than 66% of primary care health professional shortages and nearly 62% of mental health professional shortages are in rural areas.<sup>21</sup>

## Pennsylvania Insights

- Average vacancy rates were higher for rural hospitals across several key positions: 23% - physician assistants, 23% - medical assistants, 21% - RNs, 20% - radiologic techs, 19% - central sterile processors, and 18% - certified registered nurse practitioners.<sup>22</sup>
- Each year through 2032, the state will need 8,890 more RNs and 11,232 more nursing assistants to replace those leaving the workforce and meet the increasing need for care.<sup>23</sup>
- Pennsylvania's nursing shortage is more severe than the national average, with projections indicating a shortfall of over 20,000 nurses by 2026, potentially being the worst in the U.S.<sup>24</sup>
- Due to ongoing workforce shortages, 70% of hospitals report increased emergency department wait times and 68% have delayed appointment and procedures. Similarly, over half of nursing homes have had to limit or cap admissions due to staffing.<sup>25</sup>

## Work Links

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5. <https://penncapital-star.com/health-care/us-hospitals-including-in-pennsylvania-see-stark-decline-of-obstetric-services-study-shows/>
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7. <https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Pennsylvania.pdf>
8. <https://www.haponline.org/Resource-Center?resourceid=1287>
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14. <https://www.innerbody.com/best-worst-states-telehealth>
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