



POLICY BRIEF

Maternity Care Access in West Piedmont

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Purpose

Maternity care is vital in ensuring that pregnant females and their newborns stay healthy throughout and after the pregnancy, but many rural residents across the United States (US) face barriers to accessing maternity care due to an absence of obstetric (OB) facilities, limited or lack of obstetrics and gynecology (OB/GYN) healthcare professionals, and long transportation times. After the closure of the Sovah Health-Martinsville labor and delivery unit in Virginia's West Piedmont health district, those living in Martinsville and surrounding counties have less access to OB care. Less access to maternity care is correlated with increased risks of the mother and baby experiencing adverse birth outcomes. This policy brief will explore the decreased accessibility to maternity care in the West Piedmont region and its effects, as well as some recommendations to eliminate maternity care deserts.

West Piedmont Maternity Services

On May 2nd, 2022, the Sovah Health-Martinsville labor and delivery unit temporarily ceased operation due to a 60% decline in deliveries in Martinsville since 2015. All labors and deliveries shifted to Sovah-Health's Danville campus – 30 miles away from Martinsville. If a patient cannot get to the Danville campus, the baby would be delivered in the Martinsville emergency room, which poses a number of health risks (Bringle, 2022).

In addition to the increased risk of experiencing adverse birth outcomes, the increase in travel time to access OB/GYN care presents a financial barrier which is especially burdensome on low-income residents. Martinsville's poverty rate is 21.3%, so having to travel long distances for healthcare is infeasible for at least one-fifth of the Martinsville population. Even for those who are on Medicaid and can access Medicaid transportation services, the service is not 24/7 to accommodate the variability of when pregnant females could go into labor (Bringle, 2022).

The West Piedmont region's health outcomes and rankings reflect the overall shortage of services, especially for maternity care. Martinsville is slightly higher in the prevalence of low birthweight than its neighboring counties and Virginia (VA) overall.

2020 Virginia County Health Rankings for Health Outcomes

out of 133 Virginia counties

| | |
|--------------|------------|
| Martinsville | 128 |
| Henry | 97 |
| Patrick | 93 |

Low Birthrate Percentage

by county

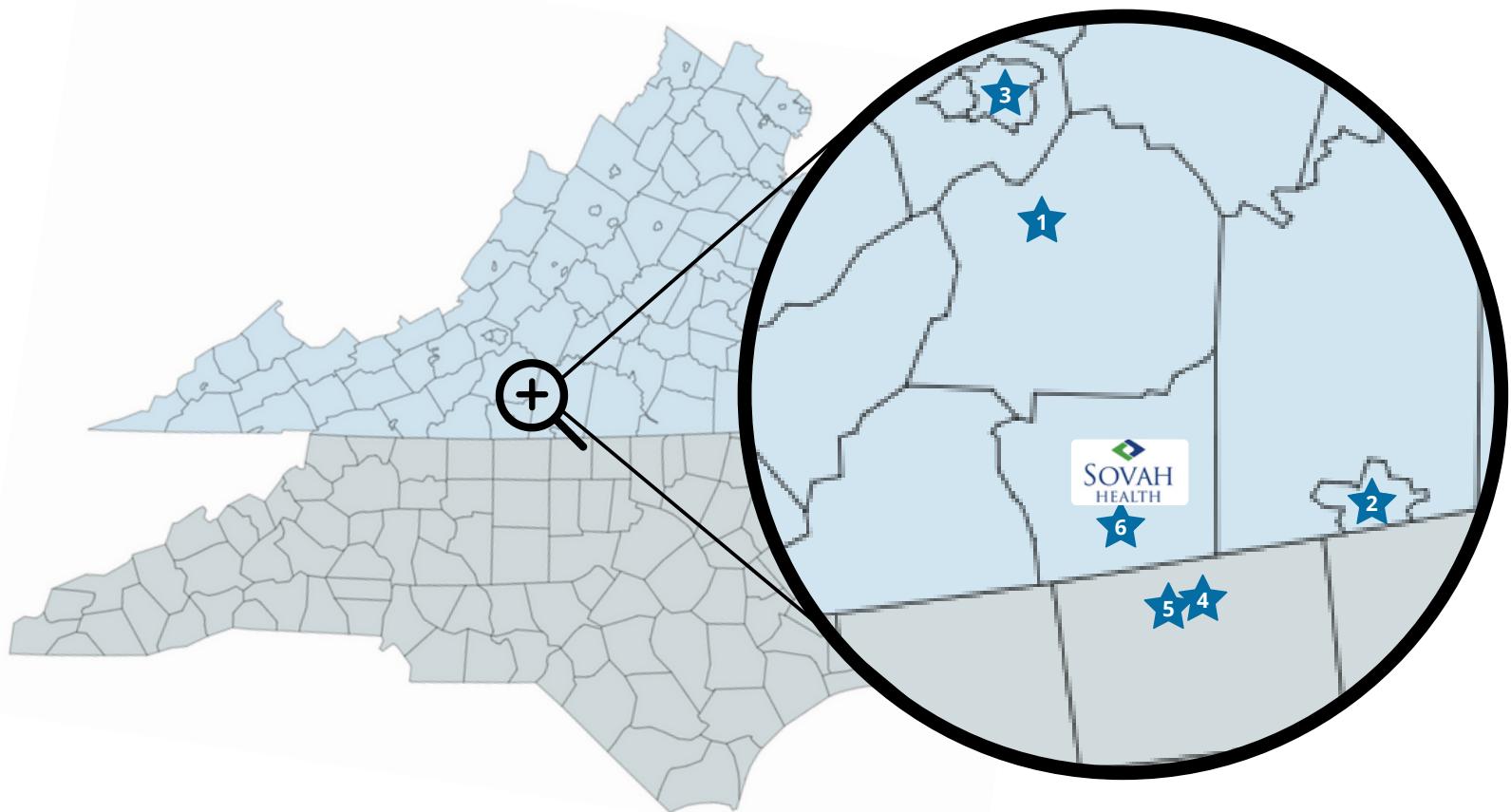
| | |
|--------------------|------------|
| Virginia (overall) | 8% |
| Franklin | 8% |
| Henry | 9% |
| Martinsville | 12% |
| Patrick | 8% |

(2020 Virginia County Health Rankings, 2020)

With the closure of the labor and delivery unit, the region's health scores are at risk as Martinsville residents do not have easy access to care and are forced to travel into other counties and cities. The table below shows the hospital and obstetric care facilities that are most traveled to by Martinsville residents and their travel time and distance.

Travel Distance to OB Services

from Sovah Health- Martinsville



OB Services

Distance

| | |
|---|----------------------------|
| 1) New Life Birth Center | 36 min (25.6 miles) |
| 2) Sovah Health - Danville | 36 min (29.3 miles) |
| 3) Carilion Clinic Obstetrics & Gynecology - Riverside | 1 hr 5 min (48.9 miles) |
| 4) UNC Rockingham Health Care - Eden | 31 min (19.6 miles) |
| 5) Piedmont Preferred Women's Health Care - Eden, NC | 32 min (18.8 miles) |
| 6) Piedmont Preferred Women's Health Care - Ridgeway, VA | 17 min (8.3 miles) |

Maternity Care Deserts

Maternity care deserts are defined as an area where access to maternity healthcare services is either limited or absent due to a lack of services or barriers to someone's ability to access the care. According to the March of Dimes, a maternity care desert is any county in the US without a hospital or birth center offering obstetric care and without any obstetric providers. Low access to appropriate preventive, prenatal and postpartum care is defined as counties with one or fewer hospitals or birth centers that provide obstetric care, few obstetric providers (fewer than 60 per 10,000 births) or a high proportion of women without health insurance (10 percent or more).

- In 2018, 32.3% of Virginia counties were classified as maternity care deserts
 - and 46.6% of those counties are rural (*FORHP, 2022*).
- 14.6% of Virginia counties were classified as having low/moderate access (*Data for Virginia, 2021*)
 - and 15.1% of those counties are rural (*FORHP, 2022*).

Henry, Patrick County, and Martinsville City are defined as rural, while Franklin County is defined as urban, making West Piedmont a predominantly rural region. Nationally, less than half (43.8%) of rural counties in the US have hospitals providing obstetric (OB) care, but rural counties are disproportionately affected by maternity care deserts. The presence of OB care in rural areas has also been on the decline; from 2012 to 2019, 148 US counties lost OB care services and 113 of them were rural (Owen et al., 2022). The main reasons for OB care closures in rural areas, specifically within hospitals, include staffing issues, low reimbursement due to high proportions of Medicaid patients, low birth volume, and the low budgets that rural hospitals have (Hung et al., 2016). Four out of five females who live in maternity care deserts are in rural areas (*Healthy Moms and Babies, 2022*). Because of this, over half of rural females need to drive more than 30 miles to receive OB services (CMS, 2019). The lack of care in rural areas also means a lack of coordinated care, so pregnant rural females are unable to receive the necessary services from prenatal through postpartum care.

Apart from transportation and availability of facilities, rural females face unique barriers that affect pregnancy, such as housing insecurity, food insecurity, a lack of educational and economic opportunities, and structural racism. These factors not only put pregnant females at risk of not being able to access quality and affordable care, but also for preterm birth and babies with low birth weight (RHIhub, 2021).

Current Efforts to Reduce Maternity Care Deserts

1. [**Rural Maternity and Obstetrics Management Strategies \(RMOMS\) Program**](#) is a national program funded by HRSA and works to increase access to maternal and OB care in rural areas by collecting data on rural OB hospital services, building networks among care providers, leveraging telehealth and specialty care, and improving financial sustainability.
2. [**Virginia Workforce Incentive Programs**](#) are facilitated by the Virginia Department of Health, Office of Health Equity. Program offerings incentivize a variety of healthcare professionals (e.g., Certified Nurse Midwife, OB/GYNs) to practice in Health Professional Shortage Areas (HPSAs) and Maternity Care Target Areas (MCTAs) by offering student loan repayment in exchange for service time.
3. [**Rural OB Access and Maternal Services \(ROAMS\)**](#) program in New Mexico (NM) provides access to telehealth and OB care in rural areas of NM. Care encounters range from prenatal care to education on pregnancy, labor and breastfeeding.

Recommendations

- a. *Implement telehealth options for maternal care in rural areas.* In order to encourage telemedicine in the West Piedmont region, the lack of broadband access needs to first be addressed. In VA overall, 84% of households have access to broadband, but West Piedmont sits below this number (*Internet Access in Virginia*, 2022). In Franklin County, 73% of households have broadband access; 70% for Henry County; 74% for Martinsville; and 67% for Patrick County (Data Commons, 2019).
- b. *Allocate more funds to programs like RMOMS to increase financial investment for OB and maternal care services in rural areas.*
- c. *Create a program similar to New Mexico's ROAMS to target Virginia's vulnerable rural populations and increase their access to maternal and OB care.*

d. *Open satellite OB clinics and birth centers in rural areas.* Opening satellite OB clinics is a good option when resources are limited, especially considering it is a more affordable strategy, and would increase in-person access to OB care for rural residents (Cullen, 2021). Birth centers are also proven to be a lower-cost and effective model to deliver perinatal care for low-risk pregnancies compared to hospital deliveries. A 2016 literature review found that deliveries at a birth center had lower rates of assisted vaginal births and cesarean section births than hospitals (CMS, 2019).

e. *Standardize practice laws across states.* The Interstate Medical Licensure Compact (IMLCC) is an agreement between 26 states, one territory, and 37 Medical and Osteopathic Boards in those areas, and allows licensed physicians to practice across state lines as long as they meet eligibility requirements (CMS, 2019). Virginia has not adopted this agreement and legislation has been introduced in North Carolina (NC) (IMLCC, n.d.). If the IMLCC was standardized federally and among the states, access to maternal care for rural Virginians would increase considering the NC offices that treat VA patients could practice within VA as well.

Virginia State Office of Rural Health

“The Virginia State Office of Rural Health (VA-SORH) was established in 1991 to create, fund, and support quality and sustainable rural healthcare infrastructure throughout the Commonwealth of Virginia. The VA-SORH is housed within the Virginia Department of Health, Office of Health Equity, and is the sole organization in Virginia that is federally designated to address and rectify health disparities affecting the state's rural residents. The mission of the office is to partner with rural communities to identify opportunities and long-term solutions that ensure the health and prosperity of all Virginians. The VA-SORH fulfills this mission through providing technical assistance, regulatory updates, resources, and opportunities for collaboration with communities. **”**



For more information, visit us online at: <https://www.vdh.virginia.gov/health-equity/division-of-rural-health/>.

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