



# Rural Maternity and Obstetrics Management Strategies (RMOMS) Program Overview

*December 5, 2023*

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**Health Resources and Services Administration (HRSA)**

**Vision: Healthy Communities, Healthy People**



# Federal Office of Rural Health Policy

## Presenters



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# The Federal Office of Rural Health Policy

Established in Section 711 of the Social Security Act

The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support community programs and shape policy that will improve health in rural America.

## Cross-Agency Collaboration

Works across HRSA, HHS, and several other federal partners to accomplish its goals

## Capacity Building

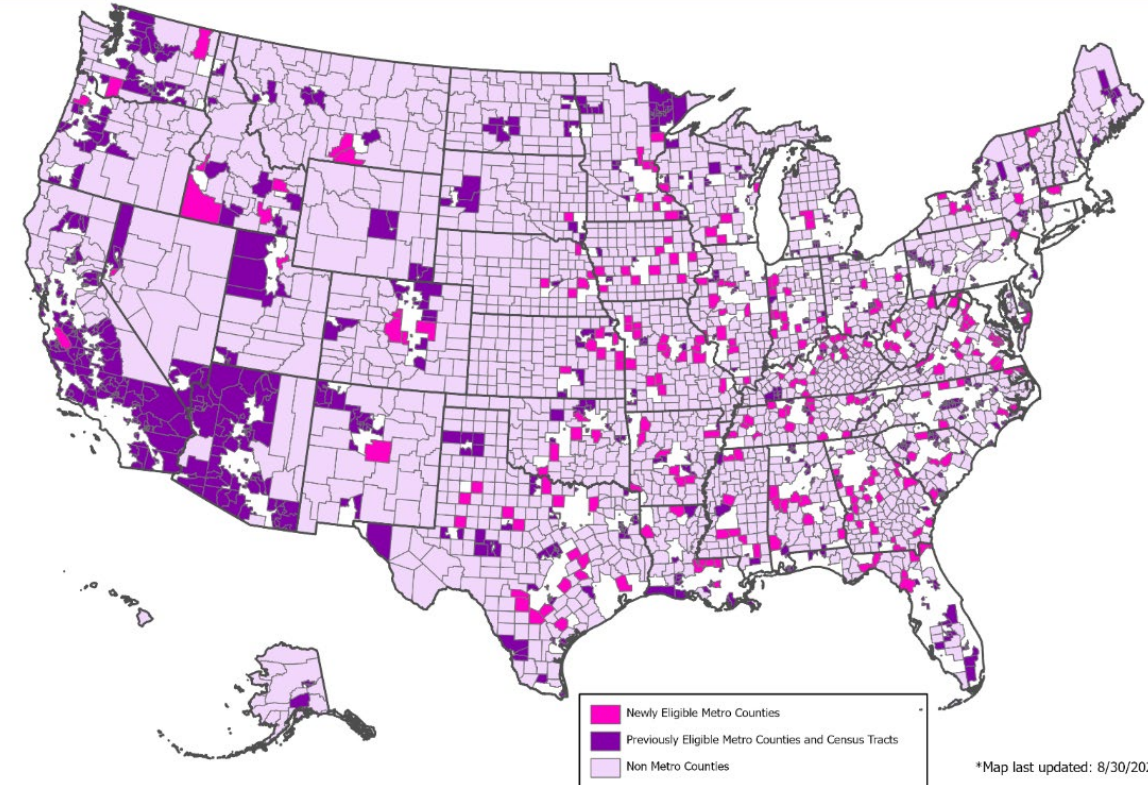
Increases access to health care for people in rural communities through grant programs and public partnerships

## Voice for Rural

Advises the HHS Secretary on policy and regulation that affect rural areas



Counties and Census Tracts Eligible for FORHP Funding






# Rural Health Landscape


## The Often-Cited Rural Health Concerns...

People in rural areas live 3 fewer years than people in urban areas, with rural areas having higher death rates for heart disease and stroke.



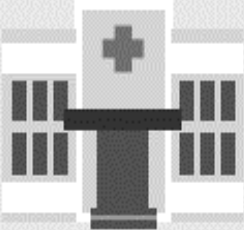
Rural women face higher maternal mortality rates

Rural residents face higher rates of tobacco use, physical inactivity, obesity, diabetes and high blood pressure




Rural populations face greater challenges with mental and behavioral health and have limited access to mental health care.


Rural hospitals are closing or facing the possibility of closing



+  
Increasing shortages of clinicians



Long distances and lack of transportation make it difficult to access emergency, specialty and preventive care.



Rural populations are more likely to be uninsured and have fewer affordable health insurance options than in suburban and urban areas.

Sources: [Social Determinants of Health in the United States: Addressing Major Health Inequality Trends for the Nation, 1935-2016 - PubMed \(nih.gov\)](#)  
Publication Details: [Rural Population Health in the United States: A Chartbook - Rural Health Research Gateway \(Updated February 2023\)](#)

# Rural Health Policy Issues

## Access to Obstetric Care

### Characteristics of US Rural Hospitals by Obstetric Service Availability

Katy B. Kozhimannil, PhD, MPA, Julia D. Interrante, Lindsay Admon, MD, MS

**Objectives.** To describe characteristics of rural hospitals that provide labor and delivery (obstetric) services. **Methods.** We used the 2017 American Hospital Survey to describe their characteristics and obstetric services. **Results.** Among the 2019 rural hospitals in the United States, 9% of rural hospitals did not provide obstetric care. These hospitals were more likely to be in noncore counties (counties with no town of more than 10,000) and had lower average daily inpatient stays compared with noncore counties. Rural hospitals with obstetric care were more likely to be government owned or for-profit compared with non-core counties. Rural hospitals with obstetric care were more likely to have an emergency department compared with non-core counties (P for all comparisons < .001).

**Conclusions.** Rural US hospitals that do not provide obstetric care are more likely to be in sparsely populated rural locations and are smaller than hospitals that provide obstetric care. **Public Health Implications.** Understanding the characteristics of rural hospitals that provide obstetric care is important to ensure safe maternity care for rural residents. (*Am J Pub Health* 2020;110:1021-1025.)

See also the *AJPH* Rural Health section, pp. 10-11.

There has been a steady loss of rural hospital-based obstetric care across the United States. Approximately 9% of rural counties lost hospital-based obstetric care between 2004 and 2014.<sup>1</sup> These losses create access challenges for pregnant rural residents and are associated with increases in births in hospitals without obstetric care (planned cesarean sections for pregnant patients during labor and childbirth).<sup>2,3</sup>

Closure of rural obstetric units is frequently precipitated by challenges related to low birth volume and sparsely populated locations (e.g., financing, staffing and scheduling, workforce recruitment and retention, and maintenance of clinical skills).<sup>4</sup> Loss of hospital-based obstetric care is associated with an increased risk of births in hospital emergency departments and out-of-hospital births.<sup>2</sup> There are also potential consequences for the infant, because the loss of hospital-based obstetric care has been associated with increased rates of

September 2020, Vol. 110, No. 9 | *AJPH*

AJPH RURAL HEALTH

### POLICY BRIEF November 2019



## Severe Maternal Morbidity and Hospital Transfer Among Rural Residents

Katy Kozhimannil, PhD, MPA  
Julia D. Interrante, MPH  
Alexandria Kristensen-Cabrera  
Carrie Henning-Smith, PhD, MPH, MSW  
Regan Theiler, MD, PhD

#### Key Findings

- Overall, 3.0% of rural residents and 1.6% of urban residents were transferred from one hospital to another during childbirth; among rural residents, 2.0% transferred before childbirth, 0.9% transferred after childbirth, and 0.1% transferred both before and after childbirth.
- Nearly 3/4 (74.2%) of rural residents who were transferred after childbirth gave birth at rural hospitals; this represents approximately 750 rural residents annually (weighted N = 3,700 annually).
- Hospital transfer is rare; almost all rural residents with severe maternal morbidity and mortality (SMMM) (91.8%) were not transferred at all.
- More than 3/4 (84.1%) of rural residents with SMMM who are transferred after childbirth delivered their infants at rural hospitals; this represents 30 rural residents annually (weighted N = 145 annually).
- More than 2/3 (68.7%) of rural residents with SMMM who are not transferred delivered their infants at rural hospitals; this represents approximately 1,000 rural residents annually (weighted N = 5,000 annually).

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### RESEARCH ARTICLE RURAL HEALTH

HEALTH AFFAIRS > VOL. 38, NO. 12: RURAL HEALTH

## Rural-Urban Differences In Severe Maternal Morbidity And Mortality In The US, 2007–15

Katy Backes Kozhimannil, Julia D. Interrante, Carrie Henning-Smith, and Lindsay K. Admon

### INFOGRAPHIC July 2020

## Loss of Hospital-based Obstetric Care in the United States, 2004–2018

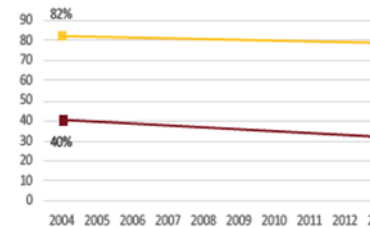
Katy B Kozhimannil, PhD, MPA  
Julia D Interrante, MPH  
Mariana S Tuttle, MPH

#### Key Findings

- Access to maternity care in rural US counties continues to decline.
- The percent of micropolitan and noncore counties with obstetric services dropped significantly from 2004–2018.
- Rural noncore counties continue to be less likely to have hospital-based obstetric services than rural micropolitan counties, and this decline is steeper.

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Percent of Rural Counties with Hospital-based Obstetric Care, 2004–2018



Support for this study was provided by the Federal Office of Rural Health Policy, Cooperative Agreement U1CRH03717-13-00. The information, conclusions, and opinions are those of the authors and do not represent the views of the Federal Office of Rural Health Policy, HRSA, or HHS. No endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

### POLICY BRIEF September 2020

## Obstetric Emergencies in Rural Hospitals: Challenges and Opportunities

Mariana Story Tuttle, MPH  
Mary Gilbertson, BA  
Julia D. Interrante, MPH  
Katy Kozhimannil, PhD, MPA

#### Key Findings

- Respondents (n=61) identified many unique concerns regarding the provision of emergency obstetric care at their hospitals. The most common include the following: lack of specialty care providers (n=22), lack of skills to address emergency birth (n=19), and insufficient medical equipment/supplies (n=16).
- Additionally, 23 respondents stated that their hospital could better avoid or address close calls or adverse birth outcomes with increased training (n=8), improved or increased specialty obstetric-related skills (n=8), and acquiring necessary medical equipment/supplies (n=7).
- There is a need for improved coordination between rural hospitals that do not provide obstetric care and regional hospitals that have obstetric care capacity, which could be accomplished through regional perinatal quality collaboratives and telemedicine networks.
- There is a need for increased clinical obstetric experience, which could come through enhancing rural family medicine residencies and providing additional support for training in emergency obstetrics.

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United States Government Accountability Office  
Report to Congressional Committees

October 2022

## MATERNAL HEALTH

### Availability of Hospital-Based Obstetric Care in Rural Areas

GAO-23-105515

# Lifting Up Rural Community Health

## Community-based programs helps test new ideas



### Direct Services

- Rural Health Care Services Outreach
- Small Health Care Provider Quality Improvement
- Delta States Network Program
- Pilot Programs
  - Care Coordination



### Capacity-Building

- Rural Health Network Development
- Rural Health Network Development Planning
- Pilot Programs
- Rural Maternal Obstetrics Management Strategies Program

Watch Video Profiles of Innovative FORHP Grantees:

<https://www.ruralhealthinfo.org/project-examples>



# RMOMS Program Context

In 2023, RMOMS was authorized under a new statute, [Section 330A-2 of the Public Health Service Act](#).

Current

<< Previous TITLE 42 / CHAPTER 6A / SUBCHAPTER II / Part D / subpart i / § 254c-1b Next >>

[Print] [Print selection] [OLRC Home] Help

**42 USC 254c-1b: Rural obstetric network grants**  
Text contains those laws in effect on December 4, 2023

**From Title 42-THE PUBLIC HEALTH AND WELFARE**  
CHAPTER 6A-PUBLIC HEALTH SERVICE  
SUBCHAPTER II-GENERAL POWERS AND DUTIES  
Part D-Primary Health Care  
subpart i-health centers

**Jump To:**  
[Source Credit](#)

## §254c–1b. Rural obstetric network grants

### (a) Program established

The Secretary shall award grants or cooperative agreements to eligible entities to establish collaborative improvement and innovation networks (referred to in this section as "rural obstetric networks") to improve maternal and infant health outcomes and reduce preventable maternal mortality and severe maternal morbidity by improving maternity care and access to care in rural areas, frontier areas, maternity care health professional target areas, or jurisdictions of Indian Tribes and Tribal organizations.

### (b) Use of funds

Grants or cooperative agreements awarded pursuant to this section shall be used for the establishment or continuation of collaborative improvement and innovation networks to improve maternal and infant health outcomes and reduce preventable maternal mortality and severe maternal morbidity by improving prenatal care, labor care, birthing, and postpartum care services in rural areas. Rural obstetric networks established in accordance with this section may-

(1) develop a network to improve coordination and increase access to maternal health care and assist pregnant women in the areas described in subsection (a) with accessing and utilizing prenatal care, labor care, birthing, and postpartum care services to improve outcomes in birth and maternal mortality and morbidity;





# RMOMS Program Information

**Purpose: To establish or continue collaborative improvement and innovation networks to improve access to and delivery of maternity and obstetrics care in rural areas.**

## RMOMS Focus Areas

RMOMS Website: [Rural Maternity and Obstetrics Management Strategies \(RMOMS\) Program | HRSA](#)



Rural Hospital Obstetric Service Aggregation



Financial Sustainability



Approaches to Risk-Appropriate Care

RMOMS Contact Information:  
[RMOMS@hrsa.gov](mailto:RMOMS@hrsa.gov)

Performance Period:  
4 years

Funding Amount: up to \$1  
million per awardee per year

Total Number of Awardees  
Since 2019: 12





# RMOMS Program Information (cont.)

## RMOMS Goals

1. Identify and implement evidence-based and sustainable delivery models for the provision of maternal and obstetrics care in rural hospitals and communities;
2. Enhance and preserve access to maternal and obstetric services in rural hospitals that includes developing an approach to aggregate, coordinate, and sustain the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services;
3. Provide training for professionals in health care settings that do not have specialty maternity care;
4. Collaborate with academic institutions that can provide regional clinical expertise (such as specialty expertise and provider support using a variety of modalities including telehealth services) and help identify barriers to providing maternal health care, including strategies for addressing such barriers;
5. Assess and address disparities in infant and maternal health outcomes, including among rural racial and ethnic minority populations and underserved populations.

Source: FY23 RMOMS Notice of Funding Opportunity (<https://www.grants.gov/search-results-detail/340917>)



# Addressing Maternal Health Issues

## Rural Maternity Obstetrics and Management Strategies Program (RMOMS)

- RMOMS improves maternal care in rural communities by:
  - Aggregating obstetric services within the rural region to revive or sustain rural obstetric and maternal services
  - Building networks to coordinate continuum of care
  - Leveraging telehealth and specialty care
  - Working with State Medicaid programs and other payers to improve financial sustainability

### Highlights from the 2019 Cohort Implementation Years 1 & 2

(September 1, 2020 to August 31, 2022)

- Rural Maternity and Obstetrics Management Strategies (RMOMS) Program awardees created maternal health networks to provide prenatal, labor and delivery, and/or postpartum care to nearly 5,000 rural RMOMS participants, with over 3,600 deliveries.
- Implemented telehealth, patient navigation, and direct service expansion initiatives to improve access to maternity care and support services



# RMOMS Program - Awardees Since Fiscal Year 2019

## 2019 Cohort (blue)

- Bootheel Perinatal Network (BPN) in Missouri
- New Mexico Rural Obstetrics Access and Maternal Services (ROAMS)
- Texas-RMOMS Comprehensive Maternal Care Network

## 2021 Cohort (red)

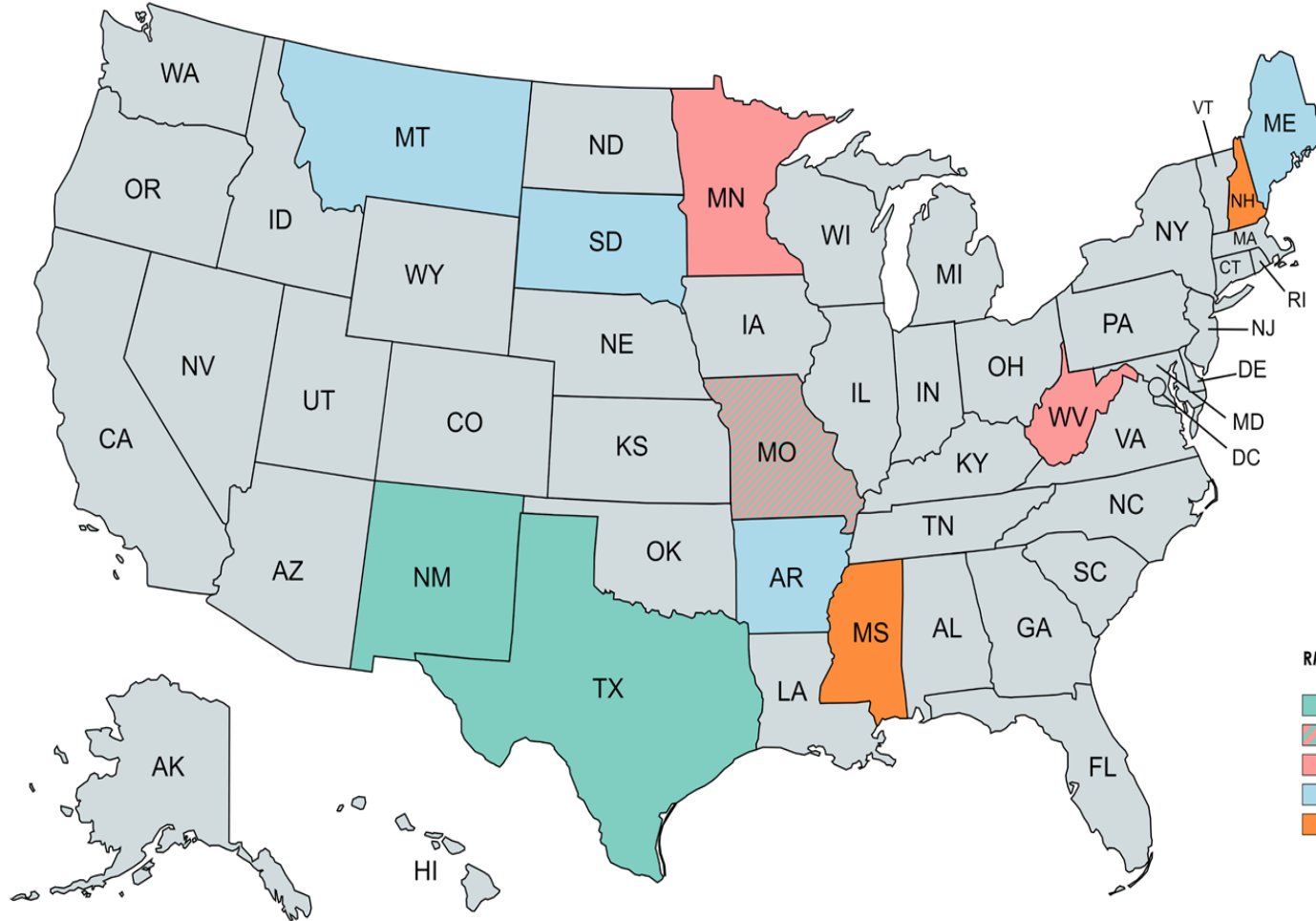
- Families First: Rural Maternity Health Collaborative in Minnesota
- RMOMS-Southeast Missouri Partnership (SMP)
- West Virginia RMOMS

## 2022 Cohort (blue)

- RMOMS South Dakota (RMOMS SD)
- Maternal Health Connections (MT)
- Maine RMOMS
- Arkansas RMOMS (AR-MOMS)

## 2023 Cohort (orange)

- Mary Hitchcock Memorial Hospital (NH)
- Institute for the Advancement of Minority Health (MS)



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