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Title

Maternal Care Target Areas (MCTAs), Family Physicians, and the Expansion of Obstetrical Care in High-Need Areas

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Context: Many rural areas have disparities in maternal care outcomes, partly due to a lack obstetricians, certified nurse midwives, and hospitals providing obstetrical care (defined as maternity care deserts [MCDs]). In response, recent U.S. legislation created maternal health professional shortage areas (HPSAs), known as Maternal Care Target Areas (MCTAs). MCTAs are defined as primary care HPSAs that meet specific criteria based on the ratio of females ages 15-44 to maternity care providers, low-income women, distance/travel time to care, fertility rates, social vulnerability, and maternal health indicators (pre-pregnancy diabetes, hypertension, obesity, and early access to prenatal care). While the identification of MCTAs is an important first step in addressing the maternity care crisis, MCTA designations do not include race or ethnicity and exclude family physician providers. Objective(s): This research identifies high-need, rural maternity care priority areas based on rurality, MCTA scores, and maternity care desert status. Additional aims include exploring whether the highest-need areas are captured by MCTA scores and the role of family physicians providing obstetrical care in these areas. Study Design and Analysis: Cross-sectional analysis; co-location mapping to identify priority MCDs – defined as non-metro MCDs with MCTA scores greater than 15; Dataset(s): Area Health Resource File; American Community Survey; American Board of Family Medicine (ABFM), U.S. Department of Agriculture (USDA). Population Studied: non-Puerto Rico U.S. Counties. Results: We identified 431 priority MCDs. Compared to non-priority MCDs (n=310), priority MCDs had significantly higher percentages of racial/ethnic minority and uninsured women, significantly lower rates of early prenatal care, and significantly worse outcomes (preterm births, low birth weight, infant mortality). Seventy-one (16.5%) of these areas had at least 1 family physician (FPs) providing obstetrical care. Conclusions: Our findings suggest that the current definition of MCTAs includes the highest-need areas. However, almost 1/5 of these areas have at least one family physician providing obstetrical care that are not accounted for in the MCTA definition – these areas have significantly better outcomes than other priority MCDs. We suggest continued research on evaluating MCTA scores as a strategy to improve maternity care and the continued role of family physicians providing obstetrical care.