

# Closing the Gap: How a Community Effort Can Improve Rural Maternity Care

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## THE INNOVATION

In response to the nation's rise in maternal mortality rate and maternal and child health care disparities, a critical access hospital (CAH) in joint efforts with local, county, and state entities has increased access to maternity and child health care resources. This has been done by opening a level-1 maternity care center and recruiting a multidisciplinary team of clinicians led by family medicine (FM) physicians.

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## WHO & WHERE

Chatham Hospital is a 25-bed CAH in Chatham County, North Carolina. The hospital is part of the University of North Carolina (UNC) Health Care system located in rural Siler City, NC. Siler City has a large Black and Hispanic population in comparison to the rest of the county. The CAH is staffed primarily by FM physicians.

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## HOW

The United States has the highest maternal mortality rate among any developed nation in the world. Black women are almost 3 times more likely to die from a pregnancy-related cause compared with White women.<sup>1</sup> Pregnant persons in rural areas experience significant barriers to accessing maternity care and data shows that longer distances are associated with worse maternal and infant outcomes, unplanned out-of-hospital birth, and preterm deliveries.<sup>2</sup> Lack of access is in part related to the closure of rural obstetrical units and disproportionate concentration of obstetricians (OBs) in urban areas.<sup>3,4</sup>

To address this service gap, in September 2020 Chatham Hospital, UNC Family Medicine, Chatham Health Department, Federally Qualified Health Care Centers (FQHCs), nonprofits, and other entities joined efforts to open a Level 1 maternity care center to allow low-risk pregnant persons to deliver within their community. This allowed us to provide patient-centered, culturally, and linguistically appropriate care to the local community. To accomplish this, a diverse group of clinicians

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consisting of an obstetrician-gynecologist, certified nurse midwives (CNMs), and FM physicians with or without cesarean section training were recruited to provide continuity of obstetrical care within the community and the maternity care center.

To make this model sustainable, FM physicians with obstetrical and surgical training along with CNMs provide the bulk of the obstetrical care. Most anesthesia services are provided by certified registered nurse anesthetists (CRNAs).

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## LEARNING

Over the past 3 years this model has confirmed the challenges faced by FM and CNMs in rural areas, including the lack of systemic, administrative, political, and financial support, which further exacerbates health disparities. Challenges to keeping the Chatham MCC open have been low delivery volume as well as staff recruitment and retention, which have been further exacerbated by the COVID-19 pandemic.

The many challenges were overcome by a joint community effort. The patients, clinicians, and health care entities in the Chatham community joined forces to express their strong desire and need for maternity care services in the community by shifting the public conversation from one of monetary gains to one of increasing health care access, health equity, and long-term investment in health care of the community. Through community and local media support the maternity care center was able to engage the health care system and partner entities to secure ongoing private and public funding and political support to provide administrative support, publicity, and incentives to help with staff recruitment and retention.

This model of care has provided safe and effective care for pregnant persons and children in rural North Carolina. Patients appreciate and desire continuity of care, delivering within their community, and have reported overall positive patient satisfaction. In addition, this new model of care has brought the health inequities that exist in our health care system to the forefront and has increased support and resources to the community.

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**Key words:** health care disparities; rural; maternity care; critical access hospital; obstetrics; family medicine; prenatal care; community/public health

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 [Supplemental materials, including references](#)