

Realities of Reproductive Health in Rural Areas

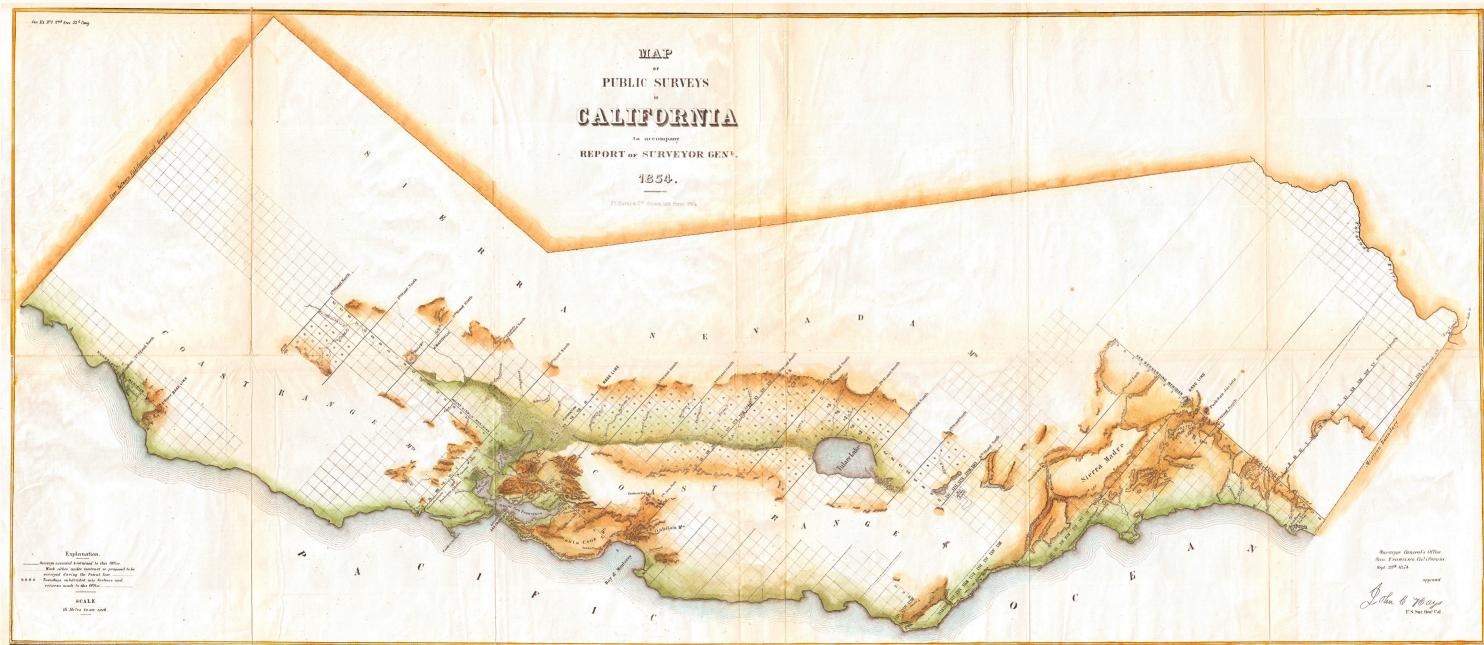
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Disclosures

I have no disclosures except all artwork is from an Adobe Stock Photo account and available on request.





Presentation Roadmap: What We'll Cover

01

The Current Landscape

A quick look at the state of U.S. healthcare and obstetric services, including factors that have shaped its current challenges.

02

California Specifics

What are solutions for the current landscape of maternal care in California

03

Solutions

Understanding the broader implications of these interventions within workforce solutions.

The U.S. Paradox: High Spend, Worse Outcomes

High Mortality Rates

U.S. maternal mortality is 2-3 times higher than other high-income countries.

Racial Disparities

2.5 times increase in morbidity for marginalized groups.

Access and Systems Issue

The for-profit system leaves women in low-income areas without access to care. creative solutions can improve maternal health outcomes.



CDC, 2024; CDC; 2023; Commonwealth Fund, 2024



Geography as Destiny: Obstetric Deserts and Policy

1/3 Counties Affected

Over one-third of U.S. counties have low or no access to maternity care, creating vast obstetric deserts

Economic Clustering

Opioid hotspots and post-industrial decline contribute to failing health and failing hospitals

Policy Impact

Problem solving aligns with low and middle income countries.

Barnett et al., 2021; GAO, 2021; GAO, 2022; Haight 2018; KFF, 2022;
Lindrooth et al., 2018; Monnat, 2016; 2018; Singh, 2020



California Maternity Gaps: The Desert

46

Hospital Closures

Labor & delivery units shut down or suspended since 2012

27

Recent Impact

Closures since 2023

56

Maternity Closures

Labor units closed since 2012

(Cal Matters, 2024; Hwang, 2025; March of Dimes, 2025)



Barriers to Care

People don't face one barrier.
They face them all at once.

Distance & Time

Rural areas have a median travel time of 30 minutes

Workforce Gaps

Critical shortages in clinicians

Daily Logistics

Transportation + childcare + time off work

(California Department of Health, 2026; McConnilville, 2025; US Census Bureau, 2025)

Coleman, 2022; Kozhimannil, 2025; Sheffield, 2024;

The Midwife & CRNA Advantage



Continuity of Care

CNMs provide care throughout pregnancy, birth, and postpartum, fostering stronger patient-provider relationships.



24/7 Anesthesia Coverage

CRNAs ensure immediate access to anesthesia and critical care for pregnant people and the broader community



Integrated Care Models

Team-based, specialized, models improve overall care coordination.



Preserved Local Care

These models and instituting protocols help maintain essential services in communities.

Boosting Provider Supply: The Full Scope Advantage

Research by RAND highlights how implementing a full scope of practice significantly impacts the availability and retention of healthcare providers.

36%

More Primary Care NPs

25%

Higher NP Per Capita

46%

Increased Retention

12%

Enrollment Boost

Martsolf, G. R., & Kandrack, R. (2016)

Access to Care Improves Measurably

In addition, this Rand study found:

7-9%

Adult Care Access

Increases in adults reporting they could get care when needed, enhancing overall community health.

12-25%

Child Care Access

Significant increases for children, ensuring more timely and appropriate pediatric medical attention.

13%

Travel Time

Improvements in travel time acceptability, making healthcare facilities more reachable for all.

The Evidence: Safety in Team-Based Care

Certified Nurse-Midwives (CNMs)

- Comparable or better maternal and neonatal outcomes for low-risk births.
- Lower intervention rates without increased adverse outcomes.
- Strong safety record in integrated systems.



Certified Registered Nurse Anesthetists (CRNAs)

- No increase in anesthesia complications or mortality compared to physician-only models.
- Equivalent outcomes across millions of cases.
- Backbone of anesthesia care in rural and critical access hospitals.

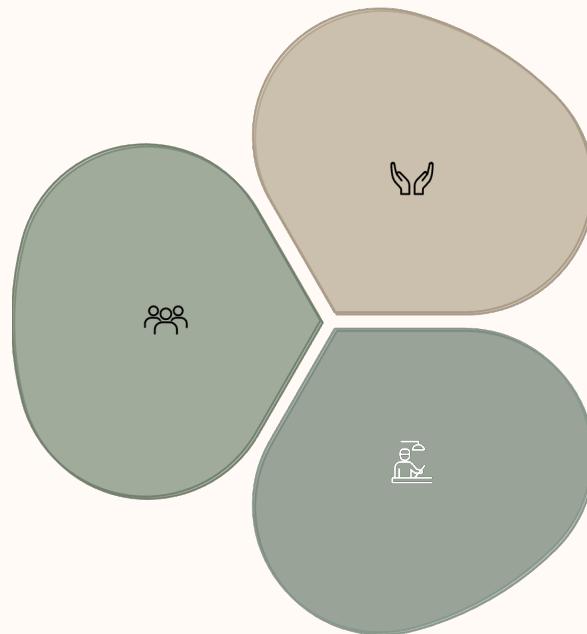


(Coleman, 2022; Dulisse, 2010; Hawkins, 2012; NASEM, 2021; Needleman, 2009; Sandal, 2016)

Collaboration Is the Only Scalable Solution

Team-Based Models

Sustainable maternal care requires intentionally designed team-based, cross-disciplinary models that prioritize patient needs.



Collaboration preserves critical care services where fragmented, single-discipline models inevitably fail.

Inclusive Design

Solutions must include input from CNMs, CRNAs, physicians, administrators, and community members to ensure comprehensive impact.

Systems, Not Professionals

Access failures are systemic problems rooted in infrastructure and policy, not individual professional shortcomings.

Who Is at the Table Determines What Gets Missed

Effective maternal care governance requires ALL stakeholders to be present and heard, particularly those on the front lines.



Workforce Strategy

Decisions are often set by medical staff bylaws and executive leadership, frequently without crucial frontline input.



Provider Exclusion

CNMs and CRNAs, essential care providers, are too often absent from key governance and policy-making discussions.



Negative Outcomes

Excluding these providers leads to misaligned staffing models, unrealistic policies, and ultimately, fragile service lines.



Strengthened Systems

Inclusion of frontline clinicians in governance strengthens patient safety, improves access, and ensures long-term sustainability.

Building Access Together



*CRNAs and CNMs Need a
Seat at all Executive Tables*



Support Policy Innovation



*Design Workforce Models
that Preserve Care*

Thank You

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