Maternal Health in Rural Maine Counties

Evaluating Access to Care Due to Birthing Unit Closures

What's the Issue?

Maine's 2022 Shared Community Health Needs Assessment (MSCHNA) cited access to care as a top state priority. The MSCHNA data notes that distance to receive care is significantly elevated in rural Maine counties compared to their urban counterparts[1]. It is well documented that increasing distances to birthing care increases the risk of adverse maternal health outcomes[2].

Since 2008, Maine has closed 9 hospital birthing units, 5 of which have been in rural counties. This leaves only 21 hospitals in Maine with birthing units, 16 of which reside in rural counties[1]. The common reason for closure have been cited as declining birth rates and lack of obstetric providers, as well as financial deficits within labor and delivery units. A obstetric workforce needs assessment for rural Maine hospitals found that the aging workforce in Maine and reliance on a small number of providers were two critical gaps[3]. It is imperative that these workforce shortages are addressed to prevent the continuation of worsening rural maternal healthcare access.

In rural Maine, and the majority of other rural counties across the country, Family Medicine providers largely outnumber Ob/Gyn providers[4]. For this reason, it would be worth exploring the cross-training of Family Medicine physicians in conjunction with rural training initiatives.

Recommendations

To help solve the growing need for obstetric providers in the State of Maine, there needs to be additional education and recruitment initiatives taken. Additionally, there should be enhancement and better visibility of existing initiatives. This could take the following forms:

The Establishment of a Family Medicine Obstetrics Fellowship

- Across the United States and Maine, Family Medicine physicians outnumber Ob/Gyn physicians by over 10x
- In Maine, where Family Medicine physicians are more widespread through the State, it would be beneficial to cross-train rather than rely on recruitment

The Creation of a Rural Obstetrics and Gynecology Residency Track

- In other states experiencing rural Ob/Gyn provider shortages, the creation of location-specific training promotes the retention and competence of rurally trained physicians
- After residency, there is a tendency to stay within a small radius of training location

Expansion of funding within the Rural Health and Primary Care (RHPC) program to allow more physicians to access resources, including expansion of the State loan repayment program

- Ob/Gyn providers in rural areas are only eligible for $5,000 in malpractice reimbursement – a very small percentage of the large annual sums paid in
- Current tax credits only offer a maximum of $60,000 over 5 years of commitment
- Current verbiage of existing initiatives makes speciality-based eligibility unclear
- Maine currently offers $50,000 of loan repayment for a 2 year commitment to working in an underserved area
    - New Hampshire offers $115,000 over 3-5 years[3]
    - Vermont offers $300,000 over 6 years[4]

Current State

- As of 2024, Maine graduates 4 OB/Gyn residents every year out of Portland and 35 Family Medicine residents every year out of Portland, Lewiston, Augusta, and Bangor
- In order to create and sustain new GME programs, sponsoring institutions would likely have to be willing to incur the upfront cost of training physicians or apply for grant-funding
- HRSA data reflects that in rural Maine counties, the rate of Family Medicine providers per 100,000 people is significantly higher than the rate of Obstetric providers, compared to metro counties where significant, yet narrower gaps are seen[5]
- The State of Maine currently offers three incentives for rural Ob/Gyn providers:
    - Tax Credits based on student loan payments made (must commit to 5 years to receive full $60,000)
    - State-based loan repayment ($50,000 maximum for 2 year commitment)
    - Malpractice premium reimbursement (cannot exceed $5,000 per year)

Background

- As of 2023, birthing individuals in rural Maine counties travel 12.27±4.03 miles on average to reach a birthing unit and birthing individuals in urban Maine counties travel 6.47±1.32 miles on average to reach a birthing unit[7]
    - Washington County (rural) had the farthest distance at 19.60±10.62 miles
    - Androscoggin County (urban) had the shortest distance at 5.00±4.43 miles
- Upon probing rural hospital providers and administrators, the following themes were noted:
    - There are significant difficulties in maintaining skilled obstetric clinicians in rural settings
    - The time and resources that are needed for pregnant patients to receive prenatal care in rural areas are much greater than urban areas, which are exacerbated when a pregnancy has complications requiring more skilled care
    - Rural hospitals are seeing an increase in patients with inadequate prenatal care and patients with complications from attempted home births
    - Enhanced obstetric GME opportunities in Maine would increase staffing support
    - As hospitals close in rural areas, nearby hospitals are becoming over-burdened with birth rates higher than their unit has previously accommodated – this has led to staffing concerns in less rural areas
- Many non-profit organizations and Statewide grant have been helpful in minimizing the impact of birthing unit closures, including:
    - Rural Maternity and Obstetrics Management Strategies (RMOMS)
    - Perinatal Quality Collaborative for Maine (PQC4ME)
    - Maine CDC Maternal and Child Health Program

References

1. State of Maine. (2022). *Maine Shared Community Health Needs Assessment Report*.
2. Minion SC, Krans EE, Brooks MM, Mendez DD, Haggerty CL. (2022). Association of Driving Distance to Maternity Hospitals and Maternal and Perinatal Outcomes. Obstet Gynecol. 2022 Nov 1;140(5):812-819. doi: 10.1097/AOG.0000000000004960. PMID: 36201778.
3. https://www.dhhs.nh.gov/programs-services/health-care/rural-health-primary-care/state-loan-repayment-program-slrp
4. https://www.med.uvm.edu/ahec/healthprofessionals/educational_loan_repayment
5. Simmonds K, Keefe-Oats B, Smith L, Stolow J, Mills DA, Travis L, Zimmerman C, and Swan E. (2024). "A Novel Needs Assessment in Rural Maine to Explore the Obstetric Care Workforce within the Maine Rural Maternity & Obstetrics Strategies (RMOMS) Network". *Costas T. Lambrew Research Retreat 2024*. https://knowledgeconnection.mainehealth.org/lambrew-retreat-2024/11
6. HRSA. *Maternal and Infant Health Mapping Tool*. https://data.hrsa.gov/maps/mchb/
7. Callahan, C. (2024). "Healthcare Access in Maine – Social Determinants of Health, Rural Health Care, Maine Health Care, and Policy Recommendations" https://storymaps.arcgis.com/stories/d7bfed8f2f334f61aa

Resources

1. https://www.abpsus.org/family-medicine-obstetrics-eligibility/
2. https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/workforce.shtml
3. https://www.hrsa.gov/rural-health/grants/rural-community/rmoms
4. https://pqc4me.org/
5. https://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/

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