

Women who give birth in rural hospitals are more likely to need to be later readmitted

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Researchers from The University of Texas Medical Branch at Galveston and Texas A&M Health Science Center compared hospital readmission rates for women who delivered their baby in rural versus urban hospitals. The study found that women discharged from rural hospitals had higher readmission rates than urban hospitals. These findings are currently available in the journal *Rural and Remote Health*.

"The federal Patient Protection and Affordable Care Act stresses that reducing [hospital](#) readmissions is an important strategy both for improving quality of care and to lowering the cost of care," said lead author Wei-Chen Lee, a research fellow in the UTMB Center to Eliminate Health Disparities. "Prior studies have examined rural-urban

differences in hospital readmissions, but these studies have mainly focused on readmissions in general. Our study is the first to investigate potential rural-urban differences in postpartum readmissions."

The [researchers](#) examined California's data from the 2011 national Healthcare Cost and Utilization Project, as California had the largest number of discharges and the most comprehensive information on readmissions. Data from 481,902 women were included in the study - of these, 323,051 women had normal deliveries and 158,851 women had cesarean sections.

Any patient's admission for labor and delivery in 2011 was treated as the index admission. Any patient's admission to the same or different hospital within 30 days after the index admission was treated as a 30-day readmission.

For all patients, regardless of what type of hospital they went to, less than 1 percent of women in the normal delivery group and 1.41 percent of women in the C-section group were readmitted to the hospital within the first month after their baby was born. Of these, the study indicated that women who delivered their baby in rural hospitals were more likely to be readmitted to the hospital within a month than [women](#) who went to urban hospitals.

Lee said that several factors might contribute to this finding, such as less family support after delivery in rural areas or a higher disease burden of mothers in rural areas. Also, fewer newborns and more elders in [rural areas](#) than in urban areas make the recruitment of physicians who specialize in obstetrics and gynecology more difficult.

"The ratio of obstetricians to residents is 35 per 1000 in urban counties but only 2 per 1000 in rural counties," Lee said. "Rural environments may provide more unstable prenatal and postpartum services than one

finds in urban areas because of a lack of medical specialists. Increasing the attractiveness of rural practice for such specialists is a difficult long-term task, so strengthening the knowledge and skills of current rural providers is of crucial importance.

Provided by University of Texas Medical Branch at Galveston

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