

New Mexico program to reduce maternity care deserts in rural areas fights for survival

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Credit: Pixabay/CC0 Public Domain

Thirteen weeks into her pregnancy, 29-year-old Cloie Davila was so "pukey" and nauseated that she began lovingly calling her baby "spicy."

Davila was sick enough that staffers at the local hospital gave her 2 liters of IV fluids and prescribed a daily regimen of vitamins and medication. This will be Davila's third child and she hopes the nausea means it's

another girl.

Davila had moved back to her hometown of Clayton, New Mexico, so her kids could grow up near family—her dad, aunts, uncles, and cousins all live in this remote community of about 2,800 people in the northeastern corner of the state. But Clayton's hospital stopped delivering babies more than a decade ago.

Aside from being sick, Davila was worried about making the more than 3½-hour round trip to the closest labor and delivery doctors in the state.

"With gas and kids and just work—having to miss all the time," Davila said. "It was going to be difficult financially, kind of."

Then, Davila spotted a billboard advertising the use of telehealth at her local hospital.

In rural regions, having a baby can be particularly fraught. Small-town hospitals face declining local populations and poor reimbursement. Those that don't shutter often halt obstetric services to save money—even as the number of U.S. mothers who die each year while pregnant or shortly after has hit historic highs, particularly for Black women.

More than half of rural counties lack [obstetric care](#), according to a U.S. Government Accountability Office report released last year. Low Medicaid reimbursement rates and a lack of health workers are some of the biggest challenges, the agency reported. New Mexico Medicaid leaders say 17 of the state's 33 counties have limited or no obstetric care.

Those realities prompted the Federal Office of Rural Health Policy, which is part of the Health Resources and Services Administration, to launch the Rural Maternity and Obstetrics Management Strategies

Program, RMOMS. Ten regional efforts nationwide—including one that serves Davila in northeastern New Mexico—have been awarded [federal grants](#) to spend on telehealth and creating networks of hospitals and clinics.

"We've never done this sort of work before," said Tom Morris, associate administrator for the office at HRSA. "We were really testing out a concept ... could we improve access?"

After joining the telehealth program, Davila didn't have to take the afternoon off work for a recent prenatal checkup. She drove less than a mile from her job at the county courthouse and parked near the hospital. As she stepped inside a ranch-style yellow-brick clinic building, staffers greeted Davila with hugs and laughter. She then sat on a white-papered exam table facing a large computer screen.

"Hello, everybody," said Timothy Brininger, a family practice doctor who specializes in obstetrics. He peered out the other side of the screen from about 80 miles away at Miners Colfax Medical Center in Raton, New Mexico.

The visit was a relief—close enough for a lunchtime appointment—and with staff "I've known my whole life," Davila said. She heard her baby's heartbeat, had her blood drawn, and laughed about how she debated the due date with her husband in bed one night.

"They're nice," Davila said of the local staff. "They make me feel comfortable."

Yet, Davila may be one of the last expectant mothers to benefit from the telehealth program. It is slated to run out of money at the end of August.

'Oh my God, it really made a difference'

The day after Davila's prenatal checkup, Brininger sat at his desk in Raton and explained, "The closest OB doctor besides the one sitting in front of you who's working today is over 100 miles in any direction."

When the telehealth program runs out of money, Brininger said, he wants to keep devices the grant paid for that enable some patients to home-monitor with blood pressure cuffs, oxygen sensors, and fetal heart rate monitors "so they don't have to drive to see us."

The retired military doctor has thoughts about the pilot program ending: "I will hope that our tax dollars have been utilized effectively to learn something from this because otherwise it's a shame."

Because of the grant, 1,000 women and their families in northeastern New Mexico have been connected to social services like food assistance and lactation counselors since 2019. More than 760 mothers have used the program for medical care, including home, telehealth, and clinic appointments. In its first year, 57% of the women identified as Hispanic and 5% as Indigenous.

Jade Vandiver, 25, said she feels "like I wouldn't have made it without them."

In the early months of her pregnancy, Vandiver slept during the day and struggled with diabetic hypoglycemic episodes. Vandiver's husband repeatedly rushed her to the Clayton hospital's emergency room because "we were scared I was going to go into a coma or worse."

There, hospital staffers suggested Vandiver join the program. She eventually began traveling to specialists in Albuquerque for often weekly visits.

The program covered travel and hotel costs for the family. After months

of checkups, she had a planned delivery of Ezra, who's now a healthy 6-month-old. The boy watched his mother's smile as she talked.

Without the program, Vandiver likely would have delivered at home and been airlifted out—possibly to the smaller Raton hospital.

Raton's Miners Colfax is a small critical access hospital that recently closed its intensive care unit. The hospital sits just off Interstate 25, less than 10 miles south of the Colorado border, and its patients can be transient, Chief Nursing Officer Rhonda Moniot said. Maintaining the hospital's obstetric program "is not easy, financially it's not easy," she said.

Moms from the area "don't always seek care when they need to," she said. Substance use disorders are common, she said, and those babies are often delivered under emergency conditions and prematurely.

"If we can get them in that first trimester ... we have healthier outcomes in the end," Moniot said, pulling up a spreadsheet on her computer.

At Raton's hospital, 41% of mothers who gave birth before the RMOMS program began failed to show up for their first-trimester prenatal exams. But over two years—even as the COVID-19 pandemic scared many patients away from seeking care—the number dropped to only 25% of mothers missing prenatal checkups during their first three months of pregnancy.

"I was, like, oh my God, it really made a difference," said Moniot, who helped launch the program at Miners Colfax in 2019.

'Let's not let it die'

Just a few weeks before Davila's checkup in Clayton, the New Mexico

program's executive director, Colleen Durocher, traveled nearly 1,600 miles east to Capitol Hill to lobby for money.

Durocher said she cornered HRSA's Morris at an evening event while in Washington, D.C. She said she told him the program is working but that the one year of planning plus three years of implementation paid for by the federal government was not enough.

"Let's not let it die," Durocher said. "It would be a real waste to let those successes just end."

By April, Sen. Martin Heinrich (D-N.M.) said he was impressed by the program's "lifesaving" work and asked for \$1 million in the federal budget for fiscal year 2024. But the money, if approved, would likely not arrive before Durocher runs out of funding in late summer.

As the August deadline looms, Durocher said one obvious option would be to simply extend the grant. HRSA spokesperson Elana Ross said the agency cannot extend funding for the program. Each site, though, can reapply by offering to target a new population, include new hospitals or clinics, or provide services in a new area.

Of the 10 regional programs across the country, the one in New Mexico and two others are slated to end their pilots this year. Seven other programs—from Minnesota to Arkansas—are scheduled to end in 2025 or 2026. During their first two years, the 2019 awardees reported more than 5,000 women received medical care, and all three recorded a decrease in preterm births during the second year of implementation, according to HRSA.

The three initial programs also expanded their patient navigation programs to connect "hundreds of women to emotional support, insurance coverage, and social services, such as transportation and home

visiting," agency spokesperson Ross wrote in an email.

New Mexico Medicaid's interim Director Lorelei Kellogg said her agency would like to "emulate" the program's care coordination among hospitals and health staff in other areas of the state but also alter it to work best for different Indigenous and tribal cultures as well as African American partners.

There is money in the state's budget to pay for patient navigators or community health workers, but there are no funds dedicated to support the maternity program, she said.

In the meantime, the program's funding is set to run out just days before Davila's baby is due in early September. In the coming months, Davila, like many mothers with an uncomplicated pregnancy, will have monthly prenatal telehealth visits, then biweekly and, as her due date nears, weekly.

"It's nicer to be able to just pop in," she said, adding that "it would be harder for the community" if the program didn't exist.

Still, Davila may be one of the last moms to benefit from it.

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