



ACCESS TO OBSTETRICAL CARE

RURAL LABOR AND DELIVERY UNIT CLOSURES

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Obstetrical care system is fragile

- 49th and 50th on maternal mortality
- 45th in low birth rate babies
- 4th in nation in repeat teen pregnancies

Largest state east of Mississippi

- Huge amount of rural geography to cover
- Over 40 counties without OB providers



Hospitals vs. Labor & Deliveries Units

- Preventing rural hospital closures is an important goal
- A rural hospital does not guarantee an L&D Unit.

A Rural Hospital does not guarantee an L&D Unit

- Only 75 L&D Units left in Georgia
- Approximately 180 hospitals in GA
- Many rural hospitals have closed OB units
- OB units closings are accelerating
- Concern over access to OB care

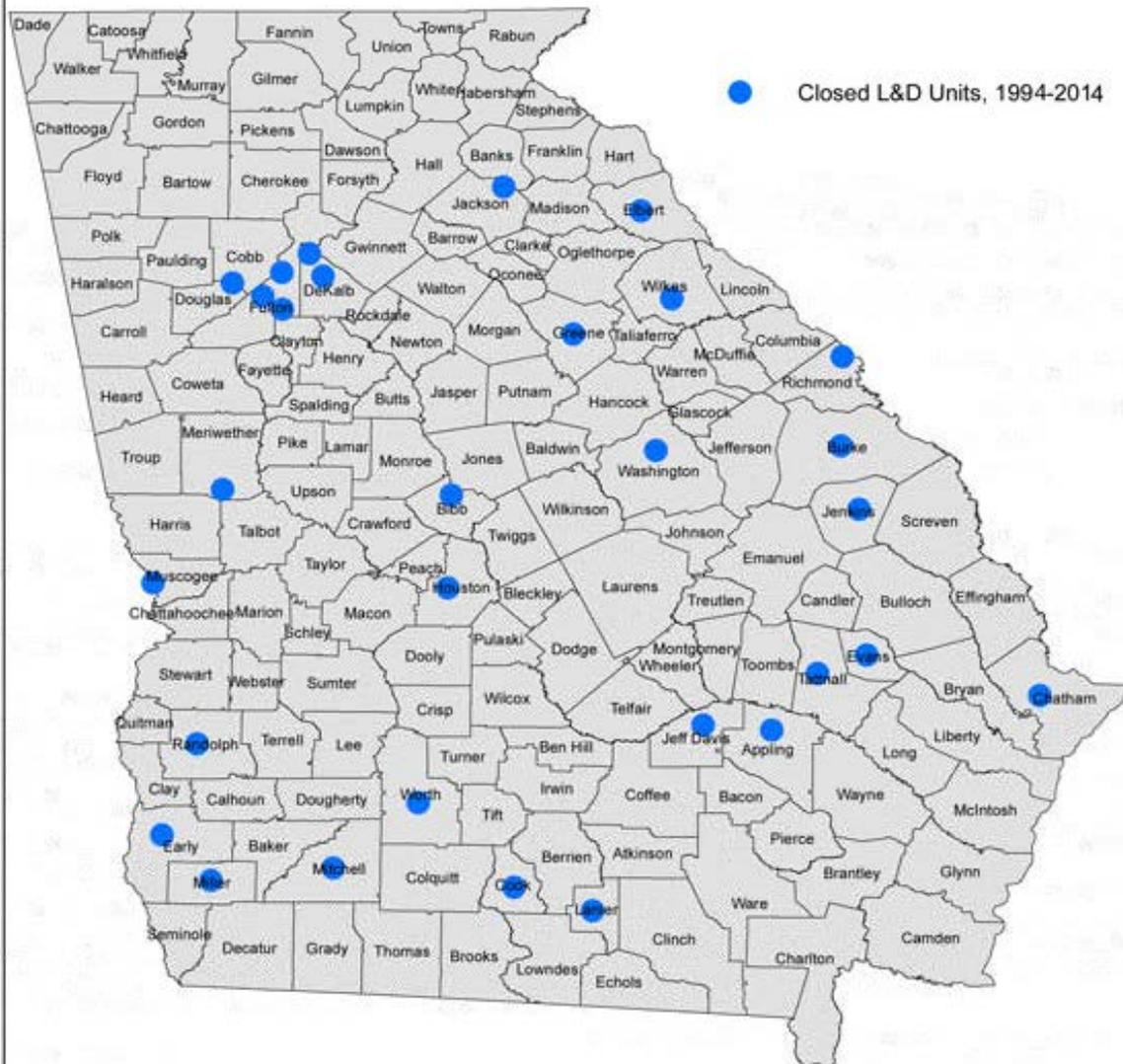
Distance Makes a Difference!

- Women who delivered preterm (<37wks) lived an average of 40 minutes from their delivery facility
- Women who delivered at term lived an average of 32 minutes from their facility
- **24%** of women delivering singleton infants had to drive >45min to access obstetric services between 1999 and 2009

Distance Makes a Difference!

- Independent of individual and population-level risk factors, women in Georgia who drive more than 45 minutes to their hospital are more than 1.5 times as likely to deliver preterm as women who drive less than 15 minutes.

Labor & Delivery Unit Closures, Georgia, 1994-2014



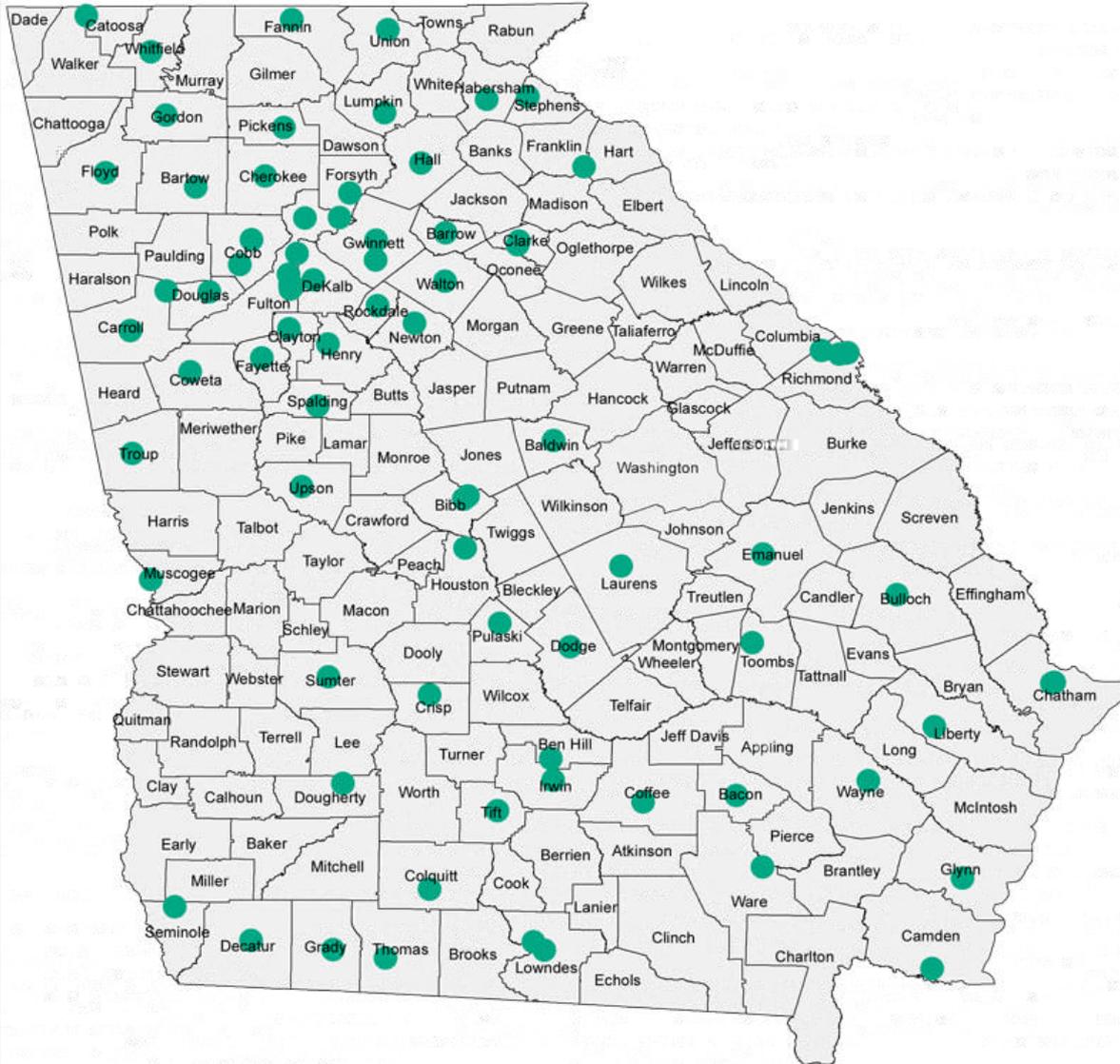
Prepared by the Georgia Maternal and Infant Health Research Group, 2014.
Map Source: U.S. Census 2013 TIGER/Line Shapefile. Accessed on October 22, 2013.
Data supplied by Georgia Board for Physician Workforce (2013), Georgia Ob/Gyn Society (2011)
and Georgia Office for Health Indicators and Planning (1994-2008).



Closed Labor & Delivery Units



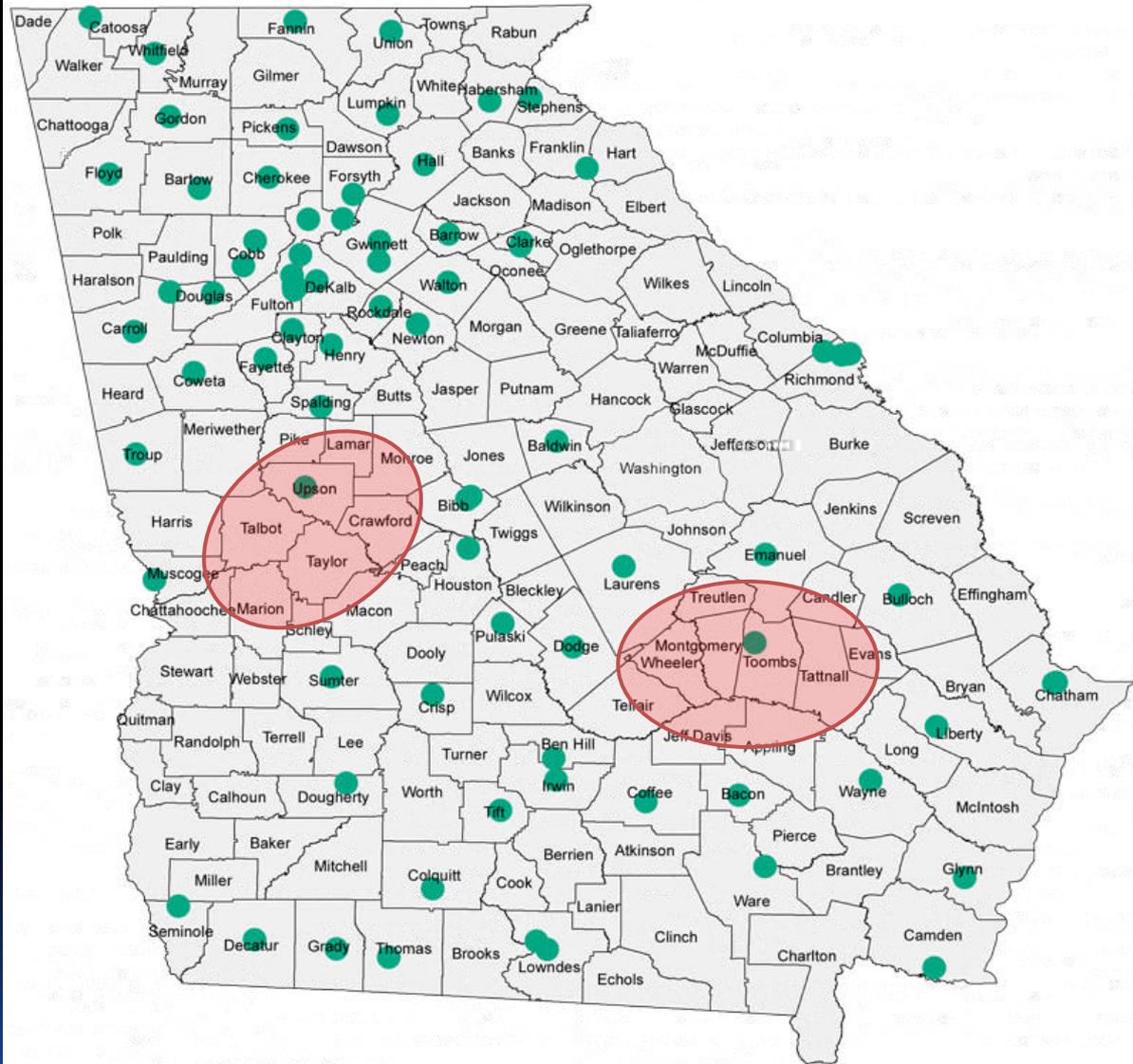
Open Labor & Delivery Units, Georgia, 2014



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Open Labor & Delivery Units, Georgia, 2014

What will happen if vulnerable areas lose more L&D units?



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L & D Cost Hospitals Money

- L&D closures are seen as a necessary cost-cutting measure because they lose money
- Declining reimbursements, declining births and other factors impact hospital L&Ds
- Medicaid covers 60% of deliveries statewide. Rural hospitals experience higher Medicaid
- Declining DSH payments are also a concern



Georgia's Regional Perinatal System

Comprised of 6 regional perinatal areas, each with a designated Level III or higher Regional Perinatal Center (RPC).

The designated regions:



- Atlanta
- Augusta
- Columbus
- Macon
- Albany
- Savannah



Regional Perinatal Centers

Atlanta Region:

- Emory-Grady Memorial Hospital

Albany Region:

- Phoebe Putney Memorial Hospital

Augusta Region:

- Georgia Regents Medical Center

Columbus Region:

- Columbus Regional

Macon Region:

- Navicent Health (formerly The Medical Center of Central Georgia)

Savannah Region:

- Memorial Medical Center



Regional Perinatal Centers

- Contractual relationship with Public Health
- Tasked with perinatal education within region
- Referral location for high risk pregnancy and neonates
- Perinatology and neonatology leadership
- Have knowledge of their region



Consider obstetrical
stabilization plan as well as
rural hospital stabilization
plan

A vertical bar on the left side of the slide, consisting of a white top section with a barcode-like pattern, and a bottom section with four colored segments: red, blue, green, and red.

Questions?