

# Rural Maternal Health

About 18 million women of reproductive age live in rural communities.



Over 50% of rural counties have no hospital-based obstetrical services



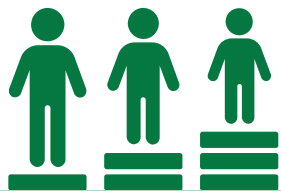
Rural residents have a

9%

greater probability of severe maternal morbidity and mortality

Only 30.2% of the nation's most rural counties have continual access to obstetrics services

Over 50% of rural women must travel more than 30 minutes to reach the nearest hospital with obstetric services, compared to 7% of urban women.



A lack of access to maternal healthcare disproportionately impacts Black and Hispanic communities and women with low incomes

American Indian/Native Alaskan and Black women are two to three times more likely to die from pregnancy-related causes than white women

# NRHA Supported Legislation



## The Rural Maternal and Obstetric Management Strategies (RMOMS) programs

To improve rural maternal health outcomes, it is critical Congress fully funds all three components of the HRSA RMOMS programs including:

- o \$8.8 million to continue established RMOMS grantee cohorts
- o \$10 million for the new Rural Obstetric Network Grants Program
- o \$6 million for the Rural Maternal and Obstetric Care Training Demonstration



## Midwives for MOMS Act (S. 1851/H.R.3768)

*Senators Lujan (D-NM) & Collins (R-ME), Reps. Hinson (R-IA), and Watson Coleman (D-NJ)*

Establishes grants for establishing midwifery programs, with special consideration for underrepresented groups or areas with limited access.

## Healthy Moms and Babies Act (S. 948/H.R.4605)

*Senators Grassley (R-IA) & Hassan (D-NH), Reps. Carter (R-GA), and Bishop (D-GA)*

Improves maternal health coverage under Medicaid and CHIP, modernizes telehealth, coordinates care, and addresses social determinants of health.



## Rural Obstetrics Readiness Act (S. 4097)

*Sen. Hassan (D-NH), Sen. Collins (R-ME), Sen. Britt (R-AL), and Sen. Tina Smith (D-MN)*

Helps rural hospitals and doctors prepare to handle the obstetric emergencies that come through their doors by creating training programs to help non-specialists respond to emergencies like labor and delivery, providing federal grants for rural facilities to buy better equipment to train for and handle these emergencies, and developing a pilot program for teleconsultation services, so that a doctor at a rural facility helping an expecting or postpartum mother facing an emergency can quickly consult with maternal health care experts.