

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



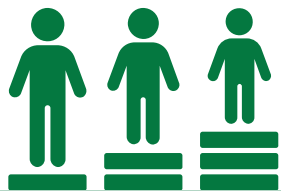
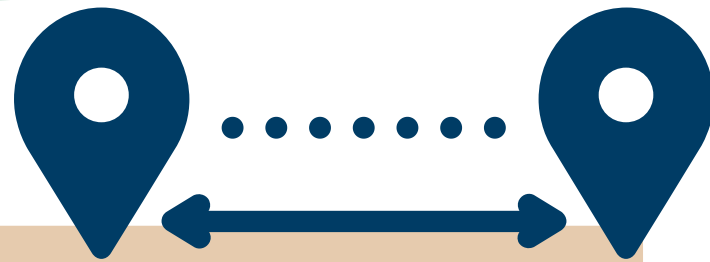
Rural residents have a

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

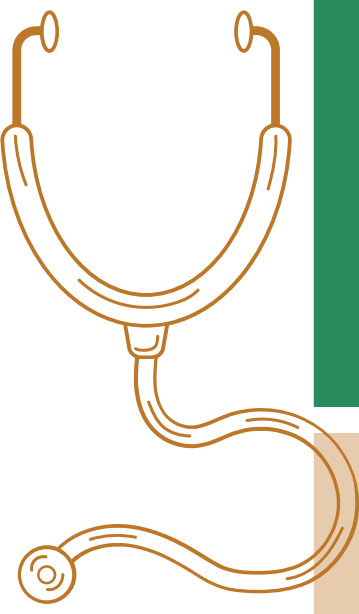
Over 50% of rural women must travel more than 30 minutes to reach the nearest hospital with obstetric services, compared to 7% of urban women.



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. 4079/H.R.8383)

*Sen. Hassan (D-NH), Sen. Collins (R-ME), Sen. Britt (R-AL), and Sen. Tina Smith (D-MN)
Reps. Kelly (IL-02), Kim (CA-40), Meuser (PA-09), and Schrier (WA-08)*

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.