

# Rural Maternal Health

About 18 million women of reproductive age live in rural communities, with about 60% of U.S. counties that are maternity care deserts residing in rural areas



58.8% of rural counties lack hospital-based obstetrical services

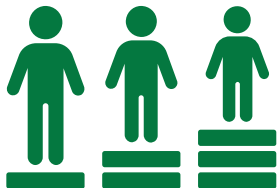


Rural residents have a

9%

greater probability of severe maternal morbidity and mortality

Rural counties face disproportionate challenges, with 57.7% lacking an obstetric clinician compared to 23.8% of urban counties.



Over 66.4% of rural women must travel more than 30 minutes to reach the nearest hospital with obstetric services, compared to 9% of all birthing people in the US.



Approximately 10% of rural births were attended by certified nurse midwives.

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



## Support the Rural Maternal and Obstetric Management Strategies (RMOMS) program

To improve rural maternal health outcomes, it is critical Congress fully funds the HRSA RMOMS grant programs at \$15 million for FY2025.

## Midwives for MOMS Act

(S. 1851/H.R.3768 in the 118th Congress)

*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.



## Rural Obstetrics Readiness Act

(S. 4079/H.R.8383 in the 118th Congress)

*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)*

Supports rural practitioners and hospitals without dedicated obstetric units to provide emergency obstetric services during pregnancy, labor, delivery, or the postpartum period by supporting clinical training, purchasing equipment to train for and handle emergencies, and developing a pilot program for teleconsultation services, so that a rural provider doctor caring for expecting or postpartum mother facing an emergency quickly consult with maternal health care experts.



## Keeping Obstetrics Local Act

(S. 5236 in the 118th Congress)

*Senator Wyden (D-OR)*

Increases Medicaid payment rates for labor and delivery services for eligible rural and high-need urban hospitals, provide "standby" payments to cover the costs of staffing and maintaining an obstetrics unit at low-volume hospitals, create low-volume payment adjustments for labor and delivery services at hospitals with low birth volumes and require all states to provide postpartum coverage for women in Medicaid for 12 months, among other steps.