OREGON OFFICE of RURAL HEALTH
42nd Annual Oregon
Rural Health Conference
October 1- 3, 2025
OPPORTUNITY Just knock.
OHSU

Creating an Action Plan for Rural Maternal Health in Oregon

Silke Akerson, MPH, Oregon Perinatal Collaborative
Leonardo Pereira, MD, OHSU

Creating action plans for rural maternal health in Oregon

2025 Oregon Rural Health Conference

Silke Akerson, MPH, CPM and Leo Pereira, MD, MCR

With so many competing demands…

Nursing shortage

Increasing chronic health conditions

Why focus on maternal health?

Provider recruitment

Medicaid cuts

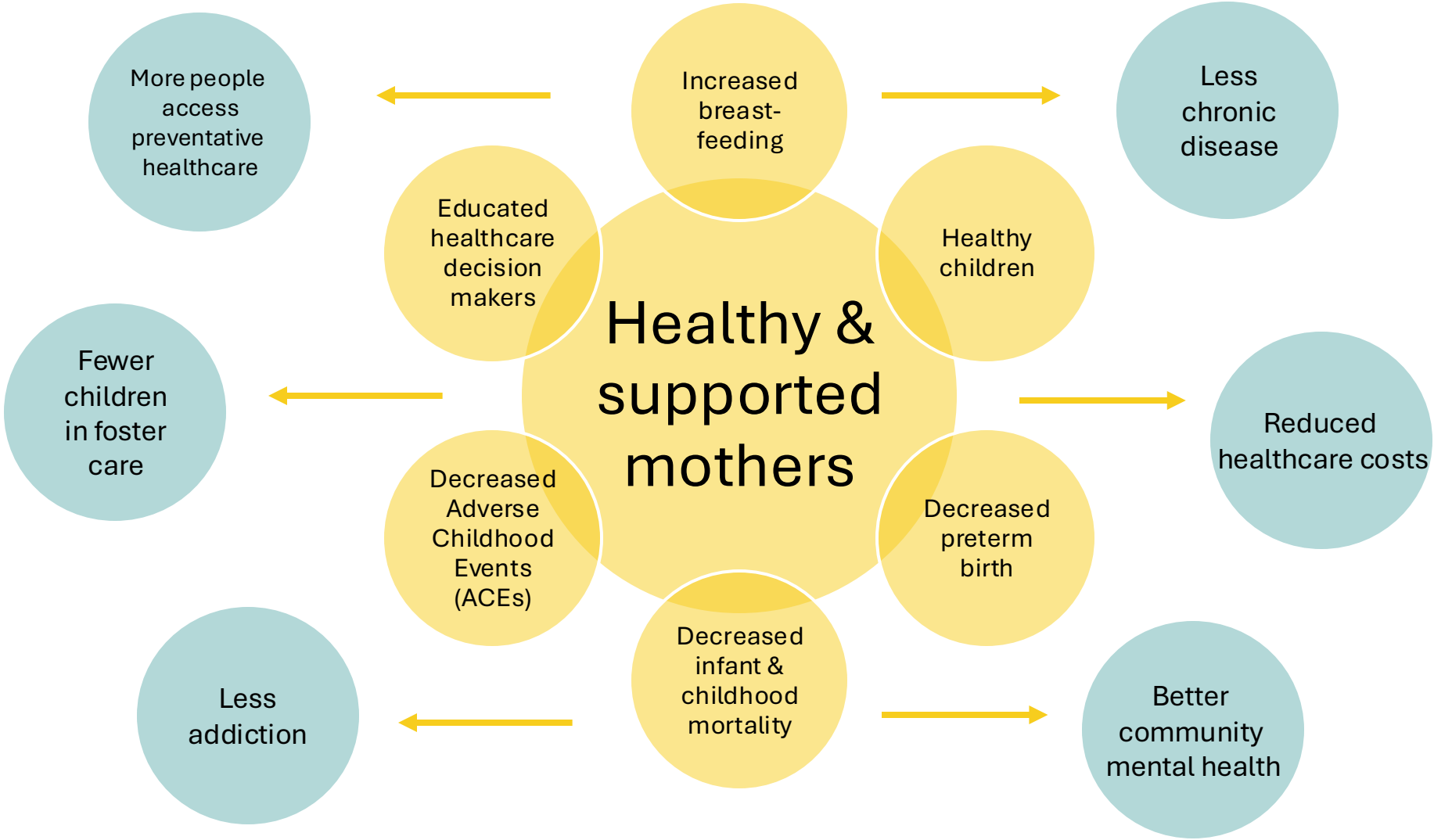
Staff burnout & turnover

Rising costs

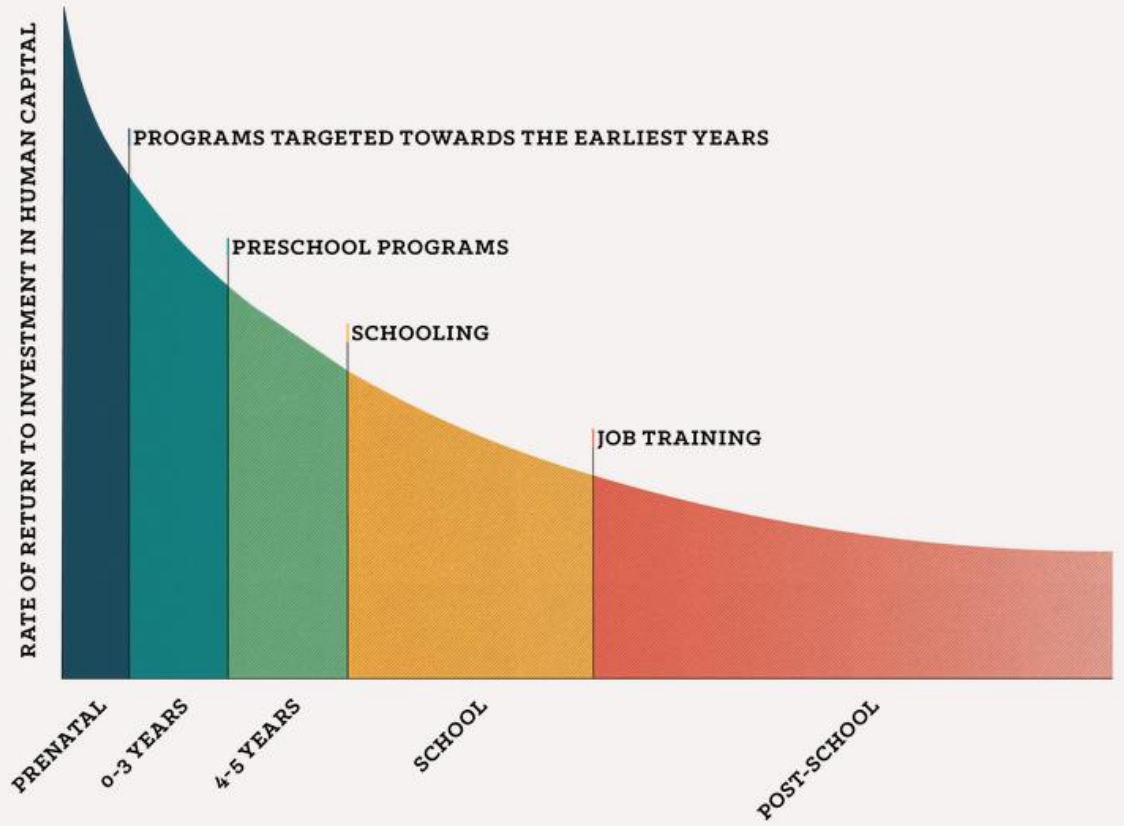
Labor relations

Aging patient population

Maternal health is central to community health



Investments in the prenatal period & 1st year of life are most cost effective



Heckman, James J. (2008). "Schools, Skills and Synapses," Economic Inquiry, 46(3): 289-324

These are all parts of the maternal health system

Reproductive Health Clinics
- FQHC/ CHC
- Private
- Health System

Hospitals

Community Health Workers
- Doulas
- Peer specialists

Primary Care Clinics
- FQHC/ CHC
- Private
- Health System

Emergency services
- Emergency departments
- Urgent care
- EMS

Additional Public Health Services
- Home Visiting
- WIC
- Other

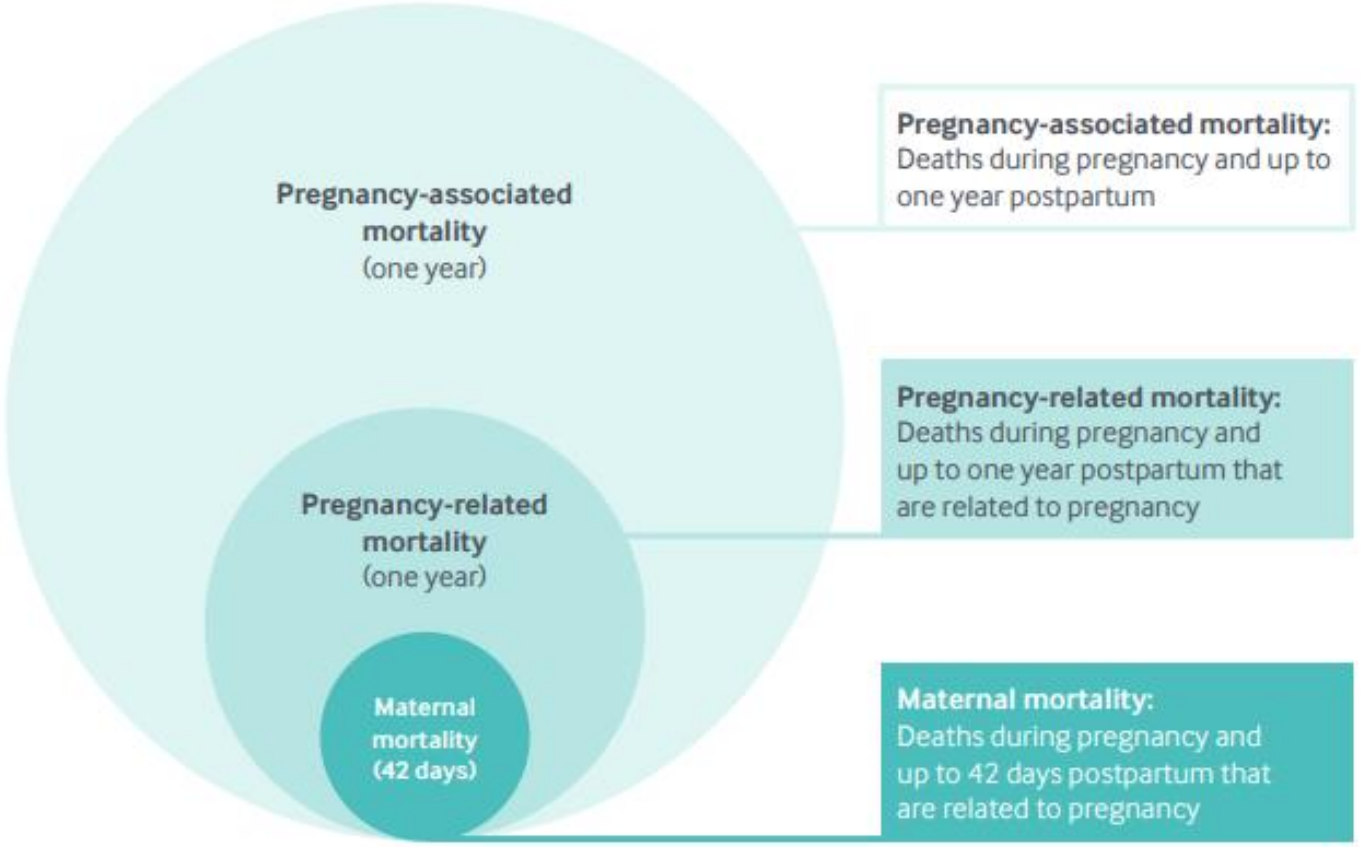
Community Birth Care
- Birth Centers
- Home birth midwives

Basic Needs Supports
- Housing
- SNAP
- Food banks
- TANF

Behavioral Health
- Clinics/providers
- SUD treatment
- IPV resources
- Peer support

US Maternal Health: Key Terms on Maternal Mortality

What do we mean by maternal mortality?



Commonwealth Fund Data Brief: Maternal Mortality in the United States: A Primer

US Maternal Health
Maternal Mortality/ Pregnancy Related Death

Preventable?

Rural Maternal Health in the US

- Higher rates of:
  - Maternal mortality (RR = 1.93)
  - Severe maternal morbidity
  - ICU admission (RR=1.14)
- Lower rates of:
  - Insurance coverage
  - Access to behavioral health care
  - Access to labor & delivery services

Rural moms have 2X higher risk of mortality

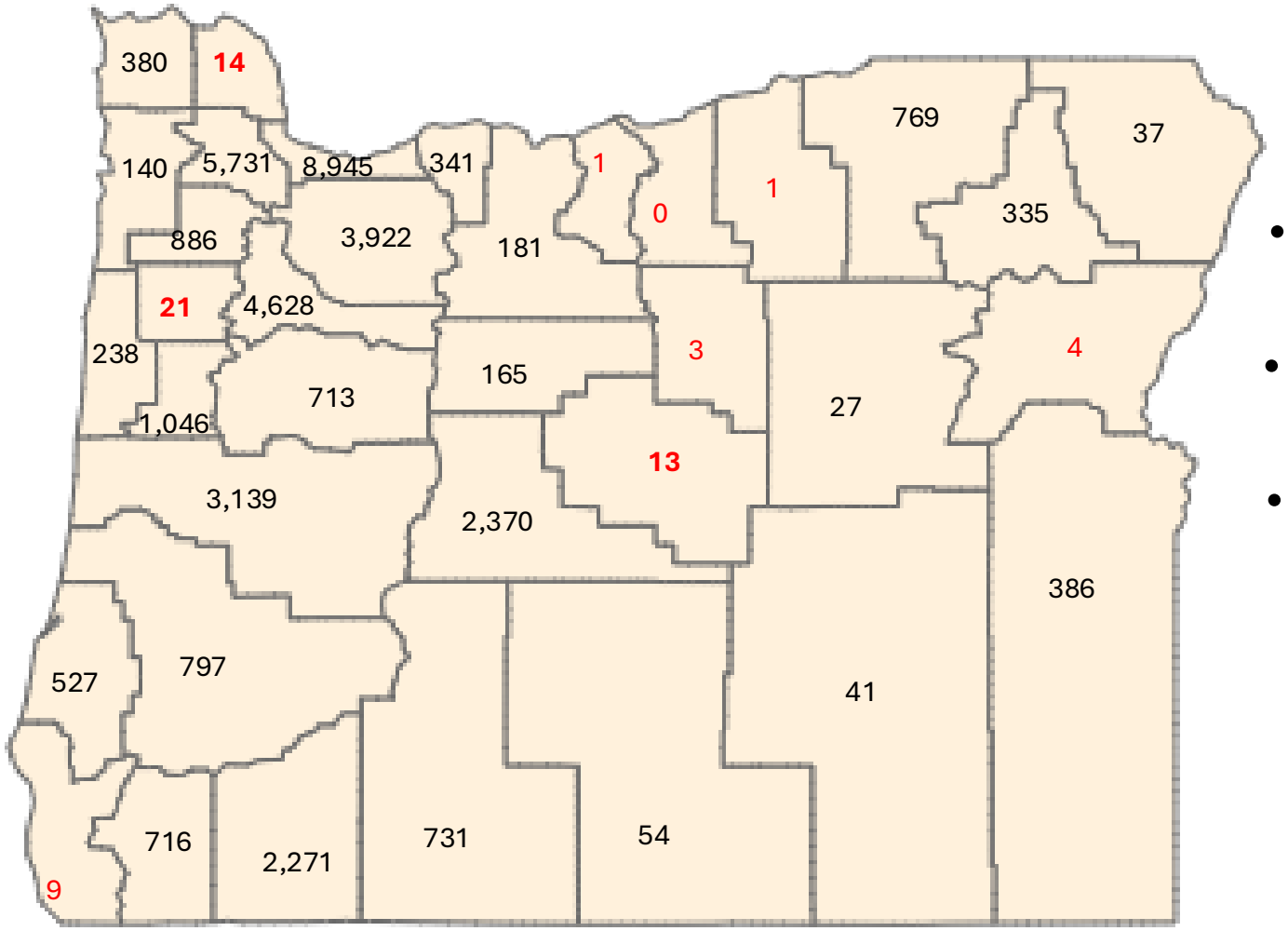
It doesn't have to be this way

Harrington et al 2023, Kozhimannil et al. 2019.

Oregon Maternal Health: How are we doing?

- Oregon MMRC
- March of Dimes
- OHA Congenital Syphilis Data
- OPC Hospital Report

Oregon births by county - 2024

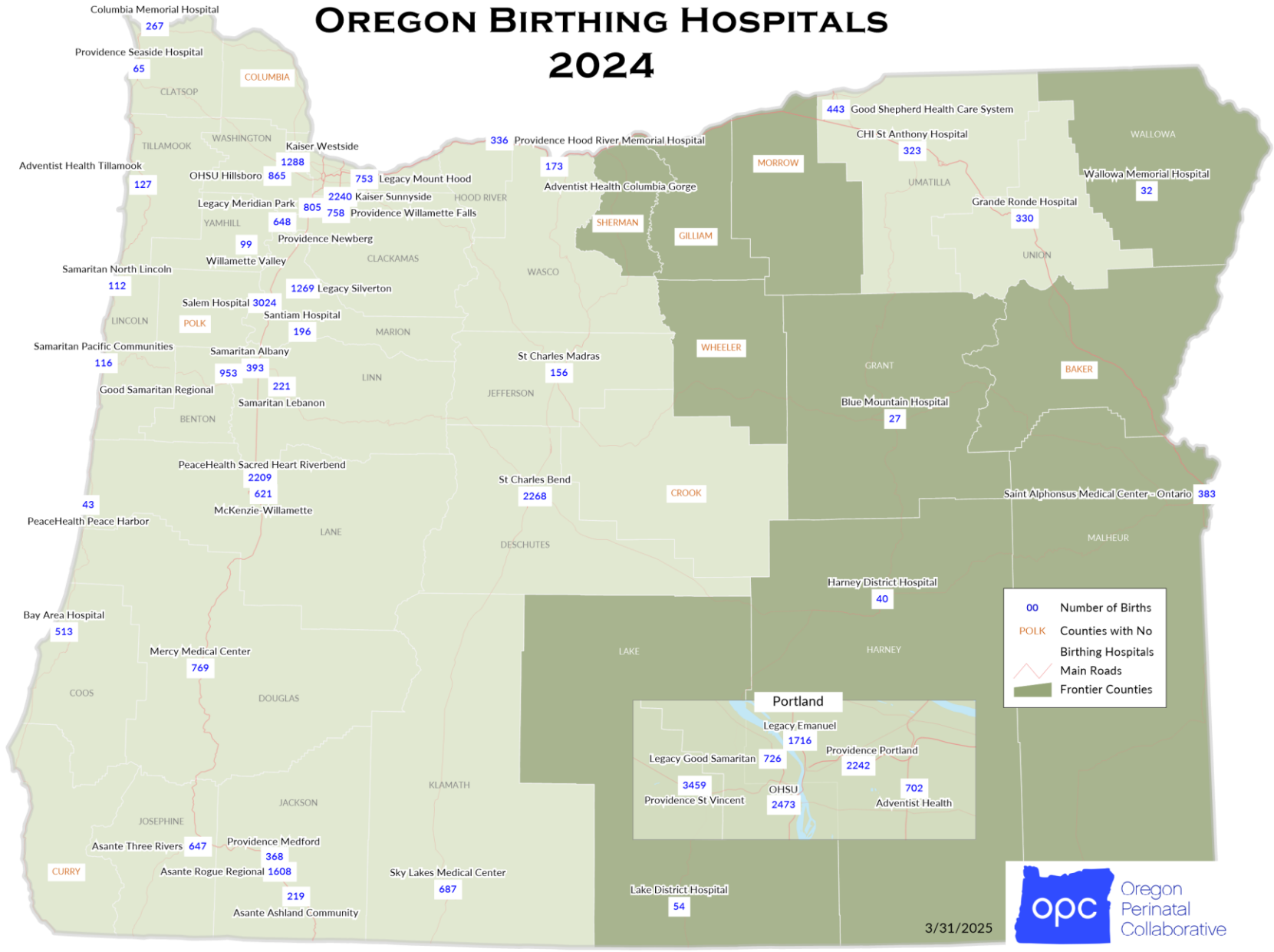


2024 Fast Facts:

- 39, 582 births
- 95% of births in a birthing hospital
- 46 Birthing Hospitals
- Lowest annual hospital volume <30
- Highest annual hospital birth volume >3,400
- Counties in **red** without a birthing hospital

Data Source 2024 Prelim Data:
https://visual-data.dhsoha.state.or.us/t/OHA/views/Oregonyear-to-datepreliminarybirthdashboard/Preliminarybirths?%3AisGuestRedirectFromVizportal=y&%3Aembed=y
Births by County where they occurred, not by county of residence for who gave birth

Oregon Birthing Hospitals 2024



source: www.oregon.gov/oha/PH/BirthDeathCertificates/VitalStatistics/birth/Pages/index.aspx

Oregon Maternal Health
Oregon Maternal Mortality Review Committee (MMRC)

- Oregon Health Authority Public Health Division
- Staffed by OHA Family and Child Health
- Established in 2018
- 15 Governor appointed multidisciplinary members
  - Clinical and community-based expertise
- Started reviewing cases in 2020
  - 92 Pregnancy associated cases identified for review
    - 20 false positives & 3 out of scope
  - 69 Pregnancy Associated deaths from 2018-2021 reviewed by committee

Oregon Maternal Health: Oregon MMRC 2018-2021 Maternal Deaths

Of the 69 deaths reviewed, 32 (46%) were pregnancy related

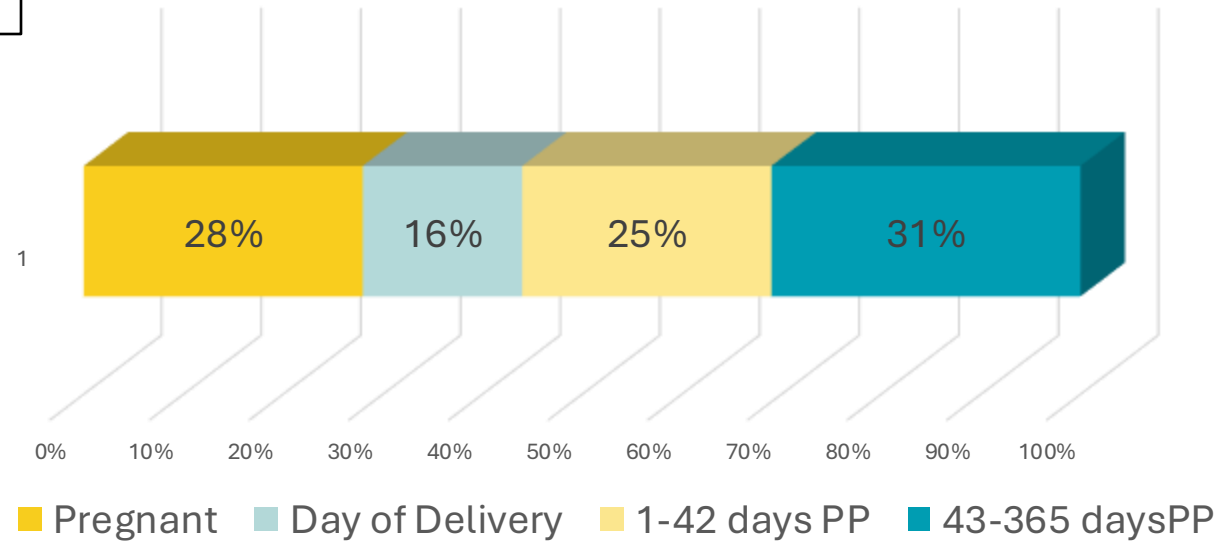
National Comparison 2017-2019 (n=1,018)

- *80% preventable*
- *30% 43-365 days PP*

Of the 32 Pregnancy Related Cases

72%
Were Potentially Preventable

Timing of Pregnancy Related Deaths-Oregon



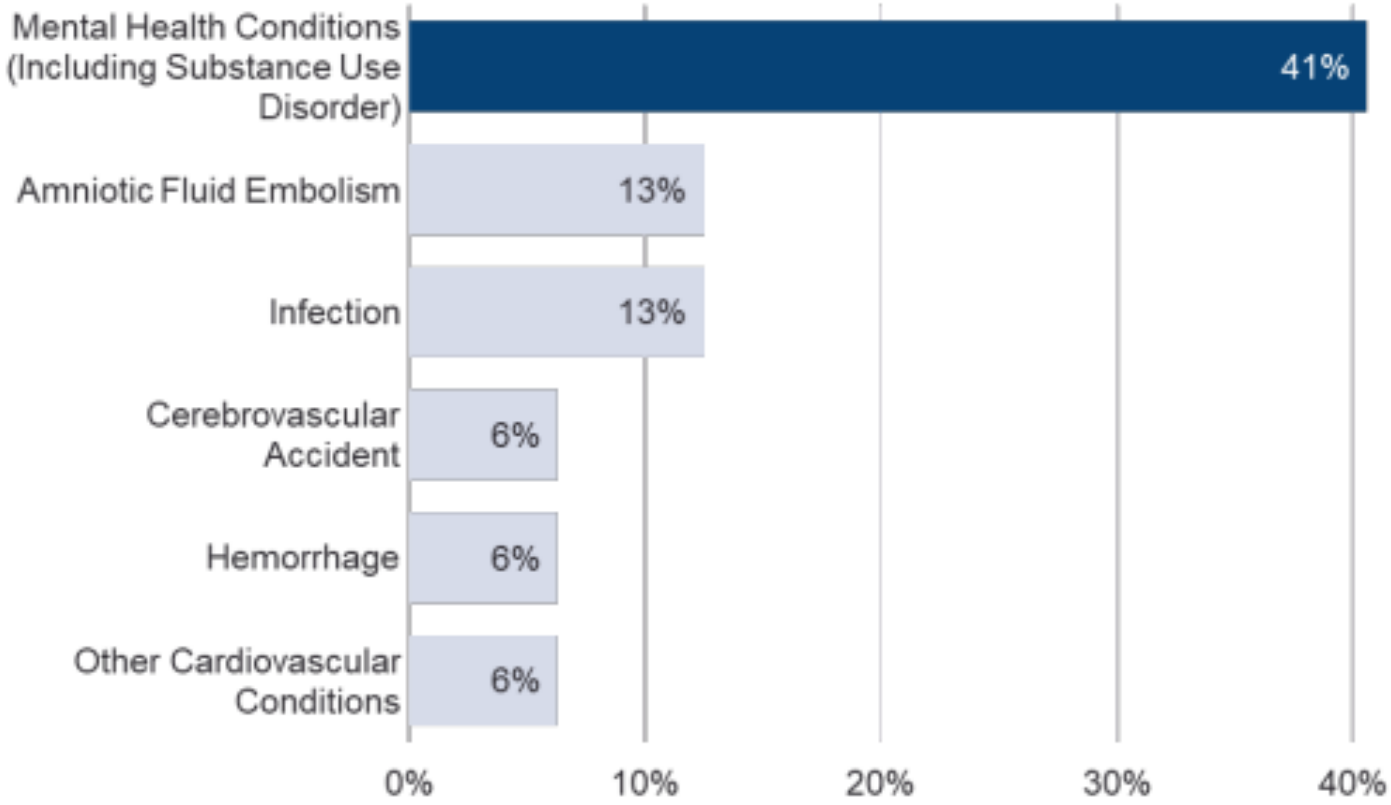
Oregon MMRC
2018-2021 Maternal Deaths

National Comparison 2017-2019 (n=1,018)

Leading underlying cause= Mental Health/ SUD

- *22.7% (2017-2019)*

NOTE: Also leading in 2020 (22.5%)



Oregon MMRC: Recommendations

1. All payers, including Medicaid, should prioritize coordinated mental health/substance use disorder care for pregnant people.
2. Systems need to support improved communication between care teams across medical specialties and disciplines.
3. Care teams need implicit bias training and support.
4. Strengthen postpartum support systems.
5. Improve education and support for gun safety, especially in cases with known mental health conditions.

Oregon MMRC: Recommendations, Cont'd

6. Encourage vaccine uptake in underserved communities with culturally specific outreach.
7. Increase access to blood products for hemorrhage management in delivery settings.
8. Hospitals should implement robust emergency simulation trainings.
9. Prioritize autopsies for maternal deaths.
10. Improve access to social services and basic supports (food, housing) to ensure people entering pregnancy are in a better state of health.

"…if she had been given the information in a way that was helpful to her maybe she would have had a different outcome."

Oregon Maternal Health
2024 March of Dimes Report Card

Celebrations

- Overall low risk cesarean birth rate
- Overall infant mortality rate
- Overall prenatal care adequacy
- Paid family leave
- Doula reimbursement
- Medicaid extension

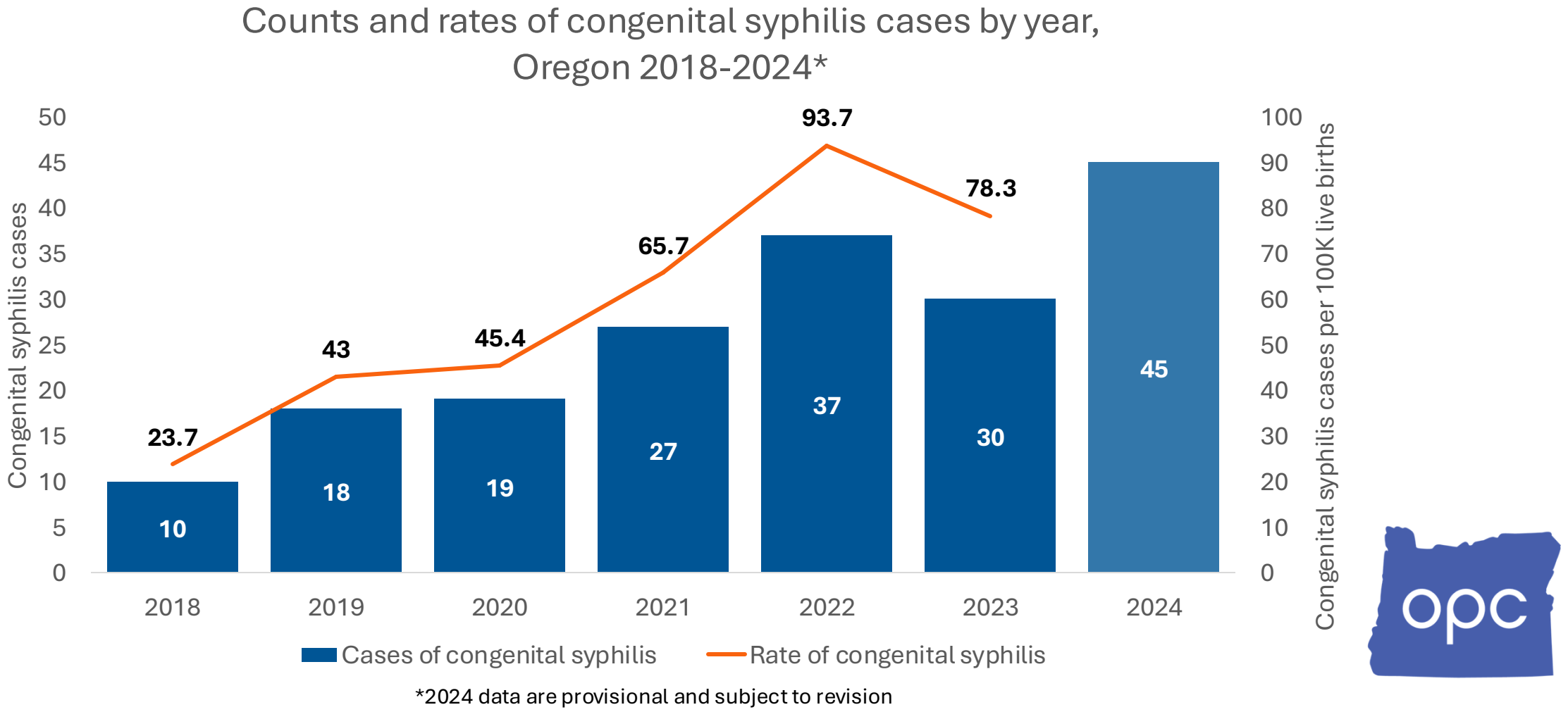
Caution

- Preterm Birth Rate

Needs Attention

- Racial Disparities
  - Preterm Birth
  - Infant Mortality
- Key vulnerabilities:
  - Mental Health
  - SUD
  - Socioeconomic determinants

Congenital Syphilis in Oregon



*2024 data are provisional and subject to revision

2024 OPC visits to Oregon birthing hospitals

Universal themes

- Staffing issues
  - Obstetric providers
  - L&D trained nurses
  - In-hospital newborn coverage
- Worsening health of pregnant mothers
  - Chronic health conditions
  - Complex social & behavioral health needs
- Inadequate payment for complex pregnancy care

Full report on OPC's website

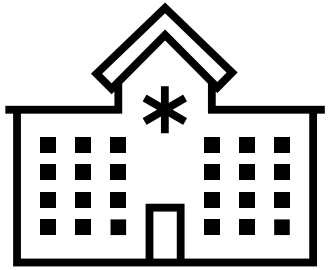
Themes from rural Oregon labor units

- Need for more connection & support
  - From other rural & critical access hospital labor units
  - From larger hospitals & OPC
- Major provider staffing shortage
- Challenges maintaining emergency skills with low birth volume
- Challenges with consultation & transfer

"We do a really good job with what we have but there is a lot we don't have!"

Nurse manager in a frontier CAH

Needs identified in 2024 hospital visits



- Protected time for quality improvement work
- Increased perinatal & behavioral health workforce
- Workforce development and retention
- Improve consultation, referral and transfer
- Payment reform to improve reimbursement for increasingly complex care
- Expansion of Project Nurture and Nurture Oregon sites
- More access to interpreters
  - Spanish, Mayan, Pacific Islander languages, Haitian creole

What else have we missed about maternal health in rural Oregon?

Steps to improve rural maternal health

1. Connect with partners & resources
2. Engage in targeted quality improvement
3. Advocate for policy change

Connect with partners & resources

- Oregon Perinatal Collaborative
  - Quarterly CAH maternal & infant health meeting
  - Quality improvement initiatives
  - Annual OPC summit
- Alliance for Innovation on Maternal Health
  - Patient safety bundles
    - Hemorrhage, hypertension, SUD, and more
  - Resource kits
    - Obstetric emergency readiness (for emergency departments)

Can help meet CMS birthing friendly designation requirements

OPC is Oregon's PQC

- All 50 states in the US have a Perinatal Quality Collaborative
- "Perinatal Quality Collaboratives (PQCs) are state or multi-state networks of multidisciplinary teams, working to improve maternal and infant health outcomes" -NNPQC
- PQCs use quality improvement methods to:
  - Implement evidence-based care practices
  - Increase respectful, patient-centered care
  - Close gaps in care
  - Advance policy to improve maternal & infant health
- PQCs work on everything from cesarean reduction, to antibiotic stewardship to maternal mental health

Oregon's Perinatal Collaborative's Network of Partners

National

NNPQC: National Network of Perinatal Quality Collaboratives

AIM: Alliance for Innovation of Maternal Health

Oregon

Oregon Birthing Hospitals (46)
Black Futures Initiative
Comagine Health
Community Doula Alliance
Community Doula Program
HealthShare of Oregon
Hospital Association of Oregon
March of Dimes
Multnomah County Healthy Birth Initiative
Northwest Neonatal Improvement Priority Alliance
Patient Family Partners

Oregon ACNM
Oregon ACOG
Oregon AWHONN
Oregon Coalition of Local Health Officials
Oregon Doula Association
Oregon Health Authority
    Maternal & Child Health Section
    Maternal Mortality & Morbidity Review Committee
Oregon Legislature
Oregon Midwifery Council
Oregon Office of Rural Health
Oregon Primary Care Association

Targeted quality improvement

- **OPC toolkits & resources**
  - Newborn resuscitation
  - Severe hypertension
  - Obstetric Hemorrhage
  - Perinatal SUD – coming soon!
  - Community birth transfer improvement
  - Congenital syphilis
- **AIM patient safety bundles**
  - Safe reduction of primary cesarean birth
  - Cardiac conditions in obstetric care
  - Perinatal mental health conditions
  - And more!

Targeted quality improvement

- Institute for Healthcare Improvement
  - Quality improvement essentials toolkit
- Simulation for birth emergencies
  - Essential for maintaining & improving key skills to prevent morbidity & mortality
  - Important areas for simulation:
    - Hemorrhage
    - Shoulder dystocia
    - Newborn resuscitation
    - Severe hypertension
    - Emergency cesarean
  - ORH & OPC are both resources for simulation support
- Collaboration with EMS & Emergency Departments

Policy change for maternal health

- Maternal health is a non-partisan issue
- Many state legislators & congresspeople can become advocates when they understand the local impact in their communities
- Structural changes at every level are needed to improve maternal health
- Many opportunities to get involved

Policy change for maternal health

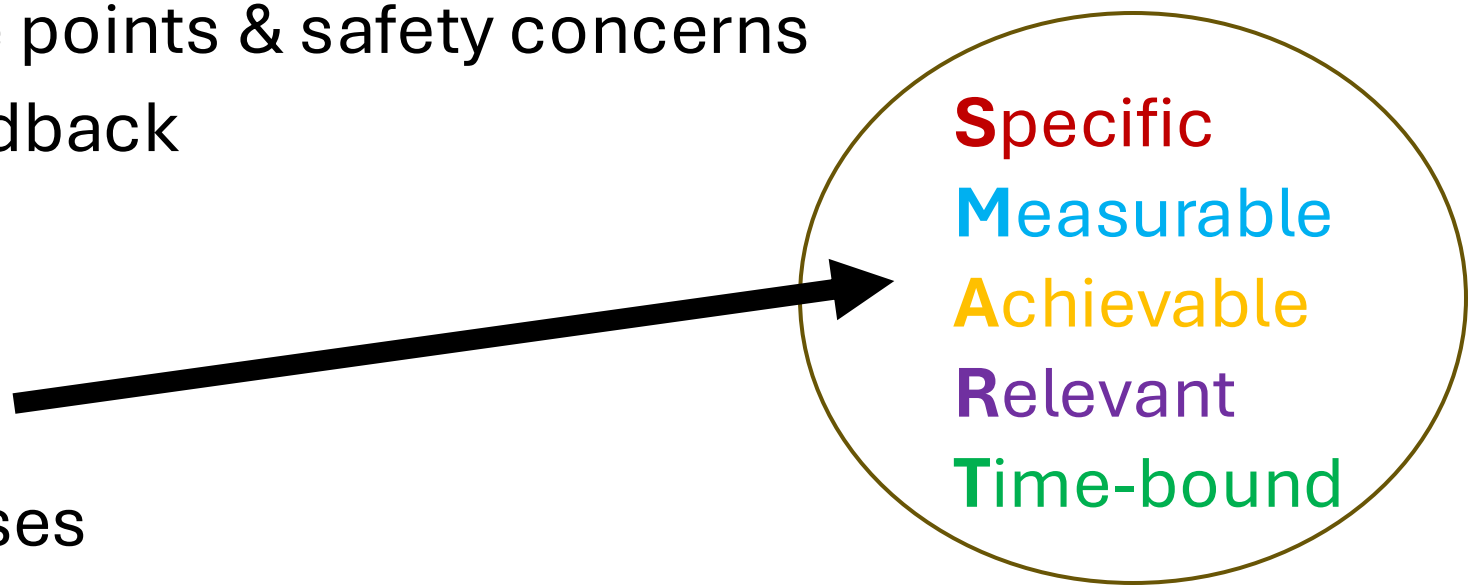
- Federal
  - Keeping Obstetrics Local Act (Senator Wyden)
  - Medicaid funding
  - Continued funding of PQCs & maternal health programs within HRSA & CDC
  - Restoration of funding for Pregnancy Risk Assessment Monitoring Systems
- State
  - Invest in perinatal & behavioral health workforce
  - Fund expansion of Nurture Oregon
  - Payment reform for pregnancy, birth, & postpartum care

Policy change for maternal health

- County
  - Make maternal health a priority in planning
  - Creation of local maternal/perinatal health taskforces
- Hospital/Clinic
  - Create & preserve practice support, QI, & education positions for L&D units
  - Provide protected time for QI & education in perinatal health
  - Support opportunities for collaboration between clinics, hospitals, and hospital systems

Creating Your Action Plan

- Identify pressure points & safety concerns
- Seek patient feedback
- Engage partners
- Start small
- Set SMART goals
- Build on successes
- Plan for short, mid, and long-term actions



Where could you start?

Thank You

Silke Akerson: akersons@ohsu.edu
Dr. Leo Pereira: pereiral@ohsu.edu

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