



Delivering Prenatal Care in a Rural Oregon Health System:

An Implementation Case Study to Improve Rural Family Health

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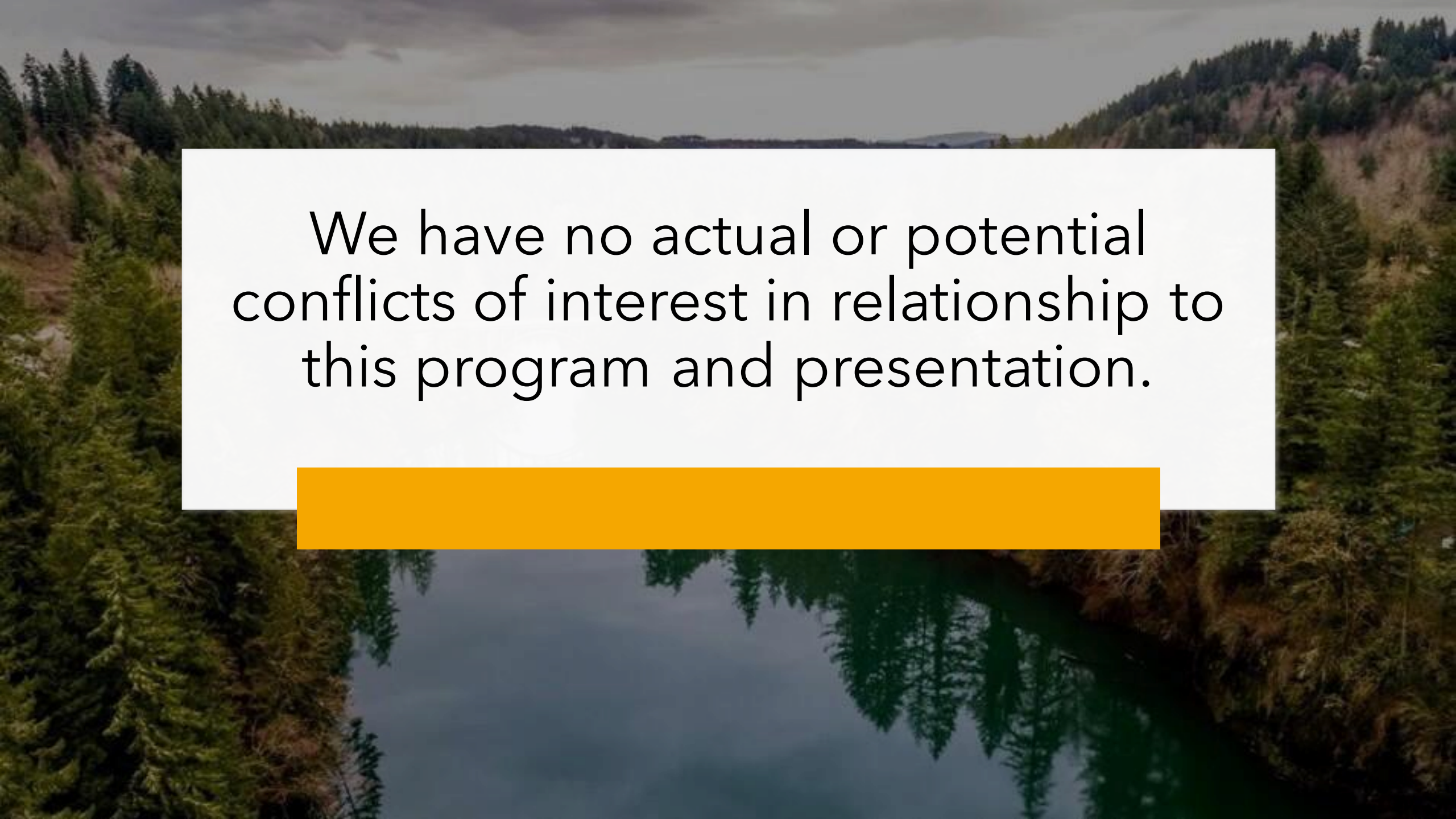
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Objectives

- Define key components required for replicability of an evidence guided prenatal care program for a rural family medicine clinic.
- Identify regional partnership opportunities for collaboration and referral to deliver prenatal, postpartum, and early pediatric care to rural families.
- Outline possible practice barriers to the implementation of a full scope family medicine practice and identify a way to overcome such barriers.

A scenic landscape featuring a forested hillside on the left and a body of water in the foreground that reflects the trees and sky. The background shows a range of hills under a cloudy sky. A white rectangular box is centered over the image, containing text. Below the text box is a solid yellow horizontal bar.

We have no actual or potential conflicts of interest in relationship to this program and presentation.

In a Country Known for Poor Maternal Health Outcomes, Rural Communities Fare Worse

More than
50% of rural counties have no hospital-based obstetrical services.

It's not just a rural problem:
1 of 3 women in metropolitan or urban areas lives in an OB desert.



Pregnant and parenting people in rural communities have worse outcomes than those living in other areas.

Rural residents have **9% greater probability** of severe maternal morbidity and mortality

Rural hospitals report **higher rates** of postpartum hemorrhage and blood transfusion during labor and delivery than do urban hospitals.

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

Extensive travel may contribute to **increased risks** of infant mortality and pregnancy complications.

Rural women of color are at particular risk.

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

In the past decade, rural counties with a higher proportion of non-Hispanic Black women were more likely **to lose obstetric services** than other rural counties.

What are we being faced with?

- Low access to appropriate preventive, prenatal and postpartum care is defined as counties with one or fewer hospitals or birth centers that provide obstetric care, few obstetric providers (fewer than 60 per 10,000 births, that's us here in Estacada).

An aerial photograph of a river winding through a lush, forested valley. The river is calm, reflecting the surrounding green trees and the overcast sky. The valley is densely packed with evergreen and deciduous trees, with some areas showing autumnal colors. In the distance, rolling hills and mountains are visible under a cloudy sky. The text is overlaid in the center of the image.

Rural women are **TWICE** as likely to die from pregnancy and delivery complications as women in larger metropolitan areas

What now?

- Preconception care & Prenatal visits for low risk women
- - Physical exams, health maintenance screening, and risk screening questionnaires
 - Lab work: blood typing, diabetes screening, genetic screening
 - Anticipatory counseling (birth plan, lactation counseling, genetics)
 - Referrals for ultrasounds & specialty services
 - Postpartum care and contraceptive management
 - Newborn and well child care



Limitations

No deliveries

High risk pregnancies

Abortions

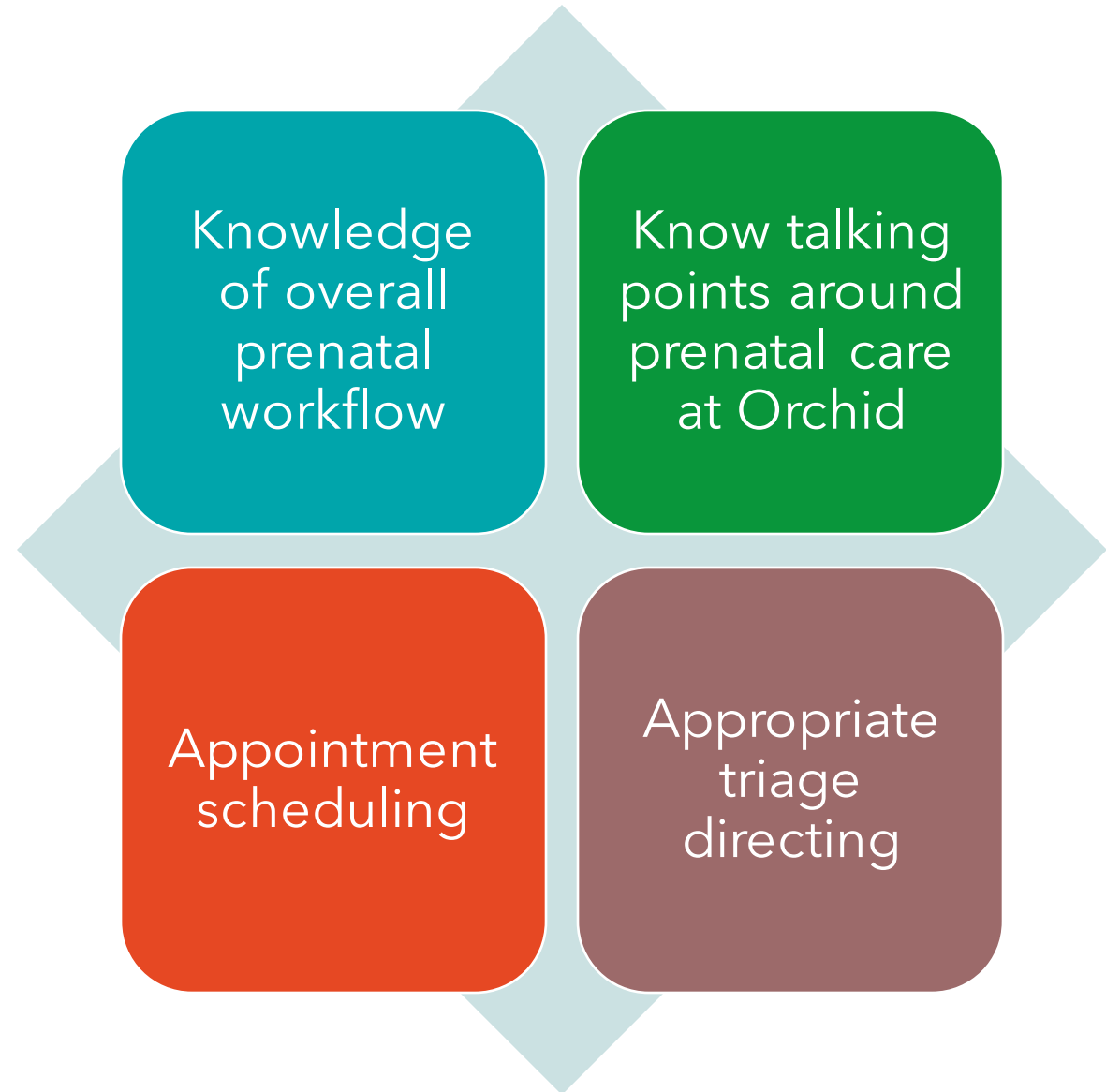


Clinic Staff Roles





Patient Support Staff





Referrals coordinators and medical records

- Knowledge of workflow and timelines around ultrasounds and referral to specialist and/or delivering provider
- Knowledge of workflow and timelines of documents & medical records

Medical Assistants



Rooming, knowledge of workflow



Documentation, labs, and screeners for interval visits



See MA Standard of Care Document for extensive details



Registered Nurse

- This role is still in development
- Future roles: prenatal and postpartum patient education, lactation support and education, gestational diabetes education



Community Health Worker

- Help reduce barriers to care and help reduce social disparities.
- Support with workplace environment: FMLA/OFLA, familiarization with Lactation laws
- Help enroll in WIC
- Address positive SDOH
- Identify supportive social services: birthing classes, local doulas, car seat programs



Behavioral Health Worker

- Support for women with chronic disease, emotional concerns, and behavioral changes. Help support pregnant women's mental health, IPV, and SUD.



Medical Director

- Oversight
- Guidance and direction of program
- Support prenatal providers



Prenatal provider

- Care and screenings before pregnancy
- Complete prenatal care for mom and baby
- Prenatal screening and ultrasound
- Nutritional counseling and guidance
- Follow-up care including birth control, education/counseling, and postpartum care





Wrap around care

- Behavioral health providers
 - Mental health, IPV, Postpartum depression
- Community Health Worker
 - WIC, assistance with FMLA/OFLA forms, dental resources, SDOH support, financial resources
- Registered nurse
 - Prenatal education, nutrition education, lactation support



Rate of attrition

- Graph here



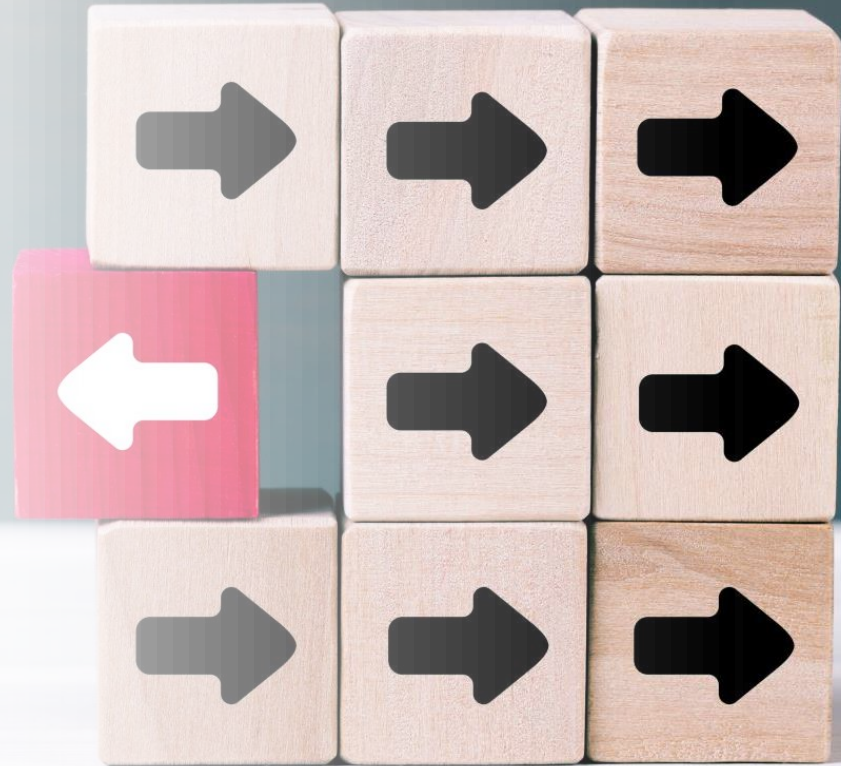
Percent of patient population served

Accomplishments

- Over 20 families served, to date
- Enriched our medical home model
- Relationships with delivering groups
- Reduced family financial burden
- Networking with local doula groups
- Provider training at OHSU
- Bedside ultrasound

Obstacles

- Provider capacity
- Marketing
- Legacy Labor and Delivery Unit
- Labs maternal and neonatal



A woman with long, straight blonde hair is shown in profile, looking down at a newborn baby she is holding. The baby is wearing a bright yellow, ribbed long-sleeved onesie and a matching yellow knit hat. The woman is wearing a white t-shirt. The background is a blurred office or clinical setting with desks, laptops, and various items. The text "Stories from families" is overlaid on the left side of the image in a large, black, sans-serif font. There is a small orange horizontal bar in the top left corner and a thin grey horizontal line below the text.

Stories from families

Forward motion

- Prenatal welcome packet
- Pregnancy education
- RN training in lactation
- Parenting groups
- Expand to other Orchid clinics



Orchid Health's focus & philosophy



Orchid's North Star

Our Vision

Healthy Rural Communities.
Healthcare Revolutionized.

Our Mission

To advance a new model for community health to thrive based on relationships, joy in work, and health equity.



Our Compass

Our Core Values

Challenge the Status Quo

Cultivate Respect

Be Courageously Vulnerable
and Accountable



Our Flywheel

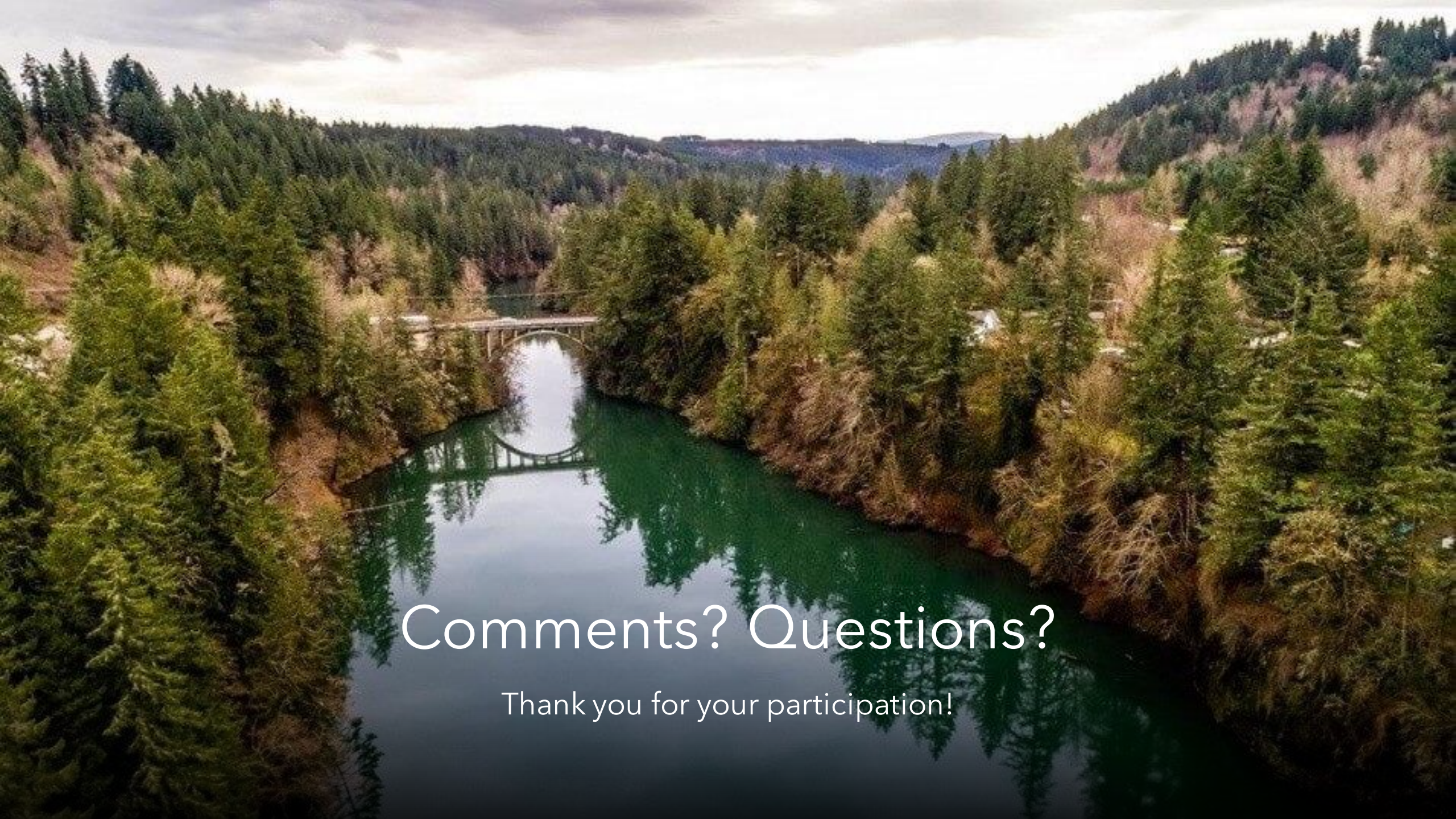
Our Four Pillars

1 - Employee Well-Being

2 - Trusting Patient Relationships

3 - Community Health

4 - Financial Sustainability & Growth



Comments? Questions?

Thank you for your participation!