Rural Maternal Health is Everyone's Concern

The importance of addressing decreasing access to maternal health care in rural Wisconsin

Issued by the Wisconsin Maternal Mortality Review Impact Team

Why is this issue important?

Across Wisconsin and the nation, a growing maternal health crisis is putting lives at risk, especially in our rural and Tribal communities.

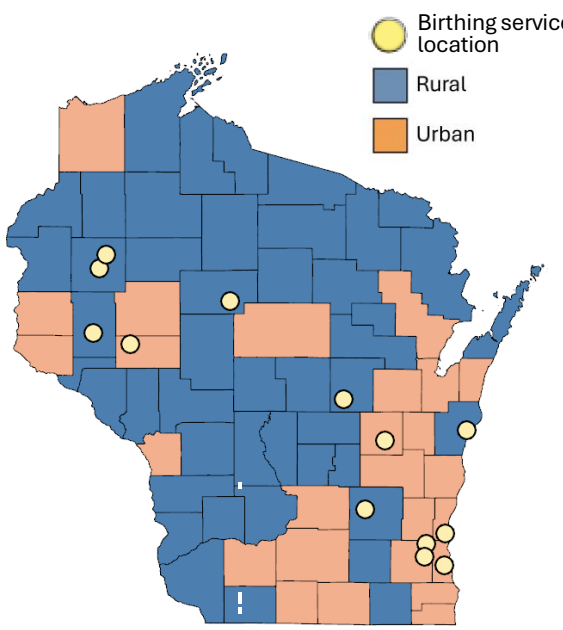
One of the key contributors is the rise in maternity care deserts. Maternity care deserts are areas where essential maternal health services are limited or nonexistent, forcing families to make difficult decisions about where and how they can safely give birth.

Nearly 25% of America's hospitals nationally have closed obstetric (OB) units that cater to the needs of pregnant individuals and their babies, which is a loss of 267 rural OB units from 2011–2021.[1]

Wisconsin is no exception. Since 2022, there have been 12 facilities across Wisconsin that have permanently closed their birthing services. Many counties, largely in northern Wisconsin, have no maternity care available for those approaching their delivery date.[2]

These closures are not just numbers on a map, they represent people forced to delay care, travel long distances, and pay for hotel stays to be near a hospital during delivery. Hospital closures are more than an inconvenience for families, it's a public health crisis.

Map of Wisconsin birthing services closures



Source: State of Perinatal Care in Wisconsin, Wisconsin Association for Perinatal Care [2]

While this crisis is concentrated in rural and Tribal communities, the impact can be felt statewide. The state's economic and social fabric is weakened by the ripple effects of job loss, family relocations, and weakened health care systems.[3] Therefore, when rural systems are strained, it strains urban systems as well. Equitable, scalable solutions designed with and for rural communities can become models of care that strengthen the entire state.

Wisconsin Department of Health Services
Division of Public Health
Maternal Mortality Review Program
www.dhs.wisconsin.gov/mch/maternal-mortality-and-morbidity.htm

WISCONSIN DEPARTMENT of HEALTH SERVICES

Understanding maternity care deserts

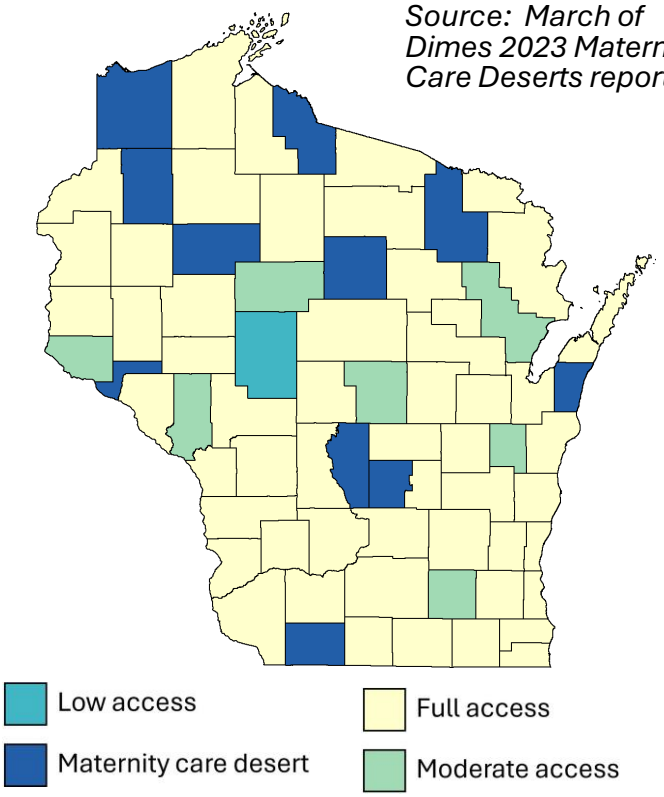
According to the March of Dimes, (an organization dedicated to improving the health of mothers and babies), a maternity care desert is a county where there is a lack of maternity care resources. This includes the absence of hospitals or birth centers offering obstetric services and a lack of qualified clinicians such as obstetricians, family physicians trained in maternity care, and certified nurse midwives.

Maternity care deserts are associated with lack of adequate prenatal care and an increased risk of maternal death.[4]

In Wisconsin, 11 out of 72 counties are considered to be maternity care deserts.[5]

- Forest
- Kewaunee
- Adams
- Marquette
- Pepin
- Iron
- Lafayette
- Douglas
- Washburn
- Rusk
- Lincoln

Wisconsin maternity care deserts



In these areas, pregnant individuals often drive 30 or more minutes to the nearest birthing hospital,[6] distances that can prove dangerous in emergencies.[5] Similarly, the median drive time to labor and delivery services in rural Wisconsin is 32 minutes.[7]

Long distances to access care also create financial and emotional strain on families, reducing the likelihood that patients will receive adequate prenatal and postpartum care.

These barriers increase the risk of maternal morbidity and adverse infant outcomes, such as stillbirth and Neonatal Intensive Care Unit (NICU) admission. [6]

"I could not get into a doctor sooner living in a rural area, even on a wait list and was not seen until 12 weeks. Resources at healthcare facilities are slim, and appointments are very rushed. It was very difficult to find a doula for birth and post-partum care." ***– Wisconsin mom***

Recommendations to move data to action

Increasing access to and improving existing access to rural health care requires concerted action across patient, provider, and public health policy levels.

The Wisconsin Maternal Mortality Review Team (MMRT) reviews all deaths that occur during or within one year of the end of pregnancy and then makes recommendations to prevent future similar deaths. These recommendations and key questions are summarized from the 2024 report, Wisconsin Maternal Mortality Review Team Recommendations: 2020 Pregnancy- Associated Deaths (P-02108) (PDF).

Government and legislation

Federal and state governments should direct funding to connecting rural care to tertiary and quaternary care through consultation and transport systems for high-risk services.

The federal government should incentivize rural health care providers to increase access to appropriate care in health care deserts.

Legislators need to provide funding to support community-based support programs focused on mental health and substance use, particularly in low resource and/or rural spaces.

The federal government should direct funding to eliminate maternity care deserts to ensure all high-risk patients have access to specialist care in every pregnancy

Federal and state government should work to ensure funding for emergency medical services and to increase access to those services in rural areas.

State government should direct funding toward training healthcare providers for practice in rural areas.

Community and patients

Community-based organizations should provide resources to support transportation, housing, and food to those under financial duress.

Communities should have available resources for enhanced care coordination, education, and assistance with social needs for pregnant people during pregnancy and in first year postpartum.

Patients and families should utilize birth support persons or non-clinical support for information and education (for example, doulas)

Health care systems and facilities

Health care organizations should work to increase mental health support through telehealth to help those in rural areas/areas with lack of access to existing resources.

Facilities should have care coordination for high-risk patients that includes scheduling appointments, ensuring transportation and follow up if a patient does not present to an appointment.

Health systems, government agencies and private funders should fund the expansion of systems like Connect RX in Dane County to the entire state to provide care coordination, doulas for the highest-risk population.

Hospitals should work with doulas to continue to enhance communication and advocacy between patients, their families, and the hospital team.

Providers

Providers should offer telehealth as an option when patients have transportation issues or other barriers that may prevent them from accessing care.

Primary care and obstetric providers should discuss preconception planning with all patients, including those with a history of chronic medical illness and/or a history of pre-eclampsia in previous pregnancies, and refer to specialty care when indicated.

Providers should refer patients with high-risk pregnancies to primary care for wraparound services for care coordination to help with appoints medication and navigating systems for continued care.

Health care providers and doulas should build their relationship to be able to better incorporate doula services into medical care in the perinatal period.

Recommendations to move data to action

Increasing access to and improving existing access to rural health care requires concerted action across patient, provider, and public health policy levels.

The Wisconsin Maternal Mortality Review Team (MMRT) reviews all deaths that occur during or within one year of the end of pregnancy and then makes recommendations to prevent future similar deaths. These recommendations and key questions are summarized from the 2024 report, Wisconsin Maternal Mortality Review Team Recommendations: 2020 Pregnancy- Associated Deaths (P-02108) (PDF). This content reflects the views and opinions of the advisory council. It may not reflect the official policy or position of DHS.

Government and legislation

Federal and state governments should direct funding to connecting rural care to tertiary and quaternary care through consultation and transport systems for high risk services.

The federal government should incentivize rural health care providers to increase access to appropriate care in health care deserts.

Legislators need to provide funding to support community-based support programs focused on mental health and substance use, particularly in low resource and/or rural spaces.

The federal government should direct funding to eliminate maternity care deserts to ensure all high-risk patients have access to specialist care in every pregnancy

Federal and state government should work to ensure funding for emergency medical services and to increase access to those services in rural areas.

State government should direct funding toward training healthcare providers for practice in rural areas.

Community and patients

Community-based organizations should provide resources to support transportation, housing, and food to those under financial duress.

Communities should have available resources for enhanced care coordination, education, and assistance with social needs for pregnant people during pregnancy and in first year postpartum.

Patients and families should utilize birth support persons or non-clinical support for information and education (for example, doulas)

Health care systems and facilities

Health care organizations should work to increase mental health support through telehealth to help those in rural areas/areas with lack of access to existing resources.

Facilities should have care coordination for high-risk patients that includes scheduling appointments, ensuring transportation and follow up if a patient does not present to an appointment.

Health systems, government agencies and private funders should fund the expansion of systems like Connect RX to provide care coordination and doulas for Black women.

Hospitals should work with doulas to continue to enhance communication and advocacy between patients, their families, and the hospital team.

Providers

Providers should offer telehealth as an option when patients have transportation issues or other barriers that may prevent them from accessing care.

Primary care and obstetric providers should discuss preconception planning with all patients, including those with a history of chronic medical illness and/or a history of pre-eclampsia in previous pregnancies, and refer to specialty care when indicated.

Providers should refer patients with high-risk pregnancies to primary care for wraparound services for care coordination to help with appoints medication and navigating systems for continued care.

Health care providers and doulas should build their relationship to be able to better incorporate doula services into medical care in the perinatal period.

Meet Dr. Amy Falkenberg, MD

Board Certified in Family Medicine in rural Wisconsin

What is your current role and what led you to work in perinatal care?

I am a board-certified family medicine physician who has spent more than two decades practicing in rural Wisconsin, where I have provided maternity care and comprehensive family medicine in communities with limited access to obstetrical services. One of the most rewarding aspects of family medicine is the opportunity to care for patients across every stage of life. I have always been particularly passionate about caring for women and children.

After completing my residency in Marquette, Michigan, I began my career at a community health center near Sparta, Wisconsin. I practiced there for about 10 years before relocating to Medford when the hospital in Sparta closed its labor and delivery unit. I spent another decade practicing in Medford before returning home to the Chippewa Valley to work within the Oakleaf Clinics System.

Family physicians in rural communities have the ability to provide comprehensive care, including obstetrics. The ability to care for women during pregnancy, support them through labor and delivery, and then continue caring for their children as they grow as a family is an incredible privilege.

Throughout my career, I have cared for pregnant patients in communities where local maternity services were limited or disappearing, which has given me a firsthand view of how changes in rural health care infrastructure directly affect mothers, infants, families, and communities.

What do you find most rewarding about your work?

One of the most rewarding aspects of my work is the continuity of care that family medicine allows. In rural communities, physicians often care for multiple generations within the same family.

Supporting a woman throughout her pregnancy, being present for the birth of her child, and then continuing to care for that child as they grow is an extraordinary honor. Those relationships create a level of trust and understanding that strengthens the care we provide and allows us to support families in a truly meaningful way.

How would you describe the current state of rural maternal health?

We are facing a significant crisis in rural maternal health. In Wisconsin, the number of rural hospitals providing labor and delivery services has steadily declined, leaving many communities without local access to maternity care.

When maternity services disappear from a community, the effects extend far beyond pregnancy care. Traditionally, the closure of a labor and delivery unit often signals the beginning of a broader decline in the hospital itself. Communities may experience the loss of specialty services, reductions in outreach programs, and decreases in hospital admissions and surgical services. Over time, more patients must be transferred out of their communities for care that was once provided locally.

Continued: How would you describe the current state of rural maternal health?

These closures also have a significant impact on the health care workforce. When hospitals eliminate maternity services or close entirely, experienced physicians, midwives, nurses, and support staff often leave the area or lose the ability to practice locally. This loss of workforce capacity reduces access to prenatal care, disrupts continuity of care during pregnancy and delivery, and increases strain on the remaining facilities that continue to provide services.

"When rural maternity units close, entire health care systems begin to unravel," Dr. Amy Falkenberg, MD.

Ultimately, this erosion of both infrastructure and workforce forces pregnant patients to travel farther for care, increases delays in treatment, and contributes to widening disparities in maternal health outcomes in rural communities.

What are the most common complications or challenges you encounter in rural maternal health?

One of the most significant challenges I and others are currently facing is the inability to obtain hospital privileges after the closure of an area hospital in 2023. The two remaining hospitals in the region that provide obstetrical and inpatient services have not granted privileges to many physicians who had previously provided care through the now closed hospital. This has resulted in disruptions in access to care as well as preventing clinicians from continuing to care for their patients in the hospital setting.

While the most personal impact for me is on maternity and newborn care, the consequences extend well beyond obstetrics. Surgeons, internists, critical care physicians, and other specialists who previously provided inpatient care have also been unable to obtain hospital privileges at these remaining facilities. As a result, many providers who have longstanding relationships with patients in the region are no longer able to care for them when hospitalization is required. This disruption in continuity of care affects multiple areas of medicine, including maternal health.

"Many of my patients now travel an hour or more for prenatal visits and delivery," Dr. Amy Falkenberg, MD.

For obstetrical patients, the loss of delivering facilities and the inability of established providers to continue hospital-based care has created significant barriers. Women are often required to travel much longer distances for prenatal care and delivery. Increased travel requirements can lead to more scheduled inductions to accommodate logistics, which may correlate with higher cesarean section rates. We are also seeing increases in home births, decreased patient satisfaction with the birth experience, and a continued loss of experienced maternity care providers from rural communities.

Many of my patients now travel an hour or more for prenatal visits and delivery, something that becomes even more challenging when they are balancing work, child care, and limited transportation.

Historically, births occurring in hospitals without obstetric capacity were extremely rare in most rural counties. With the closure of maternity services, however, some women have continued to deliver close to home—either in hospitals without obstetric services or in unplanned out-of-hospital settings. This reflects the limited alternatives available when access to local maternity care disappears.

What progress or promising changes are you seeing in rural maternal health?

Unfortunately, I have not seen significant progress toward improving rural maternity care in recent years. Many large health systems are increasingly centralizing services in larger regional centers. While this may create efficiencies within those systems, it often results in the gradual loss of services in smaller communities.

As care becomes more centralized, providers and resources are pulled away from rural hospitals. This forces patients to travel farther for services that were previously available locally and further weakens the health care infrastructure in rural areas.

What models or strategies do you think would help address maternal care gaps in rural areas?

Financial sustainability is one of the most important factors in preserving rural maternity care. Cuts to Medicaid reimbursement would further strain rural hospitals and could accelerate the closure of additional maternity services.

In many rural hospitals, a large proportion of patients are covered by Medicaid or Medicare. When reimbursement rates are significantly lower than those from private insurance, it becomes extremely difficult for rural facilities to maintain essential services. More equitable reimbursement is critical if rural hospitals are expected to remain viable.

We also need stronger incentives to recruit and retain health care professionals in rural communities, including obstetricians, anesthesiologists, certified nurse midwives, nurses, and family physicians.

Programs such as those at the University of Wisconsin–Madison that promote obstetrics and gynecology training focused on rural care are encouraging and important, but they will not be sufficient on their own to meet the growing need.

Another look at the issue

While not yet included in formal state recommendations, other local providers and families have offered recommendations based on their experience. Here are a few recommendation that Katherine Breitenmoser, LPM of rural Wisconsin, thinks could make a positive impact.

Improve quality of care

- Expand rural clinical rotations in OB and family medicine
- Train EMS personnel with Rural OB emergency workshops
- Integrate rural health training into nursing and medical school curriculums

Improve access to and coordination of care

- Invest in mobile clinics and mobile imaging services.
- Reopen small-scale OB units in rural hospitals
- Partner academic institutions with rural healthcare systems
- Create remote specialty support and incorporate regular specialist rotations in rural areas
- Require Medicaid and private insurance companies to reimburse rural maternity care adequately

Support pregnant and postpartum people

- Strengthen doula, midwife, and hospital collaborations
- Recruit and retain maternity care professionals in rural areas through incentives and new staffing models

Family physicians can play an especially important role in rural obstetric care. Currently, fewer than 30% of family physicians provide obstetrical services, yet these physicians are uniquely positioned to provide comprehensive care across the lifespan and support maternity services in smaller communities.

Improving collaboration with certified professional midwives will also become increasingly important. As travel distances to delivering hospitals increase, midwives may play a larger role in providing care within rural communities. Strong collaboration between midwives and hospital-based providers will be essential to ensure safe, coordinated, and timely care.

Why is rural maternal health an issue we all should care about, even those in urban or suburban areas?

When rural hospitals lose services and patients are forced to travel to larger facilities for care, the impact extends far beyond rural communities. Regional hospitals begin absorbing patients who previously received care locally.

This contributes to longer wait times for appointments and procedures, more crowded emergency departments, and increased strain on already understaffed facilities. Ensuring that rural communities maintain access to essential health services ultimately benefits the entire health care system.

What can individuals, advocates, or professionals outside rural communities do to support meaningful change?

Health care policy plays a major role in the sustainability of rural hospitals and maternity services. Advocacy is critical. Reaching out to state and federal representatives to highlight the challenges facing rural health care can help bring attention to the crisis many communities are experiencing.

Rural hospitals depend heavily on public insurance programs such as Medicaid to remain financially viable. Ensuring stable funding and fair reimbursement for these programs is essential if we want to preserve access to care in rural communities.

When rural hospitals close or lose essential services like maternity care, the impact extends far beyond health care. These hospitals are often among the largest employers in their communities, supporting local jobs, economic stability, and community infrastructure. When those institutions weaken or disappear, communities lose not only access to care but also a critical foundation that supports the health, stability, and long-term vitality of rural families.

If we want to improve maternal health outcomes in Wisconsin, protecting and strengthening rural hospitals must be part of the solution. Without intentional policy decisions that support rural health care infrastructure and workforce, access to safe maternity care will continue to disappear for families across our state.

- Dr. Amy Falkenberg, MD

What is the Wisconsin Maternal Mortality Review Program?

The Wisconsin Maternal Mortality Review (MMR) Program works to review and increase awareness around deaths of individuals who died during pregnancy or within one year postpartum.

The overall mission is for partners to use this data to save lives. The MMR Program consists of Wisconsin Department of Health Services (DHS) staff as well as public health cand health care experts who convene as the Maternal Mortality Review Team (MMRT) and Impact Team.

Wisconsin's Maternal Mortality Review Team (MMRT) meets every other month to review the information abstracted from records from the State Vital Records Office, coroners and medical examiners, law enforcement, and health care providers. Learn more about MMRT membership, including the MMRT co-chairs Drs. Jasmine Zapata and Jacquelyn Adams.

What organizations are doing to support rural health

Organizations and projects are working to help improve rural health in Wisconsin. Here are a few to learn more about:

Area Health Education Centers (AHEC): Develops and trains health care workforce.

Children's Health Alliance of Wisconsin, Healthy Smiles for Mom and Baby Initiative: Physiological changes that occur during pregnancy can increase a woman's risk of oral disease, yet pregnant women are significantly less likely to receive dental care. Providing pregnant women with oral health care and counseling about preventing and treating oral disease is critical for mothers and young children.

The Rural Health Transformation Program: Federal funding opportunity provided to states through the Centers for Medicare and Medicaid Services (CMS). The Wisconsin Department of Health Services (DHS) received a first year award from CMS for more than $203 million dollars to invest in rural capacity, sustainability, and innovation across three major initiatives:

- Strengthen the rural health care workforce
- Drive rural technology and innovation
- Transform rural care through partnerships

Hospital Sisters Health System (HSHS): HSHS works to deliver high-quality, patient-centered care.

Wisconsin Rural Physician Rural Assistance Program (WRPRAP) and the **Wisconsin Collaborative for Rural Graduate Medical Education**: Provides information and resources to organizations interested in initiating or continuously improving Wisconsin GME programs and tracks with a rural focus.

Transforming Maternal Health (TMaH): A 10-year funding award to support Wisconsin Medicaid agencies in the development of whole-person approach to pregnancy, childbirth, and postpartum care.

Well Badger Resource Center: Well Badger is an information and referral program that connects people in Wisconsin with health and social services. via 1:1 conversations with certified resource specialists or via an online searchable directory.

Wisconsin Academy for Rural Medicine (WARM): Focuses on admitting and training students committed to improving the health of rural communities. The goal is to address physician shortages in rural areas, ultimately helping to improve the health of rural Wisconsin communities.

Native American Center for Health Professionals (NACCHP): The mission is to enhance the recruitment, retention, and graduation rates of health professions students engaged with Tribal communities and to promote health education, research and community-academic partnerships with Native communities.

Maternity Metrix: Aims to educate and empower all expecting communities to close the gaps of knowledge about perinatal health.

Wisconsin Legislative Directory

Find your legislators to connect regarding maternal health issues by entering your address into the search bar or clicking a location on the map.

Reflection

Seven key questions to reduce maternal mortality

- After reviewing this report, what are some of the data trends that stood out to you?
- Were there any key contributing factors that surprised you? If so, which ones and why?
- After reviewing the recommendations included in this report, what are the top two that seem feasible for your organization to implement in the next 60–90 days? What are the top two that are feasible for your organization to implement over the next year?
- Racism and discrimination play a role in many of the pregnancy-associated deaths in Wisconsin. What tangible steps can you take to combat this?
- After reviewing this report, which community or system-based partners can you commit to developing a relationship with and/or strengthening in order to implement some of the key recommendations?
- What are areas of promise or hope you see happening in your organization or surrounding community as it relates to maternal mortality prevention? What things are already working well you can support and/or bring awareness to?
- How do you plan to ensure accountability and follow-up on the implementation of the recommendations outlined in this report within your organization or community?

"I have a healthy baby boy now and at birth but my pregnancy was so traumatic I no longer know if I'll have additional kids as initially planned. Rural areas need more doctors with proper length appointment time and doulas." – ***Wisconsin mom***

References

Citations in the order they appear in the brief:

1. Rural America's OB deserts Widen in Fallout from Pandemic
2. Wisconsin Association for Perinatal Care, State of Perinatal Care in Wisconsin
3. Rural Hospital Struggles Are Also An Economic Development Issue
4. 2022 Snapshot of Maternal and Child Health Nurses in Wisconsin
5. Where You Live Matters: Maternity Care In Wisconsin
6. Nowhere to Go: Maternity Care Deserts Across the US
7. Stop the Loss of Rural Maternity Care

The recommendations in this brief reffect the views and opinions of the Maternal Mortality Review Team. They may not reffect the official policy or position of the Wisconsin Department of Health Services.

Wisconsin Department of Health Services
Maternal Mortality Review Program
201 E. Washington Ave. Madison, WI. 53703
Email: DHSMMR@dhs.wisconsin.gov

WISCONSIN DEPARTMENT *of* HEALTH SERVICES