

# PUBLIC HEALTH NEWS & UPDATES

TEXAS RESEARCH-TO-POLICY COLLABORATION PROJECT

Maternal & Child Health

October 2024



## Texas continues to face a state-wide maternal morbidity and mortality crisis

The Texas Research-to-Policy Collaboration (TX RPC) Project recently published a health policy resource covering [maternity & perinatal care deserts](#). This topic has been the focus of multiple news articles this month as the release of the 2024 March of Dimes [Nowhere to Go: Maternity Care Deserts Across the US 2024 REPORT](#) brought it to light.

The state-wide maternal morbidity and mortality crisis has resulted in part from the lack of geographical access to maternity and perinatal care. Traveling further to attend healthcare appointments can make it difficult to receive adequate prenatal, labor & delivery, and postpartum care, increasing the likelihood of adverse outcomes.

[Read about the crisis.](#)

### Maternity & Perinatal Care Deserts

September 11, 2024

#### KEY TAKEAWAYS

1. Texas continues to face a state-wide maternal morbidity and mortality crisis, which has resulted in part from the lack of geographical access to maternity and perinatal care.
2. Traveling further to attend healthcare appointments can make it difficult to receive adequate care, increasing the likelihood of adverse outcomes.
3. Several legislative actions in Texas have addressed the strain on rural hospitals and obstetric (OB) providers, and it is important to build on this work so that rural communities can maintain care.

#### Hospital Closures

Many publicly funded rural hospitals have struggled in recent years due to: 1) low, stagnant Medicaid and Medicare payments; 2) increased costs; 3) declining rural populations; 4) high rates of uninsurance; and 5) widespread healthcare staffing shortages.<sup>1,3</sup>

**Rural Hospital Closures: Nationwide<sup>4,6</sup> and State<sup>5,7</sup>**

192 hospitals have closed in the United States since 2005, and 267 OB units (25%) closed between 2011 and 2021.

25 hospitals (14%) have closed in Texas since 2005, and 17 OB units closed between 2011 and 2021.

Only 40% of rural hospitals in Texas still have a labor and delivery unit.<sup>4</sup>

- Most hospital OB unit closures across the U.S. were among facilities serving mainly Black patients.<sup>2</sup>
- OB units are often the first to be shut down when hospitals are struggling to keep their doors open.<sup>8</sup>
  - Labor & delivery (L&D) are costly. In most cases, hospitals do not profit from these services — and may even lose money — since Medicaid does not reimburse their full cost.<sup>1,3,9</sup>

When patients are forced to travel outside of their communities to receive obstetric care, they are likely to return to that setting for future medical needs like primary care and pediatrics.

- With dwindling numbers of patients, rural facilities struggle to cover costs and a cycle develops.<sup>1,8</sup>



UTHealth Houston School of Public Health



Texas Research-to-Policy Collaboration Project

## Partner resource adds context to the crisis

### 2024 Biennial Report

Released September 1, 2024

The report from the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) & Texas Department of State Health Services (DSHS) states:

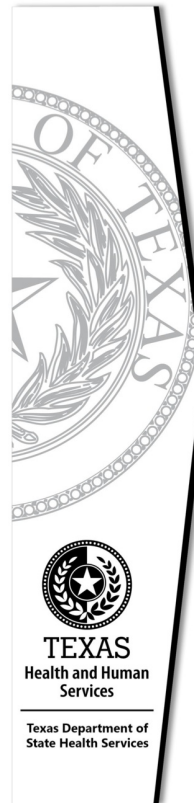
- The maternal mortality ratio in Texas increased from 17.2 deaths per 100,000

live births (2019) to 24.2 (2020) and 23.0 (2021) deaths per 100,000 live births.

- When COVID-19-related deaths are included in the calculation, the maternal mortality ratios were 27.7 (2020) and 37.7 (2021) per 100,000 live births.

Additionally, the report provides a [summary of 12 recommendations](#) to address the maternal mortality crisis, starting with improved access to comprehensive healthcare services.

*Understand the context.*



## Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2024

As Required by  
Texas Health and Safety Code, Section  
34.015

September 1, 2024

## Long-term solutions offer path forward

### Recommendations

Short-term strategies for mitigating the impacts of maternity care deserts are available, but addressing the strain on rural hospitals and obstetric providers requires long-term solutions.

- Creation of a broader maternity care workforce through training and education can help fill in the gaps.<sup>2,23</sup>
  - Certified Nurse Midwives, Women's Health Nurse Practitioners, and doulas can provide support for uncomplicated pregnancies when obstetric care is inaccessible.
  - Alternative modalities for provision of care such as group prenatal care, telehealth, or home visiting programs like Nurse Family Partnership may also be suitable in some situations.
  - Family physicians already serving rural communities can also provide outpatient prenatal care and partner with an obstetrician for delivery.
- Reception of higher Medicaid reimbursements is critical for protecting hospitals in danger of closing or stopping obstetric services.<sup>2,9</sup>
  - Actions include preserving supplemental payments and maintaining the L&D add-on.
- Reduction of the number of uninsured Texans by investing in outreach to connect people to coverage can also help prevent closures.<sup>7</sup>



The Texas Legislature has previously taken actions that support rural maternity care providers and address maternal morbidity and mortality.

- In 2013, the 83rd Legislature established the Maternal Morbidity and Mortality Task Force to review cases of pregnancy-related death and make recommendations to prevent them.<sup>24</sup>
- In 2019, the 86th Legislature allotted extra Medicaid dollars for obstetric services.<sup>8</sup>
- In 2023, the 88th Legislature tripled the Medicaid L&D add-on payment from \$500 to \$1,500, dedicated \$50 million for the Rural Hospital Stabilization Grant Program, and extended postpartum Medicaid coverage to 12 months.<sup>7</sup>



Several legislative actions in Texas have addressed the strain on rural hospitals and obstetric providers, and it is important to build on this work so rural communities can maintain geographical access to care.

Long-term solutions are required for mitigating the impacts of maternity care deserts.

*Recommendations*

## Community work supports new moms

What happens when new moms get food and guidance from Community Health Workers (CHW) as part of their postpartum care? Preliminary data collected by researchers at UTHealth Houston School of Public Health in Austin show the Food is the Best Medicine (FBM) program is helping new parents in Travis County.

FBM — a collaborative effort among the School of Public Health in Austin, [Ascension Seton](#), [The Cook's Nook](#), and [Farmshare Austin](#) — offers eight weeks of home-delivered nutritious food and CHW home visits to new moms who are experiencing food insecurity.

*Learn about FBM's impact.*



## Collaborative efforts address perinatal care

Join the Michael & Susan Dell Center for Healthy Living for an engaging and insightful conversation with the leadership of the Texas Collaborative for Healthy Mothers and Babies (TCHMB) and a deep dive into the heart of collaborative efforts to improve perinatal healthcare in Texas.

*Register!*

### Inside TCHMB:

A Conversation with Collaborative Leadership

October 17, 2024  
11AM-12PM CST



**Charleta Guillory, MD, MPH, FAAP**  
TCHMB Executive Committee Chair  
Baylor College of Medicine



**Patrick Ramsey, MD, MSPH**  
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## Texas RPC Project Resource Corner

The TX RPC Project develops accessible and accurate public health policy-related resources from field experts. Links to specific resource categories on our website can be found below:

[TX RPC Project Health Policy Resources](#)

[Michael & Susan Dell Center for Healthy Living Webinar Series](#)

[TX RPC Project Newsletters Archive](#)

[Texas Legislative Bill Tracker](#)

[Texas Child Health Status Reports and Toolkits](#)

[Form: Newsletter Resource](#)

[COVID-19 Resources](#)

## About

The [Texas Research-to-Policy Collaboration \(TX RPC\) Project](#) is a nonpartisan network that aims to bridge research and policy by supporting partnerships between child health researchers and legislators.

If you and your legislative office are interested in collaborating with our team to receive data-driven information at state, district, and local levels, please reach out to [TXRPCNetwork@uth.tmc.edu](mailto:TXRPCNetwork@uth.tmc.edu).

## Contact Our Team

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*Content development and research for [Maternity & Perinatal Care Deserts](#) were led by Kaitlin Berns and Dr. Yuzi Zhang.*

*This email was written and designed by Berns and Kirsten Handler.*

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