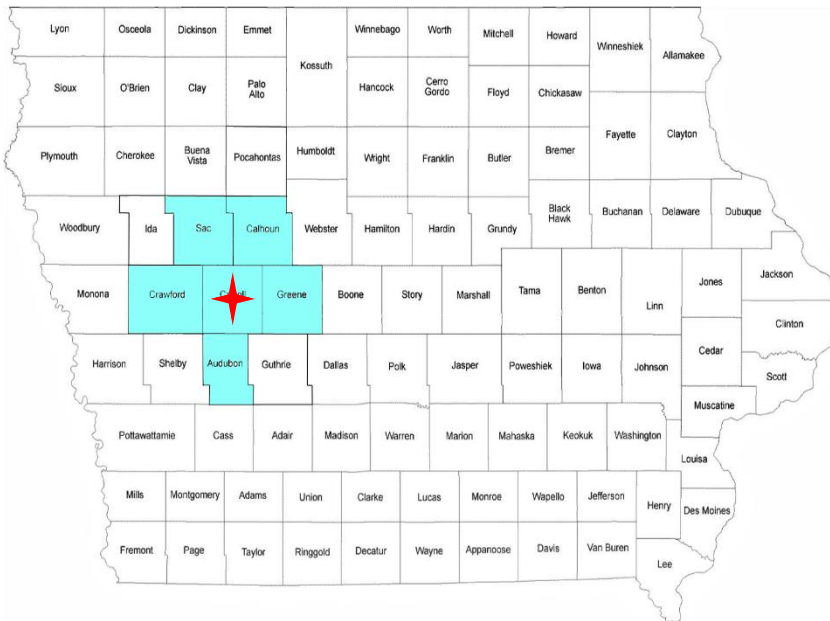


## Improving Access and Quality of Maternal and Infant Services in Rural Iowa through a Regional Center of Excellence

St. Anthony Regional Hospital Carroll, Iowa

Rising costs and a shortage of health care providers make access to services challenging, especially in rural communities. These and other factors contribute to disparities in care and outcomes. Iowa is not immune from the health care challenges occurring nationally. Health care the way it exists today may not be sustainable. This presents an opportunity to create a more integrated, coordinated system based on the needs of the state and local communities, promoting the health and wellness of every citizen.



Fifty of Iowa's 99 counties provide obstetric (OB) services, and the number of hospitals with OB doctors on staff has decreased over the last several years. Since 2000, 42 Iowa hospitals have closed OB services due to a declining population and an inability to recruit and retain physicians willing or able to provide OB care.

St. Anthony Regional Hospital, Carroll, Iowa is an independent 99-bed

hospital founded by the Franciscan Sisters of Perpetual Adoration (FSPA) and sponsored by the St. Anthony Ministries. It serves about 71,500 people over six counties (Audubon, Calhoun, Carroll, Crawford, Greene and Sac) in west central Iowa.

The 2019 County Health Rankings find the counties in the St. Anthony service area ranging from a ranking of 12th in Carroll County to 91st in Crawford County out of 99 Iowa counties. Furthermore, only three hospitals within a 45-mile radius of St. Anthony provide obstetric (OB) and maternal services. This lack of access contributes to poor outcomes and protracted physical and behavioral health issues for both mothers and infants.

### Maternal and Child Health

In response to their community needs, St. Anthony prioritized improved birth outcomes in its 2016 Community Health Needs Assessment (CHNA). The survey revealed that opportunities include teen birth rates, entry into prenatal care during the first trimester, birth weights, and accessibility to support services.

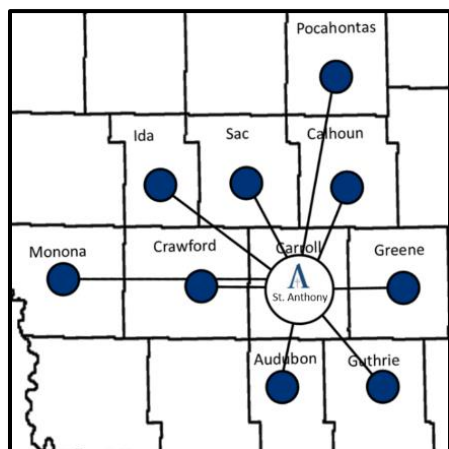
In 2017, St. Anthony leadership began serious discussions focused on how to support the region with its OB/maternity needs. Through an endowment from FSPA and implementation of their CHNA strategy, St. Anthony has seen improvements in teen birth rates, entry into prenatal care during the first trimester and birth weights. However, care coordination, access to support and behavioral health services and broader regional access needs improvement.

In May 2021, Iowa Governor Kim Reynolds proposed a Centers of Excellence pilot program to encourage innovation and collaboration among regional health care providers and access to maternal care for expectant mothers and their babies. St. Anthony applied for and received \$212,500 to be used toward improving access to and quality of maternal and infant care services with a focus on obstetrical care and deliveries. The efforts of the Center of Excellence team under this award can be organized into seven goals. Members of various St. Anthony departments including OB, Administration, Education, Communications, and Finance make up the Center team. Through this grant, St. Anthony is currently in the preliminary six-month development and planning period. Below are seven goals for implementation of this four-year project.

1. **Smooth the transition of care.** The Center team has reached out and worked with medical practices, hospitals and public health departments such as Manning Regional Health Care Center, Crawford County Memorial Hospital, and Greene County Medical Center to establish a clear line of communication and a defined point of contact for referrals and discharges. Development of partnership includes hospitals, clinics, mental health providers and the public health departments in the six counties in the region.
2. **Develop a formal process of care coordination.** The Center team has worked with physicians, hospitals and public health departments to outline expectations upon discharge and referral to their local care provider. Additionally, every obstetrical patient delivering at St. Anthony is seen by a social worker prior to discharge. The process will continue to be evaluated and adapted.
3. **Increase the knowledge of services available.** The Center team through its outreach coordinator has met with physicians, hospitals and public health departments to inventory the services available to mothers especially those affecting positive birth outcomes, services for postpartum depression and resources to address barriers limiting the participation of these services. The Center team participates and hosts community outreach events, health fairs, educational events and infant feeding support groups to raise awareness of these services. Topics include infant safety, sudden infant death syndrome, car seat safety, sibling adjustment, infant feeding options, daycare options and more. These events are promoted through radio, print media, social media and the internet.
4. **Connect families with services.** Access to behavioral and social services before, during and after pregnancy is inadequate. Families are being directed by the Center team to programs such as the Supplemental Nutrition Program for Women, Infants and Children (WIC) and other area agencies for family support,

financial services, violence prevention and nutrition support. For example, WIC has helped women connect to prenatal care earlier, increase rates of breastfeeding and improve their nutrition.

- 5. Improve the health system capacity.** Organizational capacity to deliver quality maternal-child care services requires additional capacity across medical practices, hospitals and public health departments. The Center team is organizing efforts for recruitment of OB/GYN physicians as well as certifying nurses in the Neonatal Resuscitation Program (NRP), lactation consultation, and inpatient obstetrics and electronic fetal monitoring. Additionally, St. Anthony is offering a local venue for classes to certify and train area nurses in NRP and S.T.A.B.L.E. St. Anthony's is also exploring a mobile high-fidelity simulation training lab for use by other area providers.
- 6. Reduce the rate of Cesarean deliveries.** The Center team is involved in setting goals, developing action plans, adopting evidenced-based care for labor management, and establishing multidisciplinary review for primary C-sections. The project involves providers and nursing staff engagement through education and testing change ideas to provide improved outcomes for mothers. St. Anthony is a member of Iowa Maternal Quality Care Collaborative (IMQCC), a voluntary partnership sponsored by the Iowa Department of Public Health focused on improving the quality, safety and culture of maternal care comprised of two dozen stakeholders.
- 7. Reduce the incidence of child abuse and unintentional injuries.** The Center team will increase awareness of mental health services, screen postpartum mothers for depression, direct patients to available services, and educate mothers and partners on newborn behavior expectations, soothing techniques, car seat safety and safe sleep. Each expecting family is also offered access to Yomingo, a free online platform providing education about pregnancy, labor and birth, the postpartum period, as well as infant care and safety. Additionally, the Infant Feeding Support Group is a key gathering for postpartum mothers to share experiences and helpful tips in an informal setting at St. Anthony.



Families from ten counties rely on St. Anthony as their hospital to deliver babies. “This Centers of Excellence grant will help to ensure that quality health care remains accessible, affordable and close to home,” said Ed Smith, President and CEO of St. Anthony. “The recent trend toward closing OB units in rural areas has created challenges for families who want to expand.”

With birth rates declining and the population aging in place, better access to maternal and child services is expected to favorably influence growth and economic vitality to the region.

## RESULTS

Early results are being measured by reducing hospital bypass and offering services to keep care local. In the absence of local services mothers will travel 100 miles to Omaha or 95 miles to Des Moines to deliver their babies, but they lose continuity in post-natal and pediatric services upon discharge. Following a zip code analysis, the program appears to meet these early goals with the potential to grow the program in the region.

Open communication from all stakeholders will sustain the program and stabilize local practices. Grants and endowed funds allow the Center to expand capacity and increase outreach efforts to build awareness of services available locally from public and private agencies, providers and hospitals.

## **NEXT STEPS FOR THE CENTER FOR EXCELLENCE**

Efforts will continue to identify points of contact and improve communication with area hospitals, clinics and public health departments. Recruitment of clinical professionals, counselors and social workers to build capacity is ongoing. The Center team continues to research local standards of practice and outline a formal process for care coordination. Community outreach through health fairs and community-based education events is ongoing. Written materials are available in Spanish and audio and video productions are being converted as well. Lactation counselors are being trained to coordinate with mental health providers to develop postpartum depression screening in a broader outreach capacity. Outreach education and best practice implementation is ongoing.

## **CONCLUSION**

The approach to improving access and quality of maternal services in a rural region is transferable to those communities willing to strategize a process, share resources and commit to the goals. Ultimately the Center of Excellence will achieve its vision of eradicating a regional maternity desert. However, it will take resources, perseverance and a commitment from all key stakeholders to make this vision a reality.

### **For additional information contact:**

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