

Rural Maternal and Obstetric Modernization of Services (MOMS) Act

Senator Tina Smith (D-MN)

The United States ranks forty-sixth when it comes to pregnancy related deaths and is the only industrialized country in the world with an increasing maternal mortality rate.¹ According to the Centers for Disease Control and Prevention (CDC), a woman giving birth in 1987 had a greater likelihood of surviving childbirth than her daughter does today. The increasing prevalence of maternal mortality in the U.S. is one that discriminates. African American women are over three times as likely to die due to a pregnancy-related complication, and American Indian and Alaska Native women are two and a half times as likely to die.²

Maternal mortality is a particularly striking issue in rural America. With shortages of health care providers and a challenging payer mix, rural hospitals are more likely to close their labor and delivery units in order to make ends meet. In fact, more than half of rural counties lack hospitals with labor and birthing services.³ This contributes to a disparity in access to care and worse outcomes for the 18 million women and people of reproductive age who live in rural areas.⁴ Unfortunately, as in urban America, this disparity is more prominent for minority populations. Counties with more black residents are at greater risk of losing their labor and delivery services.⁵ Worsening access to maternity care in rural America further exacerbates health disparities between white populations and communities of color.

In the wealthiest country in the world, this is unacceptable. Nearly 60 percent of maternal mortality is preventable.⁶ Hemorrhage, mental health conditions, and hypertension are some of the leading causes of maternal mortality, and they can all be prevented.

Senator Smith's bipartisan legislation would take important first steps in understanding the root causes of maternal mortality and morbidity and developing solutions to improve maternal care in rural America. Specifically, the Rural MOMS Act would:

- **Improve Rural Maternal and Obstetric Care Data** by directing the CDC to coordinate efforts with respect to maternal mortality and morbidity, to report on women's health conditions according to sociocultural and geographic contexts, and to emphasize research on pregnancy-related deaths.
- **Reward New Rural Obstetric Network Grants** to establish regional innovation networks to improve maternal mortality and morbidity as well as birth outcomes.
- **Expand Existing Federal Telehealth Grant Programs** to include birth and postpartum services as part of telehealth networks and to allow federal funding to be used for ultrasound machines, fetal monitoring equipment, and other pregnancy-related technology.
- **Establish a New Rural Maternal and Obstetric Care Training Demonstration** to support training for family medicine physicians, obstetricians, nurse practitioners, physician assistants, midwives, doulas, and other professionals to provide maternal care services in rural community-based settings.
- **Report on Maternal Care in Rural Areas** to identify the locations of gaps in maternity care, recommendations to standardize data collection on maternal mortality and morbidity, and activities to improve maternal care in rural areas.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5001799/> and https://data.worldbank.org/indicator/SH.STA.MMRT?locations=FI-VE&year_high_desc=false

² https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w

³ <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0338>

⁴ https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_5YR_DP05&prodType=table/

⁵ <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0338>

⁶ <https://www.cdcfoundation.org/sites/default/files/files/MMRIARepor.pdf>