Patient Perspectives of Rural Kansas Maternity Care
Meghan Blythe, Michael Kennedy MD, Kathryn Istas, Maci Hicks, Jasmine Estrada
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Background

Problem: Pregnant women in rural areas face a unique set of challenges due to a geographic maldistribution of obstetric services. An Australian study found that rural women are more often dissatisfied with maternity care than urban women. Additionally, two Canadian qualitative studies found that birth experiences are influenced by geographic realities. While areas where maternity services are not available have been identified in Kansas, the behaviors of women in response to this maldistribution have yet to be characterized.

Study Aims: Our study aims to investigate the birth experiences of women in rural Kansas using discussion groups to better understand opinions of maternity care, gather information about satisfaction of care using a survey instrument, and report aggregate data discriminated by Rural-Urban Commuting Area (RUCA) codes as described by the Kansas Department of Health and Environment (KDHE).

Hypothesis: It is our hypothesis that geographical area and access to maternity care in rural and remote areas in Kansas impact patient birth experience and satisfaction with care.

Methods

Medical student research assistants facilitated discussion groups in rural Kansas communities. Inclusion criteria were women who had given birth in the last 24 months. Convenience sampling was used based on student and clinic location. Six guiding questions were used to facilitate discussion. Participants completed a survey to collect demographic information and data regarding distance traveled for care and satisfaction of care received. Respondents gave their informed consent to participate before discussion or survey questions were asked. Results were captured on paper and then transferred to REDCap, an online firewall protected survey instrument. Results were de-identified and analyzed by a subgroup of researchers. Discussions were transcribed and coded by theme.

Findings

Descriptive Statistics: 14 groups with 47 total participants completed the survey and discussion. Average group size was 3 participants. General demographics were: mean age 28.3 (range 20-37), 45/47 respondents identified as White/Caucasian, 18/47 (38%) reported annual household income less than $50,000, 29/47 (62%) reported annual household income of $50,000 or above. Participants were distributed by RUCA codes per Four Category Classification as follows: 1/47 (2%) Urban, 17/47 (36%) Large Rural, 12/47 (26%) Small Rural, 17/47 (36%) Isolated.

Qualitative Results: Discussion groups were recorded, transcribed, de-identified, and coded by theme.

Hypothesis: Women in Small Rural and Isolated RUCA codes appear to be more satisfied with care contrary to previous study findings. The number of participants was low making the results not generalizable and the convenient sampling method makes the results subject to bias. But from the discussions these results seem to be a factor of the closer relationship with their doctor and hospital staff that was more responsive to the patients' needs.

Next Steps: Next steps include continuation of qualitative data analysis; additionally, the identified themes will inform future research questions and projects including a clinic survey of women in rural areas regarding satisfaction of care.

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References: