

Kansas Maternity Deserts: A Cross-Sectional Study of Rural Obstetric Providers



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Introduction

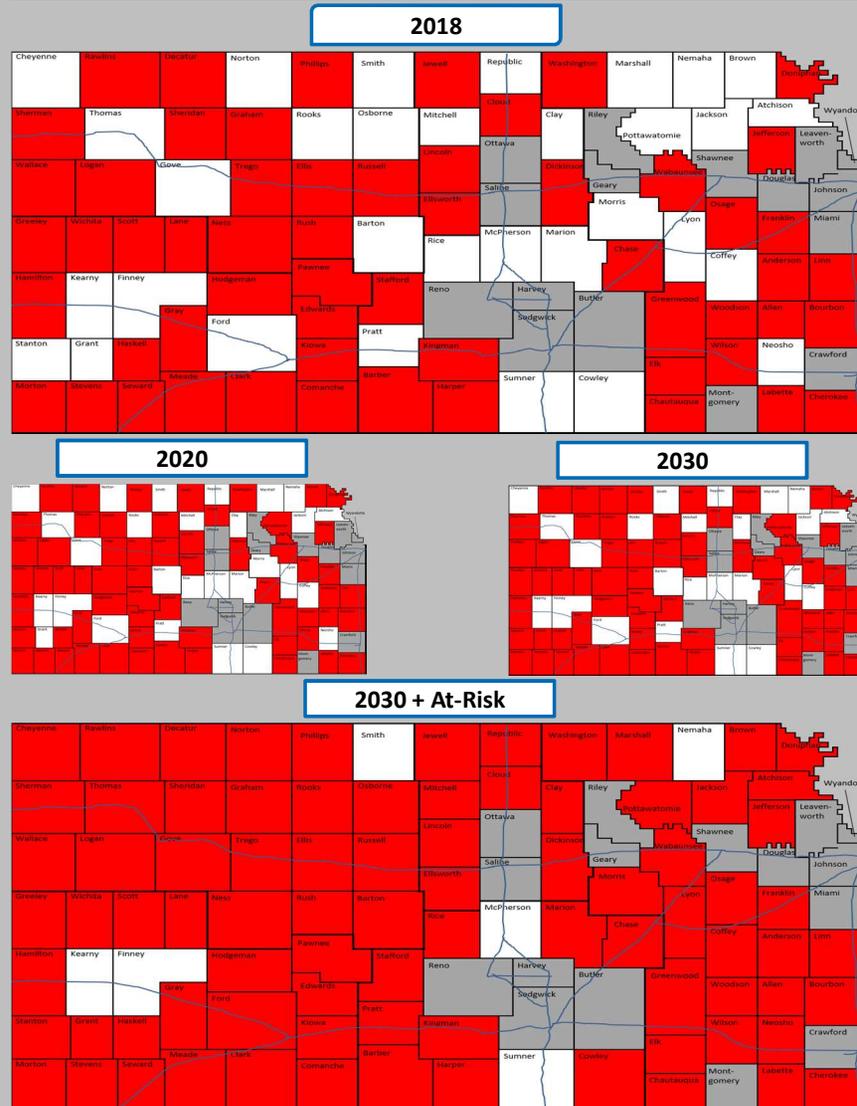
- One third of Kansans live in 89 rural counties and have 8,000 births annually. It is not fully elucidated as to whom the providers of obstetric care are, or their practice locations.
- Previous studies show distance between obstetric patients and their providers is correlated to adverse pregnancy outcomes (prematurity, delivery complications, and increased cost of care).¹
- This study was performed to define access limitations to maternity services; focusing on outlining “maternity deserts” and forecasting areas of further restricted access.²

Materials and Methods

- Potential obstetric providers were identified by licensure with the Kansas State Board of Healing Arts.
- Correlation was done with Birth Certificate Signers identified by the Office of Vital Statistics.
- State-wide, a 73-item mixed methods survey was administered to all non-urban KSBHA identified providers in 2016, 2017, and 2018.

Map Legend

- Maternity Deserts
- Counties with sustainable OB access
- Metropolitan, urban, or suburban counties that were excluded



Results

- 117 potential F, R, and DSR obstetric providers were identified, 83% completed the survey.
 - There were no current OB/GYN trained physicians offering obstetric services in frontier or rural counties in Kansas.
 - All providers are certified in Family Medicine or are General Practitioners.
- Projections for 2020 and 2030 were made based on providers explicitly stating when they would cease providing obstetric services or providers reaching the average age of physician retirement (67).
 - “At-Risk” counties are counties with 1-2 providers covering an entire county. These isolated providers are high-risk to burn out or shut practice due to cost.²

Conclusions

- Large portions of NW, SW, and SE Kansas lie within maternity deserts.
- Maternity deserts are projected to expand, leaving few sustainable practices.

Discussion

- The majority of Kansas counties currently do not have adequate access to sustainable obstetric care in the future without a major influx of new obstetric care providers.
- Many of the current obstetric providers will cease obstetric care or retire by 2030.
- We are now exploring personal factors drawing physicians towards and/or away from rural obstetric care.

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References

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