

2024 Forum on Rural Population Health & Health Equity



Delivering prenatal care in a rural Oregon health system: An implementation to improve rural family health

Candice Hunter, FNP

2024 Forum on Rural Population Health & Health Equity



- Audio has been muted for all participants upon entry
- Moderators will assist with Q+A at the end of the presentation
- Presentation slides will be posted at ohsu.edu/orhforum
- Sessions will be recorded and available to attendees
- Please take the session surveys!



Delivering Prenatal Care in a Rural Oregon Health System:

An Implementation Case Study to Improve Rural Family Health

Candice Hunter, FNP

Sara Mitenbuler, DNP

Ivy Seaburg, DNP

Orchid Health 2023



Orchid Health's focus & philosophy



Orchid's North Star

Our Vision

Healthy Rural Communities.
Healthcare Revolutionized.

Our Mission

To advance a new model for community health to thrive based on relationships, joy in work, and health equity.



Our Compass

Our Core Values

Challenge the Status Quo
Cultivate Respect
Be Courageously Vulnerable
and Accountable



Our Flywheel

Our Four Pillars

- 1 - Employee Well-Being
- 2 - Trusting Patient Relationships
- 3 - Community Health
- 4 - Financial Sustainability & Growth



Ivy Seaburg, DNP, FNP (she/her)

Family Nurse Practitioner

Ivy grew up in rural Washington in the Methow and Okanogan Valley.

She currently lives in Corbett, Oregon where she and her family have a small farm.

Ivy has worked in the nursing field for the last 20 years, most of her time as an RN in intensive care at OHSU.

She received her Family Nurse Practitioner in the Spring of 2021.

She worked for a short duration at East Multnomah County Health Center prior to coming to practice at Orchid Health in Estacada.

When Ivy is not working she enjoys spending time with her family and friends and being outdoors - gardening, backpacking, and camping.



Sara Mitenbuler DNP, FNP-BC (she/hers)

Highest academic degree: Doctorate of Nursing Practice

Nurse Practitioner

Sara has been a Family Nurse Practitioner for 14 years and has practiced full-scope family medicine in Washington, DC, Portland, and in rural Oregon.

She delivers care across the lifespan including Pediatrics, obstetric care, and everything in between.

Sara is also an Assistant Professor at OHSU and her research interests include improving care for patients and families who have experienced emotional and physical violence.

She is a member of the "Climate Change & Human Health" Curriculum Task-force where she teaches about the effects of climate change on health.

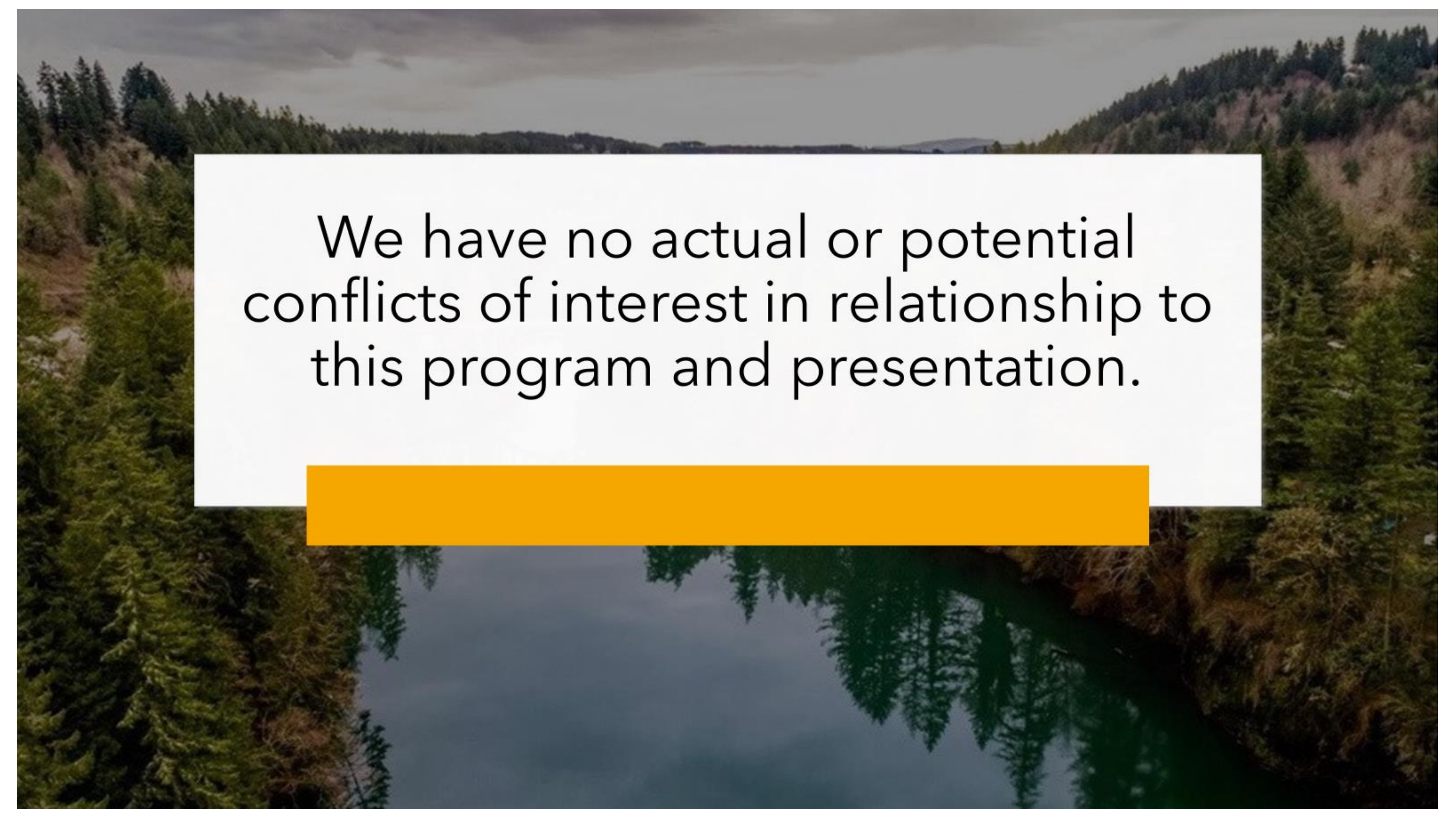
In her spare time, she enjoys running, painting, knitting, and cooking. She loves to hike and camp with her husband and two kids.





Objectives

- Define key components required for replicability of an evidence guided prenatal care program for a rural family medicine clinic.
- Identify regional partnership opportunities for collaboration and referral. To facilitate delivery of prenatal, postpartum, and early pediatric care to rural families.
- Outline possible practice barriers to the implementation of a full scope family medicine practice and identify a way to overcome such barriers.



We have no actual or potential conflicts of interest in relationship to this program and presentation.

What are we being faced with?

- Low access to appropriate preventive, prenatal and postpartum care is defined as counties with one or fewer hospitals or birth centers that provide obstetric care, few obstetric providers (fewer than 60 per 10,000 births, that's us here in Estacada).

In a Country Known for Poor Maternal Health Outcomes, Rural Communities Fare Worse

More than **50%** of rural counties have no hospital-based obstetrical services.

It's not just a rural problem: **1 of 3** women in metropolitan or urban areas lives in an OB desert.



Pregnant and parenting people in rural communities have worse outcomes than those living in other areas.

Rural residents have **9% greater probability** of severe maternal morbidity and mortality

Rural hospitals report **higher rates** of postpartum hemorrhage and blood transfusion during labor and delivery than do urban hospitals.

More than 50% of rural women, compared to 7% of urban women, must travel more than 30 minutes to reach the nearest hospital with obstetric services.

Extensive travel may contribute to **increased risks** of infant mortality and pregnancy complications.

Rural women of color are at particular risk.

American Indian/Native Alaskan and Black women are **two to three times more likely to die** from pregnancy-related causes than white women.

In the past decade, rural counties with a higher proportion of non-Hispanic Black women were more likely **to lose obstetric services** than other rural counties.



Rural women are **TWICE** as likely to die from pregnancy and delivery complications as women in larger metropolitan areas

What now?

- Preconception care & Prenatal visits for low risk women
- - Physical exams, health maintenance screening, and risk screening questionnaires
 - Lab work: blood typing, diabetes screening, genetic screening
 - Anticipatory counseling (birth plan, lactation counseling, genetics)
 - Referrals for ultrasounds & specialty services
 - Postpartum care and contraceptive management
 - Newborn and well child care



Limitations

No deliveries

High risk pregnancies

Abortions



General workflow

- First appointment 6-10 weeks GA
- Patient will be seen monthly until 30 weeks; then biweekly
- 36 weeks will be seen weekly
- Transfer of care around 32 weeks on average
- Delivery with delivering OB group
- Post partum visit at 2 weeks
- Newborn visit prior to day 5 of life



Collaborative Agreements

- Legacy
- Adventist
- OHSU
- Providence

...and
Kaiser

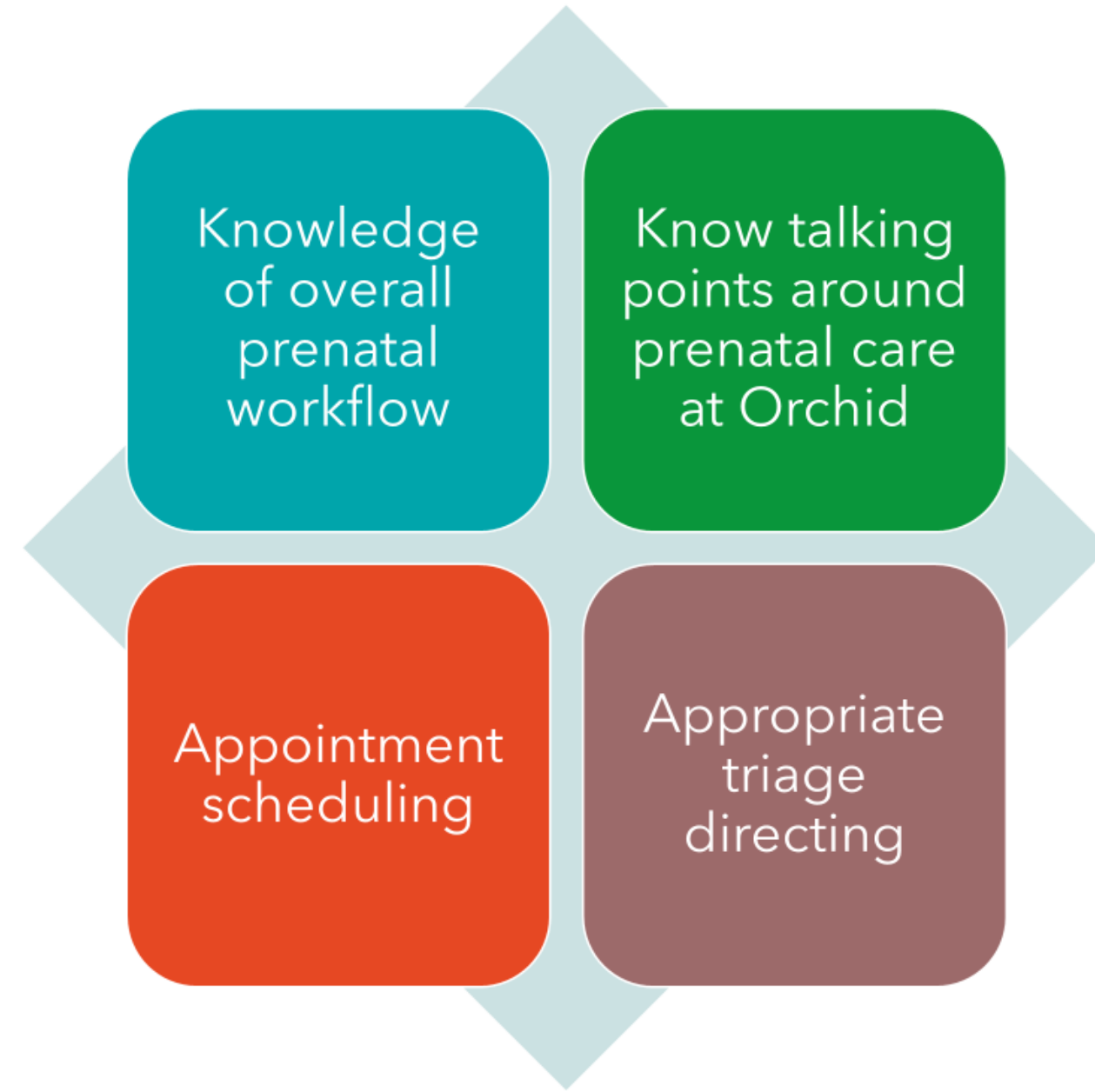


Clinic Staff Roles





Patient Support Staff





Referrals coordinators and medical records

- Knowledge of workflow and timelines around ultrasounds and referral to specialist and/or delivering provider
- Knowledge of workflow and timelines of documents & medical records

Medical Assistants



Rooming, knowledge of workflow



Documentation, labs, and screeners for interval visits



See MA Standard of Care Document for extensive details



Registered Nurse

- This role is still in development
- Future roles: prenatal and postpartum patient education, lactation support and education, gestational diabetes education



Community Health Worker

- Help reduce barriers to care and help reduce social disparities.
- Support with workplace environment: FMLA/OFLA, familiarization with Lactation laws
- Help enroll in WIC
- Address positive SDOH
- Identify supportive social services: birthing classes, local doulas, car seat programs





Behavioral Health Worker

- Support for chronic disease, emotional concerns, and behavioral changes. Help support mental health, IPV, and SUD.



Medical Director

- Oversight
- Guidance and direction of program
- Support prenatal providers



Prenatal provider

- Care and screenings before pregnancy
- Complete prenatal care for mom and newborn care for baby
- Prenatal screening and ultrasound
- Nutritional counseling and guidance
- Follow-up care including birth control, education/counseling, and postpartum care





Policy and Guidelines

- [Copy of Prenatal Standard of Care and Guidelines.docx.pdf](#)

Year two statistics

Total number of patients...

41

Live births

21

Abortions (spontaneous and...

6

Currently pregnant

11

Infant attrition

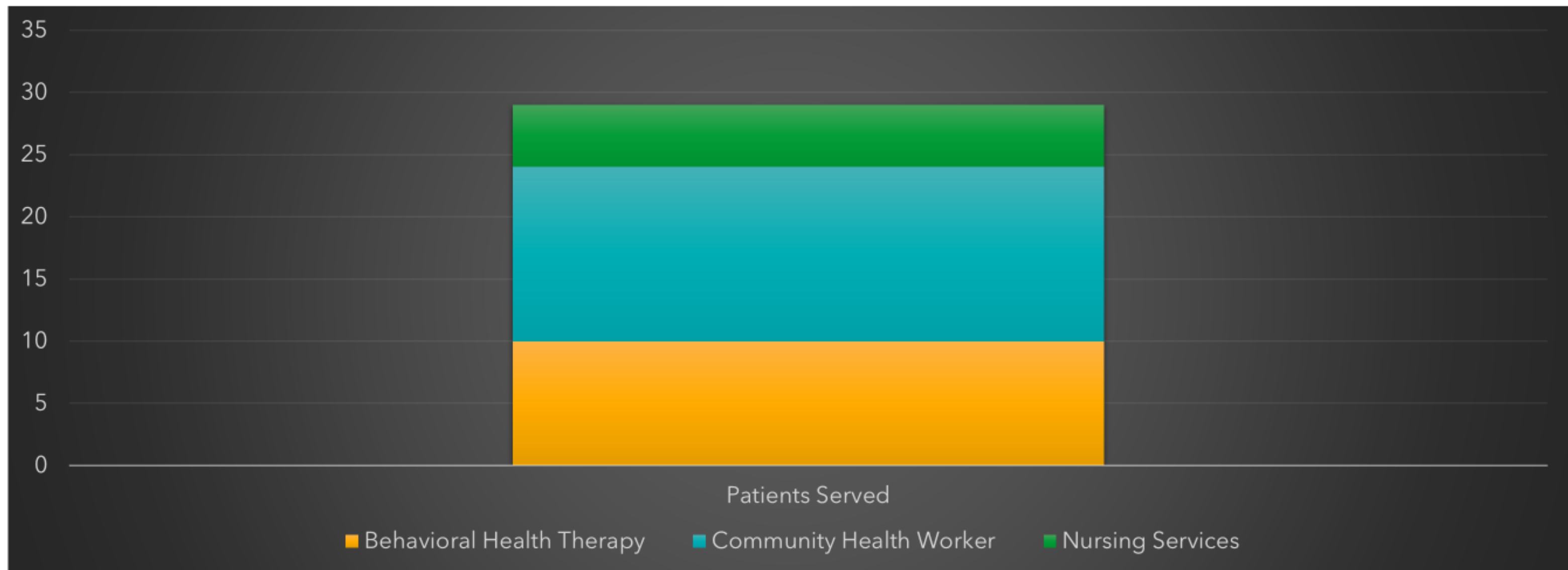
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Wrap around care

- Behavioral health providers
 - Mental health, IPV, Postpartum depression
- Community Health Worker
 - WIC, assistance with FMLA/OFLA forms, dental resources, SDOH support, financial resources
- Registered nurse
 - Prenatal education, nutrition education, lactation support

Ancillary service use



Accomplishments

- Over 40 families served, to date
- Enriched our medical home model
- Relationships with delivering groups
- Reduced family financial burden
- Networking with local doula groups
- Provider training at OHSU and Adventist
- Bedside ultrasound

Obstacles

- Provider capacity
- Marketing
- Temporary service interruption with Legacy
- Labs maternal and neonatal
- Sharing of information and imaging reports





Stories from families



A photograph of a woman and a child running on a beach at sunset. They are holding hands and running away from the camera towards the ocean. The woman is on the left, wearing a white long-sleeved shirt and a light-colored skirt. The child is on the right, wearing a grey long-sleeved shirt and white shorts. The sun is low on the horizon, creating long shadows on the sand. The ocean waves are visible in the background.

Forward motion

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- Prenatal welcome packet
 - Pregnancy education
 - RN training in lactation
 - Parenting groups
 - Expand to other Orchid clinics

and continued advocacy

An aerial photograph of a river winding through a lush, forested valley. The river is calm, reflecting the surrounding greenery and a bridge in the distance. The bridge has a prominent arch. The forest consists of various types of trees, some with autumnal colors. The sky is overcast with grey clouds.

Comments? Questions?

Thank you for your participation!

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Thank you to our partners!

