

Nursing as the Restorative Force for Perinatal Healthcare Deserts

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The United States (U.S.) stumbles deeper into an expanding maternal-child healthcare crisis; unfortunately, New Mexico follows the growing trend. As of 2020, more pregnant people die from pregnancy related complications in the US than any other developed country (Tikkanen et al., 2020) with New Mexico's national ranking at 34th (Hostetter & Klein, 2021). As of 2022, the national maternal mortality rate averaged 22.3 deaths per 100,000 live births (Hoyert, 2022) with most recent statistics from the New Mexico Maternal Mortality Review Committee (NM MMRC) reporting 79.5 deaths per 100,000 (2022). Seventy-eight percent of these deaths were judged as preventable. Consistent with national findings, the NM MMRC confirmed that New Mexico families are not immune to the impacts of systemic racism and individual implicit and explicit biases with pregnant people of color suffering at three times the rate compared to white individuals (2022).

Current healthcare resources in New Mexico greatly contribute to this growing

maternal-child health crisis. Thirty-two of the 33 New Mexico counties identify as Healthcare Professional Shortage Areas, with limited access to primary, perinatal, and mental health care (HRSA, 2023). Eleven counties are maternity care deserts with an additional five counties classifying as low access areas and half of New Mexicans travel greater than 50 miles to access birthing services (Fontenot et al., 2023). Just in the last five years, five of the 14 (36%) rural New Mexico hospitals offering birth services have closed or been forced to divert laboring patients. The risk for maternal and neonatal morbidity directly mirrors the distance traveled for care, while increasing financial strain and stress for families (Oberheuer et al. 2023). Additionally, the current New Mexico healthcare workforce is changing. The number of practicing Certified Nurse-Midwives and OB/GYN's has steadily decreased since 2018. While the number of Licensed Midwives held steady, it remains below the projected need (NMHW, 2022).

Patient and Rural Provider Views

In March 2016, a northeastern New Mexico hospital announced a temporary suspension of their obstetrical services giving only six days' notice to the community, hospital nursing staff, and providers. This closure devastated the community, forcing pregnant people receiving care from OB/GYN physicians to completely transfer care and those receiving care from the nurse-midwifery practice to secure alternate birthing facilities, the nearest being 60 miles away (Wolf, 2016). In the absence of consistent community infrastructure, the nurse-midwifery practice was forced to close. The hospital eventually resumed services, but, with high physician turnover and loss of community trust, the Labor & Delivery unit closed permanently in 2022 (AVRH, 2022) eliminating the region's access to comprehensive prenatal care. Unfortunately, communities throughout New Mexico have lost prenatal and birthing care providers as a direct result of hospital administrations closing Labor & Delivery units and limiting or eliminating access to nurse-midwifery care citing the impact of low reimbursement and associated operating costs for OB/GYN care (Rikhraj, 2024).

Help for Birthing People of New Mexico

Thankfully, federal funding has been granted to New Mexico and tangible steps exist to revitalize maternal-child health outcomes within the state. The University of New Mexico nurse-midwifery education program has received federal funding from the Health Resources and Services Administration

(HRSA) and the W.K. Kellogg Foundation to connect, expand and diversify midwives and birthworkers throughout the state (Narvaiz, 2023; Schenk, 2023). The Department of Health also received funding from the Health Resources and Services Administration (HRSA) to address formal tracking of maternal child health outcomes and increase access to pregnancy and postpartum services (HRSA, 2024). The University of New Mexico Hospital Lifeguard team, the organization responsible for emergency medical transports, has received a state-issued grant to enhance services related to obstetrical emergencies specifically from rural communities (A. Armbruster, personal communication, July 08, 2024). Sustaining and building upon the positive, emerging programs these federal monies have initiated for New Mexico will require continued collaboration from community members and legislators.

In response to priority recommendations from the NM MMRC report (2022), the legislature extended perinatal Medicaid coverage to include the 12 months following birth, specifically addressing leading causes of maternal mortality in New Mexico. Additionally, midwifery licensure now includes continuing education requirements on implicit bias and health disparities, hopefully elevating the standard for other nursing professions (NMAC, 2024) However, there is more work to be done:

1. When the racial and ethnic makeup of perinatal care providers reflects the population served, perinatal outcomes improve (Cidro et al., 2021; Greenwood et al., 2020; Karbeah et al., 2019; Niles & Zephryn, 2023). Financial and psychological support for local community members entering healthcare professions proves pivotal, especially for those from rural and marginalized populations. Acknowledging that entry to safe, effective practice in a timely and affordable pathway can be achieved via master's

level degree preparation. Mentoring and precepting by the current workforce will build passion and resiliency in the care providers of the future.

2. The Midwifery Model of care improves clinical outcomes and lowers costs (NMAC, 2024). Maintaining and expanding midwifery care, especially in rural communities, will bridge disrupted access to perinatal care. Collaborative practice among provider types and implementing midwifery care within pre-existing rural health systems while building collaborative relationships with higher level care teams is foundational. Establishing psychologically safe environments built through education, communication and well-informed, respectful consultative relationships is key.
3. The NM MMRC report (2022) stressed the role of active, ongoing perinatal quality improvement as a priority recommendation, highlighting the value of Doctor of Nursing (DNP) prepared nurses for New Mexico's future. Separate from advanced practice, DNP preparation uniquely positions the nursing profession at the forefront of solution generation and outcome improvements.
4. Perinatal practices will continue to struggle until the financial burdens of low reimbursement and ever-increasing liability costs are addressed at the legislative level. Advocacy for investment in proven maternal-child health interventions while supporting birthing infrastructure creates economic stability for health systems.

New Mexico's nursing force can revitalize our maternal-child healthcare deserts and nourish our vibrant, resilient communities back to their peak. ■

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