Georgia's Obstetrical Care System

Pat Cota Executive Director November, 9, 2015



Obstetrical care system is fragile

- 49th and 50th in maternal mortality
- 45th in low birth weight babies
- 4th in nation in repeat teen pregnancies

One of the largest states east of Mississippi

- Huge amount of rural geography to cover
- Over 40 counties without OB providers

A Rural Hospital does not guarantee an L&D Unit

- Approximately 180 hospitals in GA
- Less than 75 L&D Units left in Georgia
- Many rural hospitals have closed OB units
- OB units closings are accelerating
- Concern over access to OB care

L & D Cost Hospitals Money

- L&D closures are seen as a necessary cost-cutting measure because they lose money
- Declining reimbursements, staffing needs and other factors impact hospital L&Ds
- Medicaid covers 60% of deliveries statewide. Rural hospitals experience higher Medicaid
- Declining DSH payments are also a concern

Distance Makes a Difference!

- Women who delivered preterm (<37wks) lived an average of 40 minutes from their delivery facility
- Women who delivered at term lived an average of 32 minutes from their facility
- 24% of women delivering singleton infants had to <u>drive >45min</u> to access obstetric services between 1999 and 2009

Distance Makes a Difference!

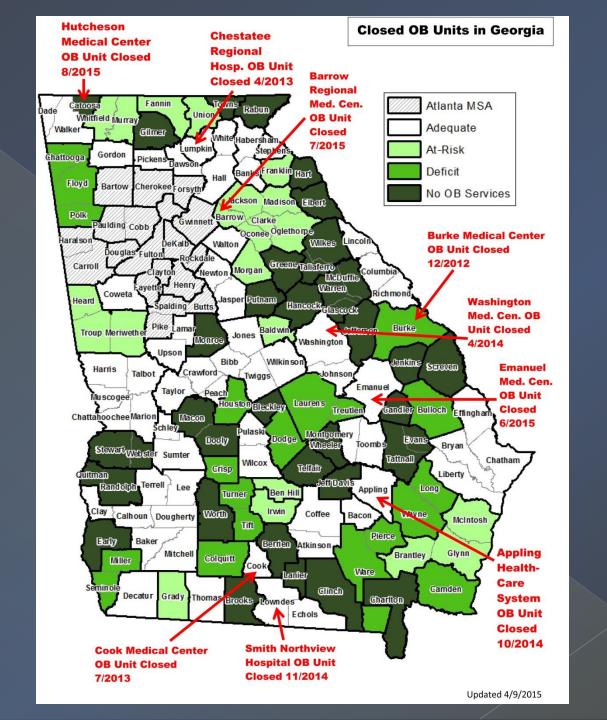
• Independent of individual and population-level risk factors, women in Georgia who drive more than 45 minutes to their hospital are more than 1.5 times as likely to deliver preterm as women who drive less than 15 minutes.

Labor & Delivery Unit Closures, Georgia, 1994-2015



Closed Labor & Delivery Units

Facility	County	Facility	County
Appling HealthCare System (AHCS)	Appling	Perry Hospital	Houston
Barrow Regional Medical Center	Barrow	Banks-Jackson-Commerce Hospital	Jackson
Macon Northside Hospital	Bibb	Jeff Davis Hospital	Jeff Davis
Burke Medical Center	Burke	Jenkins County Hospital	Jenkins
St. Josephs - Candler of Savannah	Chatham	Chestatee Regional Hospital	Lumpkin
Medical Center of Adel	Cook	Louis Smith Memorial Hospital	Lanier
Dunwoody Medical Center	Dekalb	Smith Northview Hospital	Lowndes
Emory Northlake Regional Medical Center	Dekalb	Georgia Baptist Meriwether Hospital	Meriwether
Parkway Medical Center	Douglas	Miller County Hospital	Miller
Early Memorial Hospital	Early	Mitchell County Hospital	Mitchell
Elbert Memorial Hospital	Elbert	Doctors Hospital - Columbus	Muscogee
Emanuel Medical Center	Emanuel	Southwest Georgia Regional Medical Center	Randolph
Evans Memorial Hospital	Evans	Augusta Surgical Center	Richmond
Southwest Hospital and Medical Center	Fulton	Tattnall Memorial Hospital	Tattnall
West Paces Medical Center	Fulton	Washington Medical Center	Washington
South Fulton Medical Center	Fulton	Wills Memorial Hospital	Wilkes
Hutcheson Medical Center	Catoosa	15	



Open Labor & Delivery Units, Georgia, 2015



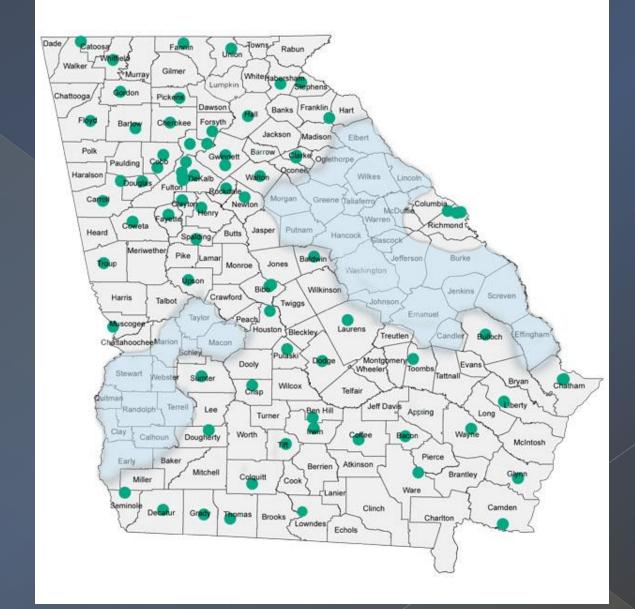
Prepared by the Georgia Maternal and Infant Health Research Group, 2014.

Map Source: U.S. Census 2013 TIGER/Line Shapefile. Accessed on October 22, 2013.

Data supplied by Georgia Board for Physician Workforce (2013), Georgia Ob/Gyn Society (2011) and Georgia Office for Health Indicators and Planning (1994-2008).

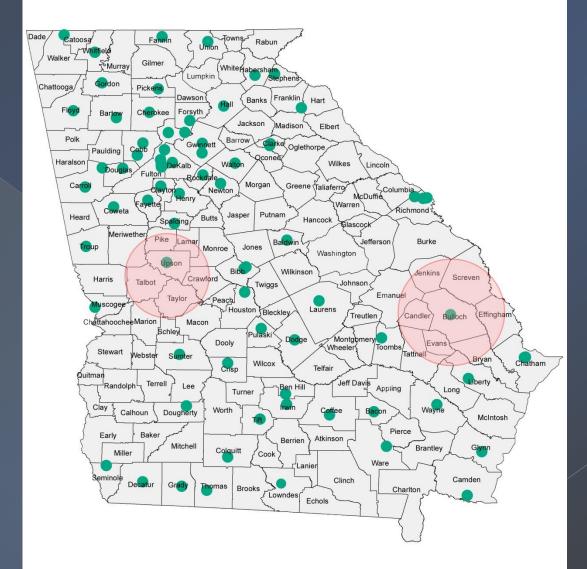
Areas with longer distances to Labor and **Delivery Units**

Open Labor & Delivery Units, Georgia, 2015



What will happen if more vulnerable areas lose more L&D units?

Open Labor & Delivery Units, Georgia, 2015



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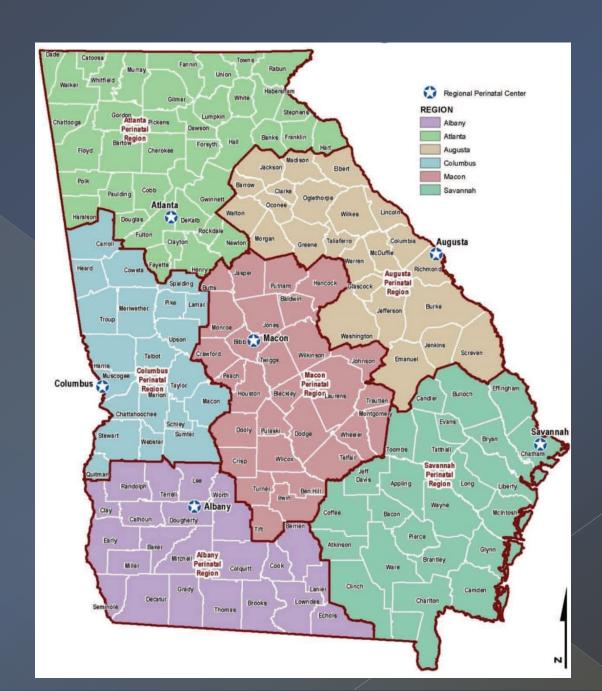
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Georgia's Regional Perinatal System

Comprised of 6 regional perinatal areas, each with a designated Level III or higher Regional Perinatal Center (RPC).

The designated regions:

- Atlanta
- Augusta
- Columbus
- Macon
- Albany
- Savannah



Regional Perinatal Centers

Atlanta Region:

Emory-Grady Memorial Hospital

Albany Region:

Phoebe Putney Memorial Hospital

Augusta Region:

Georgia Regents Medical Center

Columbus Region:

Columbus Regional

Macon Region:

 Navicent Health (formerly The Medical Center of Central Georgia)

Savannah Region:

Memorial Medical Center

Regional Perinatal Centers

- Referral location for high risk pregnancy and neonates
- Perinatology and neonatology leadership
- Have knowledge of their region
- Contractual relationship with Public Health
- Tasked with perinatal education within their region

Suggestions

- Convene and fund a state level advisory committee
- Develop a state obstetrical stabilization plan
- Strengthen and update the Regional Perinatal System (backbone)
- Develop a list of key priorities for preserving access to women's healthcare

Thank you

Questions