

A rural reality: Maternity healthcare deserts rise in Kansas

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Danielle and Riley Redenbaugh with baby Frankie at the site of his roadside birth.

(Photo courtesy of Danielle Redenbaugh)

In the early morning hours of Feb. 27, Danielle Redenbaugh from Osawatomie woke up to the telltale signs of labor. As a mom of two, she anticipated a routine birth experience for her third. As her contractions began pulsing a minute apart, she knew it was time to make the 30-minute journey to Olathe Medical Center.

By the time Redenbaugh and husband Riley were on the road, it became clear that their baby was coming fast. With each passing minute, Danielle's contractions grew more intense, emitting just 30 seconds apart.

As the couple neared Olathe, they passed Miami County Hospital in Paola, just 10 minutes from home. However, this hospital does not offer any maternity services. It was at the Hillsdale exit when Redenbaugh knew they had run out of time.

"I was like, 'call 911,'" she told her husband. "I was literally standing up in my Honda Accord ... I said, 'Get out and catch this baby.'"

William Franklin "Frankie" Redenbaugh was born at 3:30 a.m. near the Hillsdale and 255th Street exit. Weighing in at 9 pounds and 13 ounces, he arrived 30 minutes after Redenbaugh's water broke. Despite the unexpected circumstances, Frankie and his mom are healthy. However, the night held several uncertainties.

"He was so bruised, and it was dark out, and we couldn't tell if he was breathing correctly or not," Redenbaugh said. "We heard him cry but he was also making this gurgling sound. We didn't have any suction. So we are rubbing his face and we are giving him rescue breaths. It turns out he was fine and breathing fine. He just was so bruised that we just couldn't tell."

It took the ambulance 11 minutes to show up. Redenbaugh delivered the placenta en route to the hospital. At this point, they were still 13 minutes away.

When they arrived at Olathe, the obstetrics team greeted them at the doors of the emergency room. Despite concerns with high bilirubin levels due to Frankie's anticipated jaundice, there were no underlying health complications.

"Everybody was like, 'Oh, you had a baby on the side of the highway. That's cool,'" Redenbaugh said. "I say, 'No, it wasn't cool. It was scary. Yes, my story became a positive outcome, but the next persons could be not a positive outcome.'"

Redenbaugh's story is a snapshot of the maternity healthcare deserts that plague rural America. Seven million women in the United States live in areas without obstetric care, according to [March of Dimes](#) (MOD), a data center that researches maternal and infant health. MOD's biennial report, which was published in 2022, revealed a 2% increase in these deserts since the previous findings in 2020.

Out of the 36% of U.S. counties designated as maternity care deserts, areas without hospitals or birth centers that offer obstetric care, 61% are rural. In Kansas, 45% of counties are designated as care deserts, surpassing the state national average of 32%. These care deserts are due to a combination of financial challenges leading to hospital closures, geographical barriers limiting access to services, and insurance coverage issues with inadequate reimbursement policies.

According to the [Kansas Health Institute](#), in rural parts of the state, 12.2% of residents are uninsured, compared to 9.7% of the population in urban areas. The limited revenue from private

insurance companies leaves rural healthcare facilities vulnerable to closure, as low Medicaid reimbursement rates frequently fail to generate a profit.

Alexa McKinley, director of Government Affairs & Policy at the [National Rural Health Association](#) (NRHA) said that obstetrics and labor and delivery services are often the departments most at risk for closure.

“A lot of the births in hospitals are covered by Medicaid, and Medicaid has notoriously low payment for all types of services,” McKinley said in an interview. “It’s not a sustainable service line and when they’re operating in a negative margin, it’s kind of one of the first things that they’re going to cut.”

Sabrina Ho, the government affairs and policy coordinator at NRHA, said that rural Kansas hospitals are at a particularly high risk for closing.

“Around 79% of hospitals in Kansas are operating in the red,” Ho said. “So you have a state that has one of the highest percentage of rural hospitals operating within that. And that just means more closures.”

During the COVID-19 pandemic, rural hospitals greatly benefited from government relief funds, according to the [Medicare Payment Advisory Commission](#). However, after the funds ceased, rural hospitals began to struggle financially again. Some of the struggle is due to labor shortages after the pandemic, according to [KFF Health News](#).

McKinley also underscored the significant barrier of travel for rural women to get care.

“When it comes to really any kind of accessing any kind of health care when it’s not local, those who live in poverty or just don’t have access to transportation or other social determinants of health, it’s going to be harder for them to get that care and it’s going to be something that they will put off,” McKinley said.

Kendra Wyatt is the CEO of New Birth Company, a birthing center in Overland Park that offers midwifery and natural childbirth options. At her facility, she treats patients from 22 counties in Kansas and 23 counties in Missouri.

“About 300 moms a year give birth at the birth center,” Wyatt said. “Out of those 300, close to 40% are traveling from outside the metro area into New Birth Company, meaning they don’t have access to friendly, natural childbirth options in their own communities.”

Wyatt said pregnant women can have between seven to 13 prenatal appointments, which leaves women in rural areas driving long distances frequently.

“There is a tax to living in rural America,” Wyatt said. “It’s called the ‘I have to travel farther for everything’ tax.”

According to the Pew Research Center, a pregnant woman in the city can drive on average 4.5 miles [to the hospital to give birth](#), while women in rural areas, on average, drive more than 10 miles to the hospital. Some rural pregnant women have to [drive over an hour to get to a hospital](#) that provides maternal care.

Harold Miller, president and CEO for the Center for Healthcare Quality and Payment Reform in Pennsylvania, said the distance to hospitals for rural women can lead to some not receiving maternal care as necessary.

“If there's no place in the community to get prenatal care and postpartum care, pregnant women and new mothers will not get that because they can't afford to travel,” Miller said.

Miller said in an interview in February that the rural hospitals that may be within reasonable distance of the women are not required to provide maternal care.

“That hospital has to have an emergency department,” Miller said. “It doesn't have to do maternity care, doesn't have to do labor and delivery.”

With 102 rural hospitals, Kansas has the second [highest number of rural hospitals after Texas](#). Over half of those rural hospitals are at risk of closing.

Patients' insurance can be a major factor of hospital closures, especially private insurance because it can provide up to 50% of a hospital's revenue.

“The majority of small rural hospitals that are facing financial difficulties have that problem because of low payments from private insurance plans,” Miller said.

Rural hospitals closing lead to urban healthcare providers like Overland Park's New Birth Company and Lawrence's Heartland Community Health Center having to work harder to accept various insurances and make care more affordable.

Wyatt said New Birth Company accepts Medicaid from Kansas and Missouri, as well as Blue Cross Blue Shield, United Healthcare, Cigna and Aetna.

“Being in network with all of the plans, especially Medicaid, does make a difference for rural populations because they are more likely ... to be covered by KanCare,” Wyatt said.

Wyatt said KanCare has not updated its reimbursement policy of \$1,295 for maternal care in 20 years, leaving the hospital to cover the rest of the costs. This can leave a strain on rural hospitals.

“Kansas [has] the ... highest level of required regulatory support for birth,” Wyatt said. “And what that boils down to is that Kansas requires nurses – other states do not – to be the secondary birth attendant at birth. So, we have some of the highest costs.”

The average out-of-pocket cost for delivery in Kansas is about \$2,000, [according to Forbes](#). That does not include other fees, such as the fees for vaginal and C-section births, which are both about \$2,000 as well.

On average, childbirth in Kansas adds up to almost \$11,000, [according to KSN News](#). The additional average costs of health insurance and child care that accompany having a baby add up to just over \$26,000.

McKinley foresees a bumpy road ahead for maternity healthcare in rural hospitals.

“We’re seeing a trend ... especially accelerated through the pandemic, of hospitals closing OB and labor and delivery units,” McKinley said. “Access is going to continue to decline unless drastic measures are taken.”

McKinley said the administration should take the measures and be aware of the maternity deserts in rural areas.

“It can be tough unless there’s this legislation introduced, but it needs to pass,” McKinley said. “Otherwise it’s just sitting there and not helping anyone.”

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