ARIZONA RURAL MATERNITY CARE

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BACKGROUND

- The United States has the highest maternal mortality rate of developed countries[1] defined as maternal death during pregnancy, childbirth or within *42 days after delivery.*

	OECD 38	US	Arizona[2]
Maternal Mortality per 100,000 Live Births	10.9	23.5	31.4

The data below is from the two most recent Maternal Mortality Review Committee (MMRC) reports. The most recent report, published in January 2024, includes data from 2018-2019. The earlier report, published in December 2020, includes data from 2016-2017. Note that these reports analyze pregnancy-related and pregnancy-associated deaths. These measures differ from the OECD and CDC definition of maternal mortality above.

Arizona's maternal mortality rate worsened from 2016-17 to 2018-19, in terms of both Pregnancy-Associated Mortality Ratios and Pregnancy-Related Mortality Ratios.

The **Pregnancy-Related Mortality Ratio (PRMR)** is the number of pregnancy-related deaths per 100,000 live births. The MMRC report defines maternal mortality as deaths occurring while pregnant or within one year of the end of a pregnancy. In 2018-19, the PRMR in Arizona was 26.3 deaths per 100,000 live births.[3]

This is an increase compared to 2016-2017 when the **PRMR** was in Arizona was 18.3 deaths per 100,000 live births.[3]

The **Pregnancy-Associated Mortality Ratio (PAMR)** is "a death that occurs during or within one year of pregnancy, regardless of the cause."[3] This includes Pregnancy-Related deaths and Pregnancy-Associated, but Not Pregnancy-Related deaths. In 2018-2019, Arizona's PAMR was 91.2 deaths per 100,000 live births.[3]

This is an increase compared to 2016-2017 when the **PAMR** was in Arizona was 79.1 deaths per 100,000 live births.[3]

Rural Arizona is Experiencing Maternal Health Challenges.

In 2016-17, women residing in Arizona rural counties had higher PAMR's than women who lived in urban counties (rural PAMR 94.0 versus 76.6 urban).[4] In 2018-209, the MMRC report found that despite stable birth rates in urban and rural Arizona, "urban counties experienced a slight decline in Pregnancy-Associated deaths from 82.1% in 2016-2017 to 77.9% in 2018-2019" however "rural areas experienced an increase from 15.7% in 2016-2017 to 17.4% in 2018-2019." Caution in interpreting rural data is warranted given the small number of cases.[3]

[1] OECD (2023), Health at a Glance 2023: OECD Indicators, OECD Publishing, Paris, https://doi.org/10.1787/7a7afb35-en. Accessed 3/26/2025.

[2] CDC Maternal Mortality 2018-21, accessed 03/05/2024 at: https://www.cdc.gov/nchs/maternal-mortality/mmr-2018-2021-state-data.pdf

[3] Arizona Department of Health Services (ADHS) (2024). Maternal Mortality in Arizona, 2018-19. Accessed 03/27/2025 at: https://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/mm-2018-2019.pdf

[4] ADHS (2020). Maternal Mortalities and Severe Maternal Morbidity in Arizona. Accessed 03/27/2025 at: https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf

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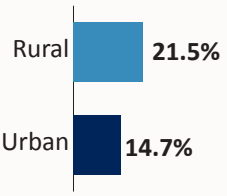
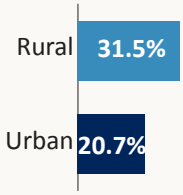
ARIZONA RURAL - URBAN* DIFFERENCES IN COVERAGE AND ACCESS [5, 6]

A greater percent of rural women may experience health insurance coverage and health care access challenges.

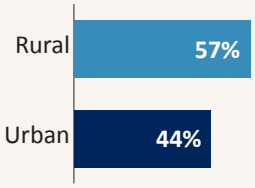
A **Higher Percentage** of Rural Women Ages 15-44 **Meet the Poverty Threshold**

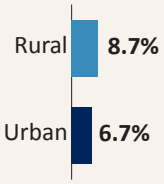




A **Higher Percentage** of Rural Women Ages 19-44 Are Covered by Public Insurance (e.g., Medicaid)

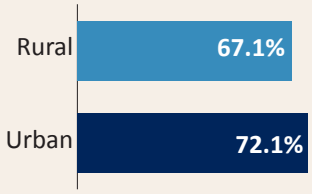
A **Higher Percentage** of Births to Rural Women Are **Covered by AHCCCS**





A **Higher Percentage** of Rural Women Report **None or 1-4 Prenatal Visits**

A **Lower Percentage** of Rural Women Initiated Prenatal Care in the First Trimester



While 8% of Arizonans live in rural areas, 4.7% of Arizona Ob/Gyn physicians practice there.[7] In addition, rural families have longer distances to travel to access birthing hospitals. These longer distances "can cause financial strain on families and increased prenatal stress and anxiety."[8]

RECOMMENDATIONS

Recommendations to improve access to prenatal, obstetric and postpartum care and reduce Arizona's maternal mortality include:

- Improve the training, education and distribution of maternal health services by expanding Ob/Gyn graduate medical education (GME) positions; instituting a midwife, physician assistant, nurse practitioner and family medicine training programs; and preparing health professionals for practice in rural and urban underserved settings via community based experiential training (CBET) rotations.
- Support the integration of midwives and other providers into maternal health care teams.
- Improve the ability of primary care and maternal health care providers to identify and treat behavioral health and substance use disorders.
- Target training, recruitment, retention and continuing education to high need areas using indices such as the CDC Social Vulnerability Index (SVI) and HRSA Maternity Care Health Professional Shortage Area (MCTA) scores.
- Expand eligibility for state Medicaid enrollment and enhance reimbursement for maternal health services prioritizing underserved areas and populations.

*rural - urban uses the ADHS definition where the urban counties are Maricopa, Pima, Pinal, and Yuma and the remaining counties are rural.

[5] Arizona Department of Health Statistics (ADHS). (2022). Vital Statistics Tables 5B-7, 5B-11, 5B-12. https://pub.azdhs.gov/health-stats/report/ahs/ahs2022/index.php?pg=counties

[6] U.S. Census. (2025). American Community Survey 2022, 5-Yr Estimates. Tables S10101, B17001, B27003. https://data.census.gov/

[7] Koch B, Coates S, Brady B, Campos-Outcalt D, Carter H, and Derksen D. (2020) Arizona Health Workforce Report: Obstetrician-Gynecologist Physicians and Certified Nurse Midwives. Accessed 03/05/2024 at: https://crh.arizona.edu/sites/default/files/2022-04/20200220_AZ_MH_Workforce_Report_Full_0.pdf

[8] Fontenot, J, Lucas, R, Stoneburner, A, Brigance, C, Hubbard, K, Jones, E, Mishkin, K. Where You Live Matters: Maternity Care Deserts and the Crisis of Access and Equity in Arizona. March of Dimes. 2023.