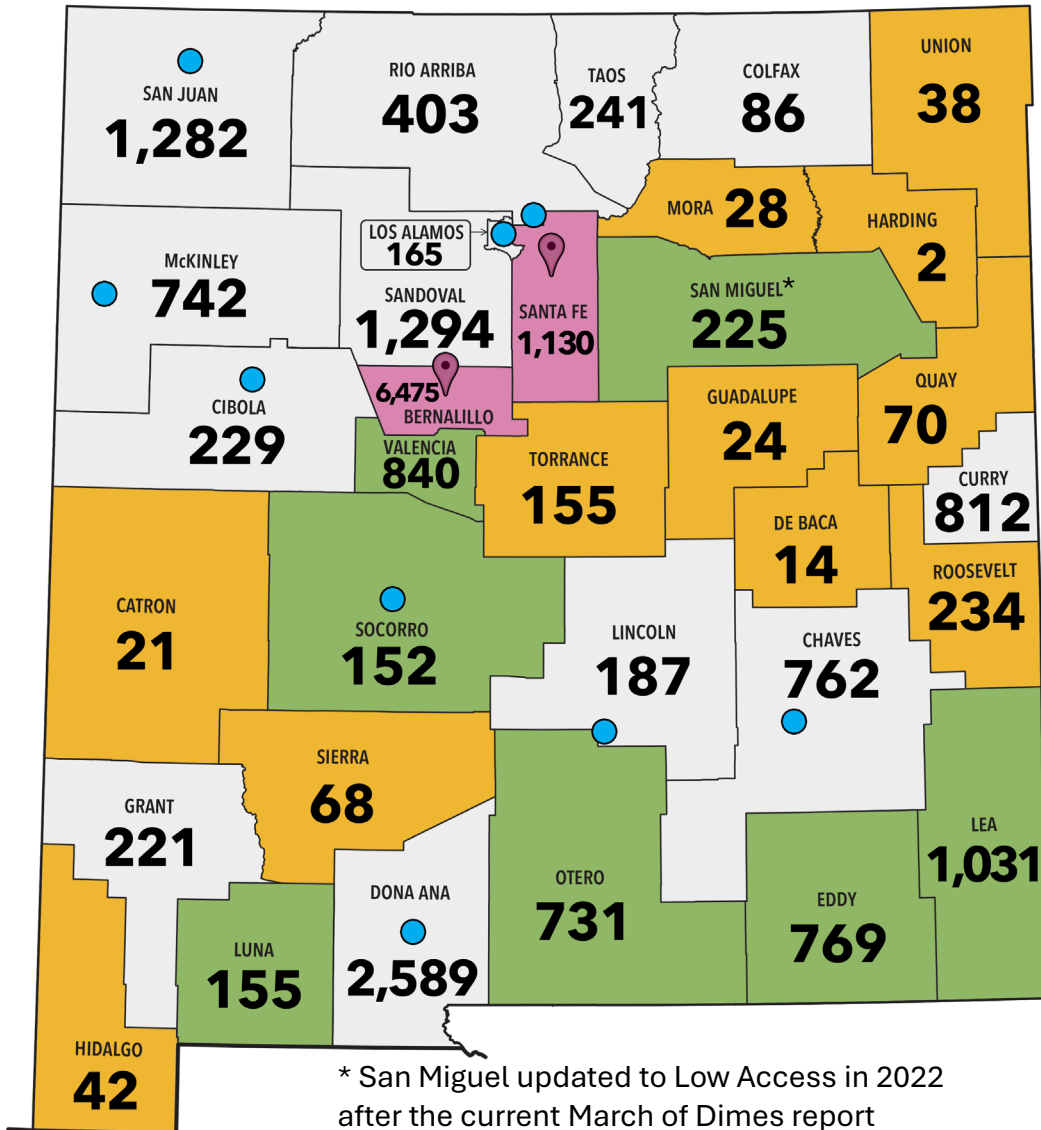


NM OB Deserts and Low OB Access Map



NM OB Deserts

A total of **696 births** in 2021 from NM OB Desert counties.

NM Low OB Access

A total of **3,855 births** in 2021 from NM Low OB Access counties.

Full Access (2021 Births per county from NM IBIS)

A total of **5,890 births** in 2021 from NM Full Access counties.

Maternal Fetal Medicine Locations

Albuquerque and **Santa Fe** are the only cities in the state providing these services.

Limited MFM Access From Visiting Practitioners

Espanola, Farmington, Gallup, Las Cruces, Los Alamos, Roswell, Ruidoso, Socorro

New Mexico Maternal Health Overview

- New Mexico ranks [31st in Maternal Mortality](#) in 2018 in the US.
- NM Hispanic women have **TWICE the national average of maternal mortality** (24.6 per 100,000 live NM births, compared to 12.2 nationally). commonwealthfund.org
- NM mothers aged 35 to 44 have **significantly higher than national average for maternal mortality** (68.2 per 100,000 live NM births, compared to 38.5 nationally). commonwealthfund.org
- **NM Maternal Mortality Review [NMMMRC-2022](#)**
 - 58 maternal deaths occurred in NM, 2015-2017 (17 pregnancy-related (29%) and 41 pregnancy-associated, not related (71%)).
 - 74% of all deaths were preventable
 - ***38% of NM maternal deaths were due to injury, and the leading injury (42%) is a vehicle crash.***
- Prenatal Care: 63.4% of NM Women initiated prenatal care in the first trimester vs 77.2% nationally in 2016. [NM Health Equity Report Jan 2019](#)
- Low Birth Weight: NM at 9.3% vs nationally 8.3% in 2019. [CDC National Vital Statistics Report](#) [CDC birthweight by state](#)
- Preterm Deliveries: NM at 10.15% vs nationally 10.23% in 2019. [CDC National Vital Statistics Report](#) [CDC preterm by state](#)

ROAMS Purpose, Goals, Target Population and Funders

The Purpose of the ROAMS is to increase access to maternal and obstetric care in rural Northeast New Mexico and thereby improve outcomes for mothers and babies.

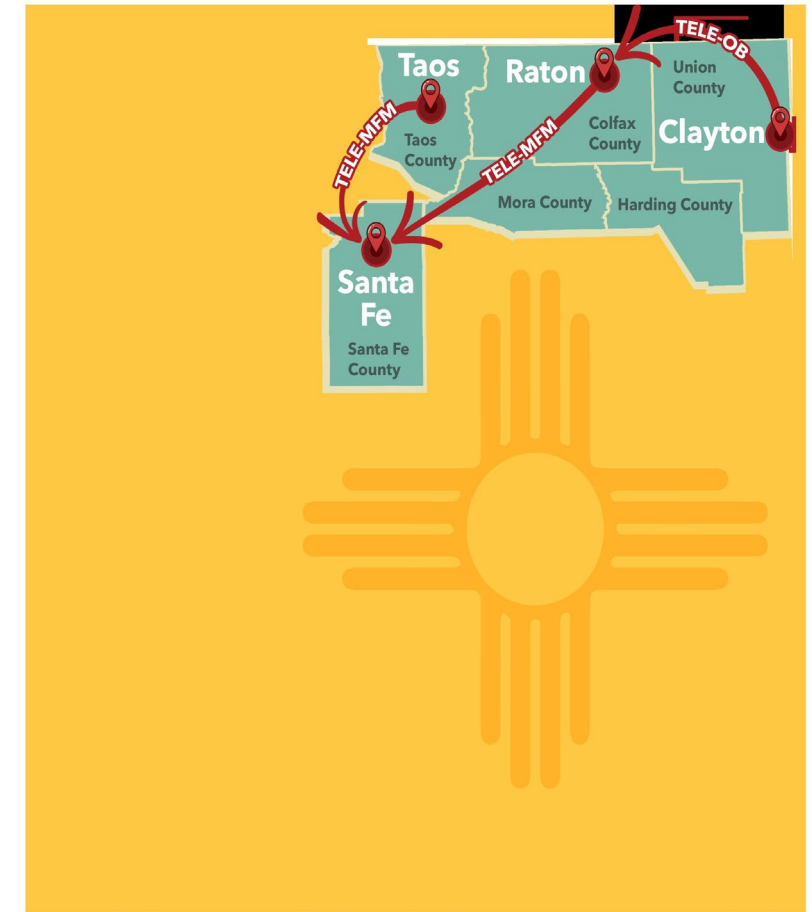
Goal 1: Improve OB Medical Access Care in Northeastern New Mexico

Goal 2: Improve Maternal Health and Family Education in NE NM

Goal 3: Sustain L&D, Obstetric clinics and maternal services in NE NM

Target Population: Youth 0-14, women of childbearing age 15-44 and perinatal mothers who: reside in Taos, Colfax, Union, Mora and Harding counties *or* get their medical services in the ROAMS network.

Funded by: ROAMS was one of the first awardees in the country for the Rural Maternity & Obstetrics Management Strategies (RMOMS) 2019 pilot program funded by HRSA and FORHP. The grant ended on 8/31/2023. Funding through March 2026 comes from: Conrad N Hilton Foundation, Con Alma Health Foundation, The Brindle Foundation, and The Medicaid MCO Reinvestment Fund.



ROAMS Network

ROAMS Medical Network:

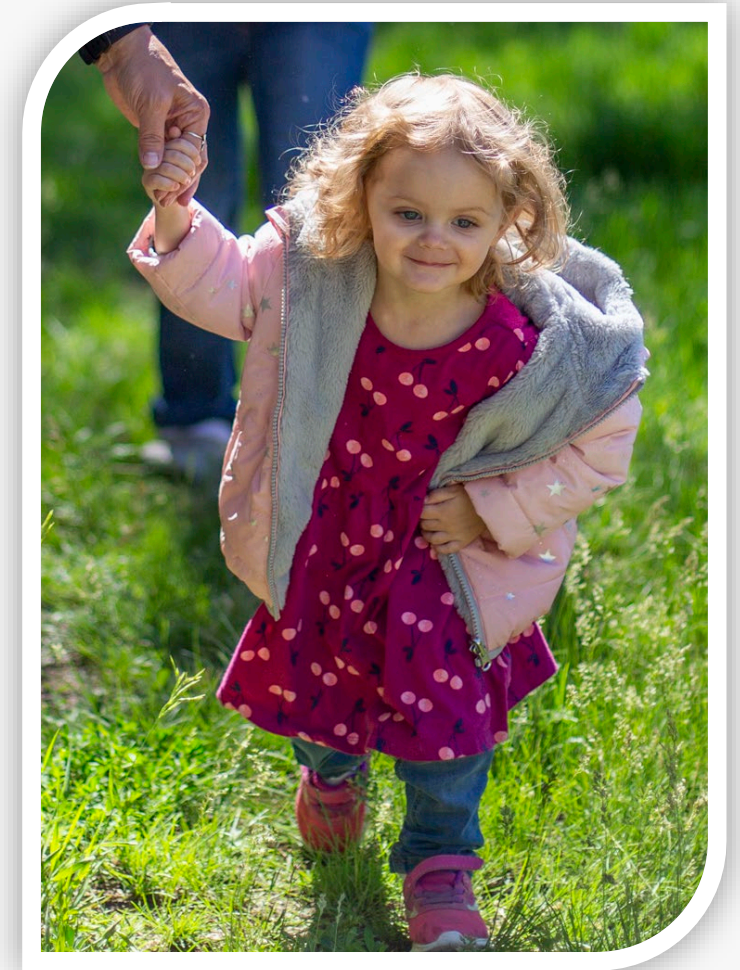
- Holy Cross Medical Center (HCMC) and Women's Health Institute (WHI) in Taos
- Miners Colfax Medical Center (MCMC) in Raton
- Union County General Hospital (UCGH) Health Clinic in Clayton

ROAMS Advisory Council and Partners

- Pinon Perinatal, Maternal Fetal Medicine.
- First Steps (FS) Home Visiting program in Taos
- Medicaid Advisory Committee

ROAMS Social Service Network:

- ROAMS Community Health Workers (CHW) in Taos, Colfax and Union County
- Taos Center for Breastfeeding



The Impact of the Tele-OB program on local Mothers

Tele-OB: Telehealth Appointments from the Clayton, Union County General Hospital (UCGH) Health Clinic an OB Desert County with the Raton, Miners Colfax Medical Center (MCMC) Labor and Delivery (L&D) FPOB/OB.

- ❖ If it were not for this service, local Clayton mothers would need to make a **170 mile, 2 1/2 hour round trip to see the Raton FPOB/OB.** Add in another hour for OB clinic registration, waiting time, and the OB appointment and it takes a ½ day for your prenatal appointment, plus gas, and possibly childcare and time away from work.
- ❖ The **108 Tele-OB visits** (from 3/2021-7/2023) resulted in saving mothers **270 hours of driving and 18,360 miles of travel.**
- ❖ The **26 Tele-OB visits** (Calendar Year 2024) saved mothers **65 hours of driving and 4,420 miles of travel.**

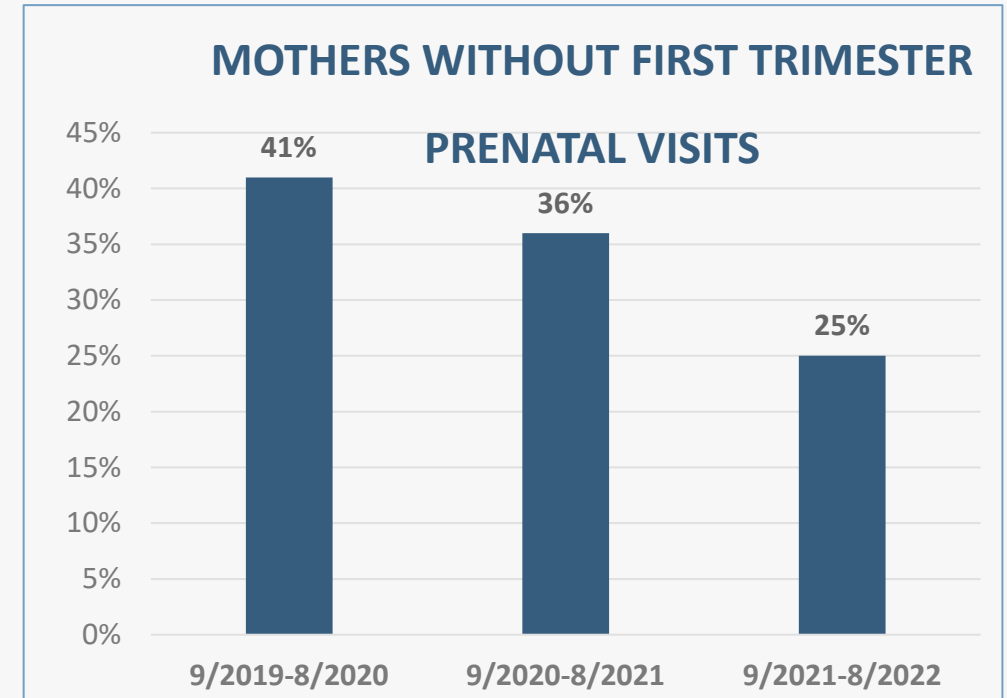


The Impact of the Tele-OB program on Prenatal visits in the first trimester

At the Raton MCMC hospital **41%** of the mothers in the baseline (9/2019-8/2020) year did **not** have a prenatal exam in **the first trimester**. In IY1 (9/2020-8/2021) that number went down **to 36%**, and in IY2 (9/2021-8/2022) it went **down to 25%**.

Why the improvement in prenatal visits in the first trimester during a pandemic?

- ❖ Tele-OB made it easy for mothers to get their prenatal appointments even during the pandemic,
- ❖ Community Health Workers assisted pregnant mothers with Social Determinants of Health,
- ❖ Advertising (radio, social media, billboards) on the importance of prenatal appointments.



Tele-OB Evaluation

Relatively easy to implement:

- ❖ Uses existing Medical Assistant (MA), OB Practitioner and Community Health Workers (to help families with Social Determinants of Health (SDoH))
- ❖ Training is simply conducting a telehealth appointment
- ❖ Expansion could include OB Ultrasounds from the rural health clinic.

Doesn't cost much:

- ❖ Minimal equipment: laptops, monitors and direct VPN internet connection,
- ❖ Stipends for collaboration and data collection are needed,
- ❖ The L&D hospital/OB takes the entire Global OB, rather than splitting it with the Health Clinic site for the Telehealth visits. The rural L&D hospital is already losing money and cannot afford to split the billing. The Health Clinic needs funds for the space and practitioners time since they are not able to see paying clients.

Highly effective and appreciated by mothers:

- ❖ Better compliance with pre and post natal visits leads to healthier outcomes for mom and baby.
- ❖ Saves mothers time and mileage.
- ❖ Creates a collaboration better the rural health clinic and nearest L&D Practitioners.

Telehealth-Maternal Fetal Medicine (Tele-MFM) Services

- ❖ Establishing Telehealth-Maternal Fetal Medicine (Tele-MFM) services was one of the top requests from the 100 local mothers ROAMS got feedback from
- ❖ MFM practices are generally only located in urban centers. In New Mexico that means Albuquerque with satellite offices in Santa Fe, and a few other clinics that host a monthly MFM visits.
- ❖ Typically, the MFM wants to see the high-risk mother **every other week or monthly.**



Tele-Maternal Fetal Medicine Appointment Types

US only

- ❖ All MCMC OB Ultrasounds (US) are sent to the MFM, who sorts them and determines who is high risk.
- ❖ HCMC/Women's Health Institute patients with significant high risks conditions have Ultrasounds sent to the MFM.
- ❖ The MFM advises the OB Practitioner at MCMC and HCMC/Women's Health Institute on the care and delivery of that patient.

Tele-MFM Consult or High-Risk Educational Consult

- ❖ Tele-MFM consults can take place from the local OBGyn Clinic or from home with the urban based MFM.
- ❖ Tele-MFM diabetes and genetic educational visits can also be done by telehealth from the local OBGyn clinic or home with the urban based MFM.

Tele-MFM Live Ultrasound and MFM Consult

- ❖ Sonographers from the rural L&D hospitals can do a live Ultrasound scan with the MFM on video and have guidance to get the needed images in real time, leading to less repeat visits

The Impact of the Tele-MFM program on local Mothers

Tele-MFM: Telehealth Appointments from the Raton Miners Colfax Medical Center (MCMC) and Taos Holy Cross Medical Center (HCMC) Sonographers with the Pinon Perinatal Maternal Fetal Medicine (MFM) specialists in Albuquerque.

❖ If it were not for this service:

- Local **Raton MCMC** mothers would need to make a **442 mile, 6 hour round trip** to see the **Albuquerque** based MFM.
- Local **Taos HCMC** mothers would need to make **a 250 mile, 4.5 hour round trip** to see the **Albuquerque based MFM**.

Add in more time for the MFM clinic registration, waiting time, and the MFM appointment, plus gas, and possibly childcare and time away from work.

❖ **The 827 Tele-MFM visits (Calendar Year 2024) resulted in saving mothers 4,772 hours of driving, and 341,150 miles of travel.**

❖ Creates a real collaboration between the rural L&D Practitioners and the urban based MFM.

❖ Community Health Workers help high risk mothers with Social Determinants of Health (SDoH) including transportation support for in person MFM appointments at the urban location.

The Impact of the Tele-MFM program on local Mothers

From the rural based Sonographer who has been trained to do MFM Ultrasounds: I followed up on a patient I scanned last month. The heart looked weird to me, but I could not identify the abnormality. At the time of the exam, I contacted the MFM doctor where ROAMS has contracted with to read the specialty exams. I informed him of my concerns. He immediately read the exam, contacted the patient, and arranged for her to go to Pinon for a full fetal echo.

The fetal echo results are consistent with a diagnosis of Tetralogy of Fallot. Thankfully, this diagnosis was discovered before delivery, and MFM helped coordinate proper care for her delivery. She will deliver in Denver because of the life-threatening concern at birth, which no location in New Mexico is skilled enough to handle. The patient has had a formal consultation and was given education regarding the diagnosis. This mother, father, and their supporting family are now prepared for a very challenging year ahead, thanks to the service we provide through the ROAMS program. This is not the first patient that has benefited from this program.

The patient had no risk factors and was low risk. Before ROAMS, this patient would have gone undiagnosed and would have been delivered in our hospital. In the worst-case scenario, this baby would have had significant symptoms from their heart anomaly and been flown out. The mother and father, and the clinicians of the baby, would not know what the prognosis would be. Baby might have been the only one flown, due to severity, mode of transport, and space available. Possibly, both parents would have to drive, separated from their child. In this case, the mother would have had to check out of Holy Cross AMA to be with her child.

The Impact of the Tele-MFM program on local Mothers

Sometimes in life, you make a decision that helps you avoid a catastrophe. But you do not realize you made this choice. You turned left and not right, or you left for an appointment 2 minutes later, avoiding a collision. You will never know what could have happened, because you didn't experience it. ROAMS is creating this effect for our patients. Fewer mothers will be delivering a child with an unknown diagnosis. Fewer mothers will experience the feeling of having their newborn child airlifted to another facility without them. Fewer mothers will experience the feeling of putting their health second and checking out AMA to be with their child. Fewer parents will have the long, agonizing drive, often at unsafe speeds, to get to the facility where their child is being transferred.

They can go into the delivery of their baby fully aware of this concerning diagnosis, with a full support team of experts, and deliver in a hospital with full capabilities of handling that diagnosis, where mom and baby can be together and recover, and the family will have a plan for the long road ahead. They can plan childcare for other children and request adequate time off from work. The only focus for this family will be loving their baby and praying for a positive outcome from the upcoming cardiac surgery.

Tetralogy of Fallot (TOF) is a complex congenital heart defect present at birth that consists of four interconnected heart abnormalities. The severity of TOF symptoms depends on the degree of pulmonary stenosis—the narrowing of the artery to the lungs. In severe cases, this blockage is so restrictive that the baby's body is immediately deprived of sufficient oxygen. According to the CDC, about 1 in every 2,077 babies in the United States is born with TOF. TOF accounts for about 7–10% of all congenital heart abnormalities. While associations with other medical conditions exist, the exact cause of TOF is unknown in most cases. Many instances occur by chance, with no clear reason for their development.

Tele-MFM Evaluation

More difficult to implement:

- ❖ Requires local rural Sonographers to get additional training, expand their skills and increases Ultrasound volume
- ❖ Requires real collaboration between OB provider and MFM, who now have a shared patient
- ❖ Clinical Care Agreements need to be developed for each OB clinic with the MFM, as the capability at each clinic to work with high-risk patients is different
- ❖ Need to break existing radiology contracts because MFM will insist on reading the Ultrasounds

Moderate cost to set up:

- ❖ Equipment: a top-of-the-line Ultrasound approved by the MFM, laptops, monitors and direct VPN internet connection
- ❖ Stipends for collaboration and data collection is needed
- ❖ OB clinics are billing for the additional Ultrasounds, but clinics outside of a hospital have a lower billing rate.

Highly effective and appreciated by mothers:

- ❖ Saves mothers time and mileage
- ❖ Creates a real collaboration between the rural L&D Practitioners and the urban based MFM
- ❖ Rural Sonographers have improved Ultrasound skills in providing MFM quality Ultrasounds

Articles on ROAMS

- **Modern Health Care:** [Rural obstetric units using RMOMS grants see care improvement | Modern Healthcare](#)
- **New Mexico In Depth** <https://nmindepth.com/2024/growing-new-mexico-maternity-care-deserts-bring-long-drives-increased-worry/>
- **Kaiser Health News** <https://www.npr.org/sections/health-shots/2023/05/13/1175323746/this-telehealth-program-is-a-lifeline-for-new-mexicos-pregnant-moms-will-it-end>
- **Common Wealth, ROAMs Transforming Care** <https://www.commonwealthfund.org/newsletter/transforming-care-reporting-health-system-improvement>
- **Twistle and ROAMS Partner to Improve Access to Prenatal Care** <https://www.prnewswire.com/news-releases/twistle-and-roams-partner-to-improve-access-to-prenatal-care-301361327.html>
- **ROAMS HRSA Fact Sheet and Annual Reports** <https://www.hrsa.gov/rural-health/community/rmoms>
- **Taos News** https://www.taosnews.com/news/success-story-holy-cross-medical-center/article_627ec1b0-fe76-11ea-8cb6-eb023aaaf06a.html
- **Holy Cross Hospital Website links:**
<https://holycrossmedicalcenter.org/general/the-rural-ob-access-maternal-service-roams-grant-for-northeastern-new-mexico/>
<https://holycrossmedicalcenter.org/videos/roams-is-improving-maternal-access-to-care-in-the-northeast-region-of-new-mexico/>
<https://holycrossmedicalcenter.org/general/federal-health-care-grant-awarded-to-northern-nm/>

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