MPR News | Minnesota Now New fellowship aims to make up for disappearing obstetric care in rural Minnesota 01M5FRKJYG975DS2672BAZJA9B

KELLY GORDON: Nearly 30 Minnesota hospitals have stopped providing obstetric services over the past 15 years, leaving fewer options for families who need maternity care close to home, according to University of Minnesota research. Now, CentraCare and the University of Minnesota are partnering to launch a new fellowship to train family medicine doctors in obstetrics, with a focus on rural communities in the state.

Joining us now to talk about it is Dr. Christine Goudge, the program's director. Dr. Goudge, thanks for being here.

CHRISTINE GOUDGE: Oh, you're welcome. Thanks so much for having me.

KELLY GORDON: Yeah. So let's just start right at the beginning. Explain what the fellowship is all about and where it will take place.

CHRISTINE GOUDGE: Absolutely. Well, we appreciate the opportunity to share a little bit about this with your listeners. The new fellowship is a partnership between the University of Minnesota and CentraCare. And our fellowship is a rural family medicine advanced obstetrics fellowship. So this is an opportunity for doctors who have completed a family medicine residency. They might be just completing it right before they start fellowship, or they could have completed a residency and might even be practicing as family medicine doctors for a few years when they start the fellowship.

But in either of those cases, these are family medicine doctors that are very qualified, are already board certified, ready to be practicing, but they recognize that the type of practice they want is one that's in a rural space. So in a location with a smaller hospital, a smaller volume, and they want to be able to provide really full scope family medicine care that includes doing obstetrics and not only doing low-risk prenatal care and deliveries, but also doing surgical obstetrics. That means doing C-sections.

There are rural spaces, many of them-- you'd be surprised how many of them-- that really have family medicine-driven care, but they are places that need a physician that's able to do cesarean sections. And so these family medicine fellows, these family medicine OB Fellows, they will be the ones who are trained to take care of everything during prenatal care, including a cesarean section.

KELLY GORDON: Wow. So let's just talk about the problem a little bit, how we got here. According to University of Minnesota research, 29 Minnesota hospitals have stopped providing obstetric services between 2010 and 2024, which is a fairly shocking number to me. So can you talk a little bit about what's driving that loss of service.

CHRISTINE GOUDGE: Absolutely. I agree. To be honest, this is what I do all day and I've been practicing for longer than that statistic's been around and it's still a shocking number to me. I think sometimes we're all in whatever location you're in and you see the world right around you and not necessarily that bigger picture, but it turns out that there are many, many communities that have had struggles with being able to keep their labor and delivery maternity units open, and there are definitely several reasons for it.

But one of the big reasons is staffing. And so that's on the physician side. It's also on the nursing side, to be honest. But in places where their delivery volumes are on the lower side, maybe they do only deliver 100 babies a year or less at that location. They've had the challenge and difficulty maintaining having an OB/GYN in the area, and in some cases, finding even a family medicine doctor in that area.

And so what happens is they get to the point where they go, we really don't have enough doctors to have someone on call 24/7. And if you don't have someone on call 24/7, you can't have an open maternity unit because it wouldn't be safe. You couldn't have a unit where a patient might arrive, be pregnant, be in labor, have some obstetric emergency, and you didn't have a physician that could help take care of her. So they end up with no choice but to close their labor and delivery unit.

KELLY GORDON: And then from your understanding, what impact does that have, especially on these rural communities, when they don't have obstetric services?

CHRISTINE GOUDGE: Unfortunately, this is not a case where we can say, all right, great. Maybe we don't have providers that can do this service in this small community. No big deal. We'll just have the patients drive a little bit further and go to the next larger community.

Practically speaking, that's what ends up happening. But the trouble is there is data, definitely national data, so this looks at length of time people have to drive to get to care and maternal mortality, but also morbidity. Morbidity meaning all of the bad outcomes that aren't someone dying but leave someone with very significant impact, such as needing blood transfusions and other emergency surgeries. Those all go up the further away you live from where you get your care.

So these are young otherwise healthy women in a lot of cases who absolutely will do great as long as they can access care quickly. But when they have to go from driving 40 minutes to their local hospital to now may be driving an hour and a half or two hours, or even more in some situations, that huge time lag is a big chunk of time where things can go wrong. Things can happen and the person actually by the time they access care, has had a worse outcome. We actually have worse outcomes for moms and babies because people have to drive further or call an ambulance to drive them further to get to good care.

KELLY GORDON: I was thinking about this model that you're doing with the fellowship, training family doctors in obstetrics, that reminded me of the old-school family doctors, like *Little House on the Prairie* and Doc Baker. Somebody who has to be able to do a lot more where we've specialized. And so you're changing some of that.

So I'm wondering what you have learned. As you've been starting this program, I'm sure you've looked at other places in the country. What difference does it make when you do have a family medicine doctor? With this advanced obstetrics training then, what kind of a difference do they make in the communities?

CHRISTINE GOUDGE: You've got it exactly right, Kelly. There was a time-- and it's several decades ago, but not that long ago-- when the vast majority of physicians in the country were family doctors that did what I'd call really full scope practice, taking care of people of all ages. And that included taking care of pregnancy and delivering babies. And oftentimes there was maybe only one, maybe one, two, or three doctors in a community. But they really did almost all the medical care for everyone in that area.

And there was a lot great about that. One of the biggest things is when your doctor is a family doctor who lives in your community and you live in a smaller, tight-knit community, that doctor's commitment to all of the patients is huge. They literally know their patients, not just because they're in their clinic, but they know them from their community. And that commitment is big. That heartfelt desire to do great care is big, and people feel really connected to their physicians. We need more doctors that do obstetric care and can do cesarean sections right here in Minnesota. Right here. We need it.

So even though this one new program will have-- just two fellows a year will graduate from this program. And that maybe doesn't sound like a lot. But another way I can look at it is, well, if that's two new physicians a year that are going to be able to do obstetric care, do cesarean sections, and really target working in our rural spaces, that's a step in the right direction. That actually will make a difference and help to turn those numbers around so that we attract.

We can even attract more family doctors from other states when they start to see, hey, in Minnesota, we're going to do this differently. We're going to really lean in to training family doctors that can do C-sections, that can do obstetric care, who can be a part of your community and have that real tight commitment that I think leads to phenomenal outcomes for patients, for sure. But I got to just put a plug in there. It's phenomenal for the doctors.

Doctors who work in rural areas, family medicine doctors, they have enormous personal satisfaction as well of really taking care of their community and getting to live in small town Minnesota, which I think many of us appreciate for all of the wonderful parts about it. So I really think this is a great opportunity for the doctors that are interested in it as well.

KELLY GORDON: Yeah. So training doctors is just one part of the equation. That's what the program is doing. Do you have a way to ensure those physicians end up practicing in communities where the maternity care is most needed?

CHRISTINE GOUDGE: So we don't have an intention to ask people to sign on a dotted line of what exactly they're going to do in their practice. Partly because we want people to really be open to different possibilities. But I have to tell you, I absolutely anticipate that all of our fellow graduates really will follow through on doing obstetrics, doing surgical obstetrics, and really working and living in rural communities.

And the reason I can feel so confident about that is that's the area that really family medicine docs doing full scope obstetrics, that's where they have a practice location. There isn't a large need for family medicine doctors doing cesarean sections in St. Paul or in Minneapolis, or even right in St. Cloud. The need is in the much larger number of communities in Minnesota that have smaller populations.

The other way I can feel really confident that these graduates really are going to help in the exact areas we're looking for, it's a huge part of how we are recruiting and marketing our program, and it's a huge part of how we're going to interview. So really, I myself will get to interview all candidates. And part of what I'm going to ask is, hey, what is an ideal career for you? What are you looking for?

And we are looking for those candidates that have as a part of their career plan, that they want to work in rural communities and want to continue to do full scope obstetrics.

KELLY GORDON: Yeah. Dr. Christine Goudge is the program director of the new University of Minnesota and CentraCare Family Medicine Obstetrics fellowship. Thanks so much for joining us today.

CHRISTINE GOUDGE: Thank you. I really appreciate it.