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Women's Health Care in Wisconsin: A Closer Look

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f Wisconsin's 72 counties, 26 have no board-certified obstetrics and gynecology (Ob/Gyn) physicians. This is an alarming situation. Adding to the problem, the number of Ob/Gyn doctors who retire each year is higher than the number who graduate from residency training programs in Wisconsin. By 2030, the state's female population will have increased by 7.8%.1 In addition, an increasing number of rural hospitals are closing their maternity services, and many family medicine physicians are dropping their obstetrical practices.2,3 Women are forced to drive long distances to seek care when their local hospitals no longer offer maternity services.

Key reproductive health issues

Ob/Gyn physicians have an enormous impact on women's health across the lifespan in areas ranging from reproductive health concerns

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(eg, contraception and obstetrical care) to the unique gynecologic needs of aging women (eg, menopause and pelvic floor disorders). Cancer prevention, detection, and care are

nervous system problems such as tremors, high-pitched crying, and seizures.

The absence of local Ob/Gyn physicians in rural settings has a negative impact across

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important areas of focus for women of all ages.

Women who live in rural communities face special challenges to their health and wellbeing due to the higher rates of poverty and unemployment in rural regions compared to urban and suburban areas. These factors can make access to and affordability of perinatal care extremely difficult. Women in rural counties are less likely than their non-rural peers to seek first-trimester care. They have a higher risk of hospitalization due to pregnancy complications and higher rates of preterm and low-birthweight infants.4 A concerning recent trend is the increasing number of babies born to opioid-addicted mothers in rural communities. These babies suffer from neonatal abstinence syndrome, which includes gastrointestinal dysfunction, temperature instability, and central the life cycle. The number of women over 65 years of age will double in the next 20 years.1 As women age they have an increased need for incontinence evaluation and treatment, and the barriers to early evaluation and intervention are greater if they need to travel outside of their local community to obtain care. Rural women are at greater risk for pelvic cancer compared with women in other communities. Without a local Ob/Gyn physician, women are less likely to have preventive education and annual well-women exams that could detect cancer in its early stages.

A strategic approach to women's health equity in rural Wisconsin

In recognition of the critical importance of this issue, the Department of Obstetrics and Gynecology at the University of Wisconsin School of Medicine and Public Health (SMPH) developed a novel approach for expanding the pipeline of Ob/Gyn physicians in rural Wisconsin: it created the nation's first Ob/Gyn Rural Residency Program. The concept of rural residency training is well established in primary care fields including family medicine; however, it is new territory for Ob/Gyn.

Working with SMPH partners in rural sites, the Department of Obstetrics and Gynecology designed the residency track to recruit and train physicians who are interested in future practice in rural Wisconsin communities. The Wisconsin Rural Physician Residency Assistance Program supported the development of this novel training program. It is a logical extension of the SMPH's Wisconsin Academy for Rural Medicine (WARM) that attracts and trains medical students who want to develop careers in rural medicine.

The Ob/Gyn rural training track is a new component of our well-established Ob/Gyn

Residency Program, which is accredited by the Accreditation Council for Graduate Medical Education. Residents in the rural track receive approximately 80% of their training in Madison and spend the remaining 20% of their time at 4 rural community hospitals in Wisconsin. During the rural rotations, these residents gain valuable insight and experience in rural Ob/Gyn care. A broad evidence base has documented a strong relationship between where new residency graduates establish their practices and the geographic location of their residency training experiences. We predict that our rural training track residents will develop the skills necessary for successful practice in rural settings and will settle in rural communities after completing their training.

We believe this program, which already has drawn national attention, may serve as a model and inspire other Ob/Gyn residency programs to develop similar rural training tracks. In this way, we hope to address the grow-

ing need for more Ob/Gyn physicians in rural Wisconsin and beyond.

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