



Rural healthcare



Not One Solution

Doctors, nurses, midwives, and advocates find ways to keep delivering Wyoming's babies

BY ILENE OLSON

LEFT: Robin Frazier CENTER: Aubrey Rickert RIGHT: Afton George and her baby, Bennett. PHOTOS BY ILENE OLSON

The birth of four babies in Wyoming during the same week in March illustrates the very different experiences mothers-to-be may have giving birth. Much of those differences are based on whether the mothers have sufficient access to maternal care.

Eighty-nine miles to the hospital

Stressed, worried and exhausted, Alyssa Vasey sat in a vehicle with her father, David Brewer, watching incredulously as black smoke billowed out of the westbound tunnel on Interstate 80 near Green River on Feb. 14.

They were on their way home to Kemmerer (population 2,393) after Vasey's prenatal appointment in Rock Springs, when traffic came to a sudden halt in front of the tunnel. Twenty-six vehicles, many of them tractor-trailer units, had just crashed in or near the tunnel, claiming three lives and endangering many more. As the stunned father and daughter waited, they heard and felt multiple explosions coming from inside the tunnel as the smoke roiled out of it.

Vasey, in her ninth month of pregnancy and with the baby sitting on her bladder, desperately needed to relieve herself. But there was nowhere she could go to be out of sight. She and Brewer continued to wait in stalled traffic for an hour and a

half, until first responders finally cleared the way and directed them to safety.

This definitely wasn't what Vasey signed up for when she planned prenatal care for her pregnancy. She expected that care to be provided by a doctor in Evanston (population 11,700), which is about 50 miles from Kemmerer. While inconvenient, that was the closest option for mothers-to-be in Kemmerer after the OB unit in the South Lincoln Hospital District HR closed in 2022.

Vasey's mother, Lia Brewer, said Vasey had considered delivering her baby at home with assistance from a midwife. She dismissed that idea when she realized the midwife might not be able to get to her, and if things went bad, she would need long-distance emergency transportation. With no other options, she began her prenatal care in Evanston.

Then, in December, Evanston Regional Hospital announced it would no longer provide labor and delivery services, and Vasey had to transfer her care to Memorial Hospital of Sweetwater County in Rock Springs (population 23,500). That is an additional 39 miles away from Kemmerer, making it an 89-mile drive one way for her to access maternal care.

Vasey's husband, Clayton, had to work on Feb. 14, so her father volunteered to drive her to the prenatal appointment. It



Alyssa Vasey and her baby, Ian. CONTRIBUTED PHOTO

had snowed, and there were whiteout conditions that morning. Brewer said she didn't want Vasey to drive when she was so far along in her pregnancy.

No one could have imagined that their trip would be interrupted in such a frightening way.

They were only 200 yards from the tunnel when the crash happened and traffic stopped, Vasey said. "It was so scary!" she told her mother.

Having to go so far for maternal care is bound to cause problems. Beyond the burden of distance and the added time it takes to reach a hospital that accepts maternity patients, there are also potential issues like bad weather conditions and medical complications that could arise during the journey.

Lia Brewer said the highways between Kemmerer and Rock Springs are often treacherous in winter weather.

"Even if it starts out a gorgeous day, within an hour it can be a complete whiteout," she said.

Vasey developed a group B strep infection a week prior to her due date, making it necessary for her to be given antibiotics during labor. To ensure that happened, the decision was made to induce her labor on Monday, March 3.

Vasey didn't want to be induced. She knew it would make her labor more difficult, and she preferred things to take their natural course. But, given the distance to the hospital, she felt she had no other alternative.

Clayton drove her to Memorial Hospital of Sweetwater County on Sunday night, March 2. Waiting until Monday morning was ruled out because of a predicted snowstorm. "We didn't want to risk it with the distance and the snow," Vasey said.

Labor induction began the next morning, March 3, and baby Ian was born later that day. He has two older sisters, Avah, 6 and Aubree, 2.

Because baby Ian's bilirubin count was high, he needed a daily blood test for several days after leaving the hospital. That process was complicated when the hospital in Kemmerer didn't have anyone to perform that test over the weekend.

"They had to go to Evanston to get his blood test," Lia Brewer said. "Then Alyssa got a fever and ended up coming home and basically collapsing, and she had to be admitted to the hospital here."

Tests showed Vasey had a uterine infection, and she spent two days in the Kemmerer hospital.

"Getting rural healthcare is a real challenge here" Lia Brewer said.

'I don't think we're going to make it'

Lack of maternal care availability proved to be a major challenge for Jenna Rickert of Kemmerer as well.

Rickert went to Rock Springs for her 40-week appointment on Monday, March 3. She was 2.5 centimeters dilated, and the doctor swept her membranes. The doctor told her she would feel some discomfort, but she wasn't likely to go into labor for up to 48 hours after having her membranes swept.

Instead, Rickert began experiencing some pain that night.

She called the doctor at midnight to make sure everything was OK.

"The doctor wasn't super concerned," Rickert recalled. "She said, 'You are going to have some pain, so try to put your feet up and get some rest.'"

"But it turned out it was real labor, not just pain from having my membranes swept. By about 2 a.m., my contractions were three minutes apart — closer together and more intense," she said. "The doctor was like, 'OK, maybe you need to head into Rock Springs.'"

Rickert and her husband, Justin, dropped off their daughter, Elizabeth, 8,



Jenna Rickert. CONTRIBUTED PHOTO



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Elizabeth Rickert with baby Aubrey Rickert.
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at her parents' house 15 miles away and set off for Rock Springs near 3 a.m.

"We've had a mild winter, but naturally, when the baby decided to come, it was storming, and we had to go through a snowstorm. We hit the Interstate [80], and it went down from two lanes to one lane, and we couldn't go more than 50 mph."

They were about 5 miles west of Green River when Rickert told her husband, "I don't think we're going to make it. I have the urge to push. I think you need to call 911. I don't think you can drive and deliver a baby at the same time."

Castle Rock Ambulance Service of Green River responded to the call, meeting with the Rickerts on I-80 just in time to deliver the baby. Little Aubrey was born at 4:47 a.m. Tuesday, March 4.

"I was very lucky to have the two ladies in the ambulance," Rickert said. But, she added, "This wasn't exactly part of my birth plan. Everything went fine, but if someone had complications, it could have been very different."

Mom and baby were taken to Memorial Hospital of Sweetwater County. They returned home on Thursday, March 6. Aubrey is doing well, Rickert said, though she was still on oxygen when she came home.

"With my delivery being so fast, there was not enough time for her to get all the fluid out of her lungs," she said.

Rickert said her delivery experience eight years earlier was entirely different, because Elizabeth was born in Kemmerer.

It is possible that, if Rickert lived closer to Rock Springs, her doctor might have had her come in earlier to be checked, just to be sure. But that decision becomes much more complicated when doctor and patient are separated by so many miles.

'I felt very supported'

About 300 miles north of Rock Springs, in Powell (population 6,420) Sarah Frazier was thrilled after having a good experience with the birth of her baby girl on Wednesday, March 5.

Baby Robyn was delivered by nurse midwife Ashley Engesser, who is employed by Powell Valley Healthcare.

Frazier wanted a midwife birthing experience this time.



Jason, Robyn and Sarah Frazier. PHOTO BY ILENE OLSON

During her prenatal visits, "Ashley focused on relationship building and preventing problems," she said.

"We called the midwife hotline before we came in, and she arrived shortly after. She was here the whole time I was laboring. "I felt very supported. It was very 'me' directed."

With her previous pregnancy in North Carolina, their daughter, Charlie, was medically fragile and required specialized care at a research hospital. The experience wasn't pleasant. "We got good care, but they didn't have a great bedside manner. I felt like I was treated like a lab rat," Frazier said.

Charlie, now almost 2, still has medical issues, but she is doing well.

The Fraziers recently moved back to Powell, where Jason grew up. They both said Robyn's birth was completely different at Powell Valley Healthcare.

"It was a very personalized experience," Jason Frazier said.

'Night-and-day difference'

At 41 weeks of pregnancy, Afton George's labor was induced on the morning of March 6 at Powell Valley Healthcare.

George and her husband, A.J. Rasmussen-Dickson, live in Byron (population 562) which is 14 miles east of Powell.

The couple has two other children, Evaleen, 4, and James, 2. Evaleen was born in Idaho, and James was born in Powell.

As she labored, George spoke about the difference between her previous maternal care experiences.

"I like the small hospital, and I like my midwife," she said of her birth experience in Powell. "I didn't feel like I was just another patient. The level of care was very personal. It feels like a very exciting thing for everyone, and I feel very important."

In contrast, George said having her first baby at a larger hospital in Idaho was "a cookie cutter experience — one size fits all."

"It was a night-and-day difference, in a good way, in Powell," she said. "I told Ashley that if she stops delivering babies, I will stop having babies."

George gave birth to baby Bennett at 4:52 p.m. March 6, and she was able to experience the medication-free water birth she had hoped for.



Afton George, baby Bennett, and family. PHOTO BY ILENE OLSON

"The delivery was fast and furious," she said a week later. Because her labor progressed so quickly, she was only in the water tub for about 5 minutes before Bennett was born. Until then, the tub was still filling.

Even that short time in the water helped immensely, she said. "It was about 100 times better. I got in the tub and my contractions eased up, and the water helped relieve a lot of my pain and prevented tearing. It was really so, so much better. It was just wonderful. I'm back feeling good, and it's only been a week," she said.

Maternal care deserts

Since 2017, four hospitals in Wyoming have closed their doors to OB patients: Rawlins, Kemmerer, Riverton and Evanston. A few others, such as Newcastle and Lovell, had already closed, bringing the number of Wyoming counties without any obstetrical services to six meaning that many mothers must travel between 30 and 60 miles to obtain maternal care. For some, it is substantially more.

Several things are driving those closures. Among them:

- The cost of obstetric care, particularly for rural hospitals, can be prohibitive.
- Often, healthcare organizations fail to recruit enough new obstetrics providers to replace vacancies created by doctors that have left or retired.
- Recruiting new providers can be difficult in rural areas.
- Many of today's medical students are choosing to specialize rather than going into family practice, which many rural communities rely on.
- Family practice residencies today often do not include enough experience in obstetrics, especially for cesarean sections, for new physicians to be credentialed.

Governor's Health Task Force

Last year, Gov. Mark Gordon added a maternal care subcommittee to the Governor's Health Task Force to consider reasons for, and possible solutions to, maternal care deserts in Wyoming.

"That group really started to focus in on where do we have maternal care, who's doing C-sections, and figuring out what the landscape looked like," said Jen Davis, who formerly served as the governor's senior policy advisor for human services. She is now executive director of the Wyoming Primary Care Association.

It became apparent that there is a shortage of OB/GYN



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specialists in the state, Davis said. Eleven out of Wyoming's 23 counties do not have a practicing OB/GYN physician.

The subcommittee also mapped out the maternal care deserts in the state. The map shows average drive times to access maternal care as high as two hours in some places in Wyoming. With the closure of Evanston's maternal care services in December, the southwest section of that map already is out of date.

The committee's report also showed an increase in the use of EMS services for transporting women in labor and delivery. In 2023, 305 Wyoming residents requested EMS services for labor and delivery. Of those, 133 (about half) were 911 calls, while the rest were hospital-to-hospital requests.

Davis said those figures illustrate the need to provide training for EMS services in advanced life support for OB patients.

"Even though a hospital may not be doing labor and delivery, someone may show up in labor," she said. "How do you care for them or stabilize them for transport to another hospital? You may need to be able to handle that if somebody shows up."

Other options subcommittee members are looking into include providing HIPAA-compliant consultations over an ECHO (Extension for Community Healthcare Outcomes) virtual platform. For instance, consultations could take place between OB providers and primary care providers, she said.

In Wyoming, ECHOs are hosted by WIND (Wyoming Institute for Disabilities) at the University of Wyoming.

The subcommittee also has been in discussion with providers in Alaska. That state has developed a regionalized care plan for women with at-risk pregnancies who have no maternal care options near them.

"It could take up to five days to get care, which could be too late," Davis said. To address that problem, Alaska has established housing units next to regional hospitals, where women with high-risk pregnancies can stay until they give birth.

"That has helped them manage their care so they can extend the pregnancies as long as possible," Davis said. "It's not ideal for them to be away from home, but there has been a considerable reduction in mortality rates."

Perhaps that model, or parts of it, could be replicated in Wyoming, Davis said.

The governor also put additional funding in his budget to increase provider rate for Medicaid, she said.

"About a third of births are Medicaid, and that would help with costs," Davis said.

However, the 2025 Wyoming Legislature failed to pass a supplemental budget, and no measures were taken to increase Medicaid reimbursement rates.

Following are varied observations about maternal care deserts in Wyoming and possible solutions to reduce or relieve them.

Obstetric care is expensive

Several representatives of Powell Valley Healthcare summarized some of the points they made during presentations to the legislative subcommittee.

"This is a very expensive service line," said Arleen Campeau, RN, BSN, MSN, CENP and Chief Nursing Officer at Powell Valley Healthcare. "We do not make money on OB."

She explained that when a mom is laboring (typically is 8-10 hours), she has a nurse dedicated one-on-one to her care. If the mother is a patient of a midwife, an OB/GYN must be in house as well. During delivery, the provider and a second nurse must be present, and if it is a C-section or there are complications, a pediatric nurse is also required to be there.

When a mother opts for a vaginal birth after C-section (VBAC), or a trial of labor after cesarean (TOLAC), it is even more intensive and costly. Powell Valley Healthcare is the only hospital in the Big Horn Basin that offers VBACs or TOLACs, Campeau said.

Nichole Gutierrez, PVHC's inpatient services nursing director, said OB malpractice insurance is expensive, and it is even more so for hospitals that provide VBACs and TOLACs.



LEFT: Arleen Campeau RIGHT: Nichole Gutierrez
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"OB is the most litigated of any malpractice claim, therefore they charge higher rates for the insurance," said PVHC Chief Executive Officer Joy Coulston.

Being a rural healthcare organization escalates maternal care expenses. Many costs of an OB program are fixed and apply

to any hospital that delivers babies, regardless of how many babies are delivered there.

Coulston said prohibitive cost is the reason some communities are closing maternal care services.

“It’s not that they don’t want to provide them; it’s that they can’t afford to. They cut the most expensive service line in order to retain the others,” she said.

Powell Valley Healthcare had that discussion about six or seven years ago, Coulston said.

“We were at a crossroads, and we could either not provide or continue with that service,” she said. “I think it took about two minutes for most of us to decide that we were going all-in. We focused on providing the best OB services, everything from flexibility for moms and education for our staff, to ensure that our patients have the best experience possible. We went all-in, because we wanted the families to stay here locally. That was really important to us,” Campeau said. “We wanted them to be patients for life. Mom being here and having a good experience leads to other things.”

Coulston said some cost-shifting is necessary for PVHC to cover maternal care services.

Gutierrez said the problem is exacerbated by the fact that Medicaid reimbursement doesn’t cover the cost of providing maternal care. Medicaid rates are going to have to change so health organizations can continue to offer OB services, she said.

OB programs can age and die

Sometimes, hospitals lose maternal care services when health care organizations fail to, or are unable to, recruit new doctors to replace those who leave or are nearing retirement.

That happened a few years ago in Riverton and much earlier in Newcastle, both of which shuttered their obstetric care services.

Family practitioner Travis Bomengen, MD, serves on the Health Task Force subcommittee. He has been at Hot Springs Health in Thermopolis for 25 years. Before that he trained in Casper, and he did a rural medicine rotation in Newcastle, which included OB services at that time.

“As providers in Newcastle got older, they didn’t want to be up late at night delivering babies, which is a normal transition for providers advancing in their practice,” Dr. Bomengen said. “If you’re not recruiting providers interested in doing the same scope of practice, you lose it. They kind of aged out.”

More recently, Riverton (population 10,923) lost its maternal care for more political reasons, he said.

“Lander may be on the verge,” said Sheila Bush, executive director of the Wyoming Medical Society and a member of the

subcommittee.

Lander has only one OB/GYN and relies on locums, or traveling physicians, to maintain its obstetric services. For a period of about five months, prenatal care was not available in Lander, but it has since resumed.

Once a community loses maternal care services, it’s difficult to get them back, Dr. Bomengen said. One provider can’t do obstetrics alone for very long. You need two so they can spell each other for on-call duties and vacations, and shortly after, you need three to be able to maintain quality of life. You also need anesthesiologists and good nursing and support staff to make an OB program work.

“It can be done, but it takes time, and commitment from all stakeholders” he said.

When Riverton closed its OB doors, some women began coming to Thermopolis (population 2,742) for their prenatal care, said Mattson Mathey, MD, also a family practitioner at Hot Springs Health.

Others didn’t get prenatal care at all. “They were showing up in labor, when they hadn’t had any prenatal care,” Dr. Mathey said.

To address the growing need, Hot Springs Health opened an outreach clinic in Riverton in 2020.

“It was one of those situations where we were better able to serve that patient from prenatal care through delivery ... instead of scrambling to get them prepared for transport when they were already in labor, Dr. Mathey said.

However, patients in Fremont County still must come to the hospital in Thermopolis to deliver their babies, Dr. Bomengen said.

“It’s not ideal,” he said. “They have to travel through the Wind River Canyon, and it makes me sick to think about them driving through the canyon at night and in bad weather. The best thing is for people to receive medical care and procedural care in their communities.”

Hot Springs Health also operates outreach clinics in Shoshoni and Worland.

Training and recruiting new OB providers

Difficulties in hiring and retaining providers who can deliver babies in rural areas start with medical training. Because so many of today’s medical students choose to specialize, there aren’t a lot of training options for students who are interested in full-spectrum family medicine that includes obstetrics.

Dr. Mathey said he realized early on that he wanted to practice full-spectrum medicine.

“As medical school progressed, I realized that the main doctor, the only doctor I had in mind, was a general practitioner



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who saw young, old and all spectrums of life. It made the most sense for my temperament and my personality type,” he said.

Dr. Mathey said he and the other five doctors at Hot Springs Health are all family practitioners who have a passion for obstetrics.

“It wouldn’t be as fulfilling if you took that piece out,” he said.

Dr. Bomengen said he also enjoys the variety provided by the full-spectrum of care in family medicine.

“I love the adrenaline component afforded by the emergency room. I love the mental challenge of the hospital. I love the continuity of maternal care with OB. I’m starting to deliver babies of patients I delivered. This is a needed service, and it’s part of what makes our job so special and so enjoyable.”

Hot Springs Health does not have hospitalists to care for inpatients as many hospitals do today. Instead, each of the family practitioners rotates on-call duties to cover the hospital, serving in the ER, OB and all other areas of inpatient treatment. He referred to this full-spectrum model as “more of a cowboy” style of providing medical care.

“We do it all,” Dr. Mathey said.

However, Dr. Mathey said his obstetrical training was limited during his residency in Fort Collins, Colorado, where OB/GYN specialist residents were given priority for experience with C-section deliveries.

As a result, he didn’t get enough experience to be credentialed in that skill. “I’m the only one not doing operative C-sections” at Hot Springs Health, he said.

Family medicine residency programs

To help meet the training needs of Family Medicine resident physicians who want a full-spectrum practice, the University of Wyoming Family Medicine Residency Program in Casper began offering an OB track in addition to their routine training more than 20 years ago for residents who want it.

“We certainly have some doctors who are interested in obstetrics, and some who are not,” said Beth Robitaille, MD, UW’s Designated Institutional Officer for Graduate Medical Education.

Two to four residents are training in the obstetrical track at any one time as part of their three years of Family Medicine residency in Casper. That includes surgical OB training, she said.

Dr. Robitaille said some of the OB track residents decide to



Dr. Mattson Mathey.
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stay in Wyoming to practice family medicine. As of this year, she believes that number stands at about eight to 10 who are employed in places like Casper, Buffalo, Thermopolis and Powell.

The UW Family Medicine Residency Program in Cheyenne also provides three-year residency training for medical students who plan family practice careers. However, Cheyenne does not have an OB track for full-spectrum care. But that’s about to change.

Evan Norby, DO, Director of UW Family Medicine Residency in Cheyenne, said a new obstetrics rural training track will begin there in July.

“We’ve identified what it looks like on the ground. We have a strong interest from our first-year class, with all six of them being interested in

possibly doing the OB track,” he said.

Preparation for that program includes re-developing schedules, amending Cheyenne Regional Medical Center’s bylaws, credentials and other policies to bring them into line with what is needed to establish the OB training track, Dr. Norby said.

Jacques Beveridge, MD, an OB/GYN in Cheyenne and a member of the Governor’s Task Force on Healthcare, has been instrumental in helping to make those changes and preparations, Dr. Norby said.

Residency training is also beginning to move into rural areas in Wyoming. Several years ago, Hot Springs Health and the UW Family Medicine Residency Program in Casper collaborated to create a two-year Rural Training Track residency program in Thermopolis.

Dr. Robitaille said she and Dr. Bomengen worked together for about four years to create the new program. Residents complete their first year in Casper, then do their second and third years of residency in Thermopolis.

The Thermopolis rural training track began operating nearly five years ago. “The third one is graduating in June,” Dr. Robitaille said.

Dr. Robitaille said she is now working with a hospital in another Wyoming community in hopes of starting a second rural training track program. She declined to identify which community it would be in, as it is still early in the process.

They were applying for a three-year rural residency planning and development grant to fund the process to establish the envisioned rural track training program. However, the rural community had to refocus resources toward replacing one of their longstanding OB providers who recently announced their

departure. Both groups are still committed to the continued exploration of a rural training track.

The planning process, including accreditation, takes much time and intensive planning, she said.

“It is, I believe, much more complicated than people who haven’t been in this world of graduate medical education can appreciate,” she said.

Dr. Norby said expanding the rural training track in the state could help attract new doctors to Wyoming.

“I think it would benefit Wyoming to further expand that program,” he said. “The next component is to attract them to stay in the state. Some already want to stay, but they need a competitive salary, and to be in a supported environment.”

He cited the example of a 2021 graduate who wanted to stay in Wyoming, doing a full scope of care of family medicine with OB. However, the offers from rural communities in the state were not competitive with other states, and the graduate ended up leaving Wyoming.

One of the biggest obstacles to expanding rural training tracks is limited or lacking funding, Dr. Norby said.

“I don’t know what level of support is out here for creating dollars to support that,” he said. “The Wyoming Legislature has worked over the years to decrease its share of funding for residency programs.”

Dr. Norby said recruiting and retaining medical providers is difficult, in part, because rural communities often struggle to retain a critical mass of OB providers necessary to distribute the call burden.

A recruiting success story

Philip Gard, DO, is the third graduate of the rural training track for medical residents in Thermopolis. He recently signed a contract to stay on with Hot Springs Health for five years, beginning July 1.

“I’ll stay as long as they will have me,” he said.

Dr. Gard, who grew up in Riverton, also helps provide care at the Riverton outreach clinic.

“I came back home to raise kids and do what I’ve always dreamed of doing — support our small communities and provide a full-spectrum of care,” he said.

He and his wife, Mary, have two children, Levi, 5, and Rosilie, 2.

Dr. Gard said his inspiration was his own doctor, Eric Ridgeway, MD, of Riverton, who recently retired.

“I shadowed him when I was preparing to go to medical school. I was like, ‘Wow, you do so much! That’s what I want to do.’”

Dr. Gard said he was on call at the hospital in Thermopolis



Dr. Travis Bomengen, left, and University of Wyoming Family Residency Program - Casper Residents Dr. Elizabeth McKenzie and Dr. Philip Gard pose in the Capitol Annex in Cheyenne on Feb. 18. The residents came to visit Dr. Bomengen at the Capitol while he was Doctor of the Day for the Wyoming Legislature.

PHOTO BY WHITNEY HARMON

the day before we visited for this article.

“I saw 15 people in the emergency room, took care of the hospitalist [inpatient] side with patients ages 4 months to 85, delivered one baby and did a couple of procedures through the ER,” he said.

Hot Springs Health employs six family medicine physicians. Dr. Bomengen said the organization recruits for retention, “not just to fill a spot with a warm body.”

It is easier to recruit and retain doctors who are already familiar with rural Wyoming, he said.

In addition to Dr. Gard, he cited the examples of Jason Weyer, DO, from Powell, who has been at Hot Springs Health for 19 years; Hallie Bischoff, DO, from Cody, nine years; Dr. Mathey, from Green River, seven years; and Megan Olson, MD, from Cheyenne, two years; all of whom are employed by Hot Springs Health.

A different training approach

Another hospital in Wyoming is taking a different approach to filling community maternal care needs. Kristi St. Clair, MD,



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who is finishing her third year of residency at the UW Family Practice Residency program in Cheyenne, has signed on with Banner Health in Worland.

But, because the Cheyenne residency program doesn't yet have an obstetrics track, she's had limited training in C-section deliveries. To increase her OB training, Banner is sending Dr. St. Clair to one of its larger hospitals, likely in Arizona, for a month or two. There, she will get the C-section experience she needs.

"I get a ton of OB experience here in Cheyenne — 200-250 deliveries, but not enough C-sections to be credentialed," Dr. St. Clair said. "Luckily, Banner has been willing to help me out with that."

The only other route for her would be an extra year of training in an obstetrics fellowship. But getting the training through Banner will require only another month or two, she said.

"I am so excited," she said. "I can't wait to be practicing independently. I can't wait to be up there in Worland."

Dr. St. Clair is from a rural community in Georgia. Except for her residency, Wyoming wasn't even on her map.

"I planned originally to do my residency in Cheyenne, get good training in OB and sports medicine, then go back to Georgia. But I found that I loved Wyoming and wanted to stay," she said.

"I was looking for a rural community that needed a doctor who provided OB, family care and emergency room medicine. Worland had the best job, and I liked the town most. People at the gas station know you, everybody knows you. There are beautiful woods and mountains everywhere. After living three years in the city, I can't wait to get out and have some space again."

Dr. St. Clair said she is saddened by the culture change caused by increasing specialization in medical training.

"Everybody's kind of dividing up, rather than trying to learn everything," she said. "I hate to do the same thing forever. The thought of doing the same thing over and over for 40-50 years scared me to death. That's part of the reason I love medicine."

Dr. St. Clair will join Whitney Hine, MD, at Banner Health.

Dr. Hine said she had no plan at all to come to Wyoming, though she did want to practice in a rural area.

She did both her three-year residency and a year-long obstetrics fellowship at MultiCare Tacoma Family Medicine in Washington.

She grew up in New England and planned to practice medicine in rural Vermont. But, much like Wyoming, maternal care services in rural communities there too often are closing their doors.

Dr. Hine was considering a position at a hospital in a small

Vermont community when it closed to OB patients. Patients there now are driving 30-40 miles to deliver their babies.

"As I was talking about another job, they closed their community OB, too. I said, 'I don't think Vermont is in the cards right now.'"

But she did get a recruiter's postcard in the mail about another job — one in Worland, Wyoming. "It didn't sound like the job for me," she said. Still, she sent the postcard back. And, to her surprise, she loved it there.

Dr. Hine delivered about 40 babies last year, including medically complex deliveries.

But she said she also enjoys performing other medical services and seeing a wide variety of patients.

"I love all those grumpy old Vermont farmers," she said. "Coming to ranch country feels much the same. It creates a real well-rounded experience for me. It's not the same every day."

John Thurston MD, family medicine, also delivers babies at Banner Health.

Working together

Bush said part of the solution to maternal care deserts is broadening the number and scope of providers who can deliver babies in healthcare organizations.

With the shortage of OB caregivers increasing, OB/GYNs and other providers around the state must work together to help relieve Wyoming's maternal care desert areas, she said.

"Powell is doing an amazing job in this space," Bush said. "I think it's a model to be replicated in Wyoming."

Four providers deliver babies at Powell Valley Healthcare. They are Jenkins Clarkson, MD, OB/GYN and PhD; Quang Nguyen, MD, OB/GYN (part time); Nicole Comer, MD, family

medicine; and midwife Ashley Engesser. PVHC is currently recruiting for a second midwife.

"The administration at PVHC has made it a priority to be able to offer these services to women in the area", Dr. Clarkson said. "The administration is supporting us and giving us a great staff and great tools to provide great services, both vaginal and cesarean, and create a great program."

He noted that Powell and Cody, with three OB/GYNs,



Dr. Kristi St. Clair
CONTRIBUTED PHOTO

are the only providers of maternal care in northwest Wyoming.

Dr. Clarkson said all four maternal care providers at Powell Valley Healthcare work well together despite their different models of care.

As a midwife, Engesser is the only one at Powell Valley Healthcare who provides a water birth option.

Midwives are more holistic and see birth as a physiologic process rather than a disease process, Engesser said. Each mother chooses whether she wants an epidural or a non-medicated delivery, among other options.

“One of the things I value most is the relationship I build with my patients,” she said. “I give each mother good evidence and make sure she is informed about all her options. One size does not fit all when it comes to having babies.”

If complications develop in pregnancy, there is a good process to transfer the mother’s care to Drs. Clarkson and Nguyen, she said.

As OB/GYNs, Dr. Clarkson and Dr. Nguyen are the physicians who take care of women who have complicated pregnancies or are medically at risk. They also can give women an option to try to deliver vaginally after having previous C-sections, in cases where that is appropriate.

However, midwives can care for a VBAC patient up to a certain point, if that is the woman’s preference, Dr. Clarkson said.

On the other hand, women with normal, uncomplicated pregnancies sometimes feel more comfortable being cared for by a specialist. It goes both directions, he said.

Dr. Comer is unique at Powell Valley Healthcare because, as a full-spectrum family medicine provider, she can take care of both the mother and the baby.

“I can offer everything from non-medicated vaginal birth through C-section delivery and VBACs. If a baby is stuck, I can use a vacuum. I think the difference is the postpartum care. I do have hands-on with that family so much more than a traditional OB,” she said.

In the rare case when a mother and a baby are both struggling after a birth, Dr. Comer said she can call on a trained pediatric nurse to help with the baby.

Dr. Comer also is the mother of four children. She understands, personally and professionally, the critical role OB/GYN specialists play. When Dr. Comer experienced a serious complication with the birth of her youngest baby eight months ago, she was very aware of and thankful for Dr. Nguyen’s skill, she said.

Campeau said an OB/GYN is always advised and on call whenever any mother is laboring at Powell Valley Healthcare and must be in house when a midwife’s patient is in labor.

Professional tension exists sometimes between maternal

care providers with different training backgrounds. OB/GYN specialists may be skeptical or resentful of family practice and midwife services overlapping into obstetrical care. Midwives may feel unwelcome. But that tension appears to be absent at Powell Valley Healthcare.

“I worked with midwives previously,” Dr. Clarkson said. “I think it is a service that gives more ladies a choice in how they want to

receive their care. They are different models of care with the same goal of having a healthy mom and a healthy baby. It works perfectly.”

“I love the providers I work with,” Engesser said. “There are things I cannot do, so I really appreciate Dr. Clarkson and Dr. Nguyen being there.”

As part of Powell Valley Healthcare’s “all-in” focus on maternal care, all OB staff take a two-day “Spinning Babies” course to talk about how to get a baby positioned perfectly in the pelvis, Gutierrez said.


She said the national rate for cesarean deliveries is 30 percent of all births, while the C-section delivery rate at Powell Valley Healthcare is 9 percent.

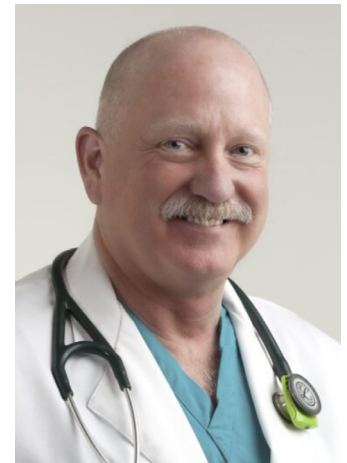
“That’s due to the dedication of our staff,” she said.

Because it takes six months for an OB nurse to get the number of deliveries needed to do OB independently in Powell, PVHC OB nurses are sent to Billings Clinic in Billings, Montana, to get more training and expertise, she said.

Powell Valley Healthcare became the only Baby Friendly Hospital in Wyoming in 2010, a distinction it still maintains.

And, in December, Powell Valley Healthcare earned a score of 98 out of a possible 100 points on the CDC’s Maternity Practices in Infant Nutrition and Care (mPINC) survey.

Rural healthcare comes with unique challenges. While there is no one solution for maternal care deserts, dedicated professionals are working to fill the gaps. 



Dr. Jenkins Clarkson
CONTRIBUTED PHOTO