

Transforming US Maternity Care: The Power of Midwifery-Led Care



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Quick Points

- The United States continues to face a maternity care provider shortage in rural and underserved areas.
- The shortage of Ob-Gyns coupled with a steady decline in primary care physicians, emphasizes the need to increase the number of full-scope maternity care providers.
- Access to care by provided by Certified Nurse-Midwives has been shown to produce high quality outcomes at lower costs.
- NC is one of 3 states with the most restrictive requirements for nurse-midwifery practice in the United States.
- NC received a D rating from the March of Dimes' 2021 report card assessing infant and maternal health.

Nurse-Midwifery Outcomes

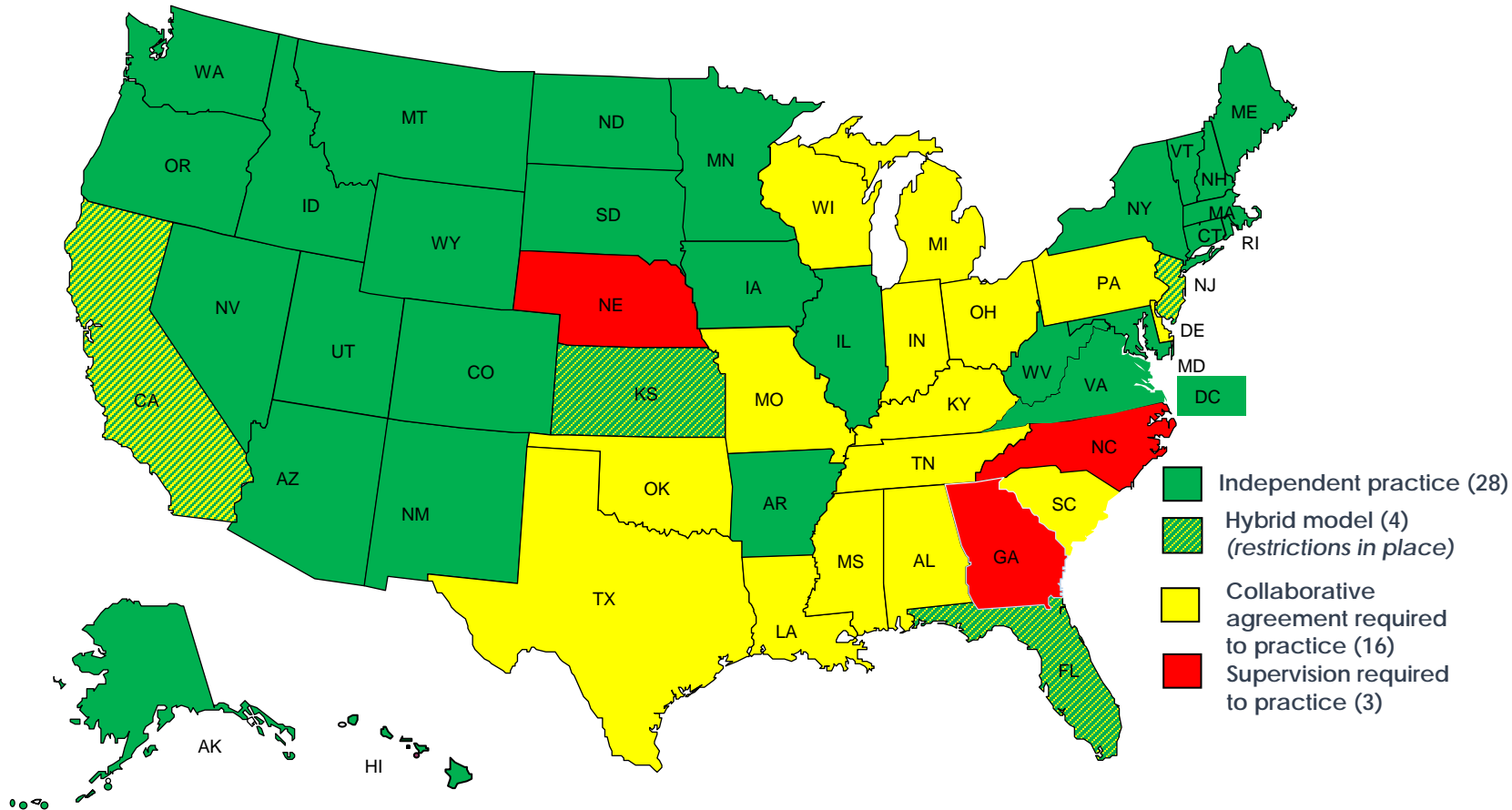
CNMs compared with OBs (Newhouse, 2011)

- Similar APGARs and low birth weight infants
- Same or lower NICU admit
- Lower perineal laceration rate
- Improved outcomes with epidural, episiotomy, induction and increased initiation of breastfeeding

States with full practice authority for CNMs (Yang, et al, 2016)

- 13% decreased odds cesarean section
- 13% decreased odds preterm birth
- 11% decreased odds low birth weight infant

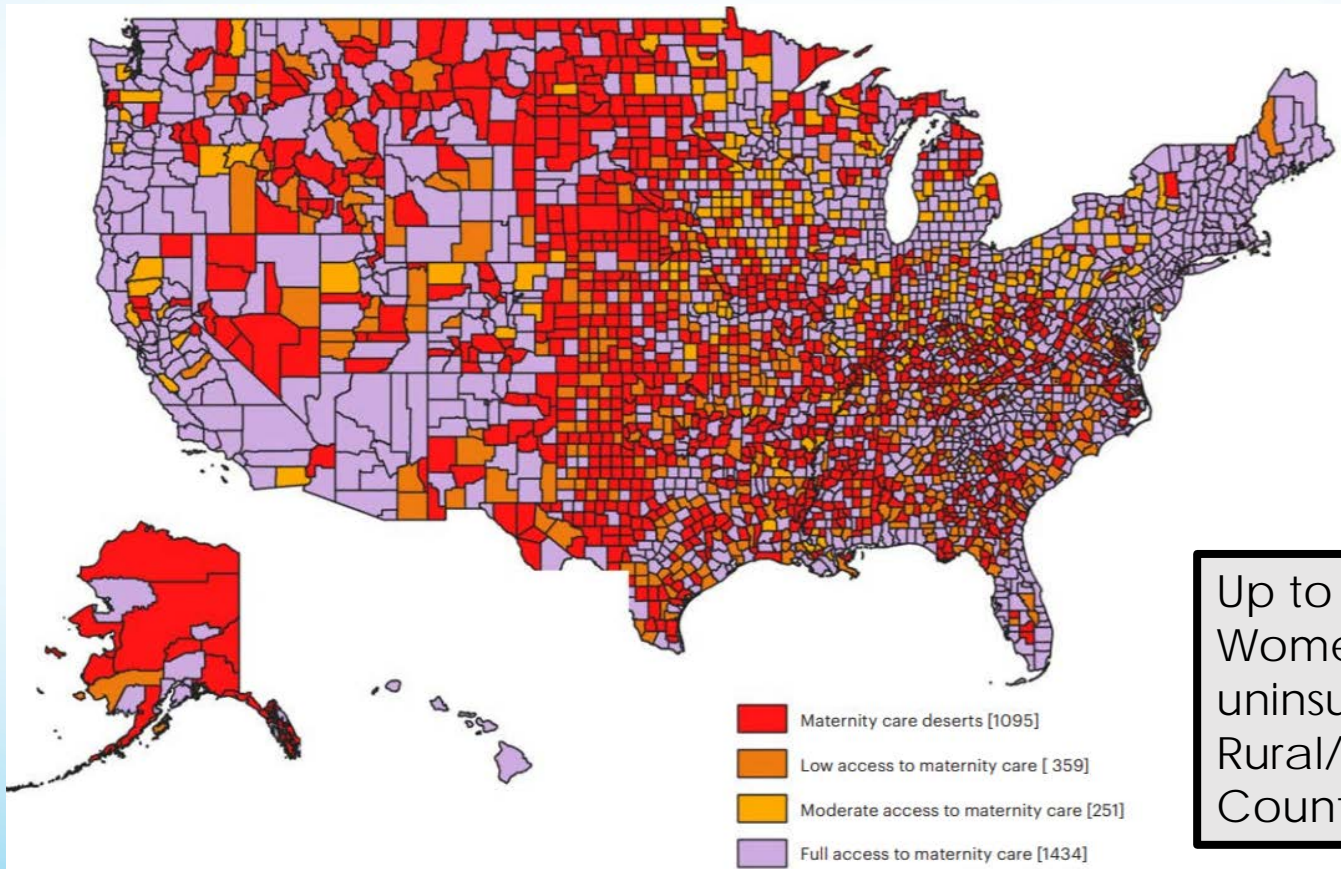
Quick Reference: Practice Environments for Certified Nurse-Midwives as of April 2021



Shortage of Providers



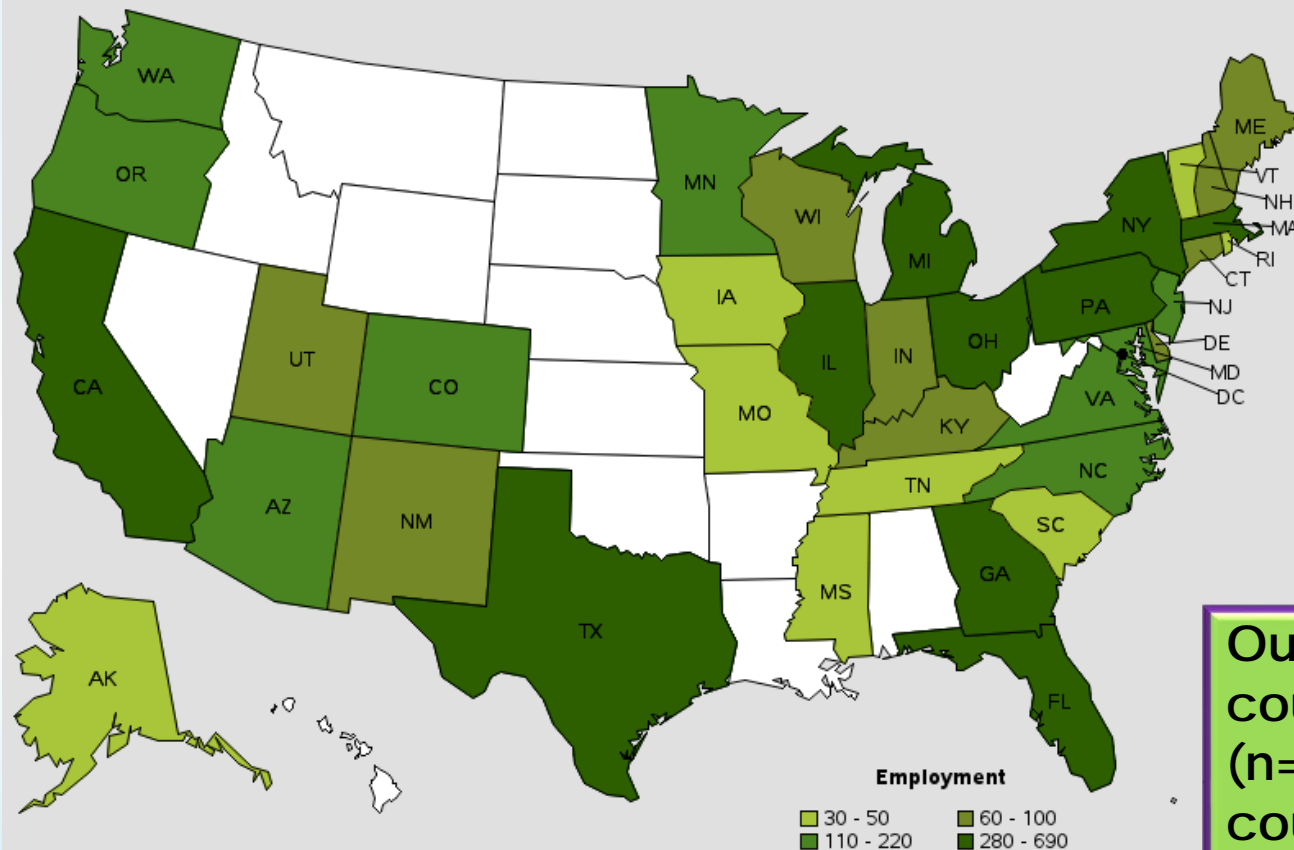
Maternity Care Deserts By County



- "Desert" criteria**
- Counties with zero hospital/birth centers offering obstetric care
 - Counties with zero providers (OB/GYNs, CNMs CMs) per 10,000 births

Up to 13.8%
Women are
uninsured in
Rural/Urban
Counties

Employment of nurse midwives, by state, May 2019



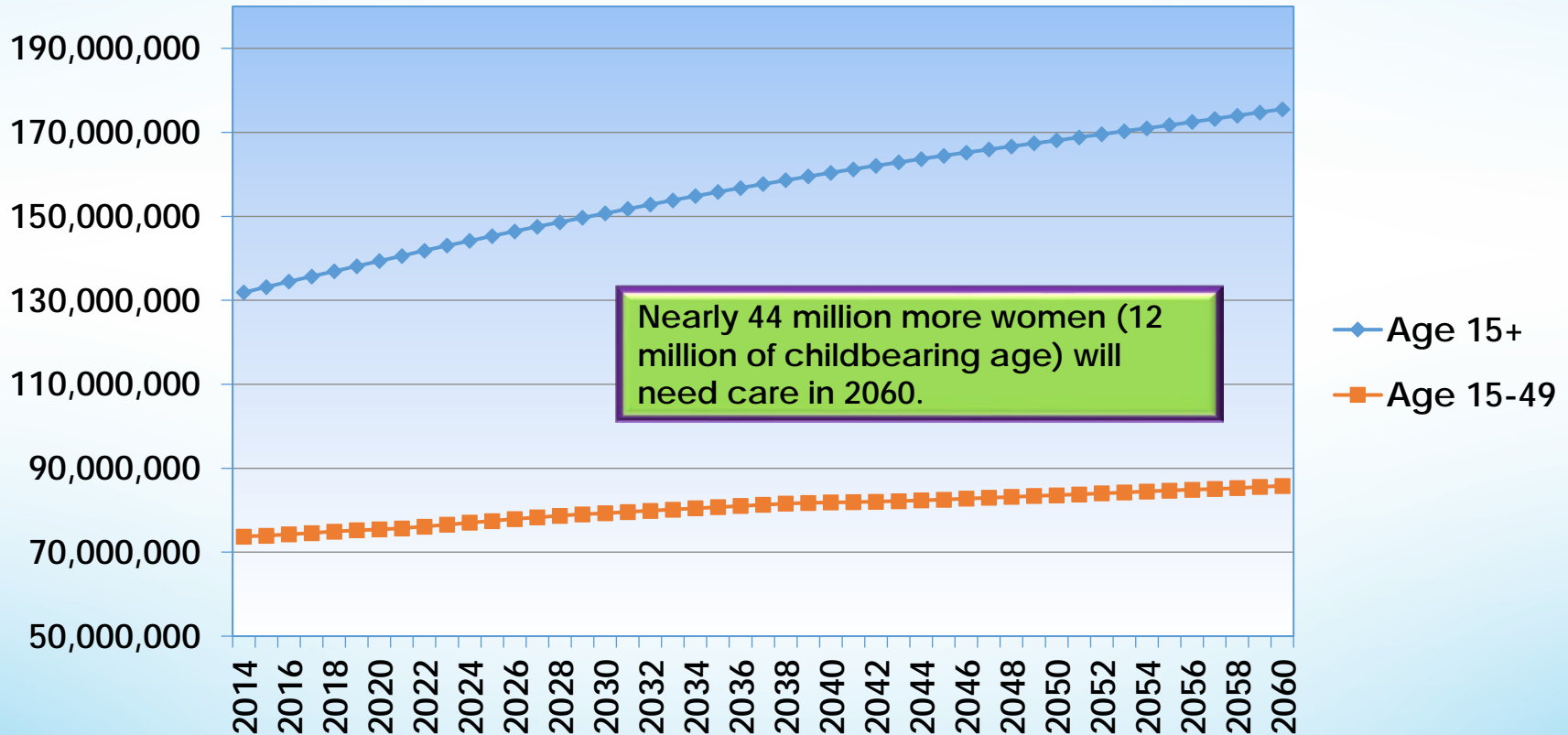
Blank areas indicate data not available.

Out of 3,139 U.S. counties, 55.1% (n=1730) of counties lacked a CNM

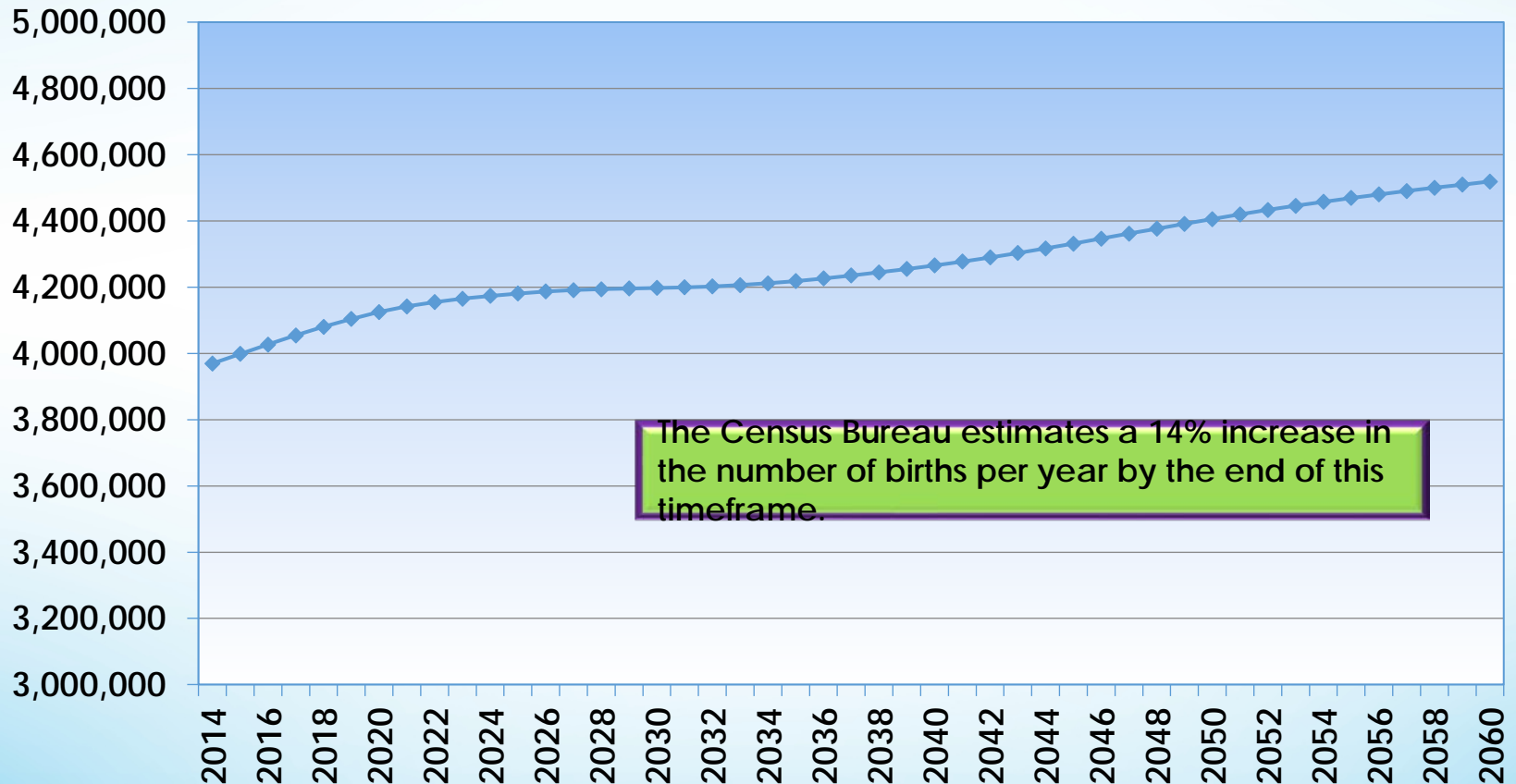
Our Growing Population



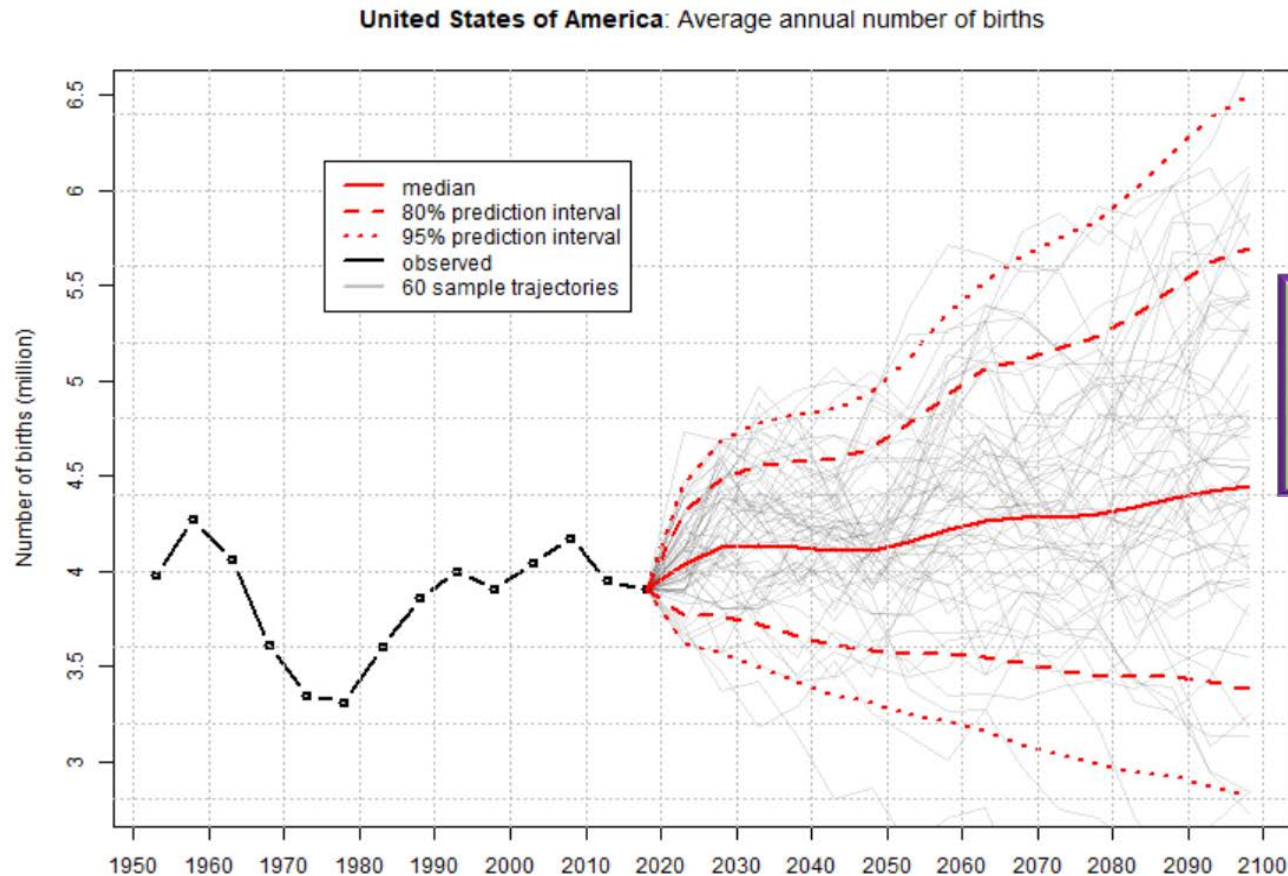
Projected Numbers of Women, 2015-2060



Projected Births in the United States – 2014-2060



Birth Rate



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United Nations, DESA, Population Division. World Population Prospects 2019. <http://population.un.org/wpp/>

United States Number
of Births (2019)
3,745,540

That is
10,262 births
Per Day

Midwifery-Led Care



Current U.S. Maternity Care Providers

OB/GYN

- Medical degree & specialized residency
- Skilled in specialized surgical techniques and primary care
- Trained to attend low, moderate and high-risk births and address complications and co-morbidities
- 99.9% of births they attend occur in hospitals.

CNM

- Masters or Doctoral Degree
- Skilled in fostering innate, hormonally driven processes of normal physiologic birth for women with low-moderate risk
- Provide primary care to women throughout the lifecycle
- 94.6% of the births they attend occur in

Both physicians and midwives are essential to an appropriately structured maternity care workforce.

Increased Access To Midwifery Care Is Correlated With Improved Outcomes For Families

increase in
midwifery
**Integration
Density
Access**



increased breastfeeding



reduced interventions



increased vaginal delivery and VBAC



lower neonatal death



For more information, visit birthplacelab.org

CNMs are Appropriate Providers for Low-Moderate Risk Pregnancy

Scientific American - 2019

“...(Midwifery) practitioners just as well trained as doctors to supervise uncomplicated deliveries. Studies show that **midwife-attended births are as safe as physician-attended ones**, and **they are associated with lower rates of C-sections and other interventions that can be costly, risky and disruptive to the labor process.**”

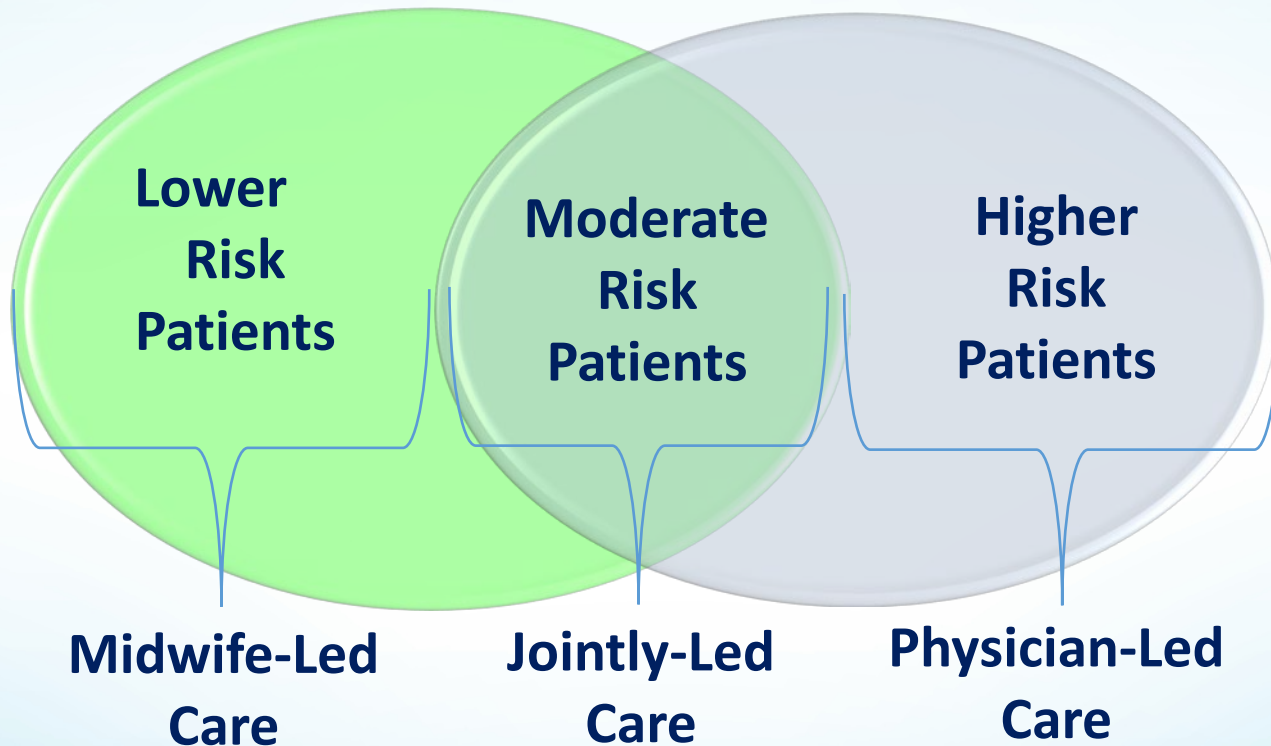
Cochrane Reviews – 2013 and 2009

“The review concludes that **most women should be offered midwife-led continuity models of care**, although caution should be exercised in applying this advice to women with substantial medical or obstetric complications.”

Obstetrics and Gynecology – 2019

“In low-risk pregnancies, midwifery care in labor was associated with **decreased intervention, decreased cesarean and operative vaginal births.**”

Inter-Professional Collaboration – The Ideal



“Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.”

Joint Statement of Practice Relations Between Obstetrician/Gynecologists and Certified Nurse-Midwives/Certified Midwives

Reducing Interventions is Cost Effective

Minimize Interventions

- Many low- to medium risk women might experience unnecessary interventions
- Interventions are costly and may lead to further complications
- The potential result is higher costs and no improvement or a worsening of outcomes

Labor and birth interventions include:

Cesarean delivery

Vacuum-assisted
delivery

Labor induction

Labor augmentation

Cervical ripening

Episiotomies

Modelling Future Cost Savings with CNMs

University of Minnesota, School of Public Health, Policy Brief November 2019

Modelled potential healthcare savings by increasing percentage of pregnancies cared for by CNMs

Current percentage of pregnancies attended by CNMs is 8.9%

If increased to 15% → over \$1 billion in savings by 2023

If increased to 20% → result in \$4 billion saved by 2027

Additional Factors in Cost Effectiveness with Physiologic Births

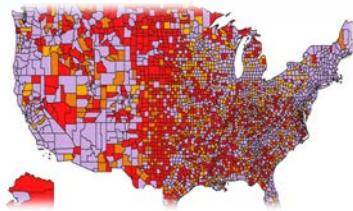
Reduced maternal duration of hospital stay

Reduced NICU admissions

Remember: Maternal and neonatal
outcomes are similar or improved!

*These are applicable to medically low-risk women in a hospital
setting*

Bottom Line: Immediate Need for Change



Provider Shortage



Growing Patient
Population



Using a measure of demand accounting for population, prevalence and incidence of conditions and disease, as well as rates of insurance coverage, available supply of providers and utilization of care, ACOG has projected a shortfall of OB/GYN provider up to 22,000 by 2050.

How Do We Proceed?



By Maximizing Midwifery

Passage of the SAVE Act will lower health care costs and improve access to evidence-based, high-quality APRN care.

Follow the evidence and economics!

Untether APRNs in NC