

**Institute of Medicine, Committee on Women's Preventive Health**

**Meeting 2 – January 12, 2011**

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**Introduction**

Good morning and thank you for inviting me to present before the panel today. I am Catherine Ruhl, an advanced practice nurse here on behalf of two organizations.

The first organization is the American College of Nurse-Midwives, or ACNM. With roots dating back to 1929, ACNM is the oldest women's health care organization in the U.S. ACNM is the professional association that represents Certified Nurse-Midwives or CNMs, and Certified Midwives or CMs. The philosophy inherent in the profession states that CNMs and CMs believe every individual has the right to safe, satisfying health care with respect for human dignity and cultural variations. As a certified nurse-midwife myself for over 20 years, I am a longtime member of ACNM. I currently practice at Providence Hospital here in Washington DC.

The other organization that I represent today is the Association of Women's Health, Obstetric and Neonatal Nurses, also known as AWHONN. AWHONN's 24,000 members are staff nurses, nurse practitioners, nursing school faculty, certified nurse-midwives, and nurse executives who work in hospitals, independent practices, universities, and community clinics throughout the United States. I currently serve as AWHONN's Director of Women's Health Programs. In that capacity, I coordinate

professional nursing education programming and represent AWHONN to a variety of national organizations, including The Partnership to End Cervical Cancer and the CDC's Select Panel on Preconception Care. I also serve as an editorial advisor and contributor to AWHONN's consumer health magazine, *Healthy Mom & Baby*, and AWHONN's consumer women's health sites.

Both AWHONN and ACNM have a mission to promote the health of women and newborns, and therefore work collaboratively on a number of issues.

With the passage of healthcare reform, there is a growing role for advanced practice registered nurses, including certified nurse-midwives, in the delivery of primary care and women's health. Years of research have shown that these health professionals provide high quality health care services.

In fact, registered nurses are typically the first and most consistent point of contact in the healthcare setting. Evidence suggests that nurses spend more time with patients — up to four times on average — than any other healthcare provider. And while midwives are well known for attending births, a study conducted in 2008 found that 53% of CNMs and CMs identified reproductive care and 33% identified primary care as main responsibilities in their full time positions. Examples include annual exams, basic nutrition, parenting education, patient education and reproductive health visits. As a result, registered nurses and midwives have a unique perspective on the health care system — on the way care is and the way care should be provided to women.

As the Committee considers what services are necessary for women's preventive health and wellbeing, I urge you to include the following: all FDA-approved contraceptives; family planning; modifications to care based on the current HIV and cervical cancer screening recommendations; preconception care visits; well-woman visits; screening for intimate partner violence; and breastfeeding supplies, such as pumps.

### **Family Planning and FDA-Approved Contraceptives**

I understand that you have heard from a number of organizations in support of including family planning and contraceptives, so I don't want to spend a lot of my time on this subject. However, I would like to underscore a few brief points.

- First, family planning counseling, contraceptive drugs and devices, and permanent methods of contraception, allow women the option to space out or avoid pregnancies. More than one-half of all pregnancies in the U.S. are unplanned. Research suggests that planned pregnancies result in healthier babies and healthier women. Reproductive life planning takes conventional family planning services a step further by encouraging women to develop personal goals about whether or when to have children, with an aim to promote intention around reproduction. Pregnancies that are properly spaced can reduce infant and maternal morbidity and mortality.
- The increasing rate of maternal mortality in the U.S. makes this issue a critical one to consider. Maternal death rates in the U.S. are higher than in almost all European countries, as well as several countries in Asia and the Middle East. It

is estimated that at least half of maternal deaths in the United States are preventable and planning pregnancy is a vital part of this prevention.

- Finally, the use of the use of oral contraceptives reduces the risk of a number of health problems, including ovarian cancer, uterine cancer, ovarian cysts, benign breast cysts and tumors; symptoms of polycystic ovary syndrome; acne; ectopic pregnancy; and anemia.

Appropriate contraceptive use and family planning are critical components of women's preventive health. When women have options for regulating fertility they can plan for the best time, from the standpoint of their physical and emotional health, to have children: children who can have a healthy start on life.

### **Screening for Cervical Cancer and HIV**

Next, I'd like to discuss screening for cervical cancer and HIV. Cervical cancer was once the leading cause of cancer deaths in American women but screening and early intervention has greatly reduced the number of cases and deaths each year. While we understand that the USPSTF is currently updating their recommendation related to cervical cancer screening, we are concerned that it may not be done by the time this Committee wraps up its work. If that is the case, AWHONN and ACNM support ACOG's December 2009 cervical screening guidelines. We look forward to the recommendation of the Task Force and hope that the IOM would consider the gap that will likely need to be addressed specifically related to the option for cervical cancer screening with both Pap and HPV test for women 30 and over.

On the subject of HPV and cervical cancer, AWHONN and ACNM would like to underscore our strong support for USPSTF's current recommendation related to STI counseling. Counseling around sexually transmitted infections is vital to adolescents and women's health.

Another area of concern is HIV screening. The USPSTF currently makes no recommendation for or against routine screening for adults who are not at an increased risk for HIV and makes this a Grade C recommendation. The CDC and others, however, recommend that women of average risk be screened routinely. AWHONN and ACNM support routine screening, and request that this Committee include routine screening in its final recommendations.

### **Preconception Care and Well-Woman Visits**

Pregnancy outcomes in the U.S. are currently unacceptable and costly. For example, of all live births: 13% are preterm; 8% are low birth weight; 3% have major birth defects and over 32% are delivered by of cesarean section. Evidence suggests that improving a woman's health *before* and *between* pregnancies can result in improved outcomes for the woman and her baby.

Once a woman is pregnant, however, we are often intervening too late to address pre-existing health complications or identified obstetrical risks from past pregnancies that can adversely affect the current pregnancy. Even early entry into prenatal care may not allow enough time to mitigate health risks for both the woman and the fetus. Improving

a woman's health **before** pregnancy, through weight management; screening for environmental risks; genetic screening; control of medical and mental health or psychiatric conditions; and other evidence-based practices can be far less costly than treating pregnancy complications such as gestational diabetes or pre-eclampsia or the costs associated with potentially lifelong health issues for the infant.

In fact, when one considers it from a fetal origins of disease perspective, preconception care is preventive health care for the **entire** population. For example, the offspring of women with diabetes have an increased risk of both diabetes and heart disease later in life. More and more women of childbearing age have type 2 diabetes, a disease that can often be prevented or reversed by achieving a healthy weight and engaging in regular physical activity. Preconception care can help women at risk for diabetes avoid developing this disease and stabilize those who already have diabetes to maximize their chances for a healthy life, a healthy pregnancy, and a healthy child.

Heart disease is the number one killer of Americans and the CDC recently projected that by 2050, 20 to 30% of Americans may develop diabetes. Therefore, it is clear that intervening as early as possible – even before a woman is pregnant – is a critically important part of generational prevention of these chronic diseases.

Preconception care does not replace the annual well woman visit. Both visits are important and each should be covered without cost sharing because they fulfill different purposes in the spectrum of women's health care. Preconception visits can focus

attention on particular preconception risk factors that may have not been addressed at a well woman visit. Both are equally important components of women's preventive health.

### **Screening for Intimate Partner Violence**

Moving on to screening for intimate partner violence, or IPV; which is also commonly referred to as domestic violence. Routine screening of women for IPV is of value because IPV affects women of all demographics and is a widespread problem that significantly threatens the life and wellbeing of millions of women as well as their children. According to the CDC, women experience 4.8 million intimate partner related physical assaults and rapes each year. Research indicates that approximately 11% of all homicide victims are killed by an intimate partner. While intimate partner violence is associated with a number of PREVENTABLE health problems, I want to highlight the unique experience of pregnant women experiencing IPV.

Research suggests that pregnant women have a 35% greater risk of being the victim of intimate partner violence as compared to non-pregnant women. Women experiencing IPV during pregnancy are more likely to delay prenatal care. They are also at risk for a number of pregnancy complications, including infections, high blood pressure, and vaginal bleeding. These women are at also significantly greater risk of experiencing escalating violence or becoming the victims of homicide.

For the fetus, risks include spontaneous abortion or fetal injury. Additionally, women who experience IPV during pregnancy have a significantly increased risk of delivering low birth weight and preterm infants.

With an estimated one-third of adult women's emergency room visits related to injuries caused by a current or former intimate partner, it's clear that that this is a serious problem.

Reliable screening tools for IPV, such as those included in the CDC's compilation of IPV screening tools for healthcare settings, which can be found online, exist to assist providers with screening. Further, follow-up of women identified to be at risk for or experiencing IPV is critical. They must receive timely support and intervention to help ensure **their** safety as well as that of their children.

Women's health nurses play an integral role in IPV assessment and intervention due to the amount of time nurses spend with patients and the trusted supportive role the public views nurses as offering. These factors may make it easier for patients to disclose information when asked about IPV. Nurses and midwives are well-situated in many settings to educate, coordinate referrals and maximize access to community resources for women experiencing IPV.

## **Breastfeeding Supplies**

The next topic I would like to discuss is breastfeeding. The USPSTF recognizes that there is convincing evidence that breastfeeding provides “substantial health benefits for children and adequate evidence that breastfeeding provides moderate health benefits for women.” In their current B level recommendation, the USPSTF supports interventions such as formal breastfeeding education and direct support of mothers during breastfeeding observations.

AWHONN and ACNM ask that you build upon this existing recommendation, and support coverage for breastfeeding supplies and devices, such as breast pumps. According to a 2005 study, nearly two-thirds of new mothers return to work within twelve weeks of giving birth. For mothers who return to work without onsite child care, breast pumps are indispensable. Missing even one needed pumping session can have several undesirable consequences, including mastitis, a painful swelling and inflammation of the breast that increases the risk of breast infection and breast abscess. Most critically, for all women, milk left in the breast beyond three to four hours signals the body to slow its rate of milk production and may decrease the woman’s total daily breast milk output. If a mother’s milk output drops, requiring her to resort to infant formula to meet her baby’s need for food, she then also potentially places her infant at higher risk for a number of diseases and conditions.

Based on the wealth of evidence demonstrating a link between breastfeeding and improved health outcomes for both child and mother, we strongly recommend that you

consider including coverage for breast pumps and accessories in your final recommendations.

### **Definition of Prevention**

AWHONN and ACNM support a definition of preventive health care that encompasses all of the services and supplies outlined above. Preventive care assists women to maximize their health over their lifespan by helping them understand and minimize health risks, prevent disease and injury, proactively implement reproductive life plans, and adopt and maintain healthy habits. Preventive women's health care with its emphasis on counseling, education and ongoing partnership between patients and their health care providers, empowers women to take personal responsibility for their health and supports women in their efforts to attain physical and emotional wellbeing at every stage of their lives.

### **Closing**

In closing, I would like to thank you for your consideration and I greatly appreciate this opportunity to present on behalf of ACNM and AWHONN. I am happy to take any questions.