Dear [insert legislative aide or legislator first and last name],

My name is [insert your first and last name], and I am the midwife from [insert your home city] who you spoke with earlier. I wanted to write and thank you for taking the time to speak with me to discuss the Moms for the 21st Century bill and the Quality Care for Moms and Babies bill.

I invite you to call me if you have questions about the midwifery profession, or the delivery of and access to quality women’s health services.  Below are a few fast facts about midwives in the United States to assist you in recalling the profession for future legislative considerations. For more specifics regarding current legislation, please contact our ACNM Federal Representative Patrick Cooney at (202) 347-0034 or patrick@federalgrp.com.

Thank you for your continued support of both midwifery and women’s health care.

Sincerely,

[insert your first and last name and credentials]

**Fast Facts about Midwives**

* Midwifery is legal in all 50 states, the District of Columbia, American Samoa, and Guam.
* The vast majority of US midwives—more than 12,000—are certified nurse-midwives (CNMs) and certified midwives (CMs).1
* CNMs/CMs attend more than 300,000 births annually, and provide primary care services, including annual exams, writing prescriptions, patient education, and reproductive health services.2,3
* More than 50% of CNMs/CMs list physician practices or hospitals/medical centers as their principal employers. 4 Of CNM/CM-attended births, 95.7% occur in hospitals, 2.2% occur in freestanding birth centers, and 2% occur in homes.2

**Midwives Provide High Quality Care**

Women cared for by midwives compared to women of the same risk status cared for by physicians have: 5,6

* Higher chance for a normal vaginal birth
* Lower rates of cesarean section
* Reduced rates of labor induction and augmentation
* Significant reduction in incidence of third and fourth degree perineal tears
* Higher rates of breastfeeding
* Lowered risk of neonatal mortality, low birth weight, and infant mortality
* Less use of epidural anesthesia
* Shorter length of stay in the birth facility

**Midwives Provide Cost Effective Care**

* Midwifery care results in fewer cesarean births than physician care for equally low-risk women.2 The average costs for vaginal birth are approximately 50% lower than those for cesarean birth.7
* During pregnancy, 9% fewer women in collaborative care than in physician only care make costly visits to the Emergency Room.8
* Each day in the hospital is a significant cost. Of women cared for by midwives and physicians working collaboratively, 28% are discharged before 24 hours.8
* Compared to women cared for exclusively by physicians, 6% fewer women cared for by midwives and physicians collaboratively have stays longer than 72 hours.8

**Midwives are a Solution to the Health Care Workforce Shortage**

“Ob-gyns working collaboratively with midwives is a way to address the gap between the supply of ob-gyns and the demand for women’s health care services.”
-Richard N. Waldman, MD, FACOG, Past President, American College of Obstetricians & Gynecologists9

“The US population is growing, yet the number of new medical graduates has basically plateaued—hiring nonphysician clinicians is a good solution to accommodate the health care needs of the growing population.”
-The Obstetrician-Gynecologist Workforce in the United States 201110

“CNMs should be better utilized to address the projected health care workforce shortages.”
-*Women’s Health Issues*, January 201211

**References**

1. American Midwifery Certification Board
2. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Wilson E, Matthews TJ. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: National Center for Health Statistics. 2012.
3. Schuiling KD, Sipe TA, Fullerton J. Findings from the analysis of the American College of Nurse-Midwives’ memberships surveys: 2000-2003. *J Midwifery Womens Health*. 2009; 50(1):8-15.
4. American College of Nurse-Midwives. The ACNM Core Data Survey, 2010. [http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000001720/CoreDataSurvey\_2010\_one-pager.pdf](http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000001720/CoreDataSurvey_2010_one-pager.pdf.). Accessed April 19, 2012.
5. Newhouse RP, Stanik-Hutt J, White KM, et al. Advanced practice nursing outcomes 1990-2008: a systematic review. *Nurs Econ.* 2011;29(5):1-22.
6. MacDorman MF, Singh GK. Midwifery care, social and medical risk factors, and birth outcomes in the US. *J Epidemiol Community Health*, 1998; 52(5):310-317.
7. Truven Health Analytics MarketScan® Study, prepared for Childbirth Connection, Catalyst for Payment Reform, and Center for Healthcare Quality and Payment Reform. (January 2013). The Cost of Having a Baby in the United States. <http://transform.childbirthconnection.org/wp-content/uploads/2013/01/Cost-of-Having-a-Baby1.pdf>. Accessed May 5, 2013.
8. Jackson, DJ, Lang, JM, Swartz WH, et al. Outcomes, safety, and resource utilization in a collaborative care birth center. *Am J Public Health.* 2003; 93(6):999-1006.
9. American College of Nurse-Midwives, *News Release: Ob-Gyns and Midwives Seek to Improve Health Care for Women and Their Newborns, March 31, 2011.* <http://www.midwife.org/index.asp?bid=610>. Accessed April 19, 2012.
10. Rayburn, WF. *The Obstetrician-Gynecologist Workforce in the United States: Facts, Figures, and Implications, 2011*.
11. Johantgen M, Fountain L, Zangaro G, Newhouse RP, Stanik-Hutt J, White KM, et al. Comparison of Labor and Delivery Care Provided by Certified Nurse-Midwives and Physicians: A Systematic Review, 1990 to 2008. *Women Health Iss.* 2012;22(1):e73-e81.