



**Capitol Hill Briefing on the
Improving Access to Maternity Care Act of 2015 (H.R. 1209/S. 628)
July 8, 2015**

**Statement from Tina Johnson, CNM, MS
Director, Professional Practice & Health Policy
American College of Nurse-Midwives**

“Thank you for being here this afternoon. We appreciate you taking time to learn more about the challenges we are facing with regard to the maternal care workforce.

“I am Tina Johnson, Director of Professional Practice and Health Policy at the American College of Nurse-Midwives, which represents the nation’s nearly 12,000 certified nurse-midwives and certified midwives. I am a certified nurse-midwife myself and have practiced for 16 years in Maryland, most recently in a community hospital in inner city Baltimore, where our team of midwives, physicians, residents and midwifery interns cared for the most vulnerable women - those who were uninsured or in the Medicaid program, without many resources, and who relied on us for access to maternity services.

“Before building on what Dr. DeFrancesco has laid out, I want to give a little bit of background on certified nurse-midwives and certified midwives. Both certified nurse-midwives and certified midwives are advance practice providers with graduate level education in midwifery. The distinction is that CNMs have a background in nursing while CMs come into their midwifery education with a bachelor’s degree in a field other than nursing. Our role in the health care system is to provide comprehensive care for women throughout the lifespan, with a focus on facilitating the process of normal, physiologic birth, which most women are capable of experiencing.

“Nationwide, in 2013, CNMs/CMs attended 8.2% of all births, although in several states that percentage ranged between 20-27%. CNMs are licensed and practice in all 50 states and the District of Columbia, while CMs are authorized to practice in 5 states at this time. The vast majority of births attended by CNMs and CMs (nearly 95%), take place in a hospital, with a much smaller percentage occurring in other venues such as a birth center or home. So we work primarily in institutions alongside our OB colleagues.

“According to the Health Resources and Services Administration, in 2011, approximately 56% of counties did not have a CNM or CM residing in those areas. As you can see, there is a great deal of white space on the map in slide 4.

“Since CNMs and CMs work closely with obstetricians, it is important to look at the data with regard to both professions. Slide 5 shows counties where HRSA’s data indicate that there are no

OB/GYNs or CNMs/CMs. Based on this very high level information, we know there are areas of the country where women are facing serious challenges to accessing maternity care. We need to better understand that situation and start taking action to address it.

“We know that access to timely and appropriate maternal care has a measurable, positive impact on outcomes for mothers and babies. The Improving Access to Maternity Care Act will help us get a clear understanding of exactly where maternal care shortages exist. Once we know where those areas are, the National Health Service Corps can ensure that maternal care providers are located in areas where they are most needed.

“Right now, CNMs, as federally recognized primary care providers for women, can participate in the National Health Service Corps, but they are required to work in primary care shortage areas where the full range of their skills may not be utilized as much as they could if they were to be located in a maternal care shortage area.

“Having more refined data on maternal care shortages will let us target existing funding in a more rational manner, ensuring that maternal care providers can be located where they are most needed. This is a welcome step toward addressing the shortages that we know are out there so women and their babies can receive the care they need and deserve. “Thank you again for taking time to be with us today and we encourage you to support this important legislation.”

The American College of Nurse-Midwives (ACNM) is the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the United States and strengthens the capacity of midwives in developing countries. Our members are primary care providers for women throughout the lifespan, with a special emphasis on pregnancy, childbirth, and gynecologic and reproductive health. ACNM reviews research, administers and promotes continuing education programs, and works with organizations, state and federal agencies, and members of Congress to advance the well-being of women and infants through the practice of midwifery. More information about ACNM can be found at www.midwife.org

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Maternal Care Shortage Areas and H.R. 1209/S. 628

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AMERICAN COLLEGE
of NURSE-MIDWIVES

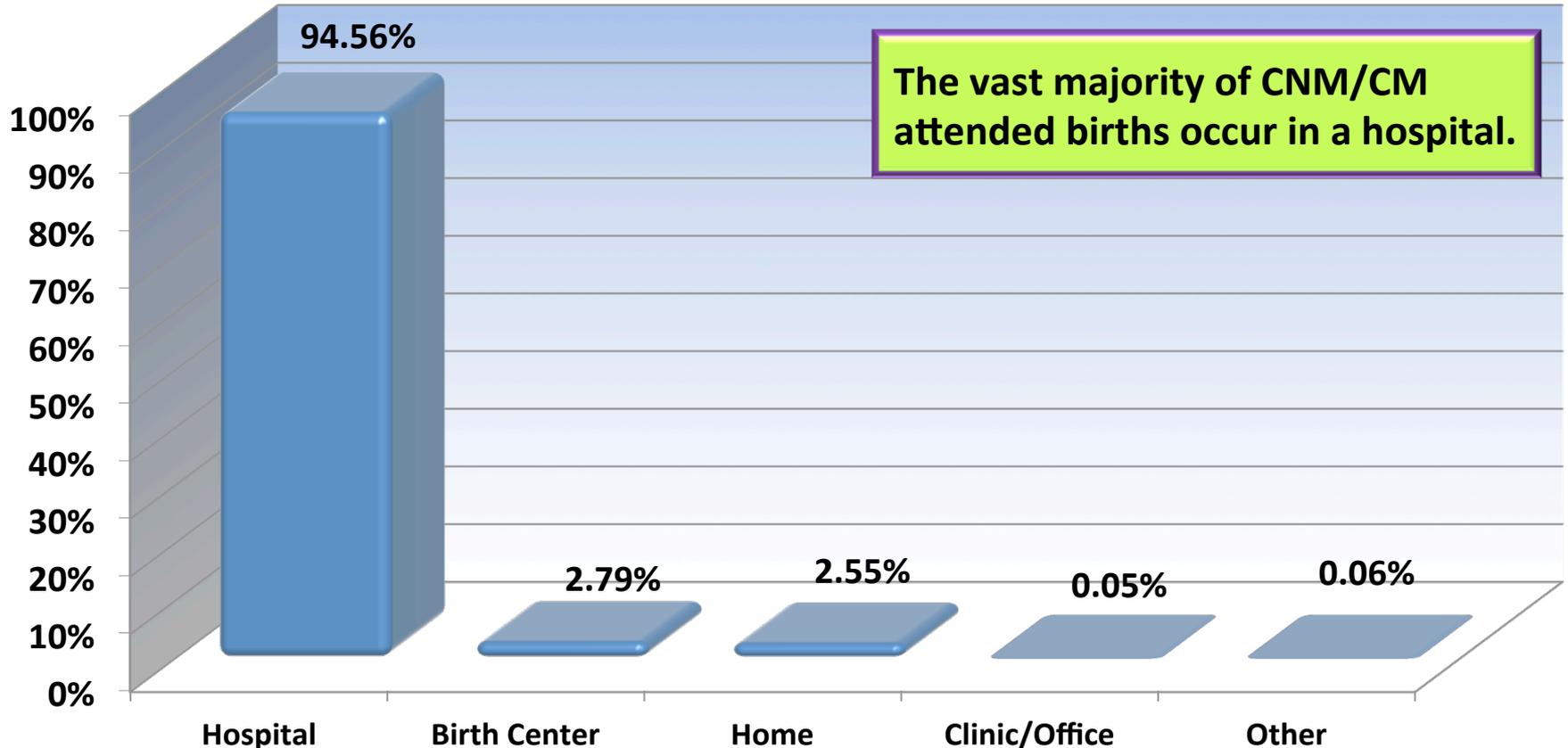
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What are Certified Nurse-Midwives/Certified Midwives?

Basic Facts

- Masters degree prepared advanced practitioners
 - CNMs have nursing background, CMs have bachelors degree in a field other than nursing
- Skilled in fostering normal physiologic birth
- Provide primary care to women throughout the lifecycle
- Licensed and practicing in all 50 states, DC and the territories
- Attended 8.2% of all US births in 2013, in some states attended 20 – 27%.
- Work closely with OB/GYNs to ensure appropriate care
- A [brief video introduction](#) to midwifery!

CNM/CM Attended Births by Location - 2013



Source: CDC/NCHS, National Vital Statistics System. Birth certificate data is known to contain errors and misattribution and should be understood to be less than 100% accurate. Reflects data from states where birth location is reported on birth certificate.

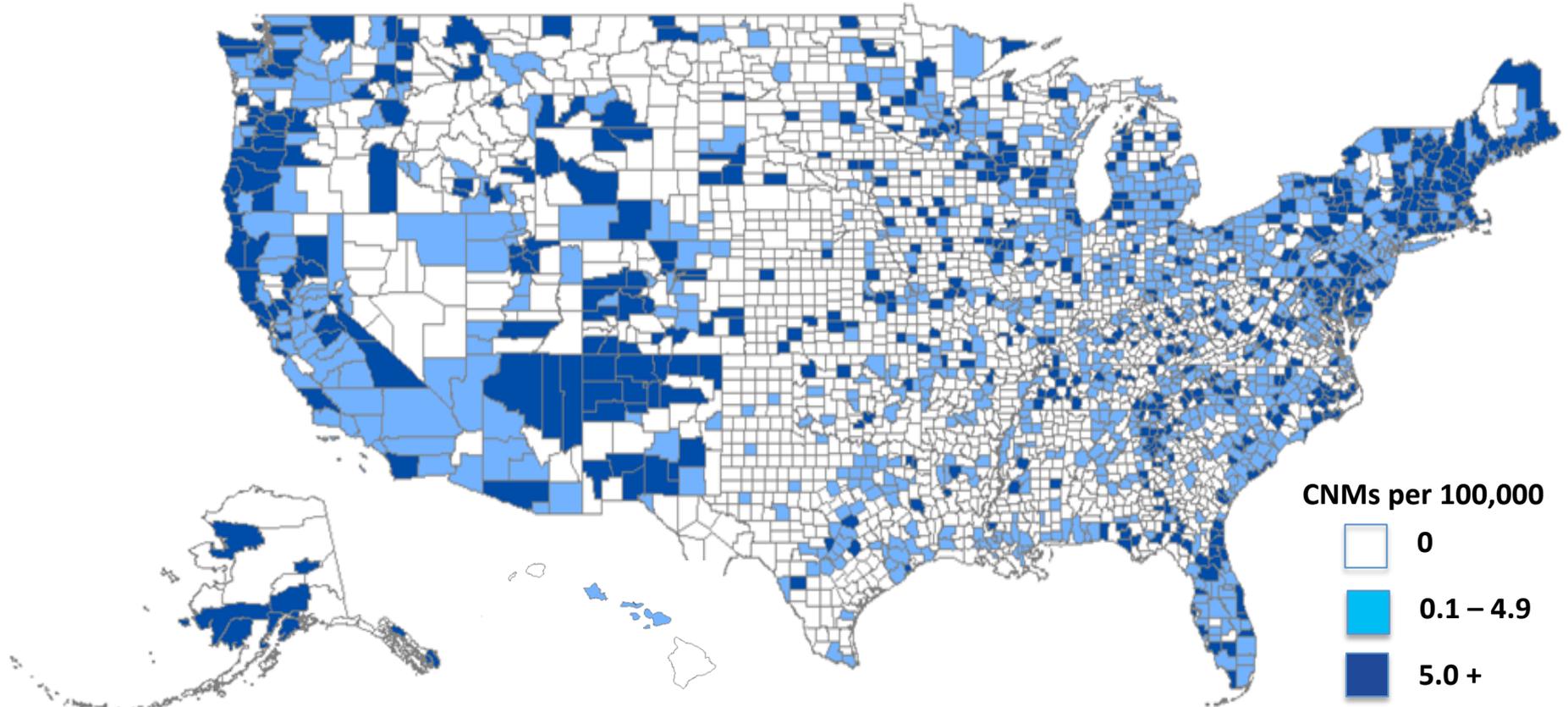


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Certified Nurse-Midwives/Certified Midwives per 100,000 Population

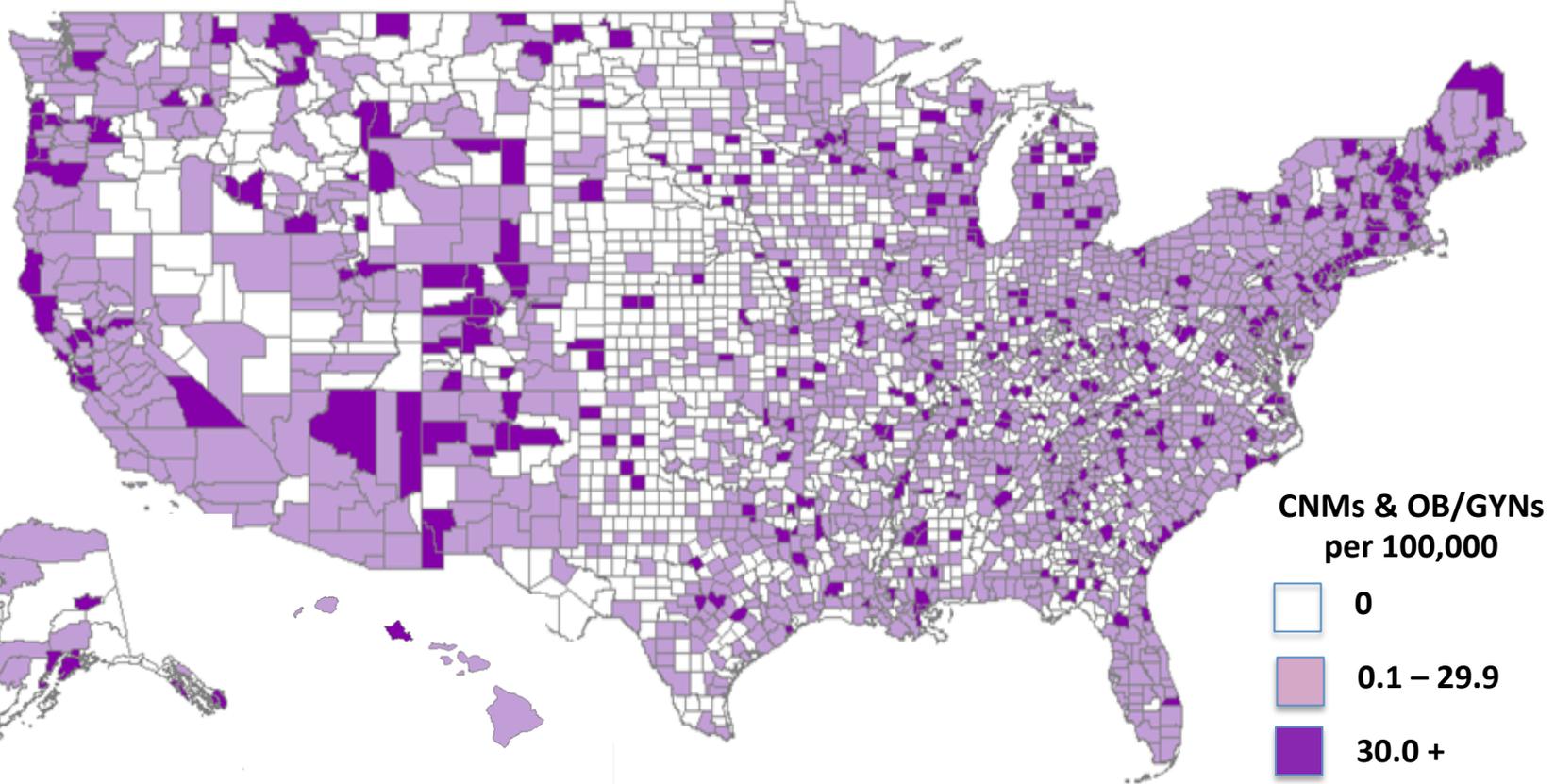
Data Current as of 2011



Out of 3,142 U.S. Counties, 1,758 (56%) have no CNM/CM.

CNMs and OB/GYNs per 100,000 Population

Data Current as of 2011



Out of 3,142 U.S. Counties, 1,263 (40%) have no CNM or OB.

CNMs and the National Health Service Corps

- CNMs are currently eligible to participate in the NHSC
- NHSC recipients must practice in a primary care shortage area where patient needs may not necessarily align with their skills
- **H.R. 1209/S. 628 will help target midwifery skills to where they are most needed**



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