



# Removing Barriers to Midwifery Care: Increased Funding for Midwifery Education Programs

## Legislative Issue Brief

### **POSITION:**

The American College of Nurse-Midwives (ACNM) strongly supports legislative efforts that seek to expand access to the midwifery model of care as practiced by Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) through increased federal funding to midwifery education and training programs. Draft legislation, the *Midwives for Maximizing Optimal Maternity Services Act*, currently under development and pending introduction by Rep. Lucille Roybal-Allard (D-CA), would authorize two federal funding streams under Title VII and Title VIII of the Public Health Service Act to support basic and graduate nursing and midwifery education and training programs, with a specific focus on support for clinical preceptors and designated funding to increase the representation of minority and disadvantaged students within midwifery programs accredited by the Accreditation Commission for Midwifery Education (ACME).

### **BACKGROUND:**

Maternal and infant health is in a state of crisis in the United States with large disparities beginning in pregnancy and at birth that become magnified over time. Collective action is needed across the health care continuum to improve outcomes for this population. The United States is facing a current and increasingly severe shortage of trained maternity care providers, leaving mothers and infants across the country at risk. CNMs and CMs are urgently needed to fill the gap. Timely federal action to grow and strengthen the midwifery workforce is a key strategy to address this provider shortage and increase access to quality care, especially in high-need rural and urban areas that too often have no obstetrical providers or maternity care services at all. Direct funding for midwifery education has been identified as the number one priority for growing the workforce to meet the urgent needs of the childbearing population.

Better integration of the midwifery model of care depends on a robust workforce. The shortage of all types of maternity care providers and of maternity services in rural areas presents an opportunity to re-envision the maternity care workforce by increasing access to CNMs and CMs. Expanding funding to accredited midwifery education programs whose graduates provide high-value care and are educated in fewer years at lower cost than physicians; and whose composition better reflects the diversity of childbearing families will increase access to quality care and improve maternal health outcomes across the United States.

The Title VII and Title VIII programs help shape factions of the health care workforce in targeted ways, such as promoting interprofessional, team-based care; encouraging practice in community-based settings as well

as rural and other underserved areas; training providers to respond to emerging and existing public health threats (e.g., maternal mortality and morbidity) and expanding educational funding for nurses and other allied health professionals. As the nation faces widespread maternity care provider shortages, it is crucial to establish a federal funding stream within existing Public Health Service Act programs that will help the next generation of maternity care providers stay ahead of the increasing health care challenges of our country. This draft legislation will authorize federal funding streams under Title VII and Title VIII to help increase the number of midwives available to mothers in the U.S.

### **ACTION NEEDED:**

- ACNM encourages support for legislation that would authorize federal funding streams under Title VII and Title VIII to help increase the number of midwives available to mothers in the U.S.
- For additional information, please contact Amy Kohl, ACNM's Director of Government Affairs at [akohl@ACNM.org](mailto:akohl@ACNM.org) or Debbie Jessup in Representative Roybal-Allard's office at [debbie.jessup@mail.house.gov](mailto:debbie.jessup@mail.house.gov).

### **ADDITIONAL INFORMATION:**

- The United States now has the highest rate of maternal mortality among developed nations. In 2015, the U.S. ranked 46<sup>th</sup> among the 181 countries and rates of maternal deaths continues to rise.
- Roughly 700 women die annually from pregnancy and childbirth related complications and more than 50,000 women experience severe maternal morbidity, a life-threatening complication as a result of labor and delivery.
- Major disparities in maternal mortality exist, with black women three to four times more likely than white women to die during pregnancy or shortly after birth.
- For every maternal death that occurs, an estimated 100 other women suffer severe complications of pregnancy or childbirth. A majority of these deaths are preventable.
- The United States is facing a current and increasingly severe shortage of trained maternity care providers, leaving mothers and infants across the country at risk.
- Efforts to improve access and health outcomes across the care continuum, should include enhanced access to midwives and investment in the midwifery model-of-care.
- Midwives and their model of care have been demonstrated to significantly improve maternal health outcomes.
- Midwife-attended births help reduce the incidence of cesarean sections which carry well-established risks: higher rates of hemorrhage, transfusions, infections, and blood clots—all primary causes of maternal mortality. Healthy physiologic birth means healthier moms and newborns, fewer complications and side-effects, and much lower health care costs.
- There are currently 38 ACME-accredited CNM/CM midwifery education programs in the U.S. Two programs prepare CMs. Midwifery education occurs at the post-baccalaureate level and must be incorporated into programs that grant either the master's or doctoral degree.
- Educating CNMs/CMs is cost effective: Educational programs typically require 2 years of postbaccalaureate graduate-level study and cost on average around \$54,000.
- The most significant barrier to educating more midwives is the capacity of educational programs to secure sites for clinical precepting to take place.