ACNM Justification Statement for Increased Federal Funding for Midwifery Education Programs

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. Certified Nurse-Midwives (CNMs), Certified Midwives (CMs) and Certified Professional Midwives (CPMs) are urgently needed to fill the gap. Timely federal action to grow and strengthen the midwifery workforce is a key strategy to address this workforce 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.

The United States' maternal mortality, severe maternal morbidity, preterm birth, infant mortality, and low birth weight is the highest among high-income nations. In fact, the United States now has the highest rate of maternal mortality among developed nations. In 2015, the U.S. ranked 46th among the 181 countries and rates of maternal deaths continues to rise.[i] The rate increased by 26.6 percent from 2000 to 2014, according to a 2016 analysis published in the journal Obstetrics & Gynecology.[ii] 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.[iii] A majority of these deaths are preventable.[iv] 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. Moreover, for every maternal death that occurs, an estimated 100 other women suffer severe complications of pregnancy or childbirth. While there is no single factor to blame for this abysmal trend, we do know that many women reside in maternity care deserts where the delivery of quality and timely maternal and prenatal care is not accessible. Midwives and their model of care have been demonstrated to significantly improve outcomes and must be an essential part of the solution.

The United States is facing what will become an increasingly severe shortage of trained maternity care providers, including general obstetrician-gynecologists (OB-GYNs), family physicians providing full-scope or even outpatient maternity services, and midwives. Findings from a recent report from the March of Dimes indicates that more than five million women in the United States live in a maternity care desert, an estimated 1,085 counties in the United States have hospitals without services for pregnant women and roughly 150,000 babies are born to

women living in counties with no access to maternity care.[v] Nearly half the counties in the United States do not have a single ob-gyn and 56 percent are without a certified nurse-midwife or certified midwife. Furthermore, the proportion of family physicians in rural counties routinely attending births has decreased from 27% in 2006 to 16% in 2010. This can result in long travel times to prenatal care or birthing sites and long waiting times for appointments, and far too often, no prenatal care at all.

Lack of access to high quality prenatal and maternity care services is a contributing factor to the high rates of maternal mortality and morbidity in the United States. Geographic maldistribution of health care providers has resulted in a relative shortage of maternity care providers, with families in low-income and rural communities are especially at risk. [vi] Studies on the availability of OB-GYN and CNMs and CMs at the county level have shown an unequal distribution of these providers, who were mostly concentrated around metropolitan areas. One third of all urban zip-codes qualify as provider shortage areas, and more than half of women in rural communities live more than 30 minutes away from a hospital offering perinatal services.[vii] Women of color are disproportionately impacted by these trends.[viii] Recent research shows that 45% of rural U.S. counties had no hospital obstetric services from 2004–2014 and another 9% of rural counties lost all hospital obstetric services during the same period.[ix] Shortages of maternity care providers cause serious public health concerns for women, children, and families when they are forced to endure long wait times for routine visits or fail to receive adequate care before, during and after pregnancy. 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. Improving access to full-scope maternity care provided by midwives can help alleviate significant pressures communities and health systems are experiencing. For instance, certified professional midwives (CPMs) are the only nationally-credentialed midwives in the U.S. with special training in providing community-based care, offering services for home and midwife-owned birth center care. [x] Funding for midwifery education across all three credentials is primary in growing the midwifery workforce to address these critical shortages.

The American College of Obstetricians and Gynecologists projects an OB-GYN shortage of 18% by 2030.[xi] The workforce shortage can have dangerous consequences on maternal and neonatal health and outcomes, as it threatens many women's ability to receive timely prenatal and labor and delivery services. Over 84 million people in the U.S. currently live in primary care provider shortage areas, which means they go without essential health services or must travel long distances to see a healthcare provider. Every year, hundreds of thousands of babies are born to women who did not receive adequate prenatal care, putting them at increased risk for premature birth, stillbirth and early neonatal death.[xii] Because the number of births per year is growing and projected to be more than 4.4 million by 2050, we need to dramatically increase the number of maternity care providers, including increasing access to midwives with nationally recognized credentials (i.e., certified nurse-midwives (CNMs), certified midwives (CMs) and certified professional midwives (CPMs) providing care in the United States to meet the health care needs of women and families.

Multiple studies and research demonstrate that better integration of midwives across the health care continuum is integral to addressing nationwide maternity and primary care shortages, improving maternal and neonatal outcomes and reducing maternal mortality. A recent series on midwifery published by *The Lancet* published a series on midwifery in order to explore solutions to address the essential needs of childbearing women and their families globally.[xiii] The articles

in this series make a clear call for the investment in midwives, as recipients of care by midwives in the United States report high levels of satisfaction, and midwifery care results in excellent outcomes and lower costs due to fewer unnecessary, invasive and expensive interventions.[xiv] The series suggests that 80% of maternal deaths, stillbirths, and neonatal deaths in the United States and worldwide could potentially be prevented by midwifery-driven family planning efforts and interventions for maternal and newborn health.[xv] In 2018, the World Health Organization (WHO) launched new recommendations for prenatal care and care during childbirth that recommend midwives take the lead in providing care through pregnancy, childbirth, and afterwards. The WHO surmises that this "continuity of care" is preferred by women and has been proved to reduce preterm births by 24% - a key factor in improving infant health.[xvi]

In November 2018, the Centers for Medicare & Medicaid Services released findings from their four-year Strong Start for Mothers and Newborns Initiative. The goal of the initiative was to improve the quality of prenatal care for Medicaid recipients by providing additional services and to reduce costs during pregnancy, birth, and the infant's first year of life. The initiative tested three different models for providing additional services, including the midwifery-led birth center model which provided prenatal and maternity care services within the midwifery model of care. Findings show that women who received prenatal care in Strong Start birth centers had better outcomes and lower costs than Medicaid beneficiaries not enrolled in the program. Rates of preterm birth were reduced by 26%, low birthweight and cesarean section were also found to be lower among birth center participants and costs were more than $2,000 lower per mother-infant pair during birth and the following year.[xvii] The study further states that the midwifery model of care offers lessons for how to structure prenatal care to improve outcomes for women who face poverty, relationship instability, depression, and a host of other life-challenges.[xviii]

Midwives are essential to the provision of quality of care in all settings. Midwives educated and qualified to international standards can provide 87% of services needed by mothers and newborns.[xix] [xx]Currently, there are 12,066 CNMs/CMs and 3,423 CPMs throughout the U.S. These midwives attend over 360,000 deliveries of newborns in the country annually. Nearly all midwifery births occur in the hospital, with some in birth centers and others in homes. The midwifery model of care promotes and is linked to higher rates of physiologic birth and few adverse neonatal outcomes. The composition of the current maternity care workforce in the United States disproportionately involves providers practicing in a high-acuity specialty model rather than a primary maternity care model that better meets the needs of most childbearing women and newborns. The National Partnership for Women and Families released a report in June 2018 which focused on advancing high-value maternity care through physiologic childbearing. One of the recommendations within the report calls for better integration and increased use of midwives to help combat provider shortages and address poor maternal health outcomes.[xxi] ***Midwifery 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.***

Efforts to further integrate midwives into maternity care could help improve outcomes and access to providers. A February 2018 mapping study used selected indicators to develop a scoring system to evaluate how well midwives are integrated into maternity care at the state level. There was variation in integration across states, with higher scores correlated to a higher density of midwives per state and a higher proportion of midwife-attended births across settings.

This study also showed a correlation between higher scores and significantly higher rates of positive birth outcomes, such as vaginal delivery and vaginal birth after cesarean, as well as significantly lower rates of cesarean sections, preterm birth, low birthweight infants, and neonatal death.[xxii] Despite the role midwives could play in efforts to reduce maternal mortality and morbidity and improve overall health outcomes for women and their families, midwives and the midwifery model of care remain drastically underutilized in the United States health system. There are several reasons for this, including non-recognition of the CM and CPM credential at the federal level and in some states, restrictive supervisory and collaborative practice requirements, lack of prescriptive privileges, restrictions on hospital credentialing, a shortage of preceptors to train students, the capacity of existing midwifery education programs to secure sites for clinical precepting, and most of all, the narrow workforce pipeline.

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 midwives with nationally recognized credentials (i.e., CNMs, CMs and CPMs). 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.

Please don't hesitate to reach out to Amy Kohl, Director, Advocacy and Government Affairs at the American College of Nurse-Midwives at akohl@acnm.org or (240) 485-1806 with any questions about the role of midwives across the health care continuum.

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[iii] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm
[iv] https://www.thelancet.com/action/showFullTableHTML?isHtml=true&tableId=tbl1&pii=S0140-6736%2816%2931470-2
[v] https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf
[vi] Health care systems for underserved women. Committee Opinion No. 516. American College of Obstetricians and Gynecologists. Obstet Gynecol 2012;119:206–9.
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[viii] Darrell J. Gaskin et al., *Residential Segregation and the Availability of Primary Care Physicians*, Health Serv. Res. 2012; 47(6): 2353-76.

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[x] http://nacpm.org/for-families/
[xi] https://www.fiercehealthcare.com/supply-and-demand-ob-gyn-shortage-doximity-alperin
[xii] Sarah Partridge et al., *Inadequate Prenatal Care Utilization and Risks of Infant Mortality and Poor Birth Outcome: A Retrospective Analysis of 28,729,765 U.S. Deliveries Over 8 Years*, Am. J. of Perinatology 2012; 29(10): 787-94.

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[xiv] http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000004184/Midwifery-Evidence-Based-Practice-March-2013.pdf
[xv] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60790-X/fulltext
[xvi] https://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/
[xvii] https://downloads.cms.gov/files/cmmi/strongstart-prenatal-finalevalrpt-v1.pdf
[xviii] Ibid.
[xix] https://www.who.int/workforcealliance/media/news/2012/icmstandards/en/
[xx] http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000287/Principles-for-Licensing-and-Regulating-Midwives-in-US-According-to-ICM-Global-Standards-March-2014.pdf

[xxi] http://www.nationalpartnership.org/our-work/resources/health-care/maternity/blueprint-for-advancing-high-value-maternity-care.pdf

[xxii]https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192523