

Oral Testimony of Ginger Breedlove, CNM, PhD, FACNM – President of ACNM

Chairman Pitts, Ranking Member Green, and members of the Subcommittee on Health, it is my honor to be with you today to discuss the status of maternity care in the United States and the need for Congress to work with maternity care providers, including midwives, to improve a woman's access to these essential services.

My name is Ginger Breedlove, CNM, PhD, FACNM. I am a certified nurse-midwife with 37 years of clinical experience. I am a Professor of graduate nursing and nurse-midwifery at Shenandoah University in Winchester, Virginia. I reside in Shawnee Mission, Kansas.

Today I join you as the president of the American College of Nurse-Midwives (ACNM). ACNM is the professional organization for certified nurse-midwives (CNM) and certified midwives (CM). Our vision is “a midwife for every woman.” Our mission is to support midwives and advance the practice of midwifery in order to achieve optimal health for women through their lifespan, with expertise in well woman and gynecologic care, promoting optimal pregnancy, physiologic birth, postpartum care, and care of the newborn thru the first 28 days of life.

CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, the District of Columbia, American Samoa, Guam, and Puerto Rico. Medicare, Medicaid and all other federal health programs provide access to midwifery services. Approximately 82% of CNMs have a master's degree. As of 2010, a graduate degree is required for entry to midwifery practice as a CNM/CM.

As President of the ACNM, I am proud to fully support the "Improving Access to Maternity Care Act," (H.R.1209) as authored by Rep. Michael Burgess (R-TX) and Rep. Lois Capps (D-CA). I thank them for championing this important public health initiative on behalf of women in rural and urban areas experiencing shortages of qualified maternity care providers. I also wish to thank the American College of Obstetricians and Gynecologists (ACOG) which has been a strong partner supporting this legislation along with many other nursing and maternal health groups.

H.R.1209 would establish a maternity care shortage designation within existing designated health professional shortages areas. The goal of this legislation is to identify areas in the U.S. experiencing significant shortages of full scope maternity care professionals, including midwives. Such information will enable Congress and the

Administration to better address needs of women of childbearing age and allow appropriate resources to be focused on those needs.

ACNM believes enabling access to maternity care professionals in underserved areas can reduce overall maternity care costs in the U.S. by ensuring women have access to necessary prenatal care and delivery options. For example, we know nearly half of the 4 million annual births in the United States each year are covered by the Medicaid program, thus both federal and state governments have a clear financial stake in ensuring high quality care is being provided at a reasonable cost. Too many of these births require expensive interventions that can double the cost of a birth and increase a woman's risk of maternal mortality.

The CDC reports that the rate of maternal mortality has more than doubled in the past few decades. Today women giving birth in the U.S. are at a higher risk of dying than those giving birth in China or Saudi Arabia. This tragedy must be addressed. While there are several causes one solution is better access to maternity care providers, such as midwives, who can monitor a woman's pregnancy and provide prenatal care, adequate postnatal care and promote a healthy transition to parenthood without complications.

Research shows that in 2011 some 40 percent of counties had neither a certified nurse-midwife nor OB/GYN to provide direct patient care. For millions of women, shortages of maternity care providers can result in long waiting times for appointments and long travel times to prenatal care and/or birthing sites. We know that inadequate prenatal care is associated with increased risk of prematurity, stillbirth and neonatal death.

H.R.1209 will ensure policymakers have the necessary information on maternity care shortage areas. Midwives and OB/GYNs are already full participants in the National Health Service Corp which places practitioners in underserved areas, yet no maternity care shortage designation exists.

Thank you for your consideration of this legislation today. I am happy to answer any questions you may have regarding the status of maternity care in the U.S., the role of midwifery care, or components of the legislation.