Citizens for Midwifery
Learn, Connect and Take Action

Maternity Care: A Priority for Health Care Reform

Lower costs, increase effectiveness, improve outcomes for mothers and babies.

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Introduction

Citizens for Midwifery, a consumer-based organization focusing on maternity care with a deep commitment to practical, health-improving changes in our health care system, is especially aware of the fundamental role of maternity care in the long-term health of mothers, babies and families. We present specific and practical suggestions below. We would like to see the Obama-Biden administration address the serious issues at stake for maternity care, for women, babies and our families.

Citizens for Midwifery (CfM) is a national non-profit promoting the Midwives Model of Care (see below).CfM works to increase access to the Midwives Model of Care in all settings for women of all ages, ethnic backgrounds, races, religions, sexual orientations, abilities, and socioeconomic circumstances. At the core of the Midwives Model of Care is deep respect for the normalcy of birth and for the uniqueness of each childbearing woman and her family. This approach to maternity care promotes health and helps to prevent complications. Providers who practice this model of care provide safe, individualized care with excellent outcomes.

Maternity care is a fundamental part of health care in the US: the cost and health significance of maternity care and the safety and cost-effectiveness of midwifery care have been well-documented in information already submitted to the Obama-Biden Transition Team by organizations such as Childbirth Connection ("Health Care Reform Priorities for High Quality, High Value Maternity Care" at http://www.childbirthconnection.org/article.asp?ck=10606), and the Midwives Alliance of North America ("Reforming Maternity Care in America: Recommendations to the Obama-Biden Transition Team on Maternity Health Care" at http://mana.org/pdfs/MANARecsToObamaHealthTeamJan09.pdf).

This document is from the consumers' perspective, stating our concerns and offering practical input, including specific ideas for actions that could be undertaken with leadership from the federal government. All of our suggestions support the three goals for health reform: improving quality and reducing costs; expanding coverage to all Americans; improving prevention and public health.

Background

What informed consumers have known for years has now been described and documented in detail in the just-published *Evidence-Based Maternity Care: What It Is and What It Can Achieve* from Childbirth Connection (at http://www.milbank.org/reports/0809MaternityCare/0809MaternityCare.html): we receive inappropriate and poor quality maternity care at great cost. Here are some of the most important problems:

- Although the majority of pregnant women start labor in good health, most leave the hospital having been subjected to avoidable or unnecessary, and often harmful, procedures and medications including major abdominal surgery.
- Childbirth is the second most common reason for hospitalization, and care for mothers and babies combined ranks 4th in hospital expenses. More than 40% of births are paid for by Medicaid (i.e. by taxpayers).
- About 90% of births are attended by obstetricians, trained surgical specialists whose expertise is in treating pathology in pregnancy or childbirth; unlike midwives, they have neither the training nor the time to care for and nurture women through a healthy, normal pregnancy and birth.

- In contrast, midwives are specialists in healthy pregnancy and birth, but are widely unavailable. They provide extensive educational and preventive prenatal care, and have an established track record of excellent outcomes with low rates of intervention, both in and out of the hospital, especially when they are allowed to practice the Midwives Model of Care and provide the full scope of practice for which they have been trained.
- The widespread use of birth practices and interventions that are not based on evidence leads to more complications requiring additional interventions or treatment, increases premature births and decreases breastfeeding, and increases mortality and morbidity for both mothers and babies. All of this adds to financial and health costs for mothers, babies and families.
- Economic and liability concerns of hospitals and physicians drive the medical system to intervene unnecessarily in the birth process without regard for proven best birth practices and with no accountability for poor outcomes.
- Women and babies are put at further risk by inadequate and incomplete "informed consent" processes.

The result is that the US has very poor outcomes for mothers and babies compared to countries that spend far less on health care. For more details, see State of Maternity Care fact sheet at http://cfmidwifery.org/pdf/StateMatCare2005CfM.pdf .

Consumer concerns we would like to see addressed in health care reform:

- Lack of access to midwives.
- Existence of legal and economic incentives that promote interventions and interference with the normal birth process and block access to midwives and evidence-based practice.
- Widespread use of birth practices, procedures and protocols that are not based on evidence and that harm mothers and babies.
- Lack of transparency and accountability in maternity care. (For example, families have no way of learning a doctor's intervention rates in any state. Only two states require publication of individual hospital intervention/procedure rates.)
- High cost of interventive, hospital-based maternity care.

Many of the current problems in maternity care could be addressed most readily in a single payer system. A problem with access to good quality maternity care is that many private health insurance providers severely limit or deny coverage for midwifery and/or out-of-hospital birth. Regardless of whether or not single payer health insurance comes to pass, CfM feels strongly that legislation should be passed that requires all health insurance companies or programs to cover maternity care in all settings and all certified maternity care providers (including CNMs, CMs, CPMs and physicians).

Suggested Actions to Provide More Effective Maternity Care at Lower Cost

Below are specific actions in response to the problems outlined above which we feel are essential to include in any plan for health care reform. Many of the initiatives we suggest could be implemented through new requirements or criteria for federal funding (for hospitals, health care reimbursement, education programs) or for accreditation (institutional or educational).

Increase access to midwives in all settings:

- Initiate federal support for professional independence for certified nurse-midwives: CNMs should be able to employ the full range of their professional scope of practice. They should have hospital privileges, should never be prevented from practicing by any hospital or physician based on their credential, and should not be required to have a relationship with a physician as a condition of practicing. (For more information about CNMs see www.acnm.org.)
- Initiate federal support for certified professional midwives (CPMs) to be licensed in every state (they currently are regulated in only 24 states), to be fully eligible for Medicaid reimbursement (currently true for

only 9 states), to be able to employ the full range of their professional scope of practice, and to not be restricted from practice by local hospitals or physicians or state governments based on their credentials. (For more information about CPMs see www.nacpm.org.)

- Require all federal, state and private health insurers to include coverage for midwives in all settings (home, birth center and hospital) at the same rate as obstetricians for uncomplicated births.
- Implement a federal initiative that every hospital that provides maternity care must offer midwifery services.
- Implement federal initiatives and funding to greatly increase accredited midwifery education programs (both independent schools and university-based programs) for both certified nurse midwives and certified professional midwives, including scholarship programs to encourage women from all cultures and communities to enter this field. Accredited midwifery schools teach skills no longer taught in any medically-based program, effective skills that will become extinct if hands-on midwifery education does not continue.
- Create incentives for states to simplify and/or reform birth center laws and regulations to make it possible for midwives and small communities to open small, free-standing birth centers.
- Initiate federal support for an amendment to the Social Security Act (bill is being written) to mandate reimbursement for birth center facility fees; without this amendment, birth centers will no longer be available to low income women and many will close permanently.
- Recognize and support (with legislation and funding) the role of holistic prenatal care as provided by midwives in improving birth outcomes, increasing rates of full term and full weight babies, and increasing rates of breastfeeding in the women they serve. Such programs include the DC Developing Families Center, founded by Ruth Lubic (http://www.developingfamilies.org) in Washington, DC, and The Birth Place birth center in Wintergarden, FL operated by midwife Jenny Joseph, whose approach to maternity care is reducing maternal and infant mortality among low-income African American women and their babies (http://www.jenniejoseph.com/node/16), among others.
- Implement federal recognition and initiatives to support midwifery services and free-standing birth centers everywhere, but especially in rural areas where many hospitals have stopped providing maternity care. While some mothers need to give birth in hospitals for medical reasons, the majority needs only local access to effective prenatal care and a birth center. Such access would solve economic, transportation and access to care issues for many rural women.

Eliminate legal and economic incentives that promote interventions and interference with the normal birth process and block access to midwives and evidence-based practice.

- Remove the conflict between economics and birth practices that are best for mothers and babies, an action which is essential for meaningful change in maternity care. As long as the health care system is motivated by profits, there will be a basic conflict of interest between the bottom line and evidence-based practices. The current system strives to increase "efficiency" by using drugs and other interventions to schedule and speed up labor and to extract the baby, and benefits from sicker mothers and babies (due to added charges for tests, drugs, NICU, etc.). The current system sees midwives as taking business away from the obstetricians and has resulted in many hospital-based midwifery services being summarily closed. Normal, physiological labor supported by midwives is seen as unpredictable and inefficient, ignoring the evidence that midwifery care produces better outcomes for mothers and babies. The UK and Canada have publicly-funded health care systems that put health care outcomes first. These systems promote the use of midwives and encourage transparency and improvement in outcomes, and could be models for the US.
- Remove the power of hospitals to arbitrarily determine whether or not midwives will be available to the community, through policy changes, regulatory changes, and/or legislation. The power of obstetricians and hospitals to control and eliminate midwives from hospital settings limits consumer choice and harms women and babies. Every pregnant woman should have access to a midwife for full maternity care if she so desires.
- Eliminate the medical/legal conflict in maternity care. Obstetricians admit to performing tests and procedures on women in labor in an attempt to protect themselves from lawsuits. Obstetricians indicate they

are protected in court if they have "done everything", and patients have little standing to sue even if they were harmed by what the obstetrician has done if it is the "standard of care". The concept of the "standard of care" has no relationship to scientific evidence, is harmful to women and babies, and results in higher costs and poorer outcomes. Medical liability insurance perpetuates this problem. The Federal Government should take initiative and leadership positions, including sponsoring legislation if needed, to change this harmful medico-legal situation.

End the widespread use of birth practices, procedures and protocols that are not evidence-based and that harm mothers and babies.

- Initiate educational requirements for maternity care providers (obstetricians, osteopaths, family practice physicians, midwives and nurses) that specify training and retraining in evidence-based birth practices, including continuing education requirements.
- Initiate requirements for hospitals to document the use of evidence-based practices and the abandonment of harmful, inappropriate, routine or otherwise non-evidence based practices, including overuse of induction of labor and cesarean section, and the unfounded restrictions on vaginal birth after cesarean.
- Enforce the basic human right of informed consent with education for hospital staff and for the public about meaningful informed consent and refusal, along with oversight by hospital regulators and licensing boards. Childbirth Connection (www.childbirthconnection.org), the Coalition for Improving Maternity Care (www.motherfriendly.org) and Lamaze International (www.lamaze.org) already have or are developing useful resources for informed consent and refusal that could be used as the basis for federal enforcement and education efforts.
- Initiate public education programs to educate women about evidence-based maternity care and meaningful informed consent, what they are and how to get them.
- Initiate and support research for evidence-based care. Many kinds of effective care are not "money-making" so have not been researched or have been blocked from being implemented. Examples include the use of doulas (trained labor and delivery support people), access to midwives, and hydrotherapy for pain relief. Another example is the use of nitrous oxide, a very inexpensive source of mild pain relief widely used in all birth settings in Europe that has virtually no side effects, but has not been approved for this use in the US, perhaps because widespread use would decrease use of and billing for anesthesiologists and drugs.

Implement transparency and accountability in maternity care.

- Implement requirements for maternity care facilities to disclose to the public their outcomes for births and rates of interventions (using the Maternity Information Act statutes in NY and MA as models).
- Since the rates of intervention use vary wildly among providers, even within the same institution, develop requirements for physicians and midwives to disclose their outcomes for births and rates of interventions. At this time, a woman can find out more safety information about a car she wants to purchase than she can about care providers or institutions for the birth of her baby. The federal government should be investigating issues such as whether outcomes for babies and mothers have improved with the increasing rates of interventions being used (>30% cesareans, 50% inductions, 90% drugs of one kind or another). The current lack of oversight on this crucial medical issue is alarming.
- The federal government should create economic or other incentives for improving outcomes while decreasing the use of non-evidence-based practices and overuse of interventions, including increased access to midwives.

Health Care Reform should result in high quality, low cost maternity care available to all pregnant women.

- Initiate federal policy changes to increase the numbers of midwives, CNMs and CPMs, to ensure access to effective prenatal care that includes education and preventive care and encourages breastfeeding, and is appropriate for the majority of pregnant women. Studies have shown that midwives provide cost-effective care that results in fewer complications and better outcomes, thus providing high quality care for lower cost than the current system.

- Initiate federal policy changes to increase access to freestanding birth centers providing midwifery care, including fair reimbursement for services and facility fees. Research has shown that such birth centers help ensure cost-effective choices of care and provide a safe place for giving birth that is appropriate for most women. (See American Association of Birth Centers articles at http://www.birthcenters.org/generations-library/articles.php.)
- Use federal leadership to encourage support of planned, midwife-attended home birth for women who want this safe, high quality, low cost choice. Not only is there no facility fee associated with home birth, research has documented excellent outcomes for mothers and babies, compared to similar populations giving birth in hospitals.

In short, health care reform should greatly increase access to midwives in all settings; focus on promoting evidence-based care and ending non-evidence-based practices; provide high quality maternity care including the choice of a midwife to every pregnant woman; and end the conflicts between effective "best" birth practices, economics, and liability concerns. The result will be improved outcomes at lower cost than the current system.

Thank you for your attention to these very important concerns and to our practical action suggestions to bring about better and more cost-effective care and outcomes for all American mothers and babies.

Sincerely,

Susan Hodges, President
Arielle Greenberg
Carolyn Keefe
Nasima Pfaffl
Willa Powell

The Board of Directors
Citizens for Midwifery
www.cfmidwifery.org

The Midwives Model of Care

The Midwives Model of Care is based on the fact that pregnancy and birth are normal life processes.

The Midwives Model of Care includes:

- Monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle
- Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support
- Minimizing technological interventions
- Identifying and referring women who require obstetrical attention

The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.