

Public Comments of the American Association of Birth Centers on HB 1056: Health Occupations-Licensed Midwives

The American Association of Birth Centers (“AABC”) is a multi-disciplinary membership organization comprised of individuals and organizations that support the birth center concept. Its membership, in addition to freestanding birth centers throughout the U.S. and Guam, includes certified professional midwives (CPMs), certified nurse midwives (CNMs), physicians, nurses, consumers, and associations and corporations who agree with its basic principles of high standards of care and safety, low rates of intervention in the process of natural childbirth, elimination of unnecessary costs, and the participation of qualified providers-both CPMs and CNMs. We are pleased to support licensure of the Certified Professional Midwife.

As the nation’s most comprehensive resource on birth centers, AABC works on multiple levels to provide a national forum for birth center issues, to conduct ongoing research on normal birth and care in birth centers, to promote quality assurance systems for birth centers and health care professionals who provide services in birth centers.

The birth center is a free-standing home-like-facility, existing within the model of pregnancy and birth. Birth centers are guided by principles of prevention, sensitivity, safety, appropriate medical intervention if necessary, and cost effectiveness. (Attachment 1). Birth centers provide family-centered services for healthy women, before, during, and after normal pregnancy, labor, and delivery. AABC is dedicated to the promotion of the rights of healthy women and their families, in all communities and at all income levels, to give birth to their children in an environment which is safe, sensitive, culturally-competent, and economical, with minimal intervention and with their choice of provider-CPM, CNM, family practice doctor, or OB/GYN. Over half of the birth centers in the U.S. are owned by CPMs. (Attachment 2) AABC’s Uniform Data Set (UDS) data base shows CPMs’ outcomes are as good as those of CNMs, and that, overall, birth centers continue to have excellent outcomes. (Study pending publication).

Why should Maryland License the Certified Professional Midwife??

Out-of-hospital births are a growing choice of women today. U.S. home births have increased 29% from 2004 to 2009. (MacDorman, Mathews, Declercq study, Attachment 3). Licensure is one of the critical responsibilities of state governments to assure that health professionals are safe providers of care to the citizens of the State. CPM licensure protects and defends the rights of Maryland women and families by:

- Providing a mechanism for families choosing out-of-hospital birth to verify their midwife's training, skills and educational credentials
- Ensuring adherence to evidence-based practices and providing for transparency and accountability
- Providing access to:
 - A family-centered model of maternity care that offers individualized education, counseling, screening and prenatal care
 - Continuous hands-on assistance during labor and delivery
 - Minimal use of costly technological interventions
 - Support of the physical, psychological and social well-being of mothers and families throughout the childbearing cycle.
- Ensuring that every family can choose their birth provider and setting based on their religious, cultural, and philosophical beliefs.
- Ensuring the availability of qualified and experienced out-of-hospital maternity care providers in the event of an emergency that makes hospital care inaccessible (e.g. a hurricane or other natural disaster, or flu epidemic). Access to out-of-hospital care is in keeping with the federal guidance in emergencies and the National Group for Women and Infant Needs in Emergencies to ensure that the health needs of pregnant women, new mothers, newborns and infants are adequately met during and after a disaster situation.
- Expands access to care in maternity provider shortage areas and in areas where other providers refuse to accept Medicaid payment.

Certified Professional Midwives Proven Safety Record and Cost Savings

Federal Government: Congress has recognized the safety record and cost savings of the CPM in birth centers.(Attachment 3) The federal Medicaid program mandates that States who license the certified professional midwife pay for the professional fees of CPMs in freestanding birth centers.

State Action: To date, 25 States license CPMs, and 12 states (including Virginia) include licensed midwives as Medicaid providers in the state. In 2007, Washington State Medicaid Agency conducted a cost study and evaluated outcomes of licensed midwives in home birth and birth centers. The results were in terms of both cost savings and improved outcomes were so good that the agency terminated the demonstration project early and opened the program to all midwives. The State of Washington reported a savings of \$3.1 million over a period of two years.

Research: Studies on birth center and home birth by licensed professional midwives and certified nurse midwives continue to show that outcomes are good in planned home births. There is one study critical of home birth that some obstetricians have shared with legislative offices which is flawed and was criticized by numerous US and international experts in this field. The study was conducted by Dr. J.R. Wax et al. Dr. Wax's meta-analysis refers only to planned home births but, in fact, includes statistics from U.S. birth certificates that do not differentiate between planned and unplanned home births; this inclusion significantly contributes to the higher rate of neonatal mortality in the study. (Declerg, MacDorman, Menacker, Stoland, Characteristics of Planned and Unplanned Home Births in 19 States, Attachment 4). In fact, research shows that unplanned births have outcomes worse than hospital births.

Research studies for home births. (Attachment 5)

Other Organizations that Support Licensure of the CPM

American Public Health Association: In its resolution, "Increasing Access to Out-of Hospital Maternity Care Services through State-Regulated and Nationally Certified Direct-Entry Midwives," the American Public Health Association (APHA) concludes that healthy mothers experiencing normal pregnancies can safely deliver in various settings, including out-of-hospital centers and homes. According to the APHA, increasing access to midwives in out-of-hospital settings will significantly reduce the costs of maternity care. (Policy Statement, American Journal of Public Health, vol.92, No. 3, March, 2002.)

Childbirth Connection: Childbirth Connection is a national not-for-profit organization that uses research, education and advocacy to improve maternity care for all women and their families. In 2009 in partnership with the Jacobs Institute for Women and The George Washington, School of Public Health and Health Services sponsored a multi-stakeholder Transforming Maternity Care Symposium. It brought together over 270 policy makers, public and private purchasers and payors, administrators, advocates, clinicians, educators, researchers, and quality experts to devise feasible solutions to transform the U.S. maternity care system so that it reliably delivers high-quality, high-value care that is optimal for women and babies. In its Blue Print for Action, in expanding access to care and the workforce, the group called for “Support legislative initiatives to increase access to regulated and licensed Certified Professional Midwives.”

Amnesty International USA: In 2010 Amnesty International published “Deadly Delivery: The Maternal Health Care Crisis in the United States.” The outcomes for the United States and for the State of Maryland were alarming. Hospitalization related to pregnancy and childbirth costs some \$86 billion a year; the highest hospitalization costs of any area of medicine. The US’s outcomes for complications rank us at 40th in the world. The State of Maryland is 48th in poor outcomes in the U.S. CPMs are changing these outcomes in other states and worldwide. This report calls on the federal, state, and local governments to address the shortage of maternal health providers including the need to develop an adequate supply of midwives. The State of Maryland has a very significant shortage of maternity providers. (I serve on two county Fetal Infant Mortality Review panels in Southern Maryland. It is not unusual for pregnant women to wait for 16 weeks before they are able to see a provider. Maryland’s recent Workforce Report does not address maternity shortage areas, only primary care shortage areas.)

Coalition for Quality Maternity Care (CQMC)- CQMC is comprised of nine professional organizations, consumer, and human rights organizations that have come together to form the Coalition for Quality Maternity Care to champion the urgent need for national strategies to improve quality and value of maternal and newborn care in America. The coalition supports the inclusion of the certified professional midwife in all federal legislation.

Members include: American College of Nurse-Midwives, Amnesty

International, Association of Women's Health, Obstetrical and Neonatal Nurses, Black Women's Health Imperative, Childbirth Connections, International Center for Traditional Childbearing, Midwives Alliance of North America, and the National Association of Certified Professional Midwives.

Coalition for Improving Maternity Services(CIMS) is a coalition of individuals and national organizations with concern for the care and well-being of mothers, babies, and families. Its mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs. This evidence-based mother-, baby-, and family-friendly model of care focuses on prevention and wellness as the alternatives to high-cost screening, diagnosis, and treatment programs. **AABC** is a member of this Coalition, as are ACNM, AWHONN, the International Childbirth Education Association, Our Bodies Ourselves, Lamaze International, and many other national and state groups that focus on childbirth.

The American Association of Birth Centers thanks you for the opportunity to submit comments on the licensure of the Certified Professional Midwife and looks forward to working with you on this issue. Contacts for additional information are:

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Attachments:

1. Birth Center Savings
2. Characteristics of Birth Centers in U.S.
3. MacDorman, Mathews, Declerg, Home Births in the United States, 1990-2009
4. Declerg, MacDorman, Menacker, Stoland, Characteristics of Planned and Unplanned Home Births in 19 States
5. Home Birth: An annotated guide to the literature

