

MIDWIVES AND MOTHERS IN ACTION: IMPROVE MATERNITY CARE QUALITY BY EXPANDING PATIENT CHOICE

Improving Maternity Care must be Central to Health Reform

- Childbirth is the #1 reason for hospitalization in the United States
- 23% of all hospital discharges are related to childbearing, accounting for \$86 billion health care dollars
- 3 of the 4 most common surgical procedures in the U.S. are related to childbearing

Childbirth in the U.S. Has Become Dominated by Costly, Unnecessary Interventions ...

- 31% of births are now by cesarean section – up 50% since 1996
- 34% of births are now medically induced, increasing the likelihood of prematurity
- Vaginal birth after cesarean (VBAC) has fallen 50% since 1996 despite overwhelming evidence of the benefits of VBAC to both mothers and babies

... But the Quality and Safety of Maternity Care in the U.S. is Poor

- High infant mortality rate – *29th in the world*
- High maternal mortality rate – *41st in the world*
- Indefensible disparities – infant mortality is more than *twice* as high and maternal mortality *four* times as high for African Americans and for Native Americans
- Preterm births have risen 21% and incidence of low birth weight has increased 19% since 1990

Patient Choice and Access to Midwives = Lower Cost, Better Outcomes

- The American Public Health Association and the World Health Organization recommend midwives as the most appropriate and cost-effective maternity care providers for the majority of women.
- A 2007 Washington State Department of Health cost-benefit analysis found that out-of-hospital births attended by Certified Professional Midwives (CPMs) resulted in fewer low-birth weight babies, much lower cesarean section rates, and similar rates of infant mortality when compared to low-risk hospital births, while delivering substantial savings to the state budget.
- Nations with the lowest infant mortality (and lower costs) rely on midwives as the primary maternity care providers for the majority of women.
- Among women choosing home birth with Certified Professional Midwives, only 4-5% are transported for cesarean section, while at least 20% of healthy low-risk women laboring in the hospital undergo cesarean section – increasing cost without improving outcomes.
- Mothers cared for by Certified Professional Midwives are more likely to have full-term, full weight babies with fewer neonatal complications, because these midwives provide effective, health-promoting prenatal care and avoid using drugs and other interventions during labor.

Solution: Expand Medicaid Coverage to include Certified Professional Midwives and Birthing Centers

- In 25 states (and growing), mothers may choose licensed Certified Professional Midwives for their maternity care – but access for low-income women is limited until Certified Professional Midwives are included as Medicaid providers.
- Adding Certified Professional Midwives to the list of Medicaid providers will REDUCE costs by reducing hospitalizations and high-cost interventions.
- Offering women on Medicaid the ability to choose a *nationally credentialed midwife*, including those providing maternity services *at home and in birthing centers*, will reduce disparities in both access and outcomes, increase the quality and safety of care that women receive, and save federal and state dollars.

The Midwives and Mothers in Action (MAMA) Campaign, is a partnership of the National Association of Certified Professional Midwives (NACPM), Midwives Alliance of North America (MANA), Citizens for Midwifery (CfM), International Center for Traditional Childbearing (ICTC), North American Registry of Midwives (NARM), and the Midwifery Education Accreditation Council (MEAC).
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