



NEWS RELEASE

Leading US Midwifery Organization Applauds Medicaid Commission's Report to Congress
for Highlighting Important Role of Maternity Care Provided by Midwives,
Other Health Care Providers

*American College of Nurse-Midwives President Calls Upon Congress, the
Administration, States to Improve Maternity Care System*

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Silver Spring, MD – The American College of Nurse-Midwives (ACNM), the leading professional organization of midwives in the United States, applauds the Medicaid and CHIP Payment and Access Commission's (MACPAC's) June 2013 report to Congress. The report spotlights the need to improve maternity care for the 46 percent of US babies born under Medicaid, and the role midwives and other primary care providers play in providing the quality care to help fill that need.

The report recognizes that midwives and other primary care providers can help close the health care provider gap created by the decline in practicing obstetricians/gynecologists. The report also highlights the barriers to practice that exist for midwives, including lower Medicaid payments compared to obstetricians/gynecologists in many states, hospital privileges policies, and state scope of practice laws.

“ACNM appreciates the focus the MACPAC has placed on maternity care, including midwife-led care, in its report,” said ACNM President Ginger Breedlove, CNM, PhD, APRN, FACNM. “Midwives are providing essential primary and maternity care services in increasing numbers at a time other practitioners in the field are on the decline. Now is the time for Congress, the Administration and the states to act to improve the quality and access to care moms and babies can expect from Medicaid. If we follow the evidence, we have an opportunity to lower overall costs and improve maternal health outcomes for all women.”

Overall, the report highlights the critical role Medicaid and CHIP play in maternity care with 1.8 million deliveries in 2008 (or 46 percent of total births) at a cost of over \$11 billion to states and the federal government. The report underscores the challenges to come with the expansion of the Medicaid program and focuses on critical issues relating to measuring quality of care and access to maternity care providers.

Key highlights from the MACPAC report include:

- Access to obstetrician/gynecologists and midwives is a significant issue in many areas of the

country. In 2004, nearly 50 percent of U.S. counties had no obstetrician/gynecologists providing direct patient care, and 85 percent of counties fell below the national ratio indicating that, as with primary care physicians, the nationwide ratio is being driven by the counties that have high concentrations of obstetrician/gynecologists. Relative to population, nonmetropolitan counties had less than one-half the number of obstetrician/gynecologists compared with metropolitan counties (1.4 versus 3.3 per 10,000 females 15 years of age and over). Ninety-three percent of counties that had no obstetrician/gynecologists also had no certified nurse midwives in 2003.

- The number of hospitals offering obstetric services has also been declining over time, particularly in nonmetropolitan counties that may already have a shortage of obstetrician/gynecologists (Zhao, 2007). Forty-four percent of non-metropolitan counties lacked hospital-based obstetric services in 2002, compared with 24 percent in 1985. In the mid-1980s, residents in about half of these counties had access to obstetric services in a local hospital; by the early 2000s, only about one-fifth of the most rural counties had at least one hospital providing obstetric services.
- The decline in practicing obstetrician/gynecologists in many areas increases the importance of monitoring the supply of other practitioners who may be providing maternity care. In areas with few obstetricians, much of this care is delivered by family physicians and by midwives. Fewer family physicians have been providing maternity care over time (Tong et al. 2012). The trend is reversed for midwives; in 2010, 8.4 percent all U.S. births were midwife-attended, up from 7.8 percent in 2000 and 1 percent in 1975 (Martin et al. 2012, Martin et al. 2002). Scope of practice for midwives and ability to be compensated for specific services from the Medicaid and CHIP programs are both subject to state legislation.
- Barriers to use of midwives remain, including lower Medicaid payments relative to obstetricians/gynecologists in many states; hospital privileges policies regarding non-physician providers practicing in inpatient settings; and state scope of practice laws (Brassard and Smolenski 2011; Reed and Roberts 2000).

To learn more about the MACPAC's findings relating to maternity care and primary care services, read its report at [MACPAC June 2013 Report](#).

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About the American College of Nurse-Midwives

The American College of Nurse-Midwives (ACNM) is the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the United States and strengthens the capacity of midwives in developing countries. Our members are primary care providers for women throughout the lifespan, with a special emphasis on pregnancy, childbirth, and gynecologic and reproductive health. ACNM reviews research, administers and promotes continuing education programs, and works with organizations, state and federal agencies, and members of Congress to

advance the well-being of women and infants through the practice of midwifery.

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