Remarks of Suzanne Stalls, Vice President for Global Outreach,
American College of Nurse-Midwives, at the Congressional Briefing:
"Leveraging Midwives' Impact on Maternal & Child Survival Globally & At Home"
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Introduction to Midwifery & ACNM

I want to thank the Frontline Health Workers Coalition and the other sponsors (IntraHealth International, AWHONN, Jhpiego, White Ribbon Alliance for Safe Motherhood, AMREF USA) for hosting this timely briefing today.

I am a certified nurse-midwife. In the US, certified nurse-midwives & certified midwives are women's health providers who provide a full range of primary health care services for women from adolescence and beyond menopause. We provide initial and ongoing comprehensive assessment, diagnosis and treatment, health promotion, disease prevention, wellness education and counseling.

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.

We occupy a unique position as one of the oldest women's healthcare organizations in the United States and as an organization that has been actively involved for over 30 years in working with midwives and governments throughout the world to build a strong cadre of midwifery providers who can increase access to life-saving and life-enhancing care for women. We are currently engaged in a number of programs in Asia and Africa, many funded by USAID, to work with the multiple components and infrastructure that are required to build a functioning health care system which can address the needs of women and newborns. We work in training and education for midwives and other health care providers, family planning, emergency obstetric care and the strengthening of communities, facilities and referral systems.

I am pleased that we are here today to discuss the challenges that face women's health access around the world and here in the U.S. Midwives are part of the solution and I am going to spend a few minutes telling you the impact they are already having and could have with increased investment. But before I tell you how midwives can and do provide cost effective, evidence-based and satisfying care, I'd like to discuss the reasons why we find our work so compelling.

Bleak Picture of Maternal Mortality Globally

Maternal mortality is one of the largest travesties of human rights that exists today on our planet. Each year it is estimated that between 290,000 to 340,000 women die from pregnancy and birth related complications. While we are making progress with estimated annual deaths declining from 526,300 in 1980 to 342,900 in 2010 (from Lancet 2010), there is much to be done.

The annual rate of decline is a mere 1%; 50% of the deaths occur in six countries: India, the DRC, Nigeria, Afghanistan, Pakistan, and Ethiopia. Those same countries account for the majority of the world's newborn deaths which are estimated to be 3.1 million per year.

Worldwide in 1980, sixty women per hour died; in 2010, 39 women per hour died. The annual rate of maternal deaths today is equivalent to 939 Boeing 777s crashing every year or 2 to 3 of these jets crashing per day. The lifetime risk of dying in pregnancy and birth is 1 in 8 in Afghanistan and Sierra Leone; in Ireland it is 1 in 48,000. Can you imagine any other public health scenario where so many deaths occur and such huge disparities exist without an enormous public outcry?

Even though most of these deaths are preventable, they continue today all over the world. Many of these women die leaving behind children whose very survival will be threatened. Grieving families remain who struggle to function in a world where there is no margin of safety.

Maternal Mortality in the US

One might think that these bleak numbers and circumstances apply only to the developing world. While 99% of the maternal deaths occur in the developing world, the situation in the United States is alarming. We spend more than $111 billion annually on care related to childbirth, spending twice as much as France and yet we rank 31st in Save the Children's 2011 Mother's Index. The top five countries in this index are Norway, Australia, Iceland, Sweden and Denmark. All of these countries have midwifery as the front line model of care for women.

Women in the US now have a higher risk of dying from pregnancy and birth related complications than in 45 other countries. We rank behind countries like Romania, Singapore, Slovenia and Greece. Our maternal mortality ratio has doubled since 1987; that ratio is twice as high as 31 other countries. With the 47% decline in maternal mortality around the world, we are one of only 26 countries where the problem is worsening. Our rate of Cesarean deliveries is 33%, more than double the percentage of Cesareans recommended by the World Health Organization.

ACNM Benchmarking Data Show Great Outcomes

There is some light at the end of the tunnel. Our association collects benchmarking data which is derived from midwifery practices around the US. In 2012, those practices achieved a 6%

preterm birth rate, which is half of the national rate of preterm births for Medicaid populations. This population, which now comprises nearly half of the births in the US, is traditionally a population which is served by midwives and often contains a larger percentage of women at higher socio-economic and health risks. These same data tell us that the midwifery practices averaged a 13.7% Cesarean section rate, less than half the national rate. We feel these examples are just some of the examples which demonstrate that midwives can improve care, are integral to improving care while also lowering cost, and show us the benefits of collaborative, interdisciplinary teams.

In other words, midwives excel at taking care of the normal and recognizing when there is a problem and our physician colleagues are highly trained and skilled in dealing with the abnormal. It is truly a very simple cost-effective framework which has produced excellent outcomes for mothers and babies throughout the world when these collaborative relationships take place within a fully functioning health system.

What Does the Future Hold?

Given this disturbing snapshot of both the world and here at home, where do we go from here and what can we do? Clearly, our participation in this panel sponsored by the Frontline Health Workers Coalition points to one of the most critical issues: that of supply and access. And access is determined by adequate distribution and concentration throughout a geographical region of competently trained and skilled health workers who can provide critical obstetric services that are evidence based and effective.

Workforce Shortage

There is a shortage of midwives and obstetrical providers throughout the world. It is estimated that by 2015, with enough skilled and competent midwives supported by a functional health care system, more than two thirds of the maternal and newborn deaths could be averted. In the US in 2004, nearly 50 percent of US counties had no obstetrician/gynecologist providing direct patient care. By 2050 it is estimated that our national workforce of ob-gyns will be only two-thirds of what is needed to provide adequate coverage for women's health care services, including maternity care.

More Midwives Working Collaboratively

However in the past 4 years, we have increased our number of graduated and certified midwives by 48%. And we are working closely with midwifery educational institutions throughout the world to both increase numbers and ensure quality of their graduates. In the US, we work closely with our obstetrician/gynecologist colleagues to promote educational and practice environments that are interdisciplinary so that women can be offered team-based care and can be provided the full range of clinical responses, if needed. We work with our colleagues on the Hill to support changes in health care payment and reporting systems so that

evidence-driven care is valued and incentivized, thus eliminating unnecessary practices that increase risks to women.

Dollars Saved, Investment To Be Made

This is also good fiscal policy. For example, by reducing the Cesarean rate and other interventions when not medically indicated, the US could save $5 billion dollars annually. And finally to ensure the access and adequate supply of providers, it is essential that the federal government continue to invest in the growth of midwifery educational program and midwifery students. ACNM appreciates the investments Congress makes each year and urges continued support for midwifery education through Title VIII of the Public Health Services Act.

Congressional Legislation Deserves Support

Currently there are two major bills that Members of Congress can support or co-sponsor: The MOMS 21 (HR 2286), sponsored by Rep. Lucille Roybal-Allard, which will ensure greater national focus on improving maternity care. Part of this bill would enable designation of a maternity care shortage so that these critical workforce issues can be identified and addressed and measures instituted to foster growth in the professions of obstetrics/gynecology and nurse-midwifery.

The Quality Care for Moms and Babies Act (S. #425/HR #896 introduced by Senators Stabenow and Grassley and Rep. Eliot Engel)which will provide funding for inter-professional collaboratives to improve care and updating quality measures used by Medicaid. In addition, this bill would direct the Agency for Healthcare Research and Quality (AHRQ) to develop surveys to measure the care experience of childbearing women and newborns.

Conclusion

Finally, I'd like to share this with you. My children often ask me when I am going to retire. I tell them that I can only rest easy when I know that there is no longer a woman in a remote village in South Sudan who is bleeding to death by the side of a road for lack of a medication that costs several dollars, or a woman who dies from eclampsia in Pakistan because of the gender inequity which prohibits her from leaving her house to seek the care she needs.

My grandfather, a small town physician, watched his wife die from a pregnancy-related complication that could easily have been treated today. His hair turned white in six months; my grandmother left behind three small motherless children who have felt her loss their whole lives.

I have been a midwife now for nearly thirty years. The marked emphasis that has been placed in the past five years on women's issues and their right to health care is unprecedented. And never have I seen such emphasis placed on strengthening midwifery as a key element of the

solution to this horrific problem. I would ask you to join with us in working to end such a senseless tragedy.

I appreciate your time and attention.