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Midwives seek rebirth in maternity care

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Midwives can offer healthcare at lower costs and better quality, but obstacles are preventing them from gaining an expanded role.

> Pregnant women of America are in a statistically dismal place: They're dying at higher rates than ever and facing higher odds for early births.

And these trends collide and coincide with industry business decisions that are reducing access to obstetric care. Hospitals continue to close their maternity wards, saying they are financially unsustainable—a fact reinforced by private insurers.

The slumping U.S. birth rate makes it unlikely the trend will reverse, amid a steady rise in maternal deaths tracked by the Centers for Disease Control and Prevention over the past 30 years.

So nurse midwives, who deliver about 9% of America's babies, say it's time for a change to the bedrock system of maternal healthcare, to make it better and cheaper. They also see an opening, through the confluence of issues, to make headway with the government and industry—whether it's hospitals or insurers.

Their push highlights a paradox: Pregnancy- and-birth-related procedures in the U.S. are more sophisticated and costly than ever, but overall maternity care is breaking down.

Hospitals sometimes close their maternity wards citing excessive costs, while midwifery care is demonstrably cheaper and less likely to yield pre-term births and C-section delivery.

But hospitals profit more from costly births, in part due to lower commercial insurance reimbursement for midwifery care.

“Somebody gives you better outcomes and gets paid less,” said Suzanne Wertman, a longtime midwife in North Carolina and now vice president of the state affiliate for the American College of Nurse Midwives, or ACNM, a professional association. “So here we are, in a totally twisted world, where we are saving money. Whose money are we saving? We’re saving the consumers money, so the hospitals make less if they’re not doing a lot of C-sections.”

Health and cost

Data show that nurse midwives help reduce costs while improving health, but the forces at play—thanks to laws and industry incentives—slow their efforts to expand their footprint.

When nurse midwives are integrated into a state’s healthcare system, there are “significantly higher” rates of spontaneous vaginal delivery and significantly lower rates of C-sections, pre-term births, low-birthweight babies and newborn deaths, according to a study released last year in the journal PLOS One.

The federal government has consequently grown more interested in boosting midwifery through Medicaid—the program that pays for half of U.S. births. According to a report from congressional Medicaid advisers, childbirth now accounts for 27% of all Medicaid inpatient hospital spending.

In 2014, the CMS published a paper by analysts from the Urban Institute advising policymakers to consider expanding the roles of both midwives and birth centers within Medicaid, where appropriate. The study concluded that birth centers could save about $1,163 per birth, or $11.6 million per 10,000 births on Medicaid.

But the federal government's interest has come with some setbacks for nurse midwives too. States have slashed Medicaid rates recently, which has led commercial insurers to do the same, said Amy Kohl, the ACNM's director of advocacy and government affairs. This leads to lower reimbursement to hospitals for births and continues to undercut the motivation to expand their midwife staff.

A provider bulletin in October 2018 from Anthem Blue Cross and Blue Shield Medicaid in Kentucky announced that effective Jan. 1, the insurer was slashing rates for nurse midwives and other nurses from 85% to 75% of the Medicaid fee schedule.

The hospital OB landscape

A new report from consultancy Chartis found that 134 rural hospitals—or 12% of all rural hospitals that offered obstetric services—shut down their services between 2011 and 2018. Most of those service lines weren't financially stable. The numbers don't include 18 hospitals with OB departments that totally shut down.

At the time they stopped offering obstetric services, their median operating margins were negative 1.3%, and more than half of the hospitals with available data were operating in the red. But once they closed their maternity wards, only a "thin majority" of the hospitals became more stable, according to the report.

Now only 46% of all rural hospitals offer labor and delivery care, a stat that means about 3.8 million women in their childbearing years have to leave their county for maternal care, according to the Chartis report.

A similar trend is happening in cities, but the data are harder to come

by. It was in evidence in the District of Columbia in 2017 when United Medical Center, the district's only public hospital, closed its maternity ward.

In tandem, a nationwide OB-GYN shortage looms, driving further collaboration between the American College of Obstetricians and Gynecologists and the ACNM. The two groups have locked arms to push broader integration of nurse midwifery into the healthcare system.

The proposals

Since 98% of certified nurse midwives practice in hospitals, those sites are key to expanding midwifery.

But state laws vary widely when it comes to restricting scope of practice for nurses or admitting privileges. While half of states (26 plus the District of Columbia) don't restrict nurse midwives from practicing autonomously, the rest clamp down with different degrees of severity.

Four states, including California and North Carolina, require complete supervision by a physician before a nurse midwife can practice in a hospital. Other states, like Texas, require physicians to sign off on prescriptions—a regulation that can be interpreted loosely or strictly depending on how physicians in the local community feel about midwives.

Kohl has plans at the federal level with a not-yet-introduced proposal to require hospitals, through Medicare conditions of participation, to include certified nurse midwives on staff.

The idea is to bring nurse midwives into the core of women's healthcare throughout their lifespan, since they don't just attend to women during pregnancy, labor or postpartum.

Oregon and Washington, D.C., both require this of their hospitals—a

BEYOND OB DOCS

You might see a variety of midwife

big victory in Oregon where Kaiser Permanente looms large. Kaiser has an overarching policy that only admit patients in tandem with physicians.

But ACNM affiliates are hard at work on the state level—where laws are all over the place—with proposals that aim to strike the right balance of appeal to legislators across the political spectrum.

In Texas, where nurse midwives need to meet with doctors each month to review their patient charts, policymakers have filed a bill to lift the restriction. It has the backing of the AARP and the conservative Texas Public Policy Foundation, and would apply to advanced practice registered nurses, who are also constrained by the policy.

caregivers in a birthing room.

Certified nurse midwives: Registered nurses with a graduate degree who have received additional training and are certified to deliver babies and give prenatal, postpartum, newborn and some routine care. They are recognized in all 50 states. Their education program is accredited by the Accreditation Commission for Midwifery Education, and they are certified by the American Midwifery Certification Board.

Certified midwives: Midwives who are certified in midwifery care but do not need to hold a registered nursing license, though a graduate degree is required. They are recognized in five states. They are educated and certified by the same official boards as certified nurse midwives.

Certified professional midwives: An additional classification of midwives not discussed in this story are recognized in 31 states. They are educated through a program accredited by the Midwifery Education Accreditation Council or through the Portfolio Evaluation Process. They are certified by the North American Registry of Midwives.

Working to change the rules

In North Carolina, home to some of the country's strictest rules on midwives, Wertman is lobbying the Legislature to allow full practice authority for nurse midwives and all other advanced practice RNs. She is also getting ready to make sure impending legislation to regulate birth centers doesn't further restrict midwifery.

North Carolina is a case study for the rest of the country, mirroring the nation's troubling steady uptick in maternal deaths since 1987, stagnant efforts to lower the number of infant deaths, a series of

maternity ward closures particularly in rural areas, and a higher than average rate of Medicaid-funded births.

The state also imposes some of the country's strictest limits on midwifery practice. Unlike other states, under the scope-of-practice restrictions the roughly 300 midwives in the state are confined to urban centers and academic hospitals like the University of North Carolina at Chapel Hill. At least four hospitals closed their maternity wards in the past few years, so out of 100 counties in the state, 31 now lack obstetric services.

Education is key to reversing limits on practice: collecting data to build the case for nurse midwives. It's something that representatives of ACOG and ACNM agree needs to happen.

"We are not junior physicians; we're not just nice doctors," Wertman said. "We have a unique philosophy of care, a unique skill set and belief set that comes at care for women differently and uniquely."

Inline Play
