



January 6, 2021

Dear Representative,

On behalf of the American College of Nurse-Midwives (ACNM), we write to wish you a peaceful and productive New Year and much success in the first session of the 117th Congress. ACNM looks forward to working with you and your respective staff members to promote and implement policies that both seek to improve the culture of maternal and women's health in the United States and address racism and racial bias across the care continuum. Furthermore, we stand ready to serve as resource in discussions surrounding improving maternal mortality and morbidity rates, as well as building a robust and racially and ethnically diverse health care workforce.

By way of background, ACNM is the professional association that represents advanced practice certified nurse-midwives (CNM) and certified midwives (CM) in the United States. ACNM sets the standard for excellence in midwifery education and practice in the U.S. and strengthens the capacity of midwives in developing countries. Our members are highly trained primary health care professionals who provide care for pregnant people and women throughout the lifespan, with an emphasis on pregnancy, childbirth, and gynecologic and reproductive health care. The ACNM and its members stand for improving access to midwifery care for people throughout the lifespan. We support policy solutions that ensure guaranteed health coverage and access to a full range of sexual and reproductive health services.

A large part of ACNM's policy mission is to promote and expand access to the midwifery model of care as practiced by certified nurse-midwives and certified midwives. The United States is in the middle of a growing maternal health crisis that is being exacerbated by COVID-19, especially in rural and underserved areas. As such, we proactively support legislative and regulatory efforts that seek to expand access to CNMs and CMs and midwifery-led care models.

Midwifery care provided by CNMs and CMs is evidence-based and can reduce maternal and neonatal mortality, rates of stillbirth, perineal trauma, instrumental births, intrapartum analgesia use, rates of severe blood loss, preterm birth, low birth weight, and neonatal hypothermia. Midwifery has been associated with more efficient use of resources and improved outcomes including increased rates of spontaneous labor, vaginal birth, and breastfeeding. Additionally, women who receive midwifery care have higher rates of satisfaction with care, pain relief in labor, and maternal–newborn interaction.¹

When women are placed in an appropriate level of care with the appropriate provider, maternal mortality and morbidity rates decrease. Numerous studies show that better integration of CNMs/CMs practicing to the full extent of their education, clinical training and certification within a team-based care model with the patient at the center can help prevent maternal deaths, reduce racial disparities, improve maternal and neonatal outcomes and improve access to healthcare for all women, individuals and families.ⁱⁱ

To ensure that women's health care needs are met, we need a robust maternal health workforce that can support women and pregnant people throughout their pregnancies, labor and delivery, and the postpartum period. Clinicians within this workforce must be able to practice to the full extent of their education, training and certification. To this end, we look forward to working with Congress on legislation that seeks to improve the culture of maternal health for all people seeking care and removes unnecessary barriers to evidence-based advanced practice midwifery care.

Thank you for your service. Please do not hesitate to contact ACNM's Director, Advocacy & Government Affairs, Amy Kohl, at akohl@acnm.org or 703/585-4569 with any questions on midwifery care as provided by CNMs and CMs.

Sincerely,



Katrina H. Holland
Chief Executive Officer
American College of Nurse-Midwives



Cathy Collins-Fulea, DNP, CNM, FACNM
President
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ⁱ <https://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000004184/Midwifery-Evidence-Based-Practice-March-2013.pdf>

ⁱⁱ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192523>