



CALIFORNIA HEALTHCARE FOUNDATION

Midwifery Contribution to Maternal Quality Improvement

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CHCF Sacramento Briefing

October 1, 2014



Quick Facts About Certified Nurse-Midwives

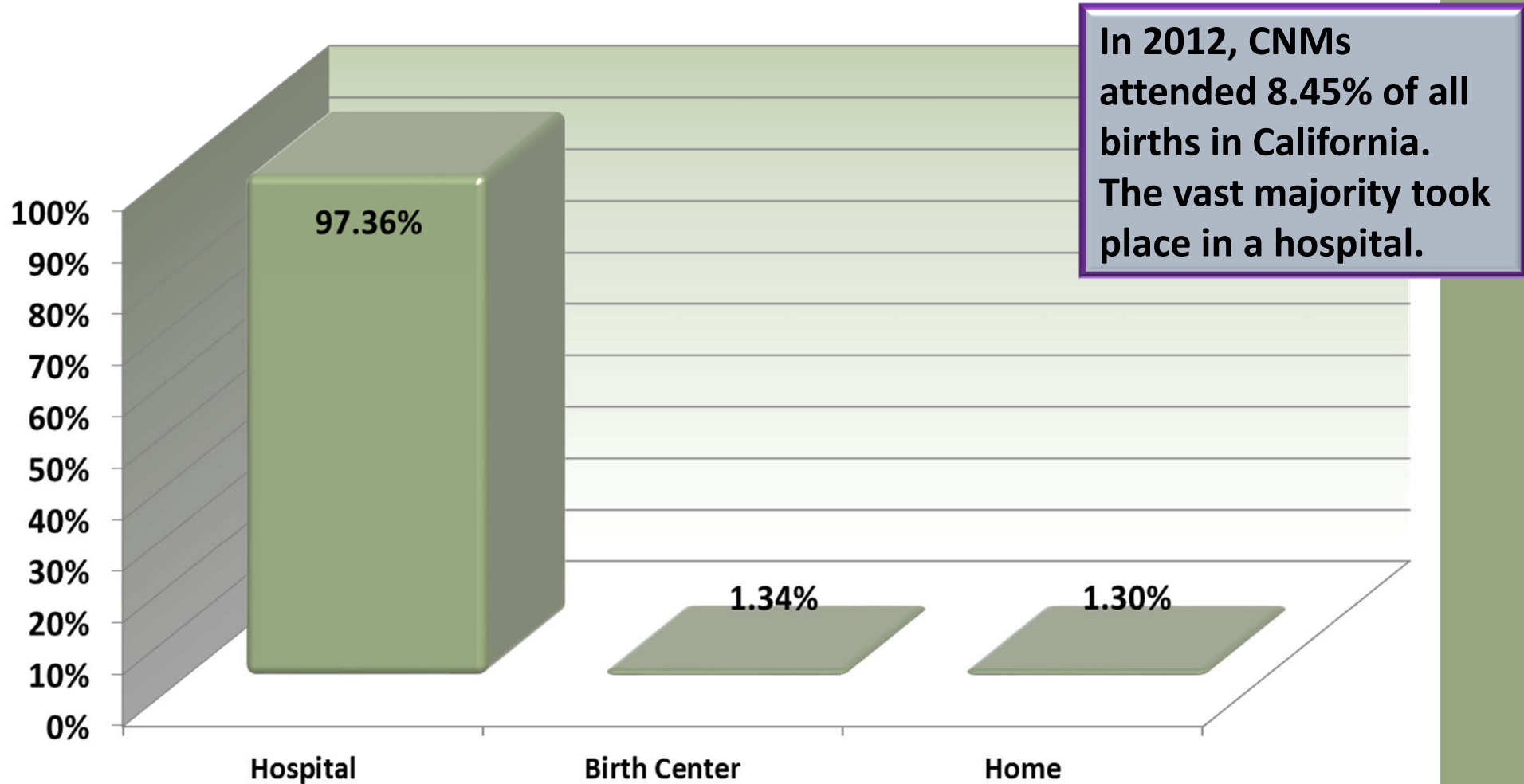
- **Licensed**, independent health care providers with prescriptive authority in all 50 states
- **Nationally certified** by the American Midwifery Certification Board (AMCB)
- Approximately 82% have a **master's degree**. As of 2010, a graduate degree is required for entry to midwifery practice as a CNM
- **Attend births** in hospitals, birth centers, and homes, and **provide ambulatory care** in clinics, health care offices, and homes

ACOG/ACNM

Joint Statement of Practice Relations (2011)

- “Ob-gyns and CNMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients.
- “To provide highest quality and seamless care, ob-gyns and CNMs should have access to a system of care that fosters collaboration among licensed, independent providers.”

CNM-Attended Births by Location California 2012



Midwifery Practice Focuses on Promoting Physiologic Birth

- No inductions or augmentation without medical indication
- Freedom of movement in labor, woman's choice of birth position
- Maternity care providers skilled in non-pharmacologic pain management
- Shared decision-making with the patient
- Evidence-based tools to optimize outcomes of labor safely: www.birthtools.org

Quality of Care

- CNM care is associated with:
 - Lower rates of cesarean deliveries
 - Lower rates of labor induction & augmentation
 - Significant reduction in severe birth trauma
 - Less use of regional anesthesia
 - Lower rates of preterm births
 - Lower rates of NICU admissions
 - Higher rates of breastfeeding

Quality of Care

- Top five hospitals with lowest cesarean birth rates:
 - Kaiser Redwood City (15.9%)
 - Sutter Davis (16.7 %)
 - San Francisco General (17%)
 - Kaiser South Sacramento (17.3%)
 - Redwood Memorial (18%)
- What do these hospitals have in common?
- **CNMs PROVIDING LABOR & DELIVERY CARE**

Quality of Care

- Top five hospitals with highest VBAC (vaginal birth after C-section) rates:
 - San Francisco General (36.6%)
 - UCSF (34.9%)
 - Mad River (34.2%)
 - Kaiser Redwood City (34%)
 - Kaiser South Sacramento (32.3%)
- What is the common thread?
- **CNMs PROVIDING LABOR & DELIVERY CARE**

Challenges: Access to Care

- Women in many areas of the state — rural as well as urban — are and will continue to be without sufficient obstetric providers
 - Per ACOG (2014), California has 4.7 OB/GYNs per 10,000 women age 15-45 (national average is 5.4)
 - California's population of women is expected to increase by 22.6% by 2030
 - The annual number of OB-GYN physicians retiring will soon equal the number of resident graduates

Challenges: Access to Care

- California women seeking nurse-midwifery care often face barriers to obtaining such care:
 - Health plans may refuse to contract with CNMs or refuse to reimburse if OB physician services available
 - Malpractice carriers may place restrictions on physician supervision with midwives
 - Some hospitals/health systems require that midwives be employees of physicians in order to obtain hospital privileges
 - Health plans may not cover out of hospital birth

Cost of CNM Care

- Components of decreased cost related to midwifery care:
 - Midwifery care model is associated with decreased costs
 - In California, CNM salary is approximately 58% of an OB/GYN salary
 - CNMs more likely than physicians to operate birth centers
 - Supporting CNM education is a cost-effective way to increase the maternity workforce

Challenges: Provider Mix

- Ensuring provider autonomy within the scope of the health professional's scope of education and certification
- Creating an environment fostering Full Practice Authority for CNMs will contribute to improving maternal health care in California

Full Practice Authority and Why It Matters

- Providing the **full** range of services for which CNMs are educated and certified capable of rendering:
 - Improves quality of care
 - Improves access to care
 - Makes care delivery more efficient
 - Decreases costs
 - Protects patient choice