

What are Nurse Midwives and What Do They Do?

Nurse-Midwives, or "Certified Nurse-Midwives" (CNMs) are nurses who have completed education and training in nursing and graduate-level education in Midwifery. According to the American College of Nurse-Midwives, CNMs provide a full range of primary health care services for women, including primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, and care of the normal newborn during the first 28 days of life.

What Does the Evidence/Research on Midwives Tell Us?

Research demonstrates that nurse-midwives are an essential part of high-value, high-quality women's health care. The safety and quality of care by Certified Nurse-Midwives is indisputable. CNMs in the United States exceed all international standards for midwifery competencies and standards of practice.¹ Midwifery care has been shown to decrease the rates of:²

- cesarean birth
- preterm birth
- stillbirth
- severe perineal trauma (birth trauma)
- severe blood loss
- newborns with low birthweight
- newborn admissions to the neonatal intensive care unit (NICU)

Increasing Midwife-led care from just 8% of pregnancies to 20% in the next 10 years could result in a \$4 Billion savings and 30K fewer preterm births. – *University of Minnesota (2019)*⁸

These studies shows the benefits of independent practice for CNMs:

- Women in states with independent nurse-midwifery practice have lower odds of cesarean delivery, preterm birth, and low birth weight infants.³
- States that promote and integrate midwives into their systems of care have:⁴
 - significantly higher rates of spontaneous vaginal delivery, vaginal birth after cesarean, and breastfeeding
 - significantly lower rates of cesarean, preterm birth, low birth weight infants, and neonatal death.
- Conversely, states with the most restrictive practice environments for nurse-midwives (e.g. less independent practice, restricted scope of practice) score worse on critical maternal and infant health indicators (cesarean, preterm birth, neonatal mortality).⁴
- States where midwives have independent practice have a higher proportion of rural hospitals with CNM-attended births.⁵
- States with regulations that support independent practice have a larger CNM workforce, and a greater proportion of CNM-attended births.³
- The single best predictor of distribution of nurse-midwives in a state is the degree to which midwifery practice is restricted.⁶
- Economic analyses demonstrate the feasibility of independent practice as a realistic method of reducing the maternity workforce shortage while simultaneously increasing health care savings.⁷

1. American College of Nurse-Midwives. Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives. <https://tinyurl.com/8x5a8xz2>. Retrieved February 16, 2021.

2. Ten Hoop-Bender P, De Bernis L, Campbell J, et al. Improvement of maternal and newborn health through midwifery. *Lancet* 2014; 384(9949): 1226-35.

3. Yang Y T, Attanasio L B, Kozhimannil K B. State Scope of Practice Laws, Nurse-Midwifery Workforce, and Childbirth Procedures and Outcomes. *Womens Health Issues* 2016;26(3): 262-7.

4. Vedam S, et al. (2018). "Mapping integration of midwives across the United States: Impact on access, equity, and outcomes." *PLoS One* 13(2): e0192523.

5. Kozhimannil, K.B., et al. (2016). "The Practice of Midwifery in Rural US Hospitals." *J Midwifery Womens Health* 61(4): 411-418.

6. Declercq, E.R., et al. (1998). "State regulation, payment policies, and nurse-midwife services." *Health Aff (Millwood)* 17(2): 190-200.

7. Conover C., Richards R. Economic benefits of less restrictive regulation of advanced practice nurses in North Carolina. *Nurs Outlook* 2015 Sep-Oct;63(5): 585-92.

8. University of Minnesota School of Public Health. <https://www.sph.umn.edu/sph-2018/wp-content/uploads/docs/policy-brief-midwife-led-care-nov-2019.pdf>

HB 1215: FULL PRACTICE AUTHORITY FOR CERTIFIED NURSE MIDWIVES

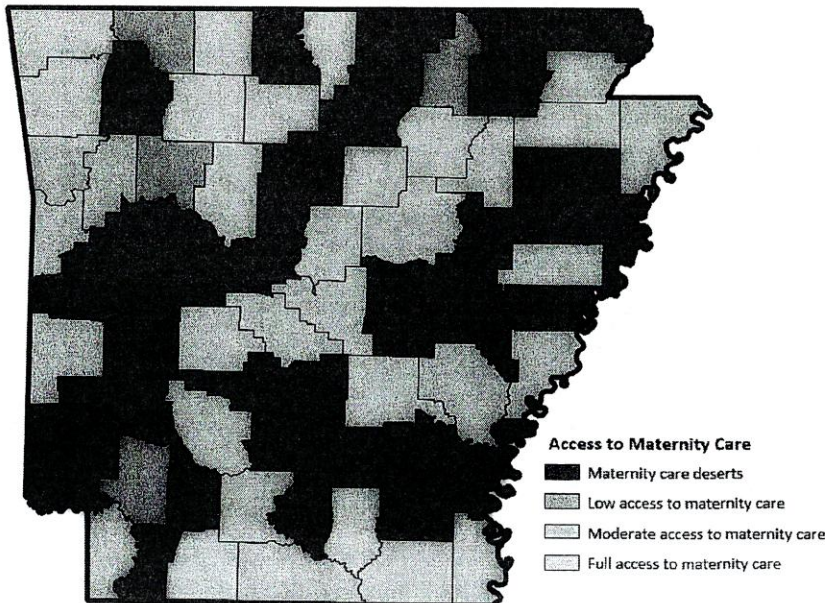
Expanding Choice & Access in Arkansas



Access to quality maternity care is a critical component of maternal health and positive birth outcomes, especially in light of the high rates of maternal mortality and severe maternal morbidity in the U.S. in recent years. However, a 2020 March of Dimes report found that more than 2.2 million women across the country childbearing age live in maternity care deserts (1,095 counties) that have no hospital offering obstetric care, no birth center, and no obstetric provider. In **Arkansas**, more than **105,000** women (15-44 yrs. old) live in maternity care deserts, with **37** of Arkansas' 75 counties having **very limited or no access** to maternity care services at all.¹

Even higher rates of maternal mortality and morbidity and other adverse birth outcomes among Black women in the U.S. has prompted interest in models of care that can improve outcomes, including midwifery and specific evidence-based supportive and preventive care programs developed and led by midwives.² Moreover, even as the nation struggles to address one of the most severe pandemics in U.S. history, Arkansas' requirement for signed collaborative practice agreements "restricts CNMs from exercising their full scope of practice or from receiving hospital credentials, clinical privileges, or third-party reimbursement for services that fall within the scope of their trainings and licensure"³ – barriers that restrict the supply of midwives and can prevent women from accessing midwifery care.⁴

MATERNITY CARE DESERTS¹



"Now is the time to eliminate the outdated regulations and organizational and cultural barriers that limit the ability of nurses to practice to the full extent of their education, training and competence." - *Institute of Medicine*

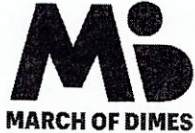
"To provide highest quality and seamless care, ob-gyns and CNMs should have access to a system of care that fosters collaboration among licensed, independent providers." - *American College of Obstetricians & Gynecologists*

"[Scope of practice] restrictions are inefficient, increase costs, and reduce access to care." - *The New England Journal of Medicine (2020)*

"March of Dimes supports full practice authority for CNMs/CMs, which means they are able to practice to the full extent of their education and training within a health care system that provides for "consultation, collaborative management or referral as indicated by the health status of the woman or newborn." - *March of Dimes*

"There are still barriers to the practice of midwifery across the country even though midwifery has proven to be a safe and cost-effective mode of maternal health care" - *Center for Medicaid and Medicare Services*

1. March of Dimes. Nowhere to Go: Maternity Care Deserts across the U.S. September, 2020. Full Report Link: <https://www.marchofdimes.org/maternitycare-deserts-report>
2. Black Mamas Matter Alliance. April, 2018. Black Paper: Setting the Standard for Holistic Care of and for Black Women.
3. ACNM Board of Directors. (Reviewed and approved by the ACNM Board of Directors, Dec. 2011) Position Statement: Collaborative Agreement between Physicians and Certified Nurse-Midwives and Certified Midwives.
4. Vedam S., Stoll K., MacDorman M., Declercq E., Cramer R., Cheyney M., et al. (2018) Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS ONE 13(2): e0192523. <https://doi.org/10.1371/journal.pone.0192523>



OFFICE OF GOVERNMENT AFFAIRS

T (202) 659-1800

E advocacy@marchofdimes.org

MARCHOFDIMES.ORG

scope of their trainings and licensure”⁵ – barriers that restrict the supply of midwives and can prevent women from accessing midwifery care.⁶

March of Dimes believes that the approach and philosophy of midwifery, as described by the International Confederation of Midwives (ICM), should be widely available as a choice for women, and endorses ICM minimum education and training standards for all midwives whose education and licensure meets the Global Standards for Midwifery Education. Further, March of Dimes welcomes efforts to increase the number of midwives of color and diversify the maternity care workforce with individuals who represent the lived and cultural experiences of the patients they serve.⁷

March of Dimes supports HB 1215 as it would allow Certified Nurse Midwives (CNMs) to practice to the full extent of their education and training. HB 1215 would allow for low-and moderate-risk women to access midwifery care as part of an integrated system of care that further integrates midwives and their model of care into maternity care. Studies have revealed the importance of integrated care and collaboration, and suggest, “When professionals collaborate on decision-making and when coordination of care is seamless, fewer intrapartum neonatal and maternal deaths occur during critical obstetric events.”⁸

March of Dimes further endorses HB 1215 as we believe the bill can improve access to maternity care providers in under-resourced areas, reduce interventions that contribute to risk of maternal mortality and morbidity in initial and subsequent pregnancies, lower costs, and potentially improve the health of mothers and babies. We thank you for the state’s continued efforts to improve the health of all moms and babies in Arkansas, and urge your support of HB 1215.

Respectfully,

A handwritten signature in cursive script that reads 'Kim Parker'.

Kim Parker, MSPH, MSW

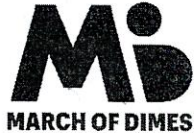
CC: The Honorable Mary Bentley, Representative, 73rd House District
The Honorable Kim Hammer, Senator, 33rd Senate District
Honorable Members, House Public Health, Labor and Welfare Committee

⁵ ACNM Board of Directors. (Reviewed and approved by the ACNM Board of Directors, Dec. 2011) Position Statement: Collaborative Agreement between Physicians and Certified Nurse-Midwives and Certified Midwives.

⁶ Vedam S, Stoll K, MacDorman M, et al. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS One 2018;13(2):e0192523).

⁷ ACOG ACNM. (revised and reaffirmed April 2018). Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives.

⁸ Vedam S, Stoll K, MacDorman M, et al. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS One 2018;13(2):e0192523).



OFFICE OF GOVERNMENT AFFAIRS

T (202) 659-1800

E advocacy@marchofdimes.org

MARCHOFDIMES.ORG

February 5, 2021

The Honorable Jack Ladyman, Chair
House Public Health, Welfare and Labor Committee
Arkansas State Capitol
500 Woodlane St. Suite 350
Little Rock, AR 72201-1089

RE: HB 1215 – To Grant Full Practice Authority to Certified Nurse Midwives - Support

Dear Chairman Ladyman:

On behalf of March of Dimes, which leads the fight for the health of all moms and babies, I write today to express our support for House Bill 1215.

Access to quality maternity care is a critical component of maternal health and positive birth outcomes, especially in light of the high rates of maternal mortality and severe maternal morbidity in the U.S. in recent years. However, a 2020 March of Dimes report found that more than 2.2 million women across the country childbearing age live in maternity care deserts (1,095 counties) that have no hospital offering obstetric care, no birth center, and no obstetric provider. In Arkansas, more than 105,000 women (15-44 yrs. old) live in maternity care deserts, with 37 of Arkansas' 75 counties having very limited or no access to obstetric services at all.¹

Even higher rates of maternal mortality and morbidity and other adverse birth outcomes among Black women in the U.S. has prompted interest in models of care that can improve outcomes, including midwifery and specific evidence-based supportive and preventive care programs developed and led by midwives.² Studies have documented negative experiences of Black women in traditional hospital births,³ the occurrence of provider implicit bias, and poorer quality and differential care experienced by women of color.⁴ Moreover, even as the nation struggles to address one of the most severe pandemics in U.S. history, Arkansas' requirement for signed collaborative practice agreements "restricts CNMs from exercising their full scope of practice or from receiving hospital credentials, clinical privileges, or third-party reimbursement for services that fall within the

¹ March of Dimes. (2020). Nowhere to Go: Maternity Care Deserts Across the U.S.

² Black Mamas Matter Alliance. April, 2018. Black Paper: Setting the Standard for Holistic Care of and for Black Women.

³ Black Women Birthing Justice. (2016). Battling over Birth.

⁴ Jain JA, Temming LA, D'Alton ME, et al. SMFM Special Report: Putting the "M" back in MFM: Reducing racial and ethnic disparities in maternal morbidity and mortality: A call to action. *Am J Obstet Gynecol* 2018;218(2):B9-B17.