MARCH OF DIMES

HB 1215

ARKANSAS

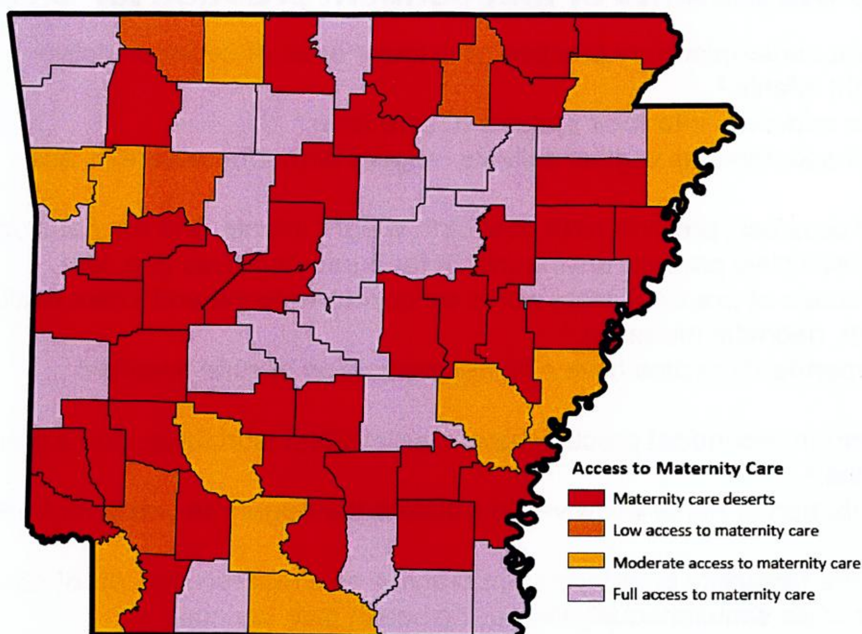
HB 1215: FULL PRACTICE AUTHORITY FOR CERTIFIED NURSE MIDWIVES

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 DESERTS[1]



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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

"Now is the time to eliminate the outdated regulations and organizational and cultural barriers that limit the ability of nurses to practice to the full extent of their education, training and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

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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)

Nurse Midwives LOWER Costs

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]

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Voices of Nurse-Midwives, Nurses, and Mothers:

The Human Impact of the Lack of Nurse-Midwifery Services in Arkansas

Ashley Baker, Certified Nurse-Midwife
Formerly from Arkansas

"I am originally from Arkansas. I moved away after I finished my nursing degree. I later moved back briefly and worked in central Arkansas as a postpartum nurse for awhile. When I initially began exploring becoming a nurse-midwife, I contacted a nurse peer/friend of mine from there that had obtained her APRN. She told me to not even bother with becoming a CNM if I ever planned to move back to Arkansas, because she said I would never find work.

"Fast forward several years, and through further research, I realized she was correct. I could not find job listings, save a few spots in northwest Arkansas. Also, the licensing setting is so restrictive that I would not be able to start my own practice either. With so few options, returning back to the state is highly unlikely. It's a shame, though, as someone who has personally had a baby there and also worked in maternity care there—Arkansas desperately needs a midwifery presence to improve outcomes in maternal and neonatal health."

Morgan Webb, Mother
Little Rock, Arkansas

"My name is Morgan Webb and I'm a mother to three children. Their ages are 4.5 years, 3 years, and 3 months. I had my first in the hospital and the only thing natural about it was that I didn't receive an epidural. Between child one and two, I really did my research and was preparing for a truly natural birthing experience. I knew that could happen safely under the care of a Certified Nurse-Midwife at the local birth center. My care under the nurse-midwives there was exceptional. Unfortunately, by the time I became pregnant with my third, the birth center had closed. Because of the rules in Arkansas about CNMs, it was back to the hospital for me. I was very disappointed to not be able to have a birth under the care of a Certified Nurse-Midwife. I hope that in the future, regardless of whether or not I personally have more children, there will be the option out there for women to have care from CNMs in the state of Arkansas."

Brittany Clark Shaddox, Registered Nurse and Childbirth Educator
Hindsville, Arkansas

"My years of experience supporting families through pregnancy and childbirth, education, and honing my expertise in antepartum, intrapartum, and postpartum nursing (including the opportunity to work with other skilled RNs, CNMs, and OBs) has demonstrated to me the importance of a spectrum of available care that fits the needs of the population. In Northwest Arkansas, we are blessed with a diverse population with diverse needs! Unfortunately, we have

a clear gap in availability of care for those of our population who desire birth center care and/or the evidence-based and supportive care of Certified Nurse-Midwives. This gap in available care exists not because we lack providers, but because our laws do not support these trained, skilled, and evidence-based providers to act to the full extent of their training.

"Insurance covers CNM care whether in a birth center, or in the hospital. We do not want women who fear the hospital choosing to birth without skilled care due to financial restrictions, fear of exposure to Covid-19 etc.

"On a more personal note, I personally have benefited from receiving full-scope CNM care at the Birth Center of Northwest Arkansas prior to the closure. I had previously worked two years in an obstetrical hospital setting and knew from experience the absolute best provider to support my healthy and low-risk pregnancy, and to have a physiologic and emotionally-supportive birth experience with the best outcomes for me and my baby, would best be done with a Certified Nurse Midwife.

"The pregnancy and births of both of my children were attended by CNMs. I was fortunate and would like to see all women in our community have the opportunity they deserve in access to that high level of care!"

Kelsey Gilley, Certified Nurse-Midwife
Rogers, Arkansas

"When I graduated from nurse-midwifery school in December of 2016 I had immense difficulty finding a job as a CNM in Arkansas. After nine months of searching, I was offered a position at the Birth Center of Northwest Arkansas. Time there, however, was brief as the center had to shut its doors due to financial constraints from poor insurance reimbursements for services rendered. Since I had a patient base that needed a place to deliver, I was able to find another local clinic to hire me and add their first midwifery practice. Regretfully, my time with this practice was also short-lived thanks to the Covid-19 pandemic. Though I had a full patient load and clientele, the hospital that owned our clinic had to make huge budget cuts due to their financial woes incurred during the shutdown. I was required to relinquish my patients that day, even the one that was in active labor. My patients were immediately placed in the position of having to switch their provider, birth plan, and/or place of birth with absolutely no notice.

"That was May of 2020. Since that time, I have been unable to obtain employment as a CNM in all of Northwest Arkansas. I have approached several hospitals about starting midwifery practices at their hospital to no avail. The biggest hurdle to practicing in this state is the collaborative practice requirement for providing intrapartum (labor and delivery) care combined with the collaborative practice agreement required for prescriptive authority. Both inhibit my ability to start a midwifery practice or even to be hired by a hospital that wants to add midwifery services. If a hospital wants to

add this line of service but no physician is willing to take on the requirements for a collaborative practice agreement with a CNM, then the hospital, the CNMs, and the patients suffer."

Tanya Smith, Mother
Benton, Arkansas

"My name is Tanya Smith and I have lived in Benton, Arkansas, for over 15 years. Shortly after moving here from another state, I became pregnant with our third child. I had significant PTSD trauma from my first pregnancy and a cesarean birth that I carried into my second and third pregnancies. I did not have access to nurse-midwives then and had to experience the joy of pregnancy and birth alongside my PTSD due to the care of my previous physician. I do want to preface this by saying that not all obstetrical care results in trauma--this was just my personal experience and it led me to seek alternatives.

"Fast forward to my pregnancy in Arkansas where I was trapped with only access to obstetrical care. At that time, there wasn't a single Certified Nurse-Midwife practicing in our state. Left with no options for a midwife and PTSD from childbirth, I was unable to access the care I needed. Women like me need *more* options for childbirth, not less. Allowing CNMs to practice nurse-midwifery in the entirety of their scope will create more options and save lives.

"It delights me to see the expansion of midwifery happening in our state since my third child was born 2006. Unfortunately, it is much too slow due to restrictions on their scope of practice. CNMs have the education and training to operate in their full scope of practice and should be permitted to practice accordingly. Expanding midwifery care will affect our maternal and infant mortality rates in a positive way and can also address our obstetrical physician shortage that is at crisis level in rural parts of Arkansas. Midwifery care is also a cheaper option for state Medicaid recipients. There are so many good and positive reasons to bring the Arkansas law for CNMs up-to-date and I pray that our legislators will make the ethical and moral choice for Arkansas women and babies."

Brennan Straka, Certified Nurse-Midwife
Springdale, Arkansas

"I was fortunate to find a job at the Birth Center of Northwest Arkansas in 2016, right after I graduated with my degree. The birth center struggled financially, however, due to poor reimbursements from insurance companies, and had to close its doors in 2018. After that, I have been teaching at the University of Arkansas Eleanor Mann School of Nursing because there are no available jobs where I could practice full-scope midwifery.

"There are midwives out there who want to practice and even want to create their own businesses but finding a collaborative physician is difficult due to the burden of liability that physicians take on in a written

collaborative practice agreement and competition for patients."

Rochelle Grotjohn, Registered Nurse
Little Rock, Arkansas

"I have been a nurse for eight years now and had the privilege of working at the Birth Center of Northwest Arkansas with some fantastic nurse-midwives. I was able to see firsthand what incredible care they provided to women and their families. I was accepted to a nurse-midwifery program in 2016, but chose to forgo that plan once I realized how unlikely it was that I'd be able to find a job here in the state unless I wanted to exclusively teach. I hear from women all the time who wish to have access to nurse-midwifery care but are unable to find anyone in the state. If this bill were to pass, I would love to return to school with the knowledge that I'd actually be able to practice in my area in a full-scope of practice position, helping once again to provide top-notch care to patients."

Phebe Sistoso, Certified Nurse-Midwife
Rogers, Arkansas

"After completing my degree in nurse-midwifery, I was unable to find a job practicing full-scope (including the ability to do deliveries, not just women's health) midwifery where I live in Northwest Arkansas. I eventually accepted a position (with a two-hour commute) at a birth center in Oklahoma.

"Our small birth center in the Tulsa area gets calls frequently from women in Arkansas who are looking for nurse-midwifery care, and in the past six months, we have provided this care to three of them."

Anonymous, Mother
Little Rock, Arkansas

"When I was pregnant with my fifth baby, I desired nurse-midwifery care, but was unable to obtain it in Arkansas. I decided to deliver out-of-state at a birth center instead. I was happy with my care, but hope that women can have the choices they desire in Arkansas in the future."

Cayce Rebekah Torix, Mother
Northwest Arkansas

"I was able to give birth to my first child (with CNMs) at the Birth Center of Northwest Arkansas before it closed down. It was the most wonderful and comforting experience! Especially as a first-time mom, I had no idea that birthing could be so comforting. I could never be thankful enough for my experiences there. I was cared for, listened to, never rushed through an appointment. My prenatal care and delivery were customized completely to me. I was seen as a person.

"My next pregnancy resulted in identical twin sons. My twin delivery (at the hospital) was far from a horror show; but mental fear was present that I

wholeheartedly believe could have been avoided. In fact, I know it can be because my first birth was a wholly different experience because I had access to full-scope nurse-midwifery care and I was given options to help control my birth. Nurse-midwives saw me as a person and gave me power by giving me every choice.

"I think that Arkansas can do much better in loving our mommies and babies by affording them more options for their births. Let's look moms and dads in the face and say 'I see you, I hear you, let's work together'. We are a very pro-life state, so let's follow through with that stance even further and give parents the right to be seen as people and not as cases."

Lucy Towbin, Social Worker and Lactation Consultant
Little Rock, Arkansas

"I worked for some years as a social worker and lactation consultant at the maternity clinic at UAMS when nurse midwives worked there. I had my first two children with very open-minded and wonderful physicians. I come from a family of physicians and, while I support homebirth and lay midwives, I never felt completely comfortable having my kids at home. So, with my third child I decided to ask the nurse-midwives to be my caregivers. I was lucky enough to have two with me because Joni Yarnell was on call and Mary Devine at that time was her apprentice.

"I was happy with my first two births, but having the third one with the nurse-midwife was even better. They were with me the whole time. They didn't just show up at the end for the delivery. They were supportive and nurturing and confident and knowledgeable. I felt totally safe and cared for with them. It was like having a homebirth but I was in the hospital, so I knew that if there was any need for any surgical intervention I would be right there. But all went well and I delivered my third child with no drugs or intervention—just two wonderful women with me and my husband there to guide us and catch the baby."