Reading to Help Prepare You for MAWS Lobby Day 2017

Promoting the Midwifery Model of Care is one innovative and proven solution to address the US health care system’s soaring costs and less-than-optimal outcomes. There is growing recognition of the quality and value that midwifery brings to the maternity care system, a model of care that aligns perfectly with the so-called “Triple Aim.”

What is the Triple Aim?
The Institute for Healthcare Improvement’s (IHI) Triple Aim is a framework for optimizing health system performance. According to this framework, new designs must be developed to simultaneously achieve the following three goals:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care

Midwifery can and should be a part of these newly designed systems because as a profession we are already uniquely prepared to attain the “Triple Aim.”

We are at a Tipping Point:

- More and more data is becoming available demonstrating that the care provided by midwives—a less-intervetive, more physiologic approach for those with low-risk pregnancies—results in better outcomes AND significant cost savings
- Midwives will be needed in the future, especially in medically underserved areas, due to expected health care workforce shortages
- Unpublished 2012-2013 WA State Medicaid data shows better outcomes, including much lower c-section rates, and decreased costs when ANY prenatal care is provided by licensed midwives—this suggests that increasing access to LM care could help reduce racial disparities and improve birth outcomes for parents and their babies

How we can maximize the benefits that midwifery care confers to the health care system and to patients/clients:

- Increase access to licensed midwifery care by:
  - Ensuring that LM care is not only covered under all public-employee benefit plans, but that incentives are created so that those who choose midwifery care share in the cost-savings
  - Increasing employment opportunities for LMs, such as in federally qualified health centers (FQHCs)
  - Making it affordable for LMs to practice, which includes keeping licensing fees reasonable and aligning reimbursement with demonstrable outcomes
  - Making midwifery education more affordable, which includes maintaining funding for scholarships and loan repayment; although LMs in WA State are eligible, funding is still needed at the federal level

- Increase access to freestanding birth centers by:
  - Incentivizing the kind of high-quality, low-intervention care provided in these facilities by raising the Medicaid reimbursement rate, making it possible for birth centers to
continue to provide care for the most vulnerable families and still remain financially viable
- Ensure that all PEBB plans include coverage for freestanding birth centers and that those with low-risk pregnancies are incentivized to give birth in these facilities

- Raise public awareness about the benefits of midwifery care to:
  - Increase the number of families choosing this option
  - Increase the number of individuals entering the midwifery profession

**Highlights from the Supporting Documents in the E-Packet for Legislators:**

- **2007 DOH Cost-Benefit Analysis on Licensed Midwifery**
  - Licensed midwifery care in WA State results in cost savings to Medicaid of nearly half a million dollars biennially and when private insurance companies are included in the analysis, the savings to the health care system in Washington is over $2.7 million. This cost estimate only accounts for the cost savings of avoided c-sections by ~100 LMs.
  - The report noted, but did not quantify, many prospective costs that are avoided, due to the intensive level of prenatal and postnatal care provided by licensed midwives. These include: higher breastfeeding rates, fewer low birth-weight babies, a greatly reduced c-section rate, and a significantly lower risk of other costly medical interventions during labor and birth that aren’t without risk.

- **2014 Lancet Executive Summary on Midwifery**
  - “Midwifery is a vital solution to the challenges of providing high-quality maternal and newborn care for all women and newborn infants, in all countries”
  - These findings support a system-level shift, from maternal and newborn care focused on identification and treatment of pathology, to a system of skilled care for all, with multidisciplinary teamwork and integration across hospital and community settings. Midwifery is pivotal to this approach.
  - Midwifery is associated with more efficient use of resources and improved outcomes when provided by midwives who are educated, trained, licensed, and regulated, and midwives are only effective when integrated into the health system in the context of effective teamwork and referral mechanisms and sufficient resources.
  - Although evidence from more settings is needed, evidence so far shows that midwifery care provided by midwives is cost-effective, affordable, and sustainable. The return on investment from the education and deployment of community-based midwives is similar to the cost per death averted for vaccination.

- **2013 Consensus Statement on Normal Physiologic Birth - ACNM, NACPM, MANA**
  [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647729/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647729/)
  - In addition to clearly defining normal physiologic childbirth, the statement outlines the benefits of normal physiologic birth, including improved breathing and temperature regulation of the newborn, successful breastfeeding, and parent-infant bonding.
Highlights from the Supporting Documents in the E-Packet for Legislators (cont):

- 2015 ACOG/SMFM Consensus Statement on Levels of Maternal Care
  - The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine recently recognized freestanding birth centers as providing an appropriate level of care for those with low-risk pregnancies “who are expected to have an uncomplicated birth.”
  - The Joint statement by ACOG/SMFM also indicates that midwives (including CNMs, CMs, CPMs and LMs where regulated) are appropriate care providers for those who are laboring in these facilities.

- Health Care Authority (HCA) Report to the Legislature on Birth Center Reimbursement
  - Of 50% of Washington births paid for by Medicaid only, 1.1% occur at birth centers.
  - Current Medicaid reimbursement often does not adequately cover the cost of birth center care and may limit willingness to care for Medicaid enrollees.
  - National C-section rates for birth enter clients are 6% vs 27% overall for low-risk women.
  - The current Medicaid birth center facility fee reimbursement rate is $605 which is the lowest of states that provide Medicaid facility fee reimbursement to birth centers who responded to a survey.
  - 22 additional birth center births per year would cover the financial costs of a birth center facility fee reimbursement rate increase to $1,742.
  - A $1,742 birth center reimbursement rate reflects a payment of 90% of the hospital delivery facility cost for a vaginal birth for a one day hospital stay.
  - HCA supports an increased birth center facility fee reimbursement rate of $1,742.

- American Association of Birth Centers (AABC) graph showing the growth of birth centers in the US
  - Midwifery-led Birth Centers are growing in number!
  - The number of midwifery-led birth centers has increased rapidly by 125 new centers over the last 8 years - from 195 in 2008 to 320 in 2016.
  - In the last two years alone, 30 new midwifery-led birth centers began operating.