Midwives' Association of Washington State

Talking Points for MAWS Lobby Day 2020

Midwifery Licensing Fee Cap

- The budget proviso typically sought to cap Licensed Midwifery licensing fees is **unnecessary this year**, as the backfill from last year is adequate to meet this need.
- Thank you for your support!

Updating LM Practice:

- We are seeking a **Sunrise Review** to update midwifery practice to meet the growing and increasingly diverse demands of the childbearing population in Washington State.

***NOTE**: avoid saying "scope" – instead use terms like "updating practice" or speak to access and growing needs of the childbearing population*

Please be creative and use your own stories and data to talk about your care!

For consumers/advocates: Of particular impact are consumer stories about what midwifery care means to you, and in what ways you may have experienced inefficiencies or barriers because of unnecessary limitations to the care your midwife could provide (such as a time you had to go to Urgent Care for antibiotics for a urinary tract infection that your midwife caught and diagnosed, or having to leave your final postpartum visit and go elsewhere to receive an IUD or other contraception).

For midwives: This is a great opportunity to share your own data, particularly those that speak to your overall effectiveness at providing things that amount to preventative healthcare (sexual health education, contraceptive education, child spacing, mental health screening, IPV, etc.).

Keep in mind that the ultimate goal is to start to tell stories about how underutilized midwives are given how great our 1) outcomes, 2) satisfaction, and 3) cost (the Triple Aim!) all are year after year. Speak to the skills you have and the things you could be doing if not limited by practice constraints that are in deeply in need to updating to meet the needs of reproductive people in Washington and **the way this limitation hinders your clients** or prevents them from having options/access/choice, etc.

Below is information you can reference for talking points or to highlight some of your own points but it is **not intended to be used in its entirety every time** – too much at once!

Important Licensed Midwifery data:

- The average cost to Medicaid for an uncomplicated vaginal delivery in the hospital is $15,000. By comparison, the average cost to Medicaid for an uncomplicated vaginal delivery in a freestanding birth center is $3700 (2018 data)

- The average overall cesarean birth rate for Licensed Midwives is ~5% (2019-2020 data), compared to ~24% (2017 data) for comparable low-risk populations. It's been well-established by data out of our own (Healthcare Authority) HCA that LM care saves the state nearly **$1.9 million annually**, more than was previously imagined.
- Average chestfeeding rate "at time of discharge" is 95% with continued chestfeeding at 6 weeks postpartum at rates in excess of 92%. While overall chestfeeding has increased in the United States and Washington State, midwives have always been ahead of the curve on this, and while we don't have the pleasure (yet!) to care for our patients at 6+ months postpartum, we speculate that exclusive and continuing chestfeeding rates in the first year of life would exceed national and state averages.
    - Continued, frequent chestfeeding is associated with greater growth and protects child's risk of morbidity and mortality
    - It can also extend the interpregnancy interval, protecting health of birthing parents

There is a significant and justified focus right now on how to increase the workforce, and particularly how to increase workforce in rural areas and thus increase access to care to various parts of the state:

- OB/GYNs have been the traditional workforce for reproductive health, and this workforce is shrinking. Experienced OB/GYN providers are aging out of the workforce, and fewer residents are choosing OB/GYN as a specialty. The population of WA State is expected to increase by 2.5 million people by 2040, and the largest cohorts of human history are about to enter their reproductive years. While the nursing workforce is filling some of this need, it's unlikely to be sufficient, especially as rural hospitals anticipate closing.
- Midwives are the primary maternity care providers for greater than 3% of reproductive individuals in Washington State, which is more than 3x the national average, and midwifery is the fastest growing profession in Washington (workforce has increased 40% in the last several years). For many healthy individuals of reproductive age, LMs are the only point of contact with the healthcare system, and midwives are often already being used as clients' de facto first choice, primary care provider.
- Licensed midwifery care in Washington State results in significant cost savings to the healthcare system (see data above)
- Licensed Midwives have an existing knowledge and skill set specializing in low-risk individuals of reproductive age and are already prepared to assist individuals in more expansive care, and have proven themselves in a position quickly to learn new skills.
- The Midwives' Model of Care is ideal for education and counseling about overall health and well-being. Satisfaction with one's care provider has been shown to positively impact rates of uptake and adherence to preventative health services. Satisfaction with midwifery care is high (over 97%)

- Individuals who see the same care provider are more likely to adhere to preventative healthcare plans; Licensed Midwives practice in small settings and focus on client-centered care
- Transportation is an issue for rural patients, and this issue is going to increase in the coming years as rural hospitals begin to close and the provider shortage increases. Licensed Midwives are already the primary maternity care providers for many pregnant people. Doesn't it make sense to allow these individuals to continue to see their midwife for primary care outside of their 8-10 months they are pregnant?
- Midwifery care is particularly impactful for the most marginalized communities – evidence shows that even **one visit** with a midwife reduces the risks and complications experienced in pregnancy and childbirth. Expanding practice to meet the needs of this growing population in a truly identity-affirming and client-centered manner increases overall health outcomes to the most vulnerable

Other bills MAWS is supporting

Support SB 6523: Certificate of "birth resulting in stillbirth"

- Certificate of "birth resulting in stillbirth" to provide a document other than a fetal death certificate for a parent who gave birth to a stillborn child
- Currently, the certificate of fetal death is the only document issued to the parents acknowledging that a baby was delivered
- The experience of stillbirth is a trauma made worse by having only the baby's death acknowledged, but not the baby's birth
- A "Certificate of Birth Resulting in Stillbirth" provides validation and acknowledgment of the family's experience by symbolizing to bereaved parents that their baby is being acknowledged as a real birth

Support HB 2266: Prohibits an employer from requiring written certification from the employee's health care provider regarding the need for a reasonable accommodation to express breast milk.

Support SB 6128: Extends Medicaid coverage for pregnant and postpartum people from 60 days post-pregnancy to one year, post-pregnancy, specifically for groups that have not qualified for the Medicaid expansion (i.e. that are only eligible for Medicaid because of pregnancy)

Support SB 6034: Extends the time allowed to file a complaint with the human rights commission for a claim related to pregnancy discrimination (currently 6 months and will extend to 1 year)