Medication Access and Midwifery Integration: An Example of Community Midwifery Advocacy for Access in Washington State, USA. (2020). *Birth.* https://onlinelibrary.wiley.com/doi/full/10.1111/birt.12523 By Effland, K. J., Hays, K. E., Zell, B. A., Lawal, T. K., & Koontz, M. (2020).

Rural Community Birth: Maternal and Neonatal Outcomes for Planned Community Births among Rural Women in the United States, 2004‐2009.

- "This is the first study to describe maternal and neonatal outcomes for midwife‐led care among a cohort of low‐risk rural and nonrural women who planned midwife‐attended, community births in the United States. Healthy, low‐risk, rural women planning home or birth center births attended by midwives experienced similar risks of cesarean delivery, operative vaginal delivery, transfers to hospital, severe adverse events, and other maternal morbidities when compared to nonrural women after controlling for risk factors. Our findings support continued discussion in rural communities towards incorporating community midwives as allied health care providers who can help alleviate some of the stresses on the rural maternity care system. While rural home or birth center birth may not be of interest to all rural women, rural midwives could be well positioned to provide antenatal and postpartum care to low‐risk women who plan hospital deliveries in larger centers." By: Nethery, E., Gordon, W., Bovbjerg, M. L., & Cheyney, M. (2018). In *Birth*, *45*(2), 120-129.

- High Quality, Lower cost: WA state Medicaid data (2016) mirrors national data
  "Women who received prenatal care in Birth Centers had better birth outcomes and lower costs relative to similar Medicaid beneficiaries not enrolled in Strong Start. In particular, rates of preterm birth, low birthweight, and cesarean section were lower among Birth Center participants, and costs were more than $2,000 lower permother-infant pair during birth and the following year."

- Strong Start for Mothers and Newborns was designed to explore whether alternative models of enhanced prenatal care could succeed in improving birth outcomes for pregnant women covered by Medicaid and CHIP. The initiative supported three models: Birth Centers, Group Prenatal Care, and Maternity Care Homes. This 5-year analysis reflects clear evidence that prenatal care in Strong Start's Birth Centers succeeded in significantly improving almost every outcome measured, and were achieved at lower medical costs. This evaluation strongly suggests that if more pregnant beneficiaries accessed Birth Centers for their maternity care, on average, they would likely experience significantly better birth outcomes and, as a result, the Medicaid program could save money.

- 2015 ACOG/SMFM Consensus Statement on Levels of Maternal Care
  http://www.acog.org/-/media/Obstetric-Care-Consensus-Series/oc002.pdf?dmc=1&ts=20150206T1607067619
  - 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.

- Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5821332/#!po=35.8696
    - A recent multidisciplinary team of researchers have designed The Access and Integration Maternity Care Mapping (AIMM) study to examine the impact of state regulatory environments on access to midwives and association with perinatal outcomes across populations in the United States. This study draws attention to our fragmented system of obstetric care, and the lack of access to midwifery care across the country. As a result, they have determined the need for a greater integration of midwives into the healthcare system to produce better key outcomes, and decrease healthcare costs in the birth world.

- 2013 Consensus Statement on Normal Physiologic Birth - ACNM, NACPM, MANA 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.

- Maternity care access, quality, and outcomes: A systems-level perspective on research, clinical, and policy needs in Seminars in Perinatology (2017)
    - Describes the relationship between access and quality in maternity care, including many factors such as: clinical conditions, health insurance coverage, geographic location, and sociodemographic characteristics. While offering, a systems-level perspective on the innovations and strategies needed to achieve equity in research, clinical care, and policy. This article identifies that, this can be achieved by improving four broad categories: risk-based triage of care during pregnancy, labor, and delivery; maternity care quality measurement; recognition of both medical and nonmedical aspects of childbirth; and disrupting the pathways between social determinants of health and birth outcomes. It also calls to attention the fact that the non-inclusion of home as a setting for childbirth may unnecessarily exacerbate maternity related risks, and could easily be be mitigated through a policy change, to fully account for all birth settings in the United States. This article strongly indicates that maternal levels of care should be expanded to include the home setting to better improve access and quality in maternity care. By Katy Kozhimmanil et al.

- 2007 DOH Cost-Benefit Analysis on Licensed Midwifery http://www.washingtonmidwives.org/articles/doh-cost-benefit-analysis.html
    - 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
  http://download.thelancet.com/flatcontentassets/series/midwifery/midwifery_exec_summ.pdf
    - "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.

- Interactive Maps to visualize the results of the Access and Integration Maternity Care Mapping (AIMM) Study (http://www.birthplacelab.org/maps/)
    - This interactive map provides the opportunity to explore the relationship between midwifery care, state-by-state, and outcomes for mothers and babies across the United States.

- A Comparison of Outcomes in AMUs (Alongside Midwifery Units) and FMUs (Freestanding Midwifery Units) in the UK
    - This deeper look into the UK Birth Place Study found that there are differences in outcomes between alongside midwifery units and freestanding midwifery units. Specifically, there are lower intervention rates and fewer adverse maternal outcomes in planned FMU births compared with planned AMU births. This finding supports MAWS' recommendation that we should be tracking outcomes in hospital-based outpatient birth facilities separately from outcomes in freestanding birth centers and that childbearing people should be able to consider this data when choosing where to give birth.

- 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.

Midwifery and the Triple Aim

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-interventive, 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
- 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
- Increase access to freestanding birth centers by:
    - 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