

2012 ACNM Benchmarking Project: Summary Data – FINAL Report

For the 2012 calendar year data reporting cycle, 223 practices submitted data that was considered valid for consideration. This represents a 1% increase in participation from the 2011 calendar year reporting cycle, and is a record high in terms of the absolute number of practices participating. Sixty-six practices participated for the first time ever.

The aggregate data reported included a total of 99,700 births and the work of nearly 1,100 certified nurse-midwife/certified midwife (CNM/CM) FTEs. Included in the work of these CNMs/CMs were the following:

- Over 83,700 vaginal births
- 4,557 trials of labor after cesarean (TOLAC)
(Representing an average vaginal birth after cesarean (VBAC) success rate of 78.7%)
- Approximately 1,100 homebirths
- Approximately 1,600 birth center births
(65% of which occurred in American Association of Birth Centers accredited centers)
- Over 79,000 hospital births
- An estimated \$117 million in billed care
- Over \$60 million in provider salaries

Any practice with a minimum of one CNM/CM who was an active ACNM member was eligible to participate in the data submission process. Participating practices represented a variety of geographic areas:

- Forty-five states and/or US territories are represented (including Puerto Rico).
- States not represented were Alabama, Arkansas, Delaware, Nevada, North Dakota, and South Carolina.
- Practice location varied between rural (20%), metropolitan (30%), and urban (51%)

- ACNM Regional participation, as follows: □
 - Region I – 28 practices
 - Region II – 27 practices
 - Region III – 25 practices
 - Region IV – 45 practices
 - Region V – 64 practices
 - Region VI – 34 practices

- Affiliates with the highest total participation were:☒
 - New York – 19 practices☒
 - Texas – 16 practices☒
 - Massachusetts – 15 practices
 - Illinois – 12 practices
 - California, Colorado, & North Carolina – 11 practices each

Additionally, a wide demographic of practice types were represented:

- Independent, midwife-led practices (67%)
- Shared practice models with exclusive midwifery caseloads (21%)
- Combined practice models with physicians (10%)
- Other models of care represented 2% of responding practices and included CNM-LM partnerships, CNM-CPM partnerships, and laborist/hospitalist □services. No resident education models of care participated in the 2012 survey.

When classified by the total number of births per year, there were as follows:

- 58 large-sized practices ($\geq 500 - 999$ births/yr)
- 72 medium-sized practices (200 – 499 births/yr)
- 93 small-sized practices (≤ 199 births/yr)

New this year, participating practices were asked to indicate the level of medical/obstetrical risk for their case load. This new categorization was instituted to aid in grouping similar types of practices.

- 14% Complex medical/obstetrical risk
- 55% Moderate medical/obstetrical risk
- 31% Low medical/obstetrical risk

Participating practices were also surveyed regarding their PRIMARY payor type, results were as follows:

- 37% Medicaid
- 34% private insurance
- 21% equal mix of two or more payor types
- 7% self-pay
- 1% managed-care

Primary practice sites were as follows:

- 44% community-based hospitals
- 36% tertiary care hospitals
- 15% homebirth
- 5% birth center

79.5% of the reporting practices indicated that they do provide trial of labor after cesarean (TOLAC).