

Midwives for MOMS

The American College of Nurse-Midwives asks Congress to Cosponsor the Midwives for Maximizing Optimal Maternity Services (MOMS) Act

Bill Overview

- Addresses maternity care provider shortage with a goal of improving maternal and child health outcomes
- Establishes two new funding streams for accredited midwifery education programs under HRSA's Title VII Health Professions Training Program and Title VIII Nursing Workforce Development Programs
- Funds would be directed toward students who plan to practice in a maternity care provider shortage area and/or are from underrepresented minority groups, preceptors who train midwifery students, and the establishment or expansion of midwifery education programs

Background

- Maternal mortality rates in the U.S. are higher than any other developed nation¹ and are not improving.²
- Racial disparities exist within maternal health, especially among Black women. Factors which contribute to these disparities include implicit bias in the delivery of healthcare, a lack of access to health insurance, and social determinants of health such as racism, lack of housing and education, and food scarcity.^{3, 4}
- 35% of U.S. counties have no maternity care services, and an additional 11% have limited access.²
- Midwives are underutilized in the U.S. health system due to restrictive supervisory and collaborative practice requirements, restrictions in prescriptive privileging and hospital credentialing, and a shortage of preceptors and clinical sites to train midwifery students.⁵
- Although midwives educated and qualified based on international standards can provide 87% of services needed by mothers and their newborns, they only attend approximately 9% of U.S. births.⁶
- Midwives are educated in fewer years and at a lower cost when compared to obstetricians.

Research Findings

- Up to 50% of maternal deaths could be prevented based on quality-of-care improvements at the patient, system, and provider levels.⁷
- Racially concordant midwife-patient dyads can result in increased trust and improved birth outcomes.^{4, 8}

- Studies have found that women cared for by midwives have excellent birth outcomes, high levels of satisfaction, and lower costs due to fewer unnecessary interventions.⁵

Potential Solution: Midwives for Maximizing Optimal Maternity Services (MOMS) Act

- Legislation has been developed by Rep. Roybal-Allard (D-CA) to:
 - Scale up and diversify the midwifery workforce.
 - Improve maternal child health outcomes, especially among underrepresented minority women.

Contact Information

- To become a cosponsor of H.R. 3352 in the House of Representatives, please contact Debbie Jessup in Rep. Roybal-Allard's (D-CA) office at Debbie.Jessup@mail.house.gov or Adrianna Lagorio in Rep. Herrera Beutler's (R-WA) office at adrianna.lagorio@mail.house.gov.
- To become a cosponsor of S. 1697 in the Senate, contact Calli Shapiro in Senator Lujan's (D-NM) office at Calli_Shapiro@lujan.senate.gov or Anna Dietderich in Senator Murkowski's (R-AK) office at Anna_Dietderich@murkowski.senate.gov.
- For questions about midwives or midwifery-led care or additional information about the bill, please contact Amy Kohl, ACNM Director of Advocacy and Government Affairs, at AKohl@acnm.org
- Find out more about midwifery care [here](#).

References

1. Roser M, Ritchie H. Maternal Mortality. OurWorldInData.org. Accessed March 25, 2021. <https://ourworldindata.org/maternal-mortality>
2. March of Dimes. *Nowhere to Go: Maternity Care Deserts Across the U.S.: 2020 Report*. 2020:26. <https://www.marchofdimes.org/materials/2020-Maternity-Care-Report.pdf>
3. Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017. *MMWR Morb Mortal Wkly Rep*. May 10 2019;68(18):423-429. doi:10.15585/mmwr.mm6818e1
4. Muse S. Setting the Standard for Holistic Care of and for Black Women. Black Mamas Matter Alliance. Accessed March 22, 2021. http://blackmamasmatter.org/wp-content/uploads/2018/04/BMMA_BlackPaper_April-2018.pdf
5. Vedam S, Stoll K, MacDorman M, et al. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. *PLoS One*. 2018;13(2):e0192523. doi:10.1371/journal.pone.0192523
6. Martin JA, Hamilton BE, Osterman MJ, Driscoll AK. Births: Final Data for 2019. *National Vital Statistics Report*. Centers for Disease Control and Prevention; 2021;70(2):51. March 23, 2021. <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf>
7. Howell EA, Zeitlin J. Improving hospital quality to reduce disparities in severe maternal morbidity and mortality. *Semin Perinatol*. Aug 2017;41(5):266-272. doi:10.1053/j.semperi.2017.04.002
8. Karbeah J, Hardeman R, Almanza J, Kozhimannil KB. Identifying the Key Elements of Racially Concordant Care in a Freestanding Birth Center. *J Midwifery Womens Health*. Sep 2019;64(5):592-597. doi:10.1111/jmwh.13018