

## Moving Midwifery: New Federal Documents Champion the Profession

The spotlight on poor perinatal health in the United States compared with similar countries is contributing to a national focus on midwifery. The causes for the escalating rates of maternal mortality and morbidity are complex but include a shortage of qualified and diverse health clinicians. Much has been written about the midwifery profession and the quality of care provided by midwives. Yet, unlike most other high-income countries, midwives provide only a fraction of similar care in the United States. However, in 2021, the proportion of births attended by certified nurse-midwives and certified midwives (CNMs/CMs) reached an all-time high of 10.6% of all US births after topping 10% in 2020.<sup>1</sup> The percentage of births attended by all midwives in 2021 was nearly 12%.<sup>2</sup> The number of American Midwifery Certification Board (AMCB)-certified midwives has also gone up alongside the increasing number of graduates. Over 800 new CNMs/CMs were certified in 2022,<sup>3</sup> although the overall increase in practicing midwives is reduced by retirements or lack of AMCB certification renewal for other reasons. Eight new midwifery programs have been preaccredited by the Accreditation Commission for Midwifery Education (ACME) since 2020,<sup>4</sup> with 4 additional programs undergoing evaluation by ACME in 2023.

Two new federal policy documents addressing the value of midwifery were just published in April and May 2023. These documents from the US Government Accountability Office (GAO)<sup>2</sup> and the Medicaid and CHIP (Children's Health Insurance Program) Payment and Access Commission (MACPAC)<sup>5</sup> provide current summaries on midwifery education and workforce development as well as updates on US midwifery practice and payment for perinatal care. The 2 documents have different foci, but both are useful as advocacy tools to advance the profession.

The GAO document, *Midwives: Information on Births, Workforce, and Midwifery Education*, examines midwifery education and access to midwifery care in response to a request from Congress.<sup>2</sup> Data from federal agencies and midwifery organizations, including the American College of Nurse-Midwives (ACNM), as well as published midwifery research, were analyzed to produce the report. Interviews with knowledgeable individuals, including representatives from ACNM, the National Black Midwives Alliance (NBMA), and the National Association of Certified Professional Midwives (NACPM) were also included. The ACNM Workforce Study findings informed the GAO about many midwifery variables at the state level, including number of midwives, density of midwives per 1000 live births, number of births by state, independent practice, and the regulatory environment.<sup>6</sup> Increases in midwife-attended births in 2021 were documented along with the proportion of midwife-attended births by state

ranging from 1% to nearly 32%. The increase in the number of midwives educated and certified over the past several years is also reported.<sup>2</sup> The proportion of White midwives continues to be higher than US population estimates by race, and the proportion of midwives of color is less than those population estimates. However, the proportion of first-time AMCB-certified midwives of color increased from 15.1% to 21% from 2016 to 2020.<sup>7</sup> The document highlights challenges to accessing midwifery care as well as challenges to practicing midwifery.<sup>2</sup>

MACPAC advises Congress on policy related to Medicaid and CHIP. In May 2023, MACPAC released *Access to Maternity Providers: Midwives and Birth Centers*, a report summarizing midwifery practice and care provided in freestanding birth centers.<sup>5</sup> The report cites evidence supporting improved outcomes and lower cost when care is provided by midwives in birth centers. In addition, the report highlights the well-known barriers of the lack of payment parity for midwives and birth centers with other health care provider types and facilities, and the difficulty contracting with managed care organizations. The report also highlights state legislative and regulatory variations in midwifery recognition and scope of practice, and challenges educating an adequate number of midwives. Appendices document the variation in the proportion of midwife-attended births by state paid for by Medicaid ranging from less than 1% to 30% across the country.<sup>5</sup>

The documents add to previously identified tools midwives and others can use to overcome the ongoing barriers to full-scope midwifery practice and access to midwifery care in all settings and all US states.<sup>8</sup> In addition the ACNM Workforce Study has generated publicly accessible state-level data available for use in advocacy. The data show that some states have a higher density of midwives than other states; arguments can be made to policymakers that increasing the number and density of midwives will have a positive effect on perinatal outcomes. Greater barriers in accessing hospital privileges exist in some states, and comparing neighboring states may be an incentive for hospital systems to open up to midwifery.<sup>6</sup> Having publications and data to support the profession is critical at a time of increased attention on maternal mortality and morbidity, particularly when midwives are providing more care in the United States than ever and the number of education programs and new midwives are on the rise.

All midwives can easily support legislation aimed at promoting perinatal health and midwifery education and practice. ACNM urges support for current congressional legislative efforts (eg, passage of the Midwives for MOMS Act of 2023, HR 3768/S 1851,<sup>9</sup> and the Perinatal Workforce



Act, HR 3523/S 1710<sup>10</sup>) to increase the number of racially and ethnically diverse midwives, thereby diversifying the perinatal care workforce with individuals who represent the lived and cultural experiences of the patients they serve. Legislators track contact from their constituents on various bills. Requesting their support of legislation by their co-authorship or vote helps move these bills forward. Midwives can visit congressional legislative staff with ACNM state affiliate colleagues to provide current information and encouragement for the legislation. Approaching legislators with colleagues from partner stakeholder organizations, such as the American Association of Birth Centers, NACPM, NBMA, the American Association of Colleges of Nursing (where most ACME-accredited midwifery programs reside), and the American College of Obstetricians and Gynecologists, helps to move legislation forward and can be fun!

These new documents can be effectively used at the state level to support the growth of midwifery programs by promoting state funding and advocating for full practice authority in states where that is still needed. The MAC-PAC document can help midwives negotiate for state-level Medicaid payment parity and address practice barriers. Continuing to grow a robust and diverse workforce of midwives in the United States requires every midwife acting with intention. These federal publications help midwives promote what we already know—increasing access to midwifery care is a meaningful part of the strategy to improve perinatal outcomes. The work is not complicated; with nearly 14,000 CNMs/CMs, we can get the job done.

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