

Maternity Care and Health Care Reform: Opportunities to improve quality and access, reduce costs, and increase evidence-based practice

**National Association of Certified Professional Midwives (NACPM)
Recommendations to the Obama-Biden Transition Team
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Pregnancy and childbirth are aspects of health that impact not only women, but children, families, communities, and our government at local, state and national levels. Eighty-five percent of American women give birth in their lifetime, more than 4 million each year. Today, childbirth-related diagnoses account for nearly one-quarter of all hospital discharges with charges far exceeding those of any other condition. In 2006 alone, these charges totaled \$86 billion.

Despite spending more on health care, including maternity care, the U.S. ranks far behind other industrialized countries in key indicators of health such as maternal and infant mortality. The majority of American women and newborns are healthy and low-risk, yet they are commonly exposed to expensive technologies, which offer little or no benefit, waste precious resources, and involve avoidable harm when used without clear indication. Current evidence suggests that best care around the time of birth minimizes intervention and provides mothers and babies with support for the innate processes that facilitate maternal and fetal health, labor and birth, establishment of breastfeeding and the attachment between mothers and their newborns.¹

As we reform health care in the U.S., maternity care is in critical need of attention. Women and infants are especially vulnerable populations. The wide discrepancies between best evidence and current practice

in maternity care present real opportunities to significantly improve care and outcomes while reducing cost. We cannot assume that attempts to improve the overall health care system, such as adopting system-wide electronic medical records, will adequately address deficiencies in maternity care. Specific, targeted steps are needed to develop a system that will meet the needs of childbearing women and their families. All women deserve to have access to quality, comprehensive maternity care, in the communities where they live, with a choice of qualified provider and services that are fully recognized and reimbursed by both private and public payers. For health care reform to succeed in America, we must increase the number of midwives and other primary maternity-care providers that are available to provide quality, affordable care to all pregnant women. Furthermore, maternity care should be evidence-based and promote and protect normal childbearing, and ensure that those at-risk receive appropriate services.

The National Association of Certified Professional Midwives² recommends that health care reform efforts presently underway be used to strengthen and improve maternity care:

- Reduce the use of practices that provide little benefit to the majority of women and infants, often exposing them to harm and wasting resources, such as elective induction of labor and elective cesarean section;
- Provide appropriate, effective, low-cost care to low-risk women and infants to improve outcomes, such as smoking cessation programs, breastfeeding support programs, vaginal birth after cesarean, and doula (trained support person) care during labor;
- Address the call of the National Priorities Partnership to eliminate unwarranted maternity care interventions, particularly targeting cesarean section.³

To achieve these goals we endorse the following strategies:

- 1) Significantly improve women's access to low-intervention primary care providers in all settings, including free-standing birth centers by:
 - Expanding resources to educate adequate numbers of nationally credentialed midwives, (certified nurse-midwives, certified professional midwives, and certified midwives), the maternity care providers of choice in virtually all countries with better maternal/infant outcomes than the US, and family physicians who provide maternity care;
 - Ensuring equitable reimbursement for services and facilities;
 - Eliminating regulatory restrictions to practice.
- 2) Increase the use of performance measures, including those recently approved by the National Quality Forum⁴, to improve care, address the gaps that remain, and provide transparency and accountability, thereby enabling:
 - Consumers to make better care choices;
 - Clinicians and facilities to improve the quality of their care;
 - Public and private payers to use their purchasing power more strategically; and
 - Policy makers to effect broad implementation of evidence-based maternity care.
- 3) Support the restructuring of payment incentives, as proposed by the 2008 NRHI Health Care Reform Summit⁵ to:
 - Encourage the use of more cost-effective clinicians, including nationally credentialed midwives (certified nurse-midwives, certified professional midwives, certified midwives) and family physicians, and cost-effective settings, including free-standing birth centers;
 - Encourage the use of appropriate cost-effective and evidence-based care practices and use of technology;
 - Institute pilot projects to test new payment systems that focus on specific patient populations with significant potential for improvement in value.

References

1. Sakala, C, and Corry, M. 2008. *Evidence-based Maternity Care: What It Is and What It Can Achieve*. Milbank Memorial Fund, Reforming States Group, and Childbirth Connection: New York, NY. Available at: <http://www.childbirthconnection.org/article.asp?ck=10575>

This report takes stock of the U.S. maternity care system, identifies many opportunities for improving the quality, outcomes, and value of maternity care, and presents policy recommendations. It was developed through a collaboration among Childbirth Connection, the Reforming States Group, and the Milbank Memorial Fund.

2. *An Issue Brief: Certified Professional Midwives in the United States, 2008*. North American Registry of Midwives, Midwifery Education Accreditation Council, National Association of Certified Professional Midwives, Midwives Alliance of North America. Available at: <http://nacpm.org/cpm-issue-brief.html>

This document provides information about Certified Professional Midwives: their qualifications, philosophy and scope of practice; the best available evidence regarding the safety and quality of their care; and a brief exploration of how increased utilization of their services will address America's health care needs.

3. *National Priorities and Goals: Aligning Our Efforts to Transform America's Health Care, 2008*. Available at: [http://nationalprioritiespartnership.org/uploadedFiles/NPP/08-253-NQF%20ReportLo\[6\].pdf](http://nationalprioritiespartnership.org/uploadedFiles/NPP/08-253-NQF%20ReportLo[6].pdf).

This report from the National Priorities Partnership, convened by the National Quality Forum, produced

with support from the Robert Wood Johnson Foundation, focuses on six priority areas in which the 28 partnership organizations believe they can have the greatest impact, including eliminating the overuse of technology while ensuring the delivery of appropriate care.

4. *National Voluntary Consensus Standards for Perinatal Care, 2008*. Available at: http://www.qualityforum.org/news/releases/102708_perinatal_FINAL.pdf

This project of the National Quality Forum seeks to achieve national voluntary consensus on a set of effective, well-specified performance measures to assess the quality of perinatal services.

5. *From Volume to Value: Transforming Health Care Payment and Delivery Systems to Improve Quality and Reduce Costs, 2008*. Available at: <http://www.rwjf.org/pr/product.jsp?id=36217>.

This report is the first in the NRHI Health Care Payment Reform Series, funded by the Robert Wood Johnson Foundation. The series examines ways to reform payment systems, improve quality and reduce costs in the health care system.

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