Midwives and Mothers in Action (MAMA) Campaign

Reform Medicaid to Reduce Costs and Improve Maternity Care Quality by Giving Patients Choice of Providers

Maternity Care is a Key Driver of Healthcare Costs

- Childbirth is the #1 reason for hospitalization in the United States (U.S.)
- 23% of all hospital discharges are related to childbearing, accounting for $98 billion health care dollars
- 3 of the 4 most common surgical procedures in the U.S. are related to childbearing
- Over 41% of births in the U.S. are paid for by Medicaid

Childbirth in the U.S. Has Become Dominated by Costly, Unnecessary Interventions...

- 31% of births now by cesarean section – up 50% since 1996
- 34% of births are now medically induced, increasing the likelihood of prematurity
- Vaginal birth after cesarean (VBAC) has fallen 50% since 1996 despite overwhelming evidence of the benefits of VBAC to both mothers and babies

...But the Quality and Safety of Maternity Care in the U.S. Needs Improvement

- High infant mortality rate – 33rd in the world
- High maternal mortality rate – 50th in the world
- Preterm births have risen 21% and incidence of low birth weight has increased 19% since 1990
- Significant disparities – infant mortality is more than twice as high and maternal mortality four times as high for African Americans and Native Americans

Patient Choice to Elect Care by a Professional Midwife = Lower Cost, Better Outcomes

- The American Public Health Association (APHA) recommends midwives as the most appropriate and cost-effective maternity care providers for the majority of women.
- The prevalence of home births is on the rise, having increased 29% since 2004, according to the Centers for Disease Control and Prevention (CDC), as more women desire a low-intervention birth or familiar environment to have their babies, among other factors, including access/transportation barriers (e.g., in rural areas).
- Home births have a lower risk profile than hospital births, with half the number of preterm births (6% vs. 12% for hospital births) and low birthweight babies (4% vs. 8% for hospital births), the CDC reports.
- A 2007 Washington State Department of Health cost-benefit analysis found that out-of-hospital births attended by Certified Professional Midwives (CPMs) resulted in fewer low-birth weight babies, much lower cesarean section rates, and similar rates of infant mortality when compared to low-risk hospital births, while delivering substantial savings to the state.
- Areas with the lowest infant mortality (and lower costs) rely on midwives as the primary maternity care providers for the majority of women.
- Among women choosing home birth with CPMs, only 4-5% are transported for cesarean section, while at least 20% of healthy low-risk women laboring in the hospital undergo cesarean section – increasing cost without improving outcomes.

Solution: Improve Medicaid to Cover Certified Professional Midwives

- In 24 states (and increasing), mothers may choose licensed CPMs for their maternity care – but federal oversight of Medicaid limits this choice by not covering CPMs.
- Including CPMs to the list of available Medicaid providers will REDUCE costs by reducing hospitalizations and high-cost interventions.
- Offering women on Medicaid the ability to choose a nationally credentialed midwife in states that recognize CPMs, including those providing maternity services at home and in birthing centers, will cut Medicaid spending and increase the quality and safety of care that women receive.

The Midwives and Mothers in Action (MAMA) Campaign, is a partnership of the National Association of Certified Professional Midwives (NACPM), Midwives Alliance of North America (MANA), Citizens for Midwifery (CM), International Center for Traditional Childbearing (ICTC), North American Registry of Midwives (NARM), and the Midwifery Education Accreditation Council (MEAC)