Nurse-Midwives in Georgia: Value for Georgia Citizens

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Assistant Professor
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Birth in Georgia

Georgia Births in 2013:
128,748
One of nation’s highest

Women in GA at increased risk for:
• Maternal Pregnancy-Related Mortality
• Infant Mortality
• Premature delivery
• Cesarean delivery

Kaiser Family Foundation, 2015
Maternity Care Workforce
Current Maternity Care Providers in the US

OB/GYNs
- Medical degree & specialized residency
- Skilled in specialized surgical techniques and primary care
- Trained to attend low, moderate and high risk births and address complications and co-morbidities
- 99.9% of births they attend occur in hospitals.

Certified Nurse Midwife
- Masters Degree
- Skilled in normal birth for women with low-moderate risk
- Provide primary care to women of all ages
- 94.6% of the births they attend occur in hospitals.

Certified Professional Midwife
- Most complete a non-accredited apprenticeship model of education
- Care for women of low risk
- Do NOT provide primary care
- 16.9% of births they attend occur in hospitals
Ideal Maternity Care Workforce Structure

- Higher Risk Pregnancies
  - Ideally, the workforce structure reflects the makeup of the patient population

- Low-Moderate Risk Pregnancies
  - Providers Trained to Treat Higher Risk

- Providers Trained to Care for Women with Low-Moderate Risk
Current US Workforce Structure

Physicians are the most common maternity care provider in the US.

Percent of 2013 U.S. Births
Physicians: 90.4%
Nurse-Midwives: 8.2%
Other Midwife: 0.7%
Inter-Professional Collaboration – The Ideal

Lower Risk Patients
Midwife-Led Care

Moderate Risk Patients
Jointly-Led Care

Higher Risk Patients
Physician-Led Care

“Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.”

Joint Statement of Practice Relations Between Obstetrician/Gynecologists and Certified Nurse-Midwives/Certified Midwives
Percent of Births Attended by CNMs - 2013

Source: CDC Vital Stats, Births - Available at: http://www.cdc.gov/nchs/data_access/vitalstats/vitalstats_births.htm
Obstetricians by GA County

48% of GA counties do not have an obstetrician

Of those counties with any obstetrician, 22% have only one
Certified Nurse-Midwives by GA County

501 CNMs currently licensed in GA (Nov, 2015)

53% of GA counties do not have a Certified Nurse Midwife

Of those counties that do have Certified Nurse-Midwife presence, 31% have only one
South Georgia Sparcity of CNMs

OB-GYNs in Georgia

CNMs in Georgia
Where do GA CNMs work?

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Number of GA CNMs</th>
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<tr>
<td>Hospital</td>
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<tr>
<td>School health service</td>
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<td>Other</td>
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<td>Community health</td>
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<td><strong>TOTAL</strong></td>
<td><strong>383</strong></td>
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Source: GA APRN Leadership Taskforce Survey, 2015

32% of CNM licensed in GA do not provide prenatal or birth care.
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Reasons cited by CNMs for not providing midwifery care:
- Difficulty finding jobs
- Difficulty finding physician collaborators
- Difficulty getting hospital privileges

Many student CNMs educated in GA leave the state for the same reasons.

Source: GA APRN Leadership Taskforce Survey, 2015
Savings in Care by Certified Nurse Midwives
Average Total Charges and Payments for Maternal and Newborn Care in the U.S. - 2010

The gap between costs and reimbursement puts great strain on healthcare systems.

Cesarean birth results in larger financial losses for the hospital and providers, especially for Medicaid patients.
### Savings From the Midwifery Model – Cesarean Sections

#### Hypothetical Group of 1,000 Women

<table>
<thead>
<tr>
<th></th>
<th>Number of Women Giving Birth via Cesarean Section</th>
<th>Payments for All 1,000 Births if All Covered by Medicaid</th>
<th>Payments for All 1,000 Births if All Covered by Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNM Attended Women (8.5% cesarean rate)</td>
<td>85</td>
<td>$9,837,106</td>
<td>$19,797,863</td>
</tr>
<tr>
<td>Physician Attended Women (14.7% cesarean rate)</td>
<td>147</td>
<td>$10,122,014</td>
<td>$20,407,230</td>
</tr>
<tr>
<td>Reduced Cesareans/Savings from Midwifery Model</td>
<td>62</td>
<td>$284,908</td>
<td>$609,367</td>
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Primary Cesarean Delivery Rates, by State: Results From the Revised Birth Certificate, 2006–2012

by Michelle J.K. Osterman, M.H.S., and Joyce A. Martin, M.P.H., Division of Vital Statistics

Figure 2. Percent change in low-risk cesarean delivery, by state: final 2009 and preliminary 2013

* Change is not significant at p = 0.05.
* NOTE: Low risk is defined as nulliparous, term, singleton births in a vertex (head first) presentation.
What Can Policymakers Do to Access Savings through the Midwifery Model?
Regulatory Structure for Certified Nurse-Midwives and Certified Midwives

Data Current as of June 2014

Legally required supervisory or collaborative business relationships are not the same thing as normal collegial provider relationships that result in consultation, collaboration and referral. Inability to find a physician who will enter into such a business relationship often limits where midwives can practice and what they can do.

Source: ACNM analysis of state laws and regulations.
Nearly 95% of CNM attended births occur in a hospital. Hospitals are often allowed, but not required to extend staff membership to CNMs on the same footing as they do physicians. Not being on staff means they can’t help formulate or vote on policies that directly impact their ability to uphold the midwifery model.

Source: ACNM analysis of state laws and regulations.
Athens Regional Medical Center Midwives

- Practice started 1976 to provide accessible, high-quality care and delivery for women using Medicaid in Athens/Clarke county.
- Now: CNMs at ARMC travel to Greene, Barrow, and Banks counties every week to provide prenatal care.
- Plans to expand model to Morgan and Elbert counties
- Women come to Athens Regional:
  - for labor with a CNM
  - For ultrasounds
  - For high-risk consultation or cesarean with physician
Athens Regional Midwifery Service

Claude Burnett, MD, MPH, Director of the North East GA Health District: “The infant mortality rate in the Athens District has steadily declined over the past 30 years, partially due to the services and standard of care provided by the Athens Regional Nurse-Midwifery Practice.

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<th>Preterm Birth Rate</th>
<th>Infant Mortality</th>
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<tr>
<td>Clarke County</td>
<td>13%</td>
<td>6/1,000 live births</td>
</tr>
<tr>
<td>Athens Regional Midwifery Service</td>
<td>6-7%</td>
<td>3/1,000 live births</td>
</tr>
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Physician Hospitalist provides:
• Cesarean delivery
• Consultation with midwives
• Higher-risk antepartum visits
• Ultrasounds

Nurse-Midwives from rural county clinics rotate to provide normal Labor & Delivery Care

Perinatologist at Regional Medical Center provides:
• High-risk consultation (tele-health, in person)
• Antepartum hospitalization

Nurse-Midwives care for women within counties
Next Steps for Georgia to Increase Use of Nurse-Midwives

- **Full Practice Authority**
  - Ensure that applicable laws and regulations allow CNMs to freely utilize the full extent of their education and training.

- **Hospital Privileges and Medical Staff Participation**
  - Ensure that hospitals provide CNMs with privileges and include them on medical staff.

- **Support Midwifery/Physician Collaboration**
  - Support the formation of CNM-OB partnerships to provide appropriate care for all women by risk status.

- **Fund Education of Nurse-Midwives in GA**
  - Expand GA’s Preceptor Tax Incentive Program to cover Nurse-midwife preceptors
  - Expansion of GA’s *Rural Physician Tax Credit & Physicians for Rural Areas Assistance Program* to cover nurse-midwives
Nurse-Midwifery for Georgia

- Excellent outcomes for women & families
- Evidence-based
- Formally educated
- Primary care
- Partnership
- Value
Midwifery Care Reduces Cesareans

• Prospective study at community hospital in San Francisco 2005-2014

• Hospital change for labor management in 2011:
  – **Old model**: Several obstetricians care for women in labor
  – **New model**: Several Nurse-Midwives care for women in labor with single Obstetrician as backup

• Decreased rate of cesarean delivery following change:
  – 5% first year
  – 2% each year thereafter (32.2% to 25.0% in 9 yrs)
  – Highly statistically significant change

The majority of maternal and newborn care ideally provided by a midwife in this framework of quality maternal/newborn care.