



# Nurse-Midwives in Georgia: Value for Georgia Citizens

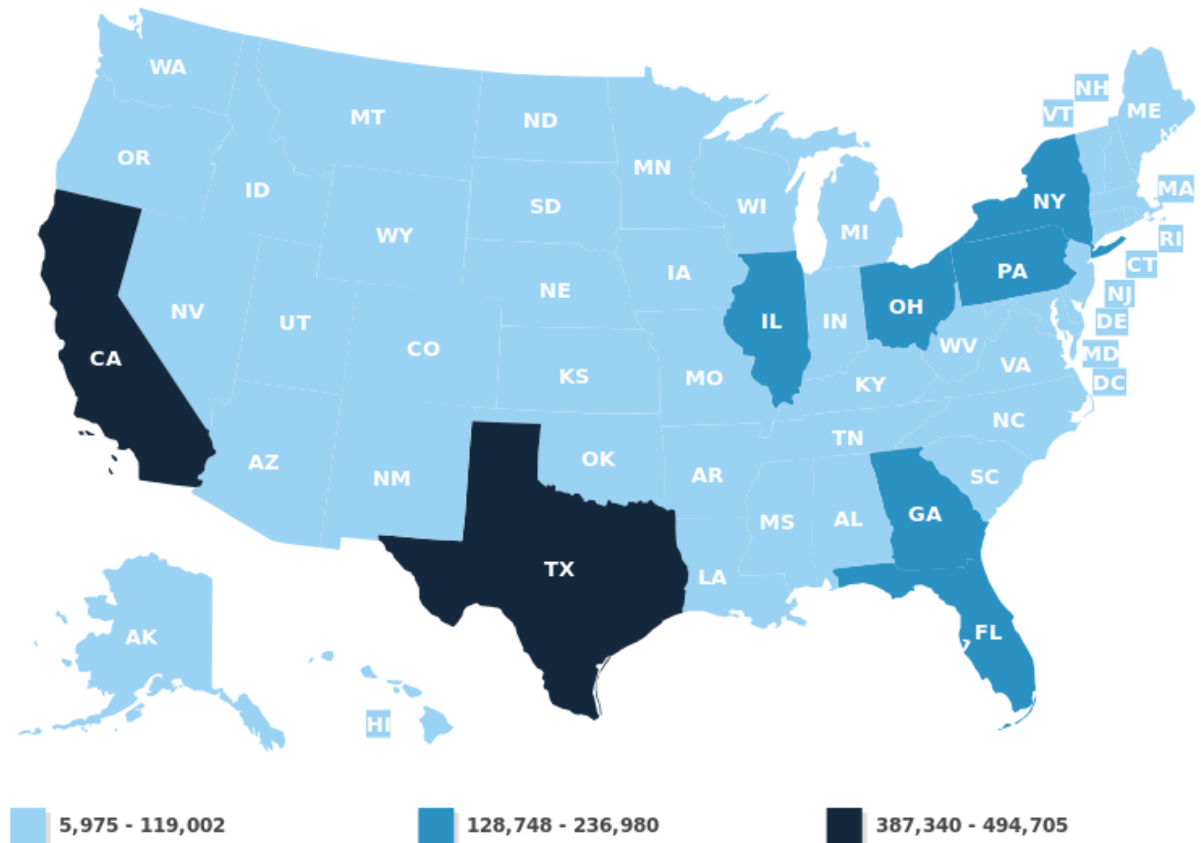
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American College of Nurse-Midwives  
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# Birth in Georgia



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



# 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.

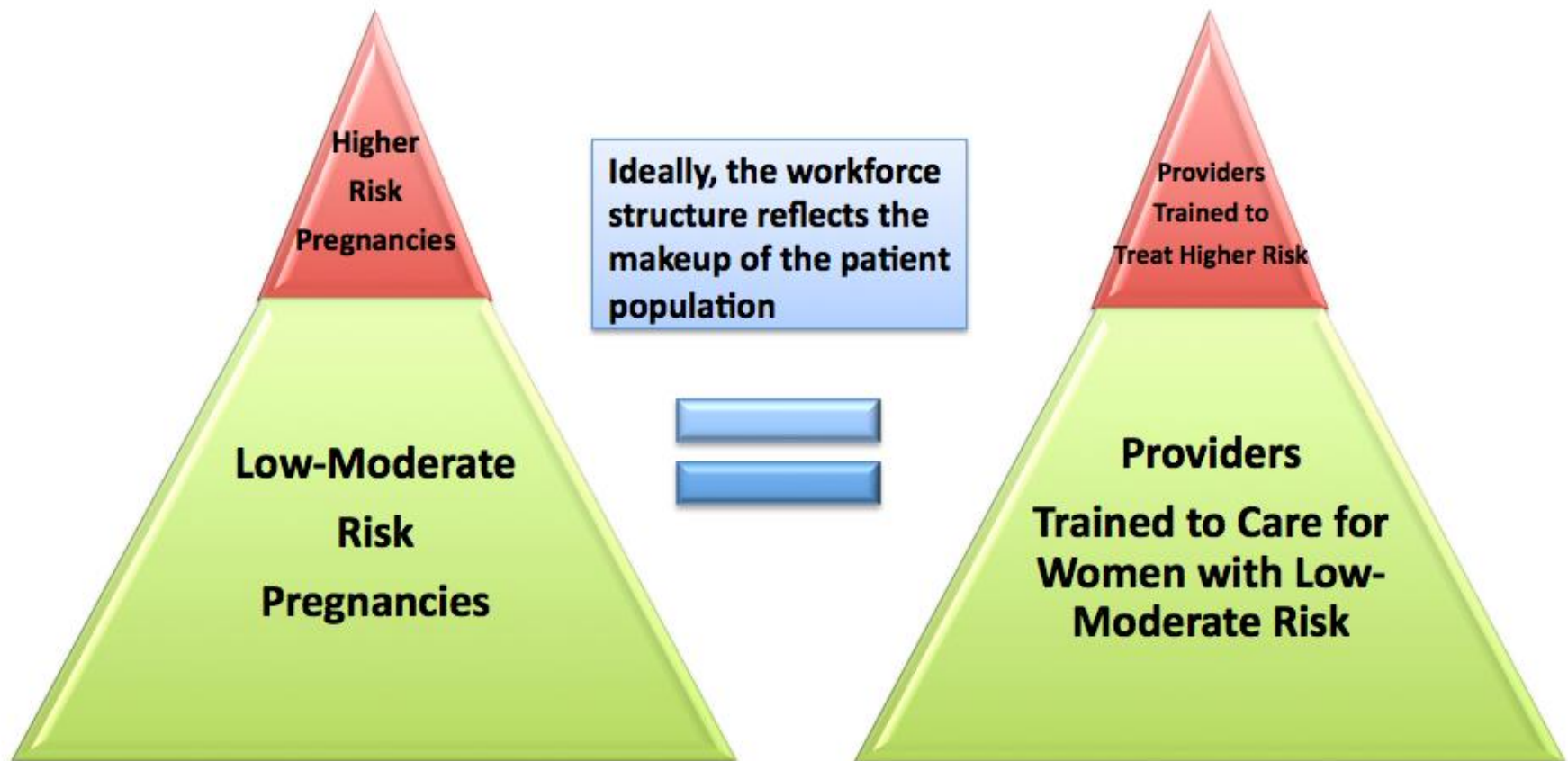
## Certified Nurse Midwife

- 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.

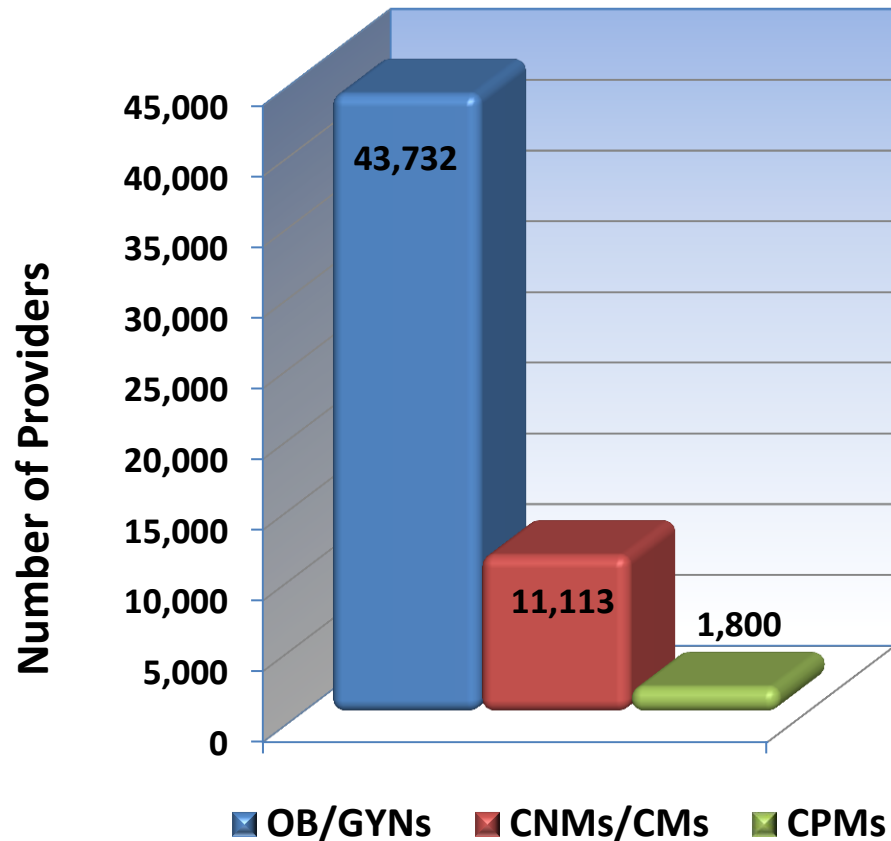
## Certified Professional Midwife

- 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



# Current US Workforce Structure

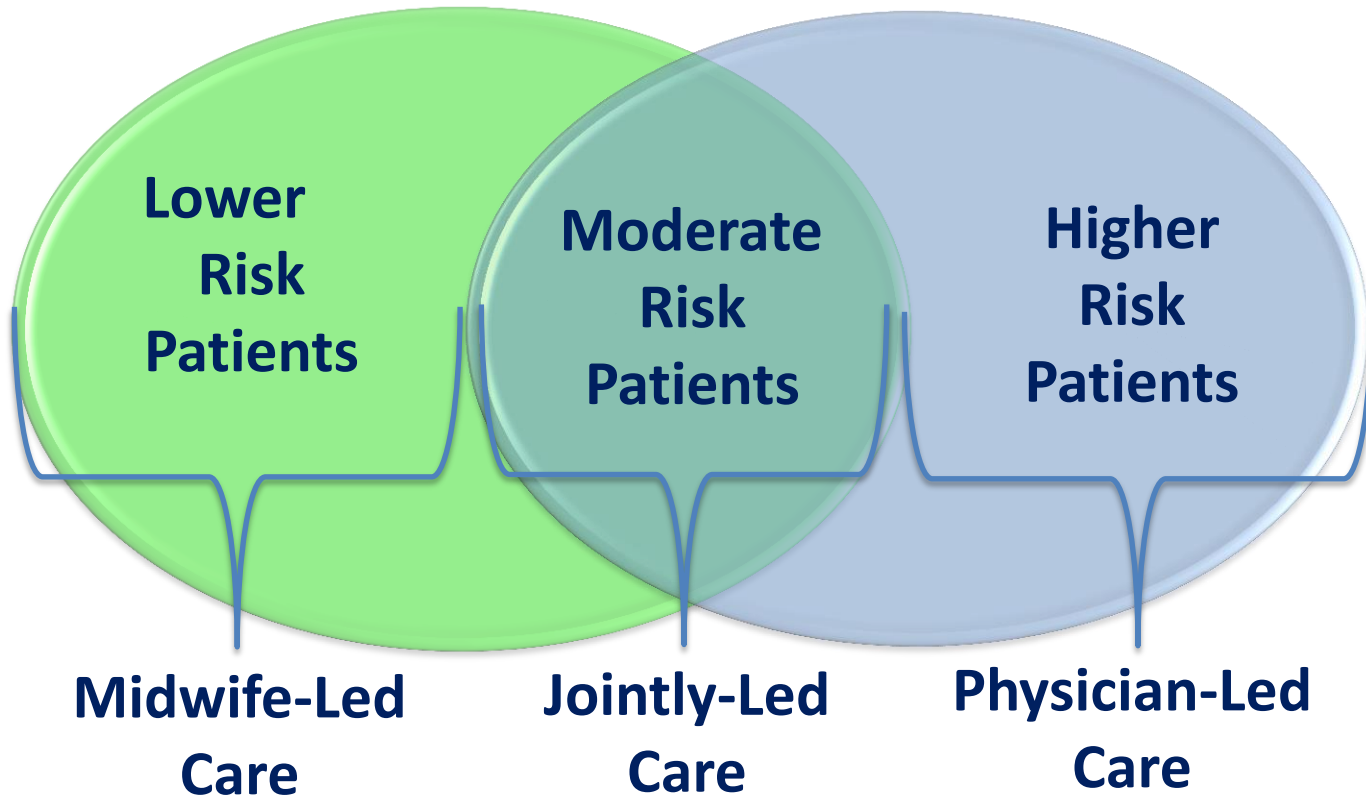


**Physicians are the most common maternity care provider in the US.**

## Percent of 2013 U.S. Births

Physicians:	90.4%
Nurse-Midwives:	8.2%
Other Midwife:	0.7%

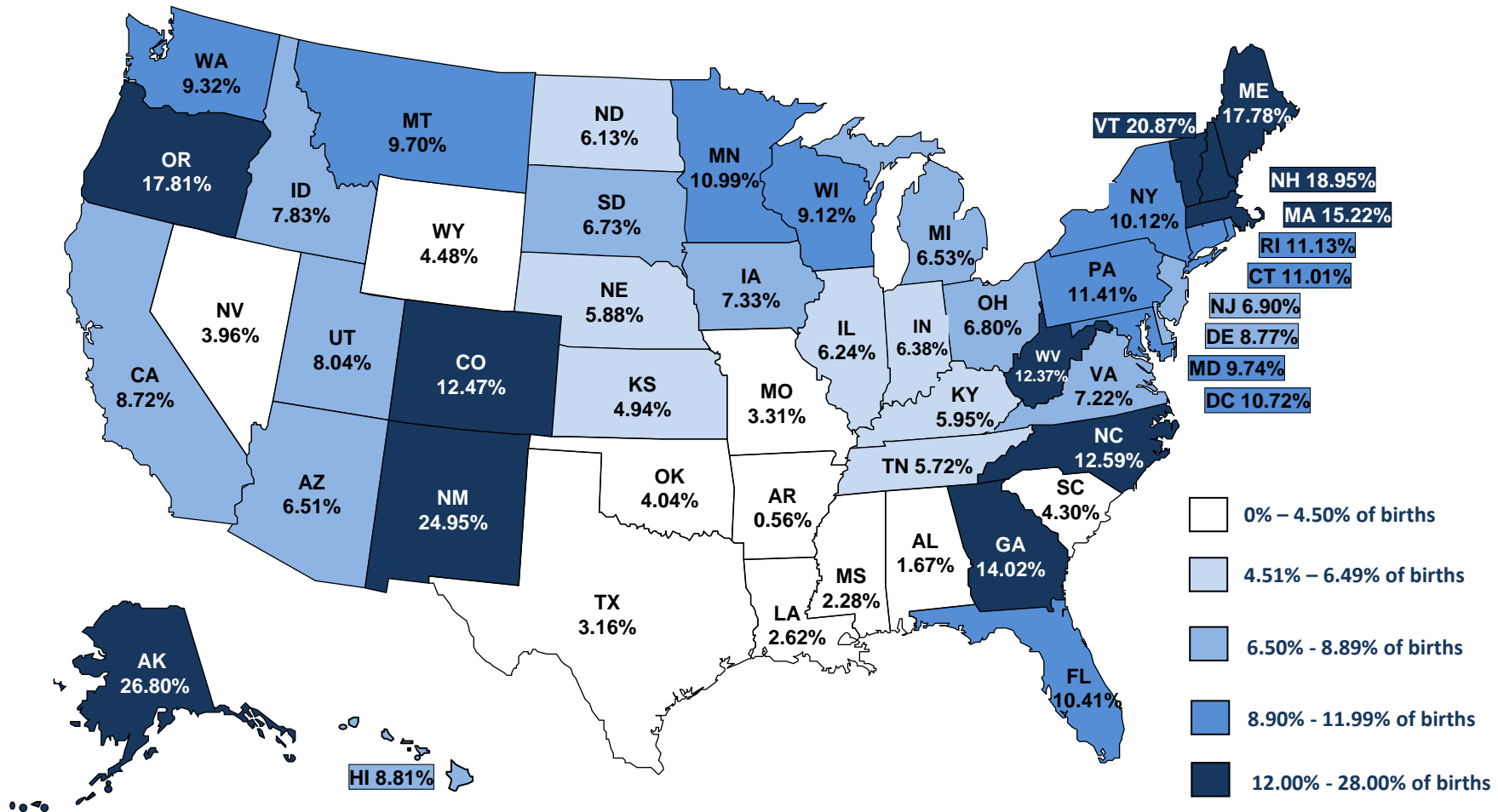
# Inter-Professional Collaboration – The Ideal



**“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.”**

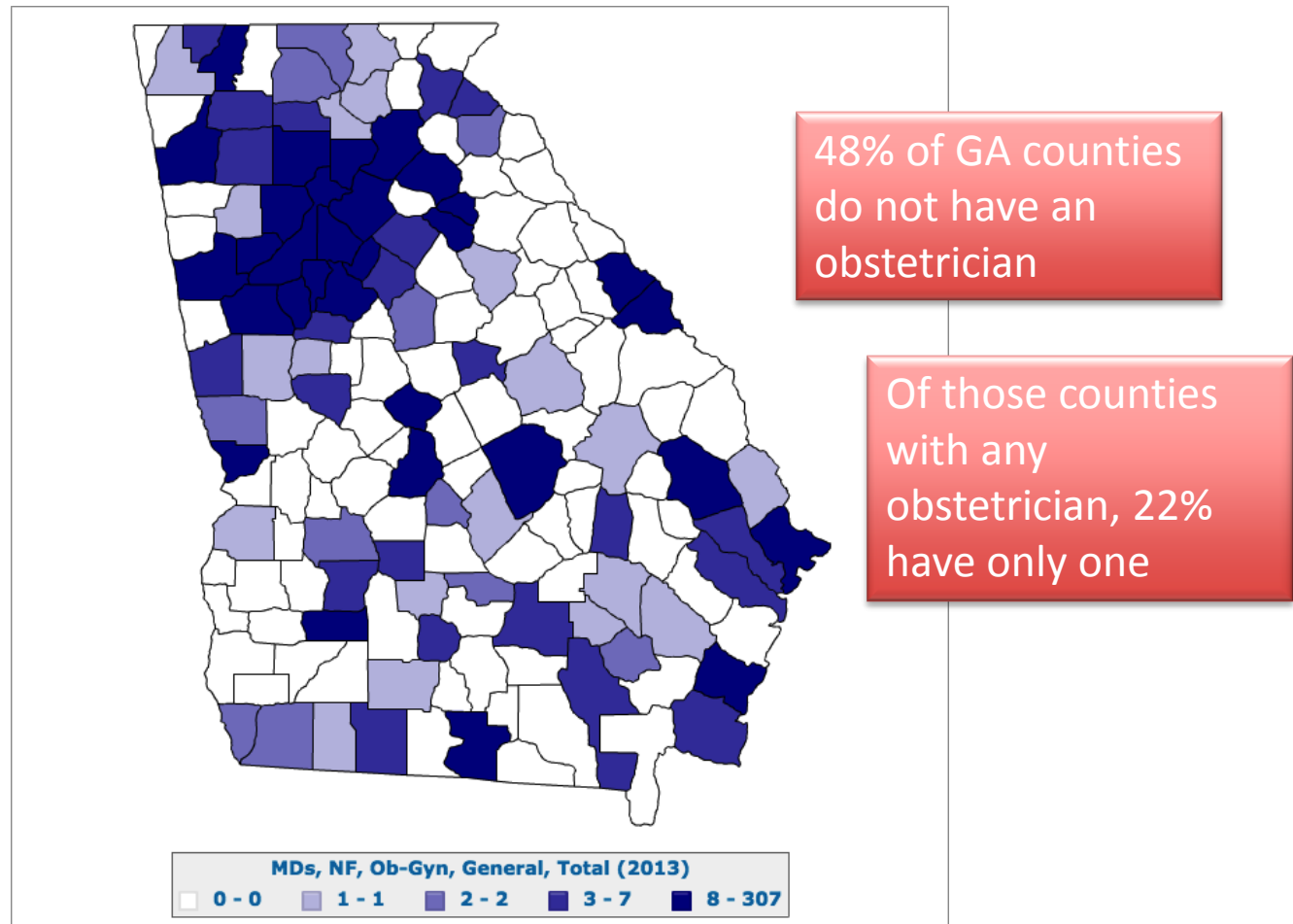
*Joint Statement of Practice Relations Between Obstetrician/Gynecologists and Certified Nurse-Midwives/Certified Midwives*

# Percent of Births Attended by CNMs - 2013





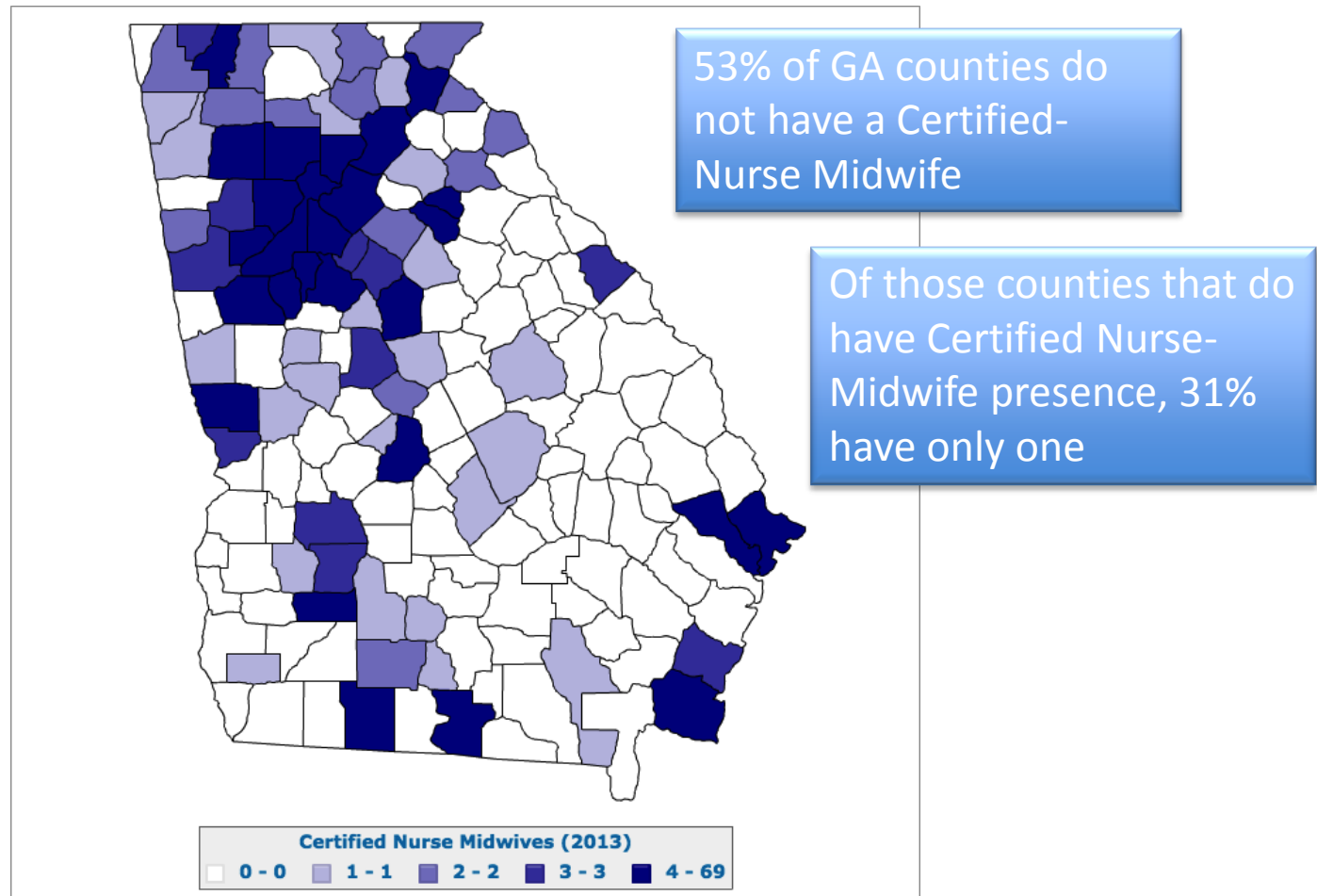
# Obstetricians by GA County



# Certified Nurse-Midwives by GA County

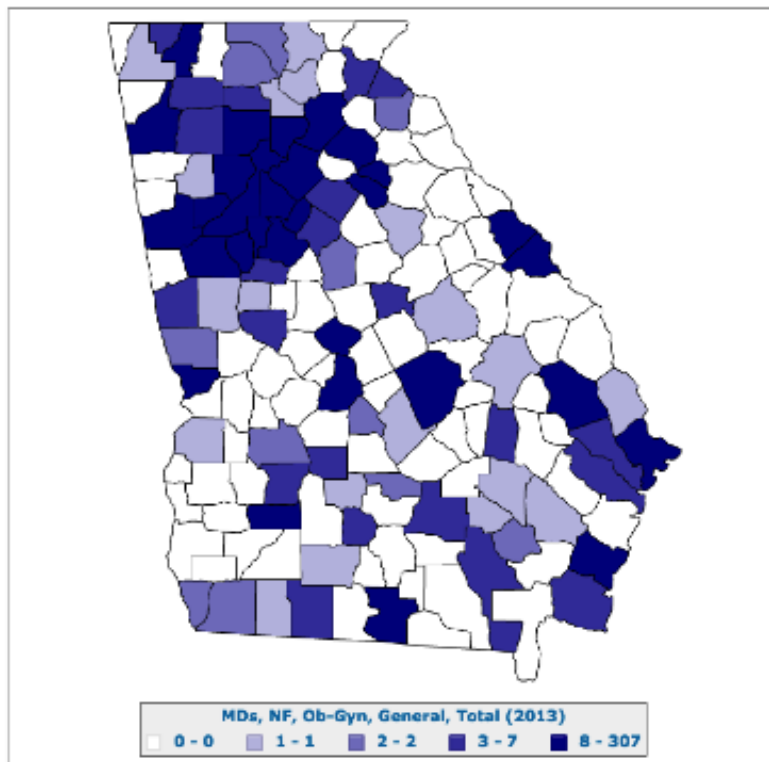


501 CNMs  
currently  
licensed in  
GA  
(Nov, 2015)

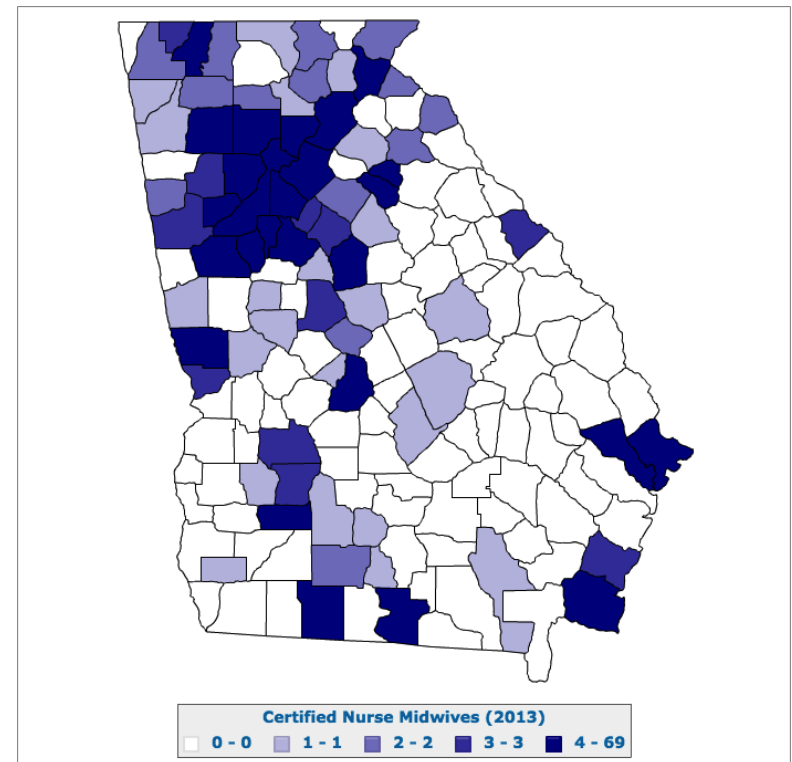


# South Georgia Sparsity of CNMs

OB-GYNs in Georgia



CNMs in Georgia



# Where do GA CNMs work?

Place of Employment	Number of GA CNMs	32% of CNM licensed in GA do not provide prenatal or birth care.
Hospital	173	
Ambulatory clinic	69	
Public Health	8	
Insurance claims/benefits	2	
Nursing Home/Extended Care	2	32% of CNM licensed in GA do not provide prenatal or birth care.
Home Health	9	
Academic	33	
Correctional facility	1	
School health service	2	
Other	68	32% of CNM licensed in GA do not provide prenatal or birth care.
Community health	16	
<b>TOTAL</b>	<b>383</b>	

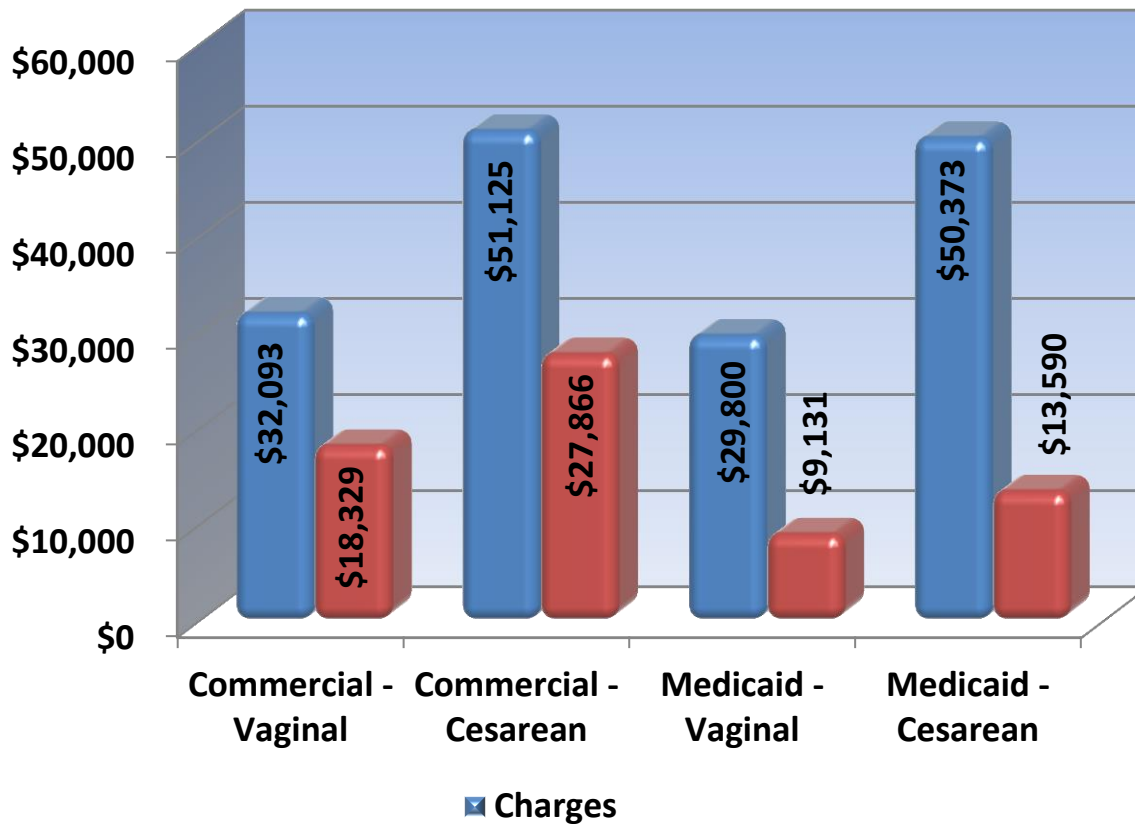
# Where do GA CNMs work?

Place of Employment	Number of GA CNMs	
Hospital	173	
Ambulatory clinic	69	<p>Reasons cited by CNMs for not providing midwifery care:</p> <ul style="list-style-type: none"> <li>•Difficulty finding jobs</li> <li>•Difficulty finding physician collaborators</li> <li>•Difficulty getting hospital privileges</li> </ul>
Public Health	8	
Insurance claims/benefits	2	
Nursing Home/Extended Care	2	
Home Health	9	
Academic	33	
Correctional facility	1	
School health service	2	<p>Many student CNMs educated in GA leave the state for the same reasons.</p>
Other	68	
Community health	16	
<b>TOTAL</b>	<b>383</b>	



# 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

<b>Hypothetical Group of 1,000 Women</b>			
	<b>Number of Women Giving Birth via Cesarean Section</b>	<b>Payments for All 1,000 Births if All Covered by Medicaid</b>	<b>Payments for All 1,000 Births if All Covered by Commercial</b>
<b>CNM Attended Women (8.5% cesarean rate)</b>	<b>85</b>	<b>\$9,837,106</b>	<b>\$19,797,863</b>
<b>Physician Attended Women (14.7% cesarean rate)</b>	<b>147</b>	<b>\$10,122,014</b>	<b>\$20,407,230</b>
<b>Reduced Cesareans/Savings from Midwifery Model</b>	<b>62</b>	<b>\$284,908</b>	<b>\$609,367</b>



## 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

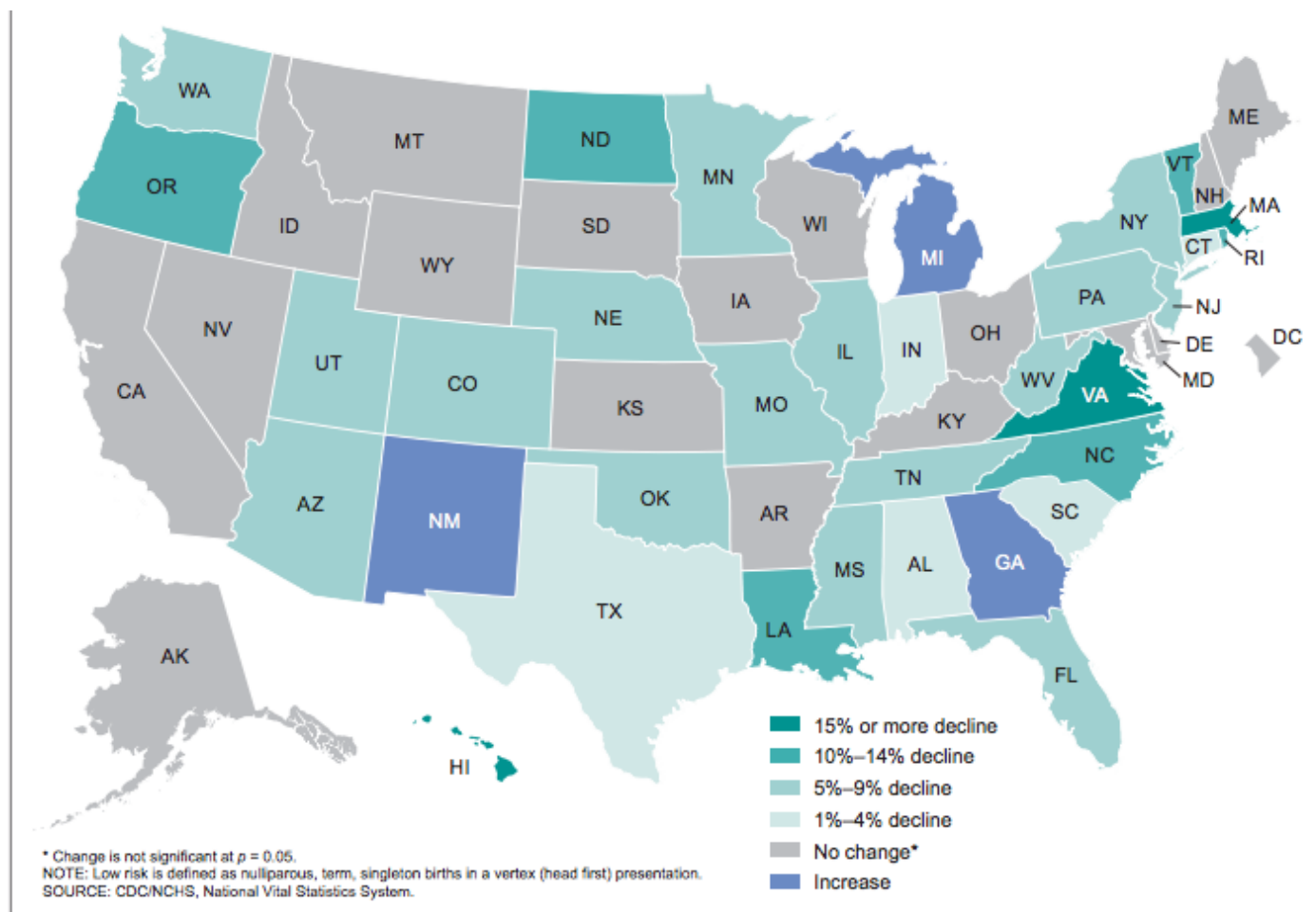


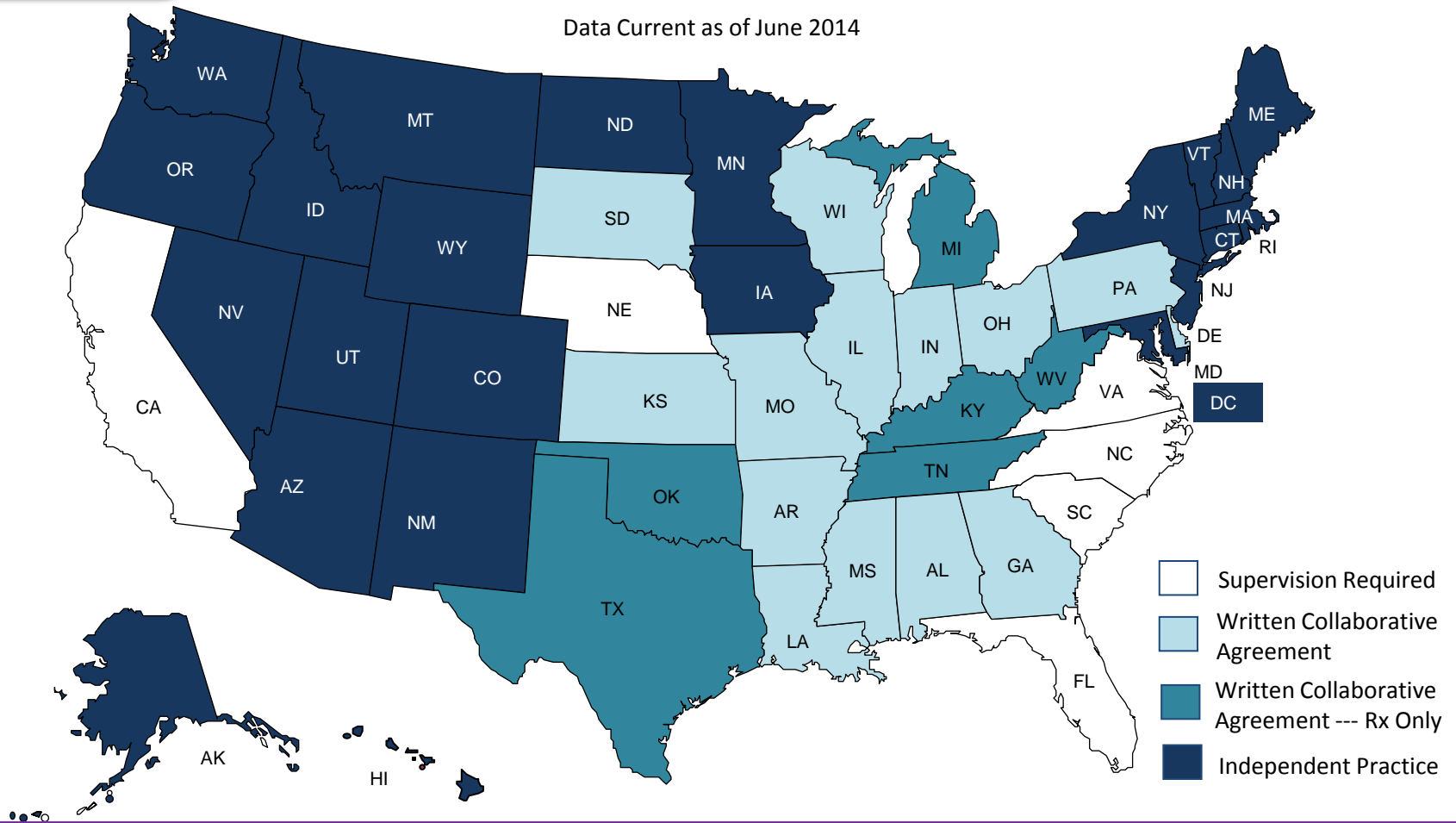
Figure 2. Percent change in low-risk cesarean delivery, by state: final 2009 and preliminary 2013



# 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

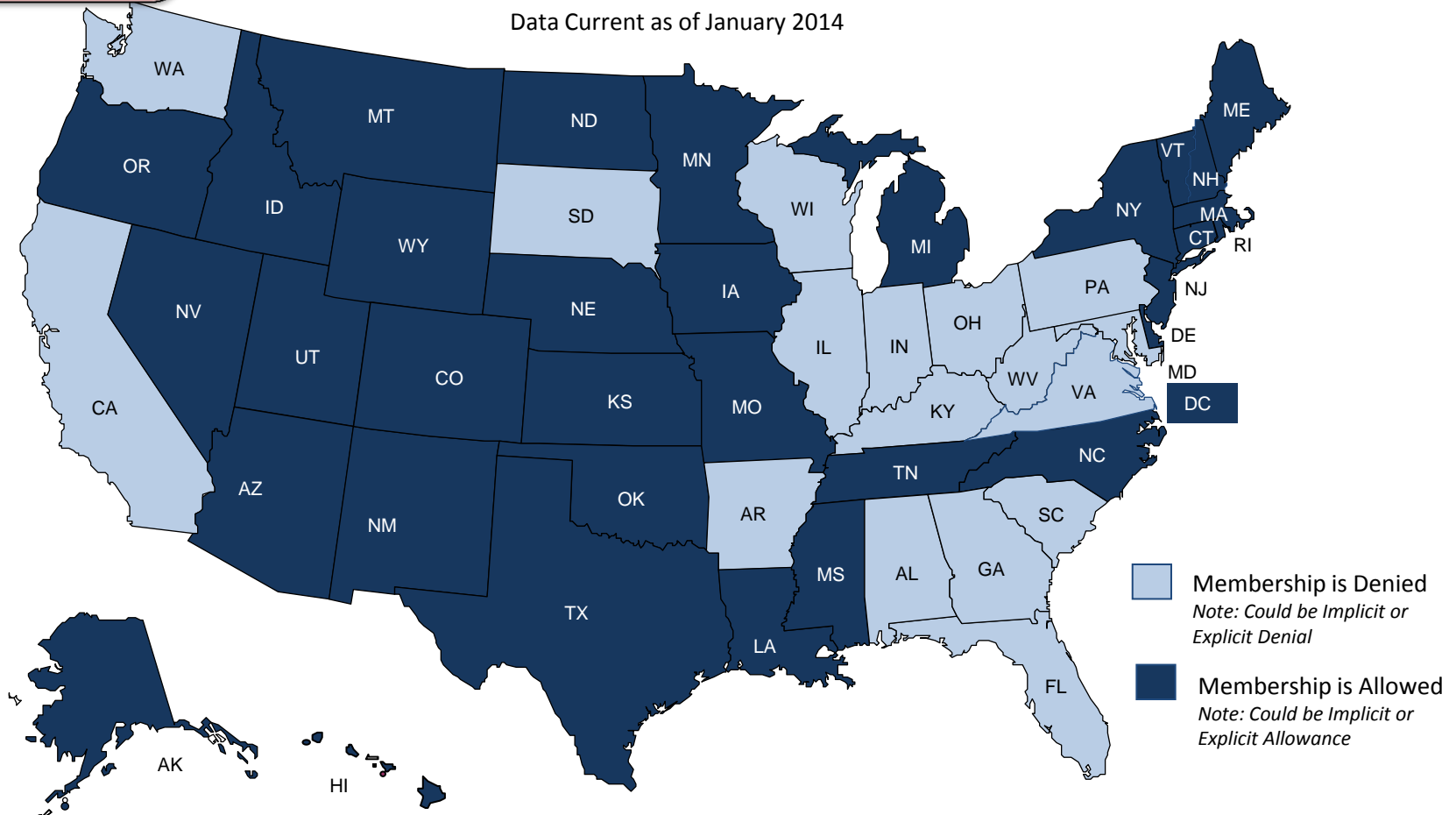


**Legally required supervisory or collaborative business relationships are not the same thing as normal collegial provider relationships that result in consultation, collaboration and referral. Inability to find a physician who will enter into such a business relationship often limits where midwives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

## Hospital Privileges and Medical Staff Participation

# Medical Staff Provisions for Certified Nurse-Midwives in Law and Rule

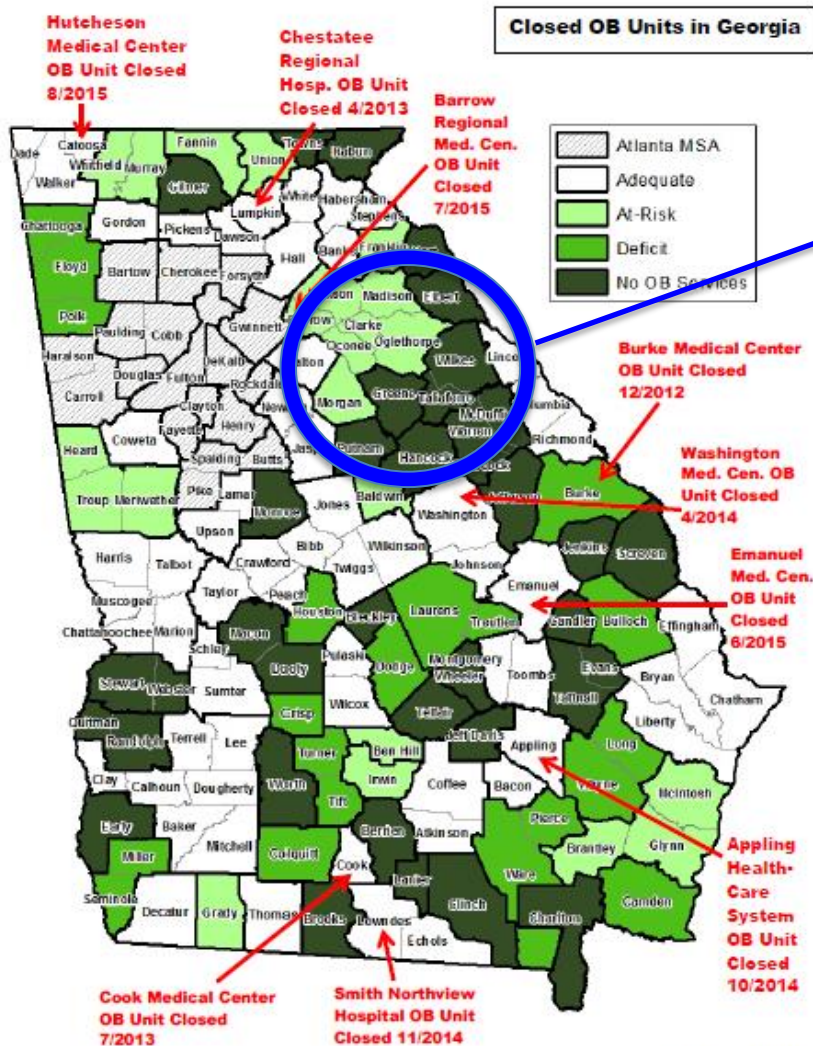
Data Current as of January 2014



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.

## Support Midwifery/Physician Collaboration

# 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



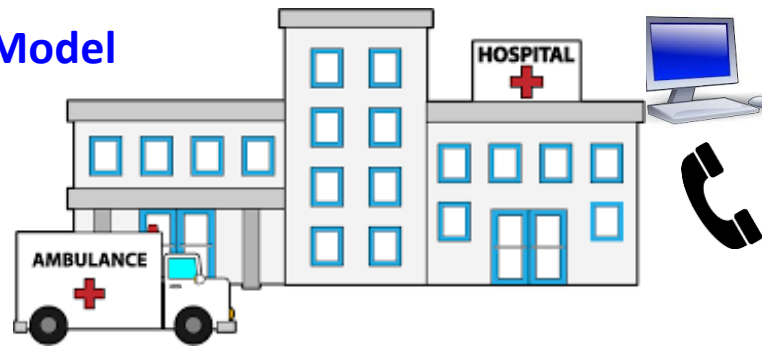
# Athens Regional Midwifery Service

	<i>Preterm Birth Rate</i>	<i>Infant Mortality</i>
<i>Clarke County</i>	13%	6/1,000 live births
<i>Athens Regional Midwifery Service</i>	6-7%	3/1,000 live births

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.



# Georgia Rural Maternity Care Model



Perinatologist at Regional Medical Center provides:

- High-risk consultation (tele-health, in person)
- Antepartum hospitalization

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



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



A grayscale photograph of a pregnant woman's belly. Two hands are gently touching the belly, one from the left and one from the right. The text "Thank you" is overlaid in the center of the image.

Thank you

# 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 LANCET

Physician care

June, 2014

www.thelancet.com

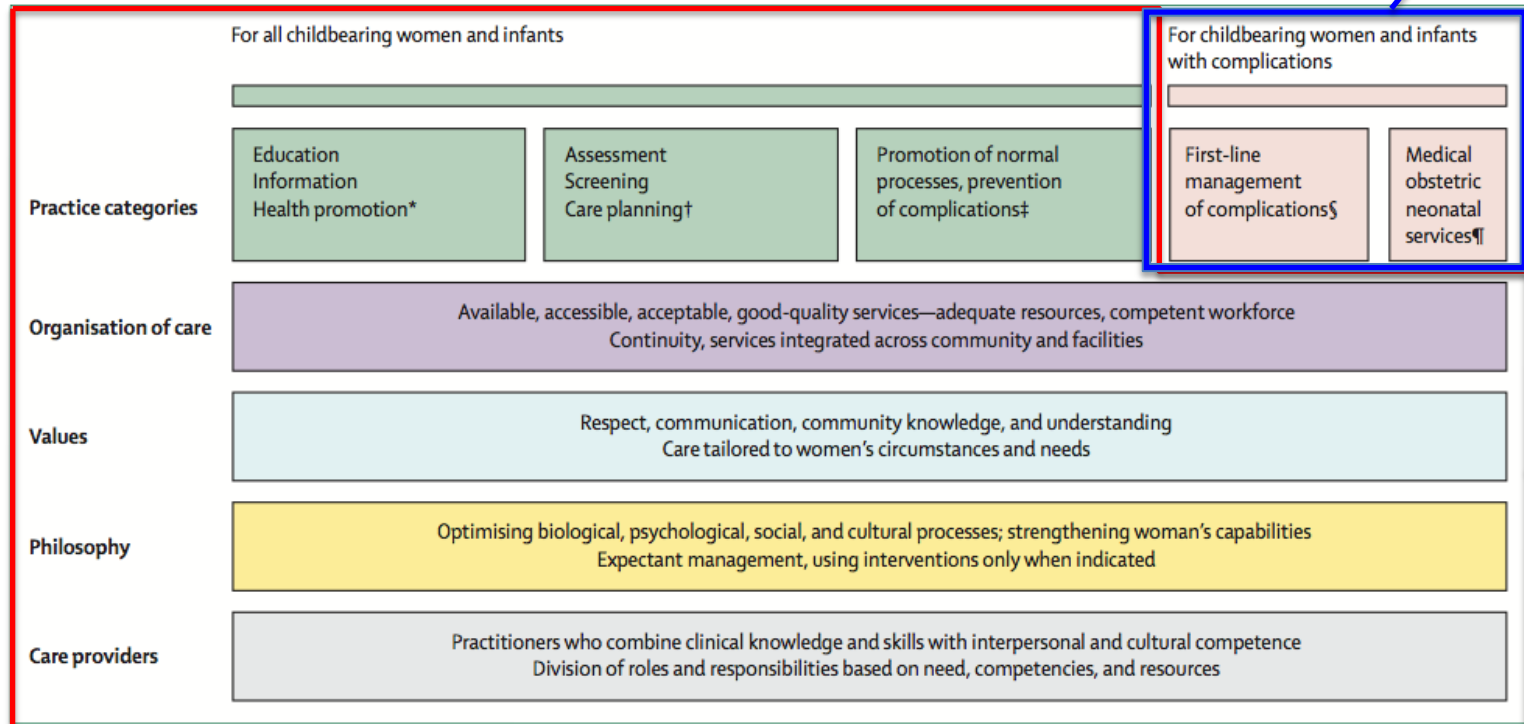


Figure 2: The framework for quality maternal and newborn care: maternal and newborn health components of a health system needed by childbearing women and newborn infants

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