Legislative Presentation

TeamKy Midwifery Learning Collaborative
Insert speaker name, title, organization

Midwives in Kentucky

Two types of midwives are licensed to practice in Kentucky

- **Certified Nurse-Midwives (CNMs)** are educated in two disciplines: midwifery and nursing. They earn graduate degrees, complete a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME), and pass a national certification examination administered by the American Midwifery Certification Board (AMCB) to receive the professional designation of CNM. There are approximately 13,500 CNMs in the US. Twelve percent of all births in the US and 16% US vaginal births are attended by CNMs/CMs*.

***Certified Midwives (CMs)** receive the same education and certification as CNMs but are not nurses and not licensed in Kentucky.

Midwives in Kentucky

Two types of midwives are licensed to practice in Kentucky

- **Certified Professional Midwives (CPMs)** may come through one of several educational routes, must hold a minimum of a high school diploma, newer requirements stipulate the passing of a national certification examination administered by the North American Midwifery Registry (NARM) or completing a Bridge Certificate to meet current standards. There are approximately 2,600 CPMs in the US and 83% of the births they attend occur in an out of hospital setting. (Those with certification as a CNM/CM in addition to being an LCPM may seek privileges to attend births in hospitals as well.)

Types of Care Provided by Midwives in Kentucky

CNMs are primary care providers for women **throughout the lifespan**, with a special emphasis on pre-conception, pregnancy, childbirth, and gynecologic and reproductive health.

CPMs provide midwifery care to women and families during pregnancy, childbirth, and the postpartum period.

Where do midwives practice in U.S.?

- **Hospitals - 98.4% of all US births take place in hospitals**
  - **89% of births attended by CNMs/CMs are in-hospital.**
  - **A small number of CPMs practice in hospital if additionally certified and licensed as a CNM/CM.**
- **Birth Centers - 0.52% of US births take place in birth centers**
  - **9% of CNMs/CMs attend births in a birth center. 57% of birth center births are attended by CNMs/CMs.**
  - **34% of birth center births are attended by CPMs as well as non-licensed midwives.**
- **Office**
  - **76% of CNMs/CMs identify reproductive care and 49% identify primary care responsibilities in their full-time positions.**
- **Home - 0.99% of US births take place in the home setting (85% planned)**
  - **8% of CNMs attend births in the home setting. 29.4% of home births are attended by CNM/CMs**
  - **50.7% of home births are attended by CPMs as well as non-licensed midwives.**

Where do licensed midwives practice in Kentucky?

- **Kentucky currently has approximately 120 licensed CNMs and 32 LCPMs**
- **In hospitals**
  - **Licensed CNMs provide care at the following Kentucky hospitals:**
    - **University of Kentucky Lexington, St. Claire Morehead, King's Daughter Frankfort**
    - **Baptist Health, Lexington & Richmond**
    - **St. Joseph East Lexington**
    - **Owensboro Health Regional Medical Center**
    - **Taylor Regional Hospital**
    - **Frankfort Regional Medical Center**
    - **St. Elizabeth Edgewood**
    - **Mercy Health Paducah**
    - **Jackson Purchase Medical Center, Mayfield**
    - **Highlands - Appalachian Regional Hospital**
    - **Ephraim McDowell Hospital, Stanford**
- **In the home**
  - **All LCPMs**
  - **CNMs (7)**

→ **Kentucky has no freestanding birth centers**

Midwives can help address Kentucky's maternal/newborn outcomes with....

Addressing health and healthcare access disparities

Improved health outcomes

Lowering healthcare costs

Increased patient satisfaction

Health and Healthcare Access Disparities

Kentucky's Maternal/Newborn Outcomes

- In 2021, **1 in 8 babies** (12.0% of live births) was born preterm in Kentucky.
- In 2021, **1 in 11 babies** (9.1% of live births) was low birthweight in Kentucky.
- In Kentucky in 2020, 332 infants died before reaching their first birthday, an infant mortality rate of **6.4 per 1,000 live births**.
- In Kentucky in 2021, **79.4% of infants** were born to women receiving adequate/adequate plus prenatal care.
- In Kentucky in 2021, **34.7% of live births** were cesarean deliveries.

Source: March of Dimes

The preterm birth rate among babies born to Black birthing people in Kentucky is 1.3x higher than the rate among all other babies.

Preterm birth rate by race/ethnicity in Kentucky, 2020-2022

Asian Pacific	9.39
Hispanic	10.50
White	11.30
American Indian/Alaska Native	14.20
Black	14.70

This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequalities.

Source: National Center for Health Statistics, 2020-2022 natality data.

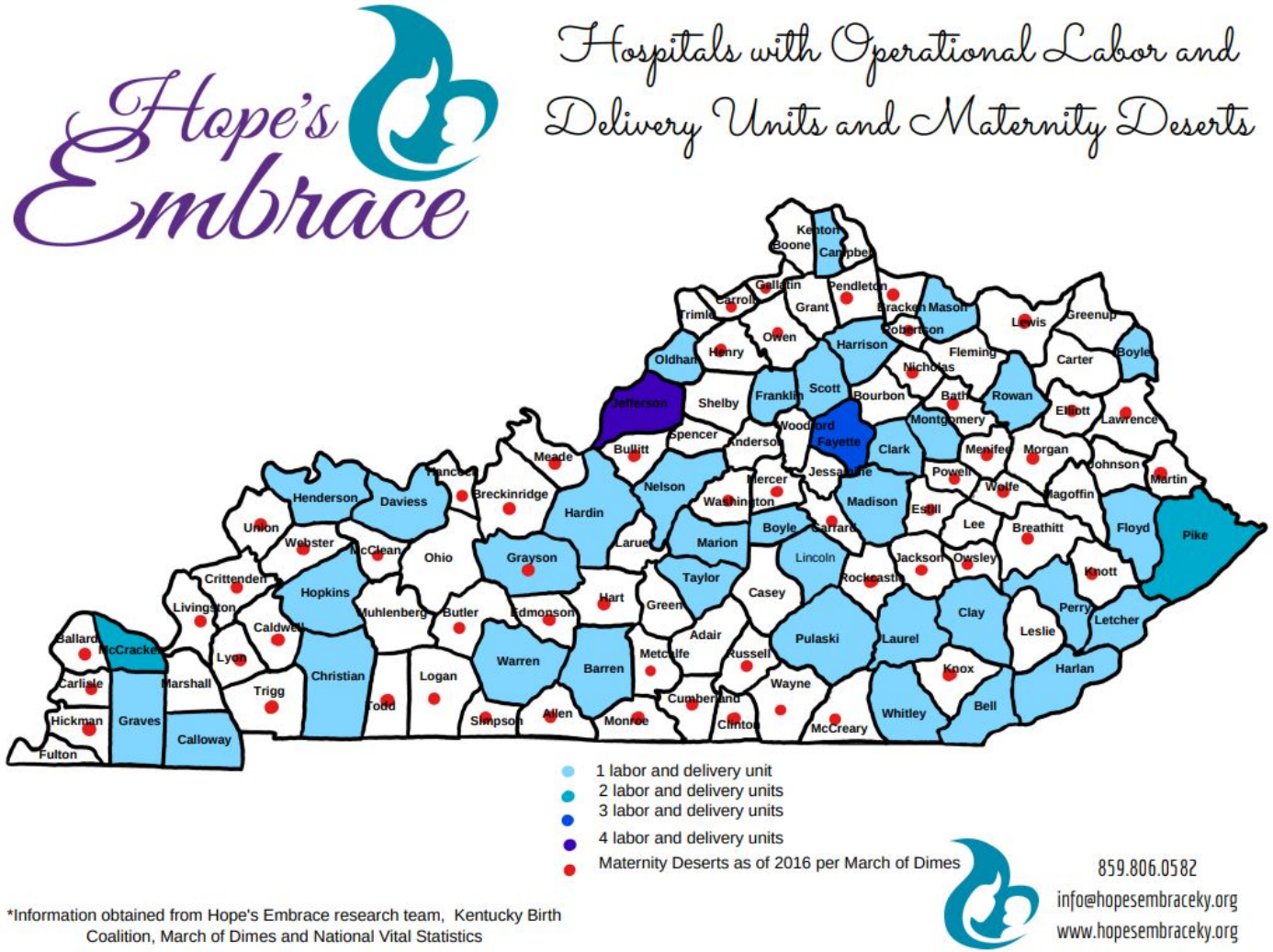
Kentucky's Maternal Mortality Statistics

"Black women in Louisville and Lexington experience high rates of maternal mortality despite the availability of advanced maternal care in urban cores of the state." **Source: Kentucky Maternal Mortality Review Committee Annual Report, 2020**

- ➔ **In 2017, 78% of maternal deaths in Kentucky were identified as preventable, compared to 60% at the national level**
- ➔ **Maternal Death Rate (per 100,000 births), by Race, Kentucky, 2018**
  - **White 17.2**
  - **Black 42.1**

Source: Kentucky Maternal Mortality Review Committee Annual Report, 2020

Access to Hospital-based Care in Kentucky

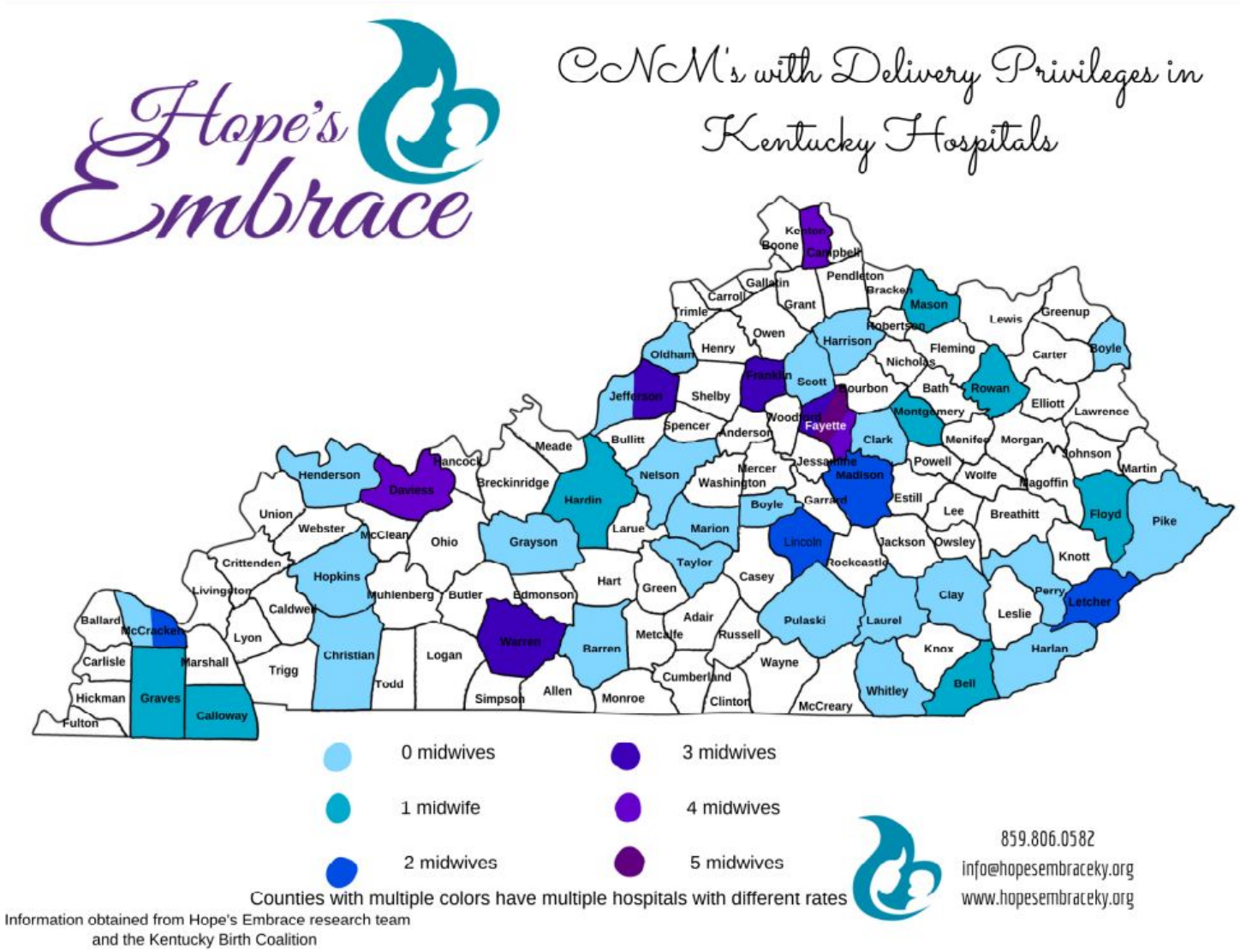


Access to OB/GYN Physician Care in Kentucky

More than half of Kentucky's 120 counties did not have a dedicated OB-GYN in 2020 and 2021. To be exact, 72 of those counties are without obstetric services.

Source: Health Resources & Services Administration

Access to Nurse-Midwifery Care in Kentucky



Midwifery: A Model of Care That Works!

Centers for Medicare & Medicaid Services
Strong Start for Mothers and Newborns Study

MODEL OVERVIEW Strong Start funded 27 awardees from 2013 to 2017 to provide enhanced prenatal care to Medicaid and CHIP beneficiaries.

Goal 1: Improve quality of care and reduce rates of preterm birth and low birthweight infants

Goal 2: Reduce costs to Medicaid during pregnancy, birth, and the infant's first year

Strong Start for Mothers and Newborns Study

PARTICIPATION There were three models of care distributed across the nation.

ENROLLEE CHARACTERISTICS (varied by model and awardee)

42.1% of women exhibited symptoms of depression, anxiety, or both.

21.1% of women with a prior birth had a prior preterm birth.

A wide range of demographic groups were represented.

- 39.8% of women were black;
- 29.7% were Hispanic;
- 25.6% were white.

15.2% of women were teens (under age 20); 9.0% were 35 years or older

Strong Start for Mothers and Newborns Study

- **Maternity Care Homes**
- Care coordination, sometimes with other enhanced services, in addition to clinical prenatal care.
- **26,007 enrollees**
- **112 sites**

- **Group Prenatal Care**
- Prenatal care provided in a group, enhanced with health education and facilitated discussion.

- **10,508 enrollees**
- **60 sites**

- **Birth Centers**
- Midwives' model of care enhanced with peer counseling for additional support and referrals.

- **8,806 enrollees**
- **47 sites**

Strong Start for Mothers and Newborns Study

FINDINGS AMONG CARE MODELS

Strong Start participants in Birth Centers and Group Prenatal Care had better outcomes at lower cost relative to other Medicaid participants with similar characteristics.

	Maternity Care Homes	Group Prenatal Care	Birth Centers
Costs	• Higher costs through delivery period and following year.	• Costs $427 lower per woman during 8 months before birth.	• Costs $2,010 lower through birth and year following for each mother-infant pair.
Utilization	• Fewer prenatal hospitalizations • More infant emergency department visits and hospitalizations	• Fewer emergency department visits and hospitalizations for women and infants	• Fewer infant emergency department visits and hospitalizations
Quality	• Higher rate of low birthweight • More weekend deliveries^	• Lower very low birthweight rate • More weekend deliveries^ • More VBACs+	• Lower low birthweight rate • Lower preterm birth rate • More weekend deliveries^ • More VBACs+ • Fewer C-sections

^weekend deliveries indicate fewer scheduled inductions and scheduled C-sections
+VBAC=vaginal birth after cesarean

FINDINGS AMONG CARE MODELS (Relative to Maternity Care Homes)

Birth Center participants have better outcomes relative to Maternity Care Home participants after controlling for demographic, medical, and social risks.

	Maternity Care Homes	Group Prenatal Care	Birth Centers
Quality	This mode experienced: Preterm birth: 13% Low birthweight: 11% C-section: 31%	After controlling for risks, no significant differences in outcomes between Group Prenatal Care and Maternity Care Homes.	After controlling for risks, • Lower rates of preterm birth • Lower rates of low birthweight • Lower rates of C-section • Higher rates of VBAC

Strong Start for Mothers and Newborns Study

KEY TAKEAWAYS

Women who received prenatal care in Strong Start Birth Centers had better birth outcomes and lower costs relative to similar Medicaid beneficiaries not enrolled in Strong Start. In particular, rates of preterm birth, low birthweight, and cesarean section were lower among Birth Center participants, and costs were more than $2,000 lower per mother-infant pair during birth and the following year.

These promising Birth Center results may be useful to state Medicaid programs seeking to improve the health outcomes of their covered populations.

Increasing the percentage of midwives….

Can assist in addressing the need for:

- **Diversity in the workforce**
- **Helping women stay healthy, for example around issues of obesity, smoking, contraception**
- **Decreasing the cesarean section rate**
- **Pre-conception care which promote the health of the woman and developing fetus**
- **Developing relationships with their patients, which is a critical step in accessing care**

What can you do as a legislator help promote and support midwifery in Kentucky?

- **Support midwifery legislative initiatives – to improve outcomes and increase access to care (reimbursement, location, patient satisfaction)**
- **Support programs to improve maternal/child health**
- **Support legislation that removes obstacles for midwives to provide care**
- **Support removal of Kentucky's Certificate of Need requirement for freestanding birthing centers**
- **Support improved Medicaid reimbursement**
  - **APRNs are reimbursed at 75% of physician fees by regulation**
  - **CPMs currently are not reimbursed by Medicaid**

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Thank you

Insert Contact information