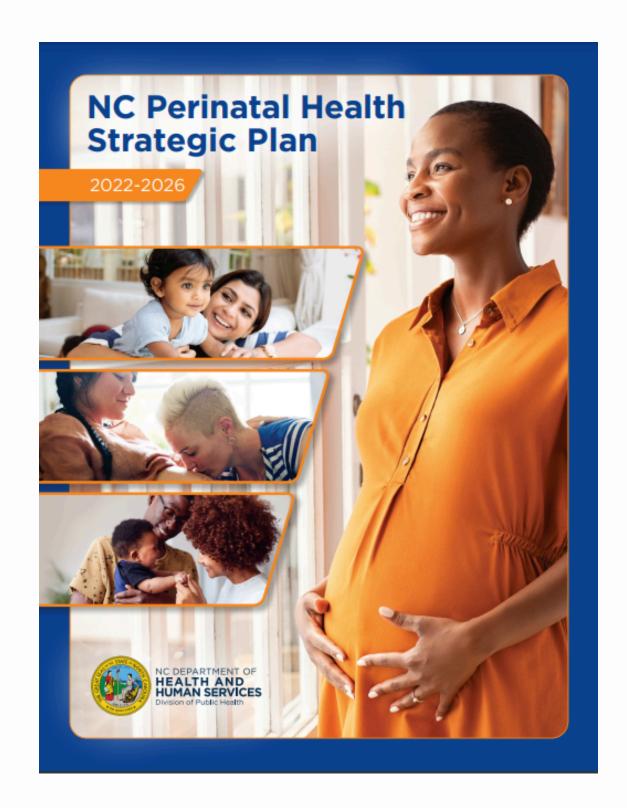
THE IMPACT OF LICENSING AND INTEGRATING CERTIFIED PROFESSIONAL MIDWIVES IN NORTH CAROLINA



THE MOST CRITICAL PERIOD IN
CHILD DEVELOPMENT BEGINS IN
THE MOTHER'S WOMB AND EXTENDS
THROUGH THE FIRST FEW YEARS OF
LIFE. IMPROVING PERINATAL
HEALTH OUTCOMES FOR MOTHERS
AND BABIES IS IMPERATIVE TO
ENSURE THE SAFETY AND WELLBEING OF CHILDREN IN NORTH
CAROLINA.





We propose that the North Carolina Child Fatality Task Force endorse legislation to license and integrate Certified Professional Midwives (CPMs) into the perinatal healthcare system based on the recommendation of the NC Perinatal Health Strategic Plan (NC PHSP) and extensive evidence that expanded access to midwifery care improves perinatal outcomes for mothers and babies.

In March of 2022 the NC Maternal Health Task Force and its evidence based recommendations for improving perinatal outcomes were embedded into the NC PHSP.

RECOMMENDATION 3.3: HEALTH CARE LICENSURE FOR CERTIFIED PROFESSIONAL MIDWIVES

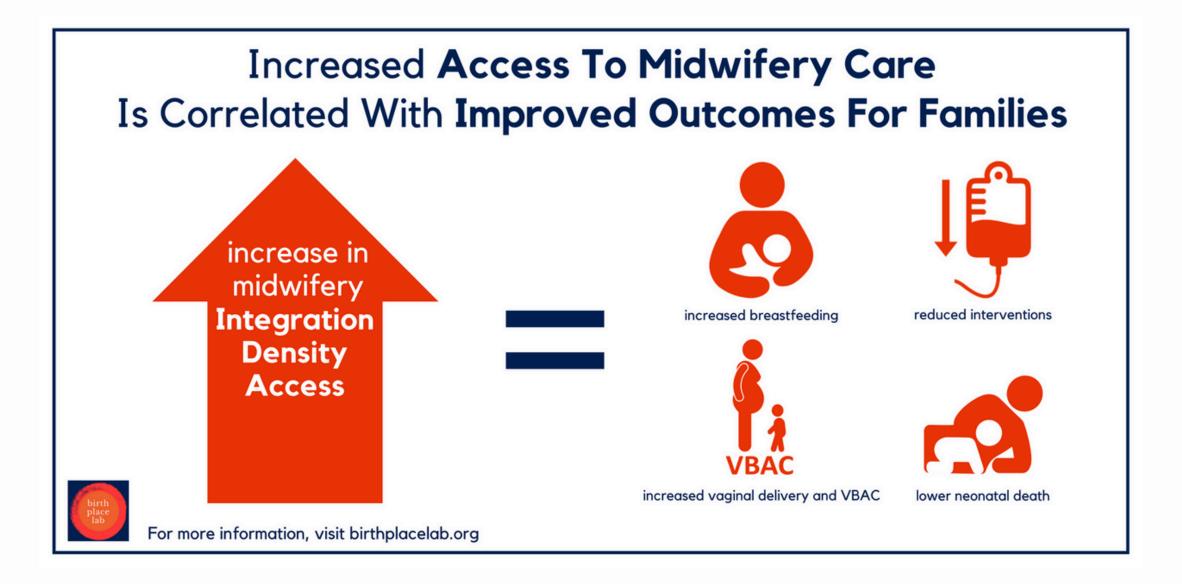


HOW WILL LICENSURE AND INTEGRATION OF CPMS INTO THE PERINATAL HEALTH CARE SYSTEM IMPROVE OUTCOMES FOR NORTH CAROLINA'S CHILDREN?

CPM licensure....

- creates a mechanism for regulatory frameworks and provider accountability, including continuing education, clinical practice guidelines, protocols for emergency situations, and informed consent disclosures.
- provides the opportunity to establish collaborative relationships with medical care providers and integrate into the health care sytsem, improving safety for CPMs and the families they serve.
- increases North Carolina's capacity to grow and diversify the midwifery workforce, increasing access to high quality, culturally competent midwifery care.

WHY DOES ACCESS TO MIDWIFERY CARE MATTER?



The 2018 Midwifery Integration Scoring System (MISS) stateby-state comparison showed that the best outcomes for mothers and babies occur in states where all types of midwives are regulated and integrated into the health care system regardless of birth setting(Vedam, 2018)

MIDWIFERY CARE IS ASSOCIATED WITH:

- INCREASED BREASTFEEDING
- REDUCED CESAREAN BIRTHS
- REDUCED PRE-TERM BIRTHS
- REDUCED LOW BIRTH WEIGHTS
- REDUCED NEONATAL DEATHS







Community based midwives like CPMs are linked to improving outcomes for communities most heavily impacted by racism and health disparities (E, 2020).



Midwives are valuable contributors to modern healthcare systems. midwives offer:

- person centered care
- evidence based practices
- continuity of care
- cultural sensitivity

Integrating midwifery care into maternity services can help address disparities and inequalities in maternal health, fostering better health outcomes for women and newborns (Putts, 2023).





Licensing CPMs facilitates their integration into the broader healthcare system. Birth in the community setting is always safest with qualified care providers that are integrated into a collaborative network of medical providers to ensure optimal outcomes when referrals and transfers of care are necessary. (Vedam et. al, 2018)



Midwifery Integration State Scoring (MISS) System Report Card

North Carolina

State Rank: #51 Integration Score: 17/100



Place of birth		99% hospital		0.5% home	
				0.5% birt	h center
	Certified Professional Midwife	Certified Nurse Midwife	Certified Midwife	Births attended by midwives	
Licensed to practice	×	~	×	North Carolina	U.S. Average
Covered by Medicaid	×	~	×		
Authorized to wr prescriptions	ite 🗙	×	×	13.4%	10.3%
Easy access to physician referra	×	X	×		
No restrictions to site of practice	×	×	×		
CPM includes	Direct Entry Midv	vives where app	licable		

Outcome	North Carolina	US average	Outcome No	rth Carolina	US average
Cesarean	29.5%	32.2%	Spontaneous vaginal birth	49.2%	49.2%
Induction	26.8%	23.2%	VBAC	13.7%	11.3%
Premature birth	9.7%	9.6%	Breastfeeding at birth	79.0%	80.3%
Low birth weight	8.9%	8.0%	Breastfeeding at six months **	23.1%	24.9%
Neonatal mortality *	5.1/1000	4.0/1000			

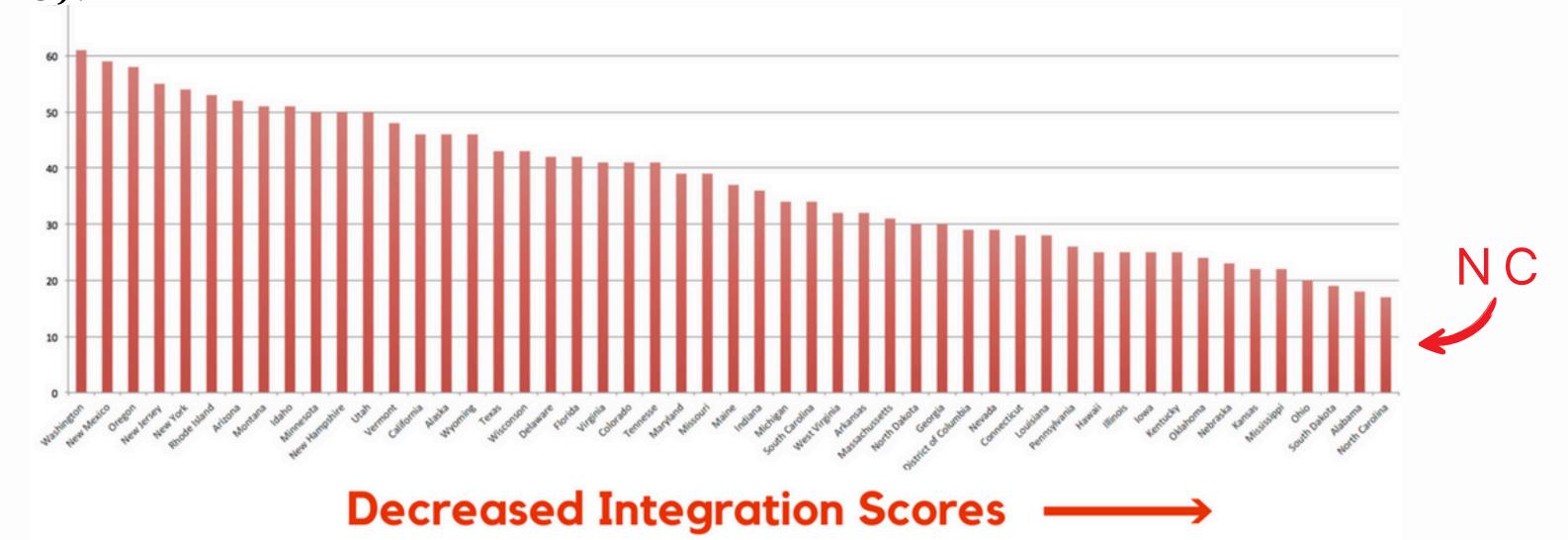


** 2014 National Immunization Surve

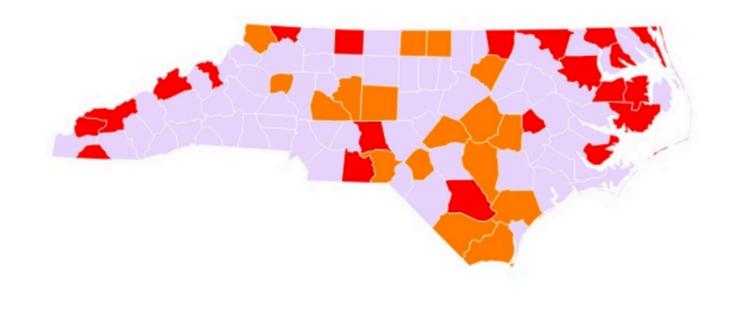
Higher MISS scores and improved access to midwives in all settings were associated with:

- SIGNIFICANTLY HIGHER RATES OF SPONTANEOUS VAGINAL DELIVERY, VAGINAL BIRTH AFTER CESAREAN, AND BREASTFEEDING AT BIRTH AND AT SIX MONTHS
- SIGNIFICANTLY LOWER RATES OF CESAREAN SECTION (CS), PRETERM (PTB), AND LOW BIRTH WEIGHT (LBW) INFANTS

HIGHER MISS SCORES WERE CORRELATED STRONGLY WITH LOWER RATES OF NEONATAL MORTALITY AND RACE-SPECIFIC NEONATAL MORTALITY (VEDAM, 2018).



According to The March of Dimes, 21% of North Carolina counties have no maternity care providers or birthing facilities (2023). CPMs are a perinatal care workforce in North Carolina with the potential to address gaps in perinatal healthcare access, particularly in rural or underserved areas (Ellman, 2020)



Maternity care desert

Low access

Moderate access

Full access

THIS SITUATION IS NOT UNIQUE TO NORTH CAROLINA. NEARLY HALF OF U.S. COUNTIES LACK A SINGLE OBSTETRICIAN-GYNECOLOGIST, AND IT'S ESTIMATED THAT THE NATION NEEDS 8,000 MORE TO MEET DEMAND, WHICH COULD RISE TO 22,000 BY 2050 (NILES, 2023)





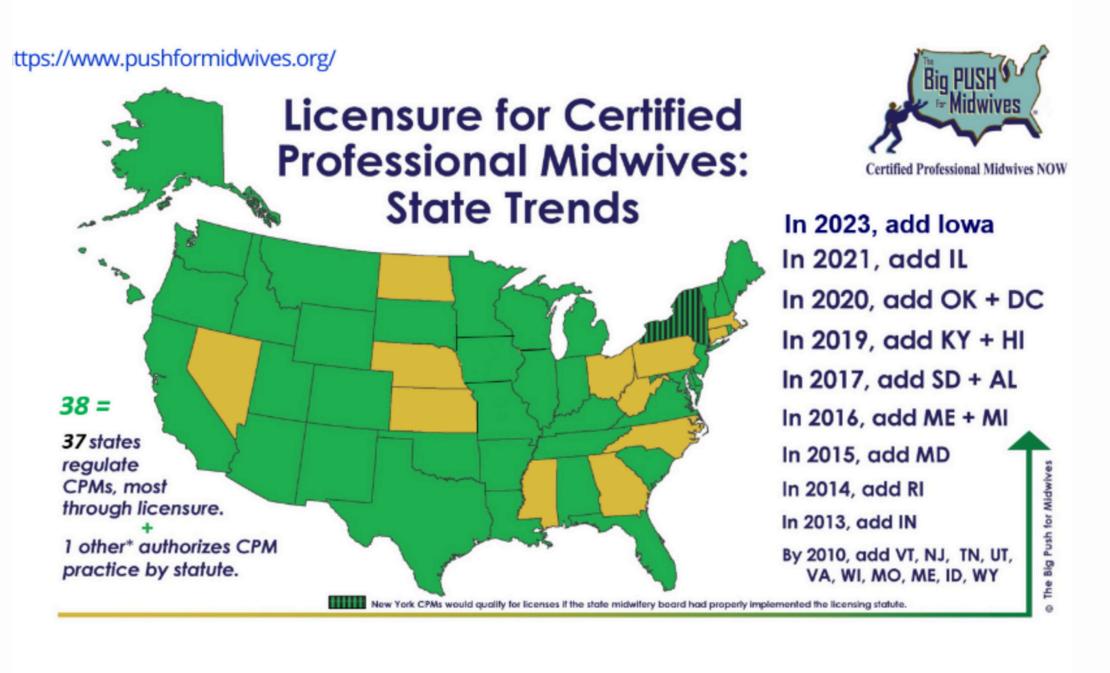


A recent analysis found that a midwife workforce, integrated into health care delivery systems, could provide:

- · 80% of essential maternity care around the world
- averting 41% of maternal deaths
- averting 39% of neonatal deaths
- averting 26% of stillbirths (Niles, 2023)

THERE IS A REASONABLE SOLUTION TO BETTER MEETING THE NEEDS OF OUR PERINATAL COMMUNITY

CPM LICENSURE AND INTEGRATION



Last week (August 2024), Massachusetts become the 38th State to pass legislation to regulate and integrate CPMs into their perinatal healthcare system.

Expanded access to midwifery care is a concrete, common sense solution that is within our reach.

North Carolina midwives report a surge in interest in community birth settings throughout and after the Covid-19 pandemic. We do not have enough midwives to serve the need, licensed or unlicensed. Anecdotally, this also seems to be creating a surge in unattended births with minimal or non-existent prenatal care.

CPMs who are able to practice to the full extent of their training, knowledge, and skills are able to provide comprehensive perinatal care, including:

- RISK ASSESSMENT
- LIFESTYLE COUNSELING
- MANAGMENT OF NORMAL PREGNANCY, LABOR, BIRTH, AND POSTPARTUM
- MANAGEMENT OF BIRTH EMERGENCIES

- CONSULTATION AND COLLABORATION WITH CNMS AND OB/GYNS
- APPROPRIATE TRANSFER OF CARE AS NEEDED.

HOW CAN WE CONTINUE TO LEAVE
THE CHILDREN AND FAMILIES OF
NORTH CAROLINA BEHIND AND DENY
THEM ACCESS TO A KNOWN SOLUTION
THAT WILL POSITIVELY IMPACT THEIR
OUTCOMES AND THEIR EXPERIENCES?

WE CANNOT.

IT IS TIME TO LICENSE CERTIFIED PROFESSIONAL MIDWIVES IN NORTH CAROLINA

FINAL THOUGHTS...

Historically there has been an "us versus them" sentiment that runs through conversations about midwives and obstetricians. I am hopeful that we have all learned that such divisive sentiments are not in anyone's best interest in today's world. We are all in this together, we all want better outcomes

for our communities, and we cannot shirk the responsibility of doing what is best for the people we serve. it is time to move forward and be a unified front working together for the children and families of North Carolina.

THANK YOU FOR THE OPPORTUNITY TO PRESENT TODAY, TO LEARN MORE PLEASE VISIT THE RESOURCES BELOW.



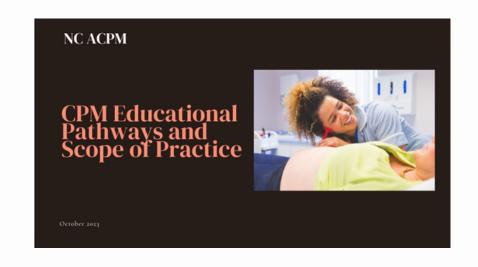


Atromitos Way Podcast:
The Role of Certified
Professional Midwives in
NC



Atromotis Way Resource Page









NC ACPM and NC for CPMs present:

PERINATAL CARE WITH A CERTIFIED PROFESSIONAL MIDWIFE

Stakeholder Information Session



Resources

Ellmann, N. (2020). Community-Based Doulas and Midwives: Key to Addressing the U.S. Maternal Health Crisis. Center for American Progress.

Niles (2023) How Expanding the Role of Midwives in U.S. Health Care Could Help Address the Maternal Health Crisis. Commonwelath Fund.

Puts, et. al., "Midwifery Care and Maternal Health Outcomes: A Systematic Review". Journal of Research in Nursing and Midwifery. 2023. Volume 12, Issue 4. Published: 30-Aug-2023, DOI: 10.14303/2315-568X.2022.60.

Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, Fisher T, Butt E, Yang YT, Powell Kennedy H. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS One. 2018 Feb 21;13(2):e0192523. doi: 10.1371/journal.pone.0192523. PMID: 29466389; PMCID: PMC5821332.