

Why North Carolina Needs Certified Professional Midwives (CPMs)

★ Increased access to high quality care ★ Improved outcomes and reduced costs ★ Increased accountability and safety

Barriers to Care NC Families Face

By 2030, North Carolina OB/GYNs will have capacity to meet only 92.8% of demand
21 of NC's 100 counties do not have *any* maternity care providers and 17 have minimal access
13.4% of women in NC have over 30 min drive times to hospitals with Maternity Centers.
17% of women in NC receive inadequate prenatal care.

Non-physician maternity care providers, such as CPMs, help to address workforce shortages by providing care to rural and under-served areas.

Hospitalized childbirth in the US accounts for \$110 billion health care dollars annually.

The costliest maternal health outcomes include lost productivity (\$6.6 billion), c-section delivery (\$895 million), and increased hospital stays surrounding childbirth (\$350 million). Highest cost for infants is preterm birth (\$13.7 billion).

Community birth is on average 65% less expensive than a low-risk hospital delivery.

Childbirth in NC is Subject to Costly Interventions and Poor Outcomes

24.9% of NC babies were born by c-section in 2023, CPMs c-section rate is roughly 5.2%.
26.8% of births in NC were medically induced, while CPMs average a 4.5% induction rate
10.7% of births are Preterm in NC, ranking us 32nd

Studies show women are 24% less likely to experience preterm birth with midwifery continuity of care.

9.4% of babies born in NC were low-birth weight, ranking us 43rd
North Carolina's maternal mortality rate is 26.7 per 100,000 births, ranking us 25th of 40 states.

Annual Savings with CPM licensure

2007 analysis shows CPMs saved the State of Washington \$1.6 million

2022 Alaska CPMs saved Medicaid over \$5 million

By 2027, if midwives were leading care for 20% of births, savings would reach \$4 billion

Why License the Certified Professional Midwife?

According to the National Vital Statistics Reports, home birth rates in North Carolina increased by 15% from 2018-2019 and 22% from 2019-2020; averaging 1000 births per year.

Parents have the freedom and right to choose the setting, manner, and attendant for giving birth. Regulating and licensing midwives in community settings will preserve parental choice.

Research demonstrates that integration and coordination across birth settings and maternity care providers promotes high-quality, cost-effective care including an increase in breastfeeding, a reduction in interventions, increased VBACs, and decrease in neonatal death. Specifically, the integration of community-based midwives into regional maternity care systems is a key determinant of improving perinatal outcomes.

In 2015 ACOG endorsed the ICM standards for midwifery education, training, licensure & regulation and identified CPMs as appropriate providers for level 1 care.

The International Confederation of Midwives (ICM) stresses that in order to protect the public, it is important to regulate and license midwives, and the practice of midwifery. Regulation should enable midwives to practice autonomously within the midwifery scope in any setting.

CPMs are licensed in 38 states (including TN, SC, & VA), and the number is growing.

CPM Licensure = Cost Savings, Improved Outcomes, Increased Access and Birth Freedom