

## **IMPROVE BIRTH OUTCOMES IN THE U.S. BY GROWING THE MIDWIFERY WORKFORCE**

### **Maternal and Infant Health Crisis in the United States**

- **Maternal and infant mortality**, morbidity, preterm birth, and low birth weight *in the U.S. are the highest* among high-income nations; severe maternal complications have more than doubled in the past 20 years
- In 2015, the **U.S. ranked 46<sup>th</sup>** among 181 countries and the rate of maternal deaths in the U.S. continues to rise
- **Black mothers are 4 times more likely to die** of pregnancy-related causes than their white counterparts regardless of level of education and income, and **their babies are 2.5 times** more likely to die in their first year of life
- **American Indians and Alaska Natives** experience comparable maternal and infant mortality as black people
- **Less than 10% of births in the US are attended by midwives**, compared to other countries where midwives attend >50% of births and where mortality rates – and costs - are much lower

### **Maternity Care Workforce Shortage**

- The United States is facing an **increasingly severe shortage of trained maternity care providers**
- More than five million women in the U.S. live in a rural **maternity care desert**; urban deserts exist as well
- Nearly half the counties in the United States do **not have a single obstetrical provider**
- **The number of births is projected to rise** from 2010 level of 4.3 million to 5.7 million in 2050
- **Anticipated shortage of OB/GYNs** will be 18% (9,000) by 2030 and 25% (15,000) by 2050 based on 35 years of post-residency practice, with a distinct trend to increasingly fewer post-residency practice years

### **Midwives Are a Key Strategy to Improving Outcomes While Reducing Costs**

- Midwifery care is strongly associated with lower interventions, **cost-effectiveness and improved outcomes**
- States where midwives are **most accessible have the best outcomes** for mothers and babies; states where access is most limited have the worst indicators of maternal and neonatal well-being
- Many states characterized by poor health outcomes and less access to midwives also have large black populations: greater use of **midwives could reduce racial disparities** in maternity care.
- Increasing the number of **midwives would solve shortages** of maternity care providers that disproportionately affect rural (and urban) low-income mothers, many of them women of color

### **Federal Action Is Needed to Grow the Midwifery Workforce to Improve Maternal and Infant Health**

- **Grow and improve the maternity care workforce** by increasing access to midwives with nationally recognized credentials (i.e., Certified Professional Midwives [CPM], Certified Nurse-Midwives [CNM], Certified Midwives [CM])
- **Expand funding** to accredited midwifery education programs whose graduates provide high-value care and are educated in fewer years at lower cost than obstetricians
- Racially/ethnically/socially concordant care improves trust, satisfaction and care compliance: **incentivize more midwives of color and indigenous midwives** in the workforce to reflect the diversity of childbearing families
- Prioritize funding to accredited midwifery education **programs whose students plan to practice in health professional shortage areas** and that **demonstrate a focus on increasing racial and ethnic minority representation in midwifery education**