



ADVANCED PRACTICE NURSES

DEDICATED | CARING | QUALIFIED

CERTIFIED NURSE-MIDWIVES (CNM)

A Certified Nurse-Midwife provides primary care for women, focusing on women's health care, including pregnancy, childbirth, the postpartum period, newborn care, and the family planning and gynecological needs of women.

CNMs Reduce Costs & Improve Outcomes by:

- Lowering the Cesarean section rate, reducing patient complications and avoiding or shortening hospital stays
- Reducing low birth weight and premature births, thus reducing neonatal ICU admissions
- Avoiding unnecessary tests and technological interventions
- Offering options in childbirth and care in lower cost settings

CNMs Increase Access to Health Care by:

- Providing care to medically underserved populations
- Freeing physicians to focus on patients with complicated pregnancies, deliveries, and gynecologic conditions

CNMs Provide Quality Care while Lowering Health Care Costs

CNMs Reduce Costs and Improve Outcomes:

Low-risk patients receiving midwifery care had birth outcomes comparable to those who only saw physicians, but CNMs' patients had fewer interventions, more options, and lower cost. Jackson, J.L., et al. (2003). Outcomes, safety, and resource utilization in a collaborative care birth center program compared with traditional physician-based perinatal care. *American Journal of Public Health* 93, 999-1006.

Birth certificate data were examined for all singleton vaginal deliveries between 35 and 43 weeks. Adjusting for sociodemographic and medical risk factors, outcomes for physicians and nurse-midwives were compared. CNM-attended births were associated with 33% lower risk for neonatal morbidity (complications), 31% lower risk of low birth weight babies; and 19% lower infant mortality rate. MacDorman MF, Singh GK. (1998). Midwifery care, social and medical risk factors, and birth outcomes in the USA. *Journal of Epidemiology & Community Health*, 52, 310-317.

The lower costs associated with nurse-midwifery care are due to lower rates of technological intervention and lower cesarean rates, shorter lengths of stay in hospitals, and lower payroll costs. Gabay M, Wolfe SM. (1997). Nurse-midwifery: the beneficial alternative. *Public Health Reports*, 112, 386-395.

A review of maternity services by nurse-midwives and physicians found that women in the nurse-midwife group were much more likely to experience prenatal education focusing on health promotion and risk reduction activities. Women in the nurse-midwife group experienced a more hands-on approach that relied less on technologic interventions and a closer supportive relationship during labor and birth. Women in the physician group were much more likely to have care based on expensive medical interventions and invasive tests. Oakley D, Murland T, Mayes F, Hayashi R, Petersen BA, Rorie C, Anderson F. (1995). Processes of care, comparisons of certified nurse-midwives and obstetricians. *Journal of Nurse-Midwifery*, 40(5) 399-409.

The Medical University of South Carolina Twin Clinic study demonstrated a lower rate of very early preterm births, very low birth weight infants, neonatal intensive care admissions, and perinatal mortality in a CNM directed clinic when compared to a MD directed team. Ellings, J.M. et al. (1993). Certified Nurse-Midwife Directed Twin Clinic Reduces Very Low Birth weight Delivery and Perinatal Mortality. *Journal of Obstetrics and Gynecology*.

A study at two Kaiser Permanente Medical Centers showed a 13% or \$292,000 reduction in payroll costs at one center and a 7% or \$2 million reduction at another center when CNMs were added to the obstetric team. Bell, K., and Mills, J.I. (1989). Certified Nurse Midwife effectiveness in the health maintenance organization obstetric team. *Obstetrics & Gynecology* 74, 112-6.

A nurse midwifery birth center located in a lower-income area of Washington, D.C. saves Medicaid more than \$800,000 a year due to substantially reduced c-section rates and preterm deliveries. Levine, S. (December 21, 2006). Independent birthing center delivers on healthy babies. *Washington Post*. Retrieved from www.washingtonpost.com.

CNMs Lower Cesarean Section Rates & Reduce Use of Unnecessary Technology

Between 1970 and 2007, the cesarean section delivery rate in the United States increased dramatically from 5% to 31.8%. The 2007 c-section rate in Texas was 33.7%. Meanwhile, rates of preterm and low birth weight, on the rise for the past decade, remain high in Texas at 13.6%, almost 1% higher than the national average in 2007. Hamilton, BE, Martin, JA & Ventura, SJ. (March 18, 2009). Births: Preliminary data for 2007. *National vital statistics reports*, 57 (12). Hyattsville, MD: National Center for Health Statistics. Retrieved from www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf

A clinic for low income women staffed by CNMs was compared with a group of four obstetricians' private patients. Birth outcomes were comparable but CNM care resulted in reduced c-sections (13.1% to 26.4%). Blanchette, H. (1995). Comparison of obstetric outcome of a primary care access clinic staffed by certified nurse midwives and a private practice group of obstetricians in the same community. *American Journal of Obstetrics & Gynecology* 172, 1864-1868.

Compared to obstetricians and family physicians, the c-section rate for CNMs' patients was 8.8% vs 13.6% for obstetricians and 15.1% for family physicians. CNMs used 12.2% fewer resources. Rosenblatt, et.al. (1997). Interspecialty differences in the obstetric case of low-risk women. *American Journal of Public Health* 87, 344-51.

Women cared for by CNMs in a Chicago Hospital had a lower c-section rate (8.5% vs 12.9%), fewer interventions, and equally good maternal and infant outcomes when compared with women cared for by physicians. Davis, L.G., Riedmann, G.L., Sapiro, M., Minogue, J.P., Kazer, R.R. (1994). Cesarean section rates in low-risk private patients managed by CNMs and obstetricians. *Journal of Midwifery* 39, 91-97.

CNMs Increase Access to Care for Underserved Populations.

The majority of women attended by nurse-midwives live in underserved communities and these women report high levels of satisfaction. Raisler, J. & Kennedy, H. (2005). Midwifery Care of Poor and Vulnerable Women: 1925 – 2003. *Journal of Midwifery & Women's Health*, 120.

CNMs care for medically underserved women and those at higher risk for poor outcomes, including women who are uninsured (16%), immigrant (27%), adolescent (29%), and women of color (50%). DeClerq, E.R., et.al. (2001). Serving women in need: nurse midwifery practice in the United States. *Journal of Midwifery & Women's Health* 46, 11-16.

Well over 2/3 of CNMs' clients are categorized as "vulnerable." Over 50% have care paid by Medicaid, Medicare, Indian Health Service, etc., and over 1/3 live in low income areas. Project Director's Report of Preliminary Results of Phase 2 of the Robert Wood Johnson Foundation Project 1993.

While over 96% of CNM-attended births occur in hospitals, CNMs also offer safe, low cost options.

A nationwide comparison of birth center costs with hospital costs indicates if 100,000 births occurred in birth centers, annual savings would be more than \$314 million. For every 1,000 women who avoid unnecessary cesarean section, savings would be at least \$7.4 million. Health Insurance Association of America and National Association of Childbearing Centers Annual Survey Data, 1995.

Outcomes of planned home births by nurse-midwives proved safe with high quality care. 9.1% of women were transferred to the hospital during labor or post partum. 1.1 % of infants were transferred to the hospital. Murphy PA, Fullerton J. (1998). Outcomes of intended home births in nurse-midwifery practice: a prospective descriptive study. *Obstetrics & Gynecology*, 92, 461-470.

"We conclude that birth centers offer a safe and acceptable alternative to hospital confinement for selected pregnant women..." Rooks, J., et al. (1989). Outcomes of care in birth centers – the national birth center study. *The New England Journal of Medicine* 321, 1804-11.

"Nurse-midwives should provide prenatal care for 70% to 80% of American pregnancies."

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