Addressing the Shortage of Maternal Care Providers

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Nearly 44 million more women (12 million of childbearing age) will need care in 2060.
Obstetrician/Gynecologists per 100,000 Population
Data Current as of 2011

ACOG estimates that in 2011, there were 9.5 million people living in a county without a single OB/GYN.

Out of 3,142 U.S. Counties, 1,459 (46%) have no OB/GYN.
Certified Nurse-Midwives per 100,000 Population

Data Current as of 2011

Out of 3,142 U.S. Counties, 1,758 (56%) have no CNM.

Sources in Notes View.
Out of 3,142 U.S. Counties, 1,263 (40%) have no CNM or OB.
Family Physicians Practicing High-Volume Obstetric Care Have Recently Dropped by One-Half

First-Year OB/GYN Residents and Newly Certified CNMs/CMs, 1979 - 2014

- The number of medical graduates entering OB/GYN residencies has remained relatively flat for three decades.
- New CNMs/CMs have been increasing recently.

Sources in Notes View.
Bottom Line: Serious Challenges

Static OB/GYN residencies, Subspecialization, rising but small # CNM/CM graduates

Changes in provider demographics

Increasing patient needs

Using a measure of demand that takes into account population, prevalence and incidence of conditions and disease, as well as rates of insurance coverage, available supply of providers and utilization of care, ACOG has projected a shortage of between 15,723 – 21,723 OB/GYNs by 2050.

Sources in Notes View.
Defining Terms – CNMs, CMs and CPMs

Unless specifically noted, this presentation focuses on the practice of Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs).

- **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.

- **CMs** are educated in the discipline of midwifery. They earn graduate degrees, meet health and science education requirements, complete a midwifery education program accredited by ACME, and pass the same national certification examination as CNMs to receive the professional designation of CM. There are approximately 11,300 CNMs and CMs in the US and 95% of the births they attend occur in hospitals.

- **Certified Professional Midwives (CPMs)** may come through one of several educational routes, though they are largely educated through a non-accredited apprenticeship model. There are approximately 1,800 CPMs in the US and 83% of the births they attend occur in an out of hospital setting.

- States may license midwives who are not CNMs/CMs/CPMs based on state based criteria and their services are focused on care in the home or birth center setting (e.g. LM)
Midwifery Workforce Impact

• **UNFPA – State of the World’s Midwifery - 2014**
  “87% of the essential care for women and newborns can be provided by an educated midwifery workforce.”

• **The Lancet Series on Midwifery - 2014**
  “Provision of accessible quality midwifery services that are responsive to women’s needs and wants should be part of the design of health-care service delivery and should inform policies related to...health workforce in all countries.”

• **The Lancet Series on Maternal Health - 2016**
  “High-income countries with a combination of lowest intervention rates, best outcomes, and lowest costs have integrated midwifery-led care through different models, including team-based care in maternity hospitals, low-risk units alongside full-scope maternity hospitals, and freestanding or home-based midwifery.”
Definition/Scope of Practice

Midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections.
Inter-Professional Collaboration – The Ideal

The right care at the right time in the right place by the right provider(s)
Laws and Regulations Affecting Access to Midwifery Care and Opportunities to Expand the Maternity Care Workforce
Promoting Full Practice for Midwives
What is Full Practice?

• CNM/CM’s able to practice to the full extent of their education and training
• Independent licensure, does not require supervision of legislate collaborative agreements

JOINT STATEMENT OF PRACTICE RELATIONS BETWEEN OBSTETRICIAN GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES/CERTIFIED MIDWIVES
“To provide highest quality and seamless care, ob-gyns and CNMs/CMs should have access to a system of care that fosters collaboration among licensed, independent providers.”
Quick Reference:
Practice Environments for Certified Nurse-Midwives as of April 2017

- **Independent Practice (27)**
- **Collaborative Agreement Required for Prescriptive Authority (5)**
- **Collaborative Agreement Required (13)**
- **Supervision (6)**

(States and territories color-coded to represent different environments.)
Number and Density of CNMs/CMs

There were a total of 11,725 CNMs/CMs as of May 2017.


Population figures are 2016 estimate from US Census Bureau, rounded to nearest 1,000. (see: https://www.census.gov/data/tables/2016/demo/popest/state-total.html)
“SOP Laws, Nurse-Midwifery Workforce, and Childbirth Procedures and Outcomes”

- States with autonomous midwifery practice have a mean of 4.85 CNMs per 1,000 births, compared with 2.17 CNMs per 1,000 births in states where CNM practice is subject to supervision or collaborative agreement ($p < .01$).

- “States with regulations that support autonomous midwifery practice have a larger nurse-midwifery workforce, and a greater proportion of CNM-attended births. Correlations between autonomous practice laws and better birth outcomes suggest future policy efforts to enhance access to midwifery services may be beneficial to pregnancy outcomes and infant health.”

  — Yang et al 2016 J. Women’s Health Issues May-June; 26(3): 262-7
ACNM-ACOG Maternity Care Education and Practice Redesign

• Joint project of ACNM and ACOG funded by the Josiah Macy Jr. Foundation

• Goals:
  – Develop a model IPE curriculum for ob-gyn residents and graduate midwifery students
  – Address maternity workforce shortages
ACNM-ACOG Maternity Care Education and Practice Redesign

• 4 demonstration sites, 3 year project
• Develop and implement didactic modules, laboratory simulation and clinical experiences
• ACNM and ACOG accrediting agencies are working together to develop joint IPE requirements
University Models to Support Educating midwives in rural settings

• Distance Learning Approaches
• Commitment to placements in rural clinical settings.
• Example: Frontier Nursing University: Current (August 2017) total enrollment of 831 students in clinical sites in all 50 states
Potential Solutions:
The Graduate Nurse Education Demonstration

$200 Million given to 5 hospitals over 4 years

Hospitals partner with schools of nursing and community clinical sites…

...to provide clinical education for more advanced practice nurses.
Potential Solutions: Georgia Preceptor Tax Incentive Program

Certain medical, NP and PA students.

480 hours of precepting to qualify.

Each 160 Hours. $1,000 Tax Deduction.

Maximum deduction = $10,000
Potential Solutions: Reimbursing Midwife Educators

Medicare pays teaching physicians for the services of the interns/residents that they are educating.

CNMs/CMs frequently provide educational oversight to medical interns/residents and student midwives. There is no Medicare policy ensuring payment for services overseen by CNMs/CMs.

Hospitals are discouraged from fostering inter-professional education or supporting midwifery education.

Legislation is needed to ensure that when CNMs/CMs oversee services performed by medical interns/residents or student midwives they can be paid for those services, just as teaching physicians are currently paid.
Way Forward.......

• “The team, the team, the team.”
  • Bo Schembechler

• Collaboration, Collaboration, Collaboration
  • Unattributed
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