

MIDWIVES AND MOTHERS IN ACTION (MAMA) CAMPAIGN



REFORM MEDICAID TO REDUCE COSTS AND IMPROVE MATERNITY CARE QUALITY BY GIVING PATIENTS CHOICE OF PROVIDERS

Maternity Care is a Key Driver of Healthcare Costs

- Childbirth is the #1 reason for hospitalization in the United States (U.S.)
- 23% of all hospital discharges are related to childbearing, accounting for \$98 billion health care dollars
- 3 of the 4 most common surgical procedures in the U.S. are related to childbearing
- Over 41% of births in the U.S. are paid for by Medicaid

Childbirth in the U.S. Has Become Dominated by Costly, Unnecessary Interventions...

- 31% of births now by cesarean section – up 50% since 1996
- 34% of births are now medically induced, increasing the likelihood of prematurity
- Vaginal birth after cesarean (VBAC) has fallen 50% since 1996 despite overwhelming evidence of the benefits of VBAC to both mothers and babies

...But the Quality and Safety of Maternity Care in the U.S. Needs Improvement

- High infant mortality rate – 33th in the world
- High maternal mortality rate – 50st in the world
- Preterm births have risen 21% and incidence of low birth weight has increased 19% since 1990
- Significant disparities – infant mortality is more than *twice* as high and maternal mortality *four* times as high for African Americans and Native Americans

Patient Choice to Elect Care by a Professional Midwife = Lower Cost, Better Outcomes

- The American Public Health Association (APHA) recommends midwives as the most appropriate and cost-effective maternity care providers for the majority of women.
- The prevalence of home births is on the rise, having *increased 29%* since 2004, according to the Centers for Disease Control and Prevention (CDC), as more women desire a low-intervention birth or familiar environment to have their babies, among other factors, including access/transportation barriers (e.g., in rural areas).
- Home births have a lower risk profile than hospital births, with half the number of preterm births (6% vs. 12% for hospital births) and low birthweight babies (4% vs. 8% for hospital births), the CDC reports.
- A 2007 Washington State Department of Health cost-benefit analysis found that out-of-hospital births attended by Certified Professional Midwives (CPMs) resulted in fewer low-birth weight babies, much lower cesarean section rates, and similar rates of infant mortality when compared to low-risk hospital births, while delivering substantial savings to the state.
- Areas with the lowest infant mortality (and lower costs) rely on midwives as the primary maternity care providers for the majority of women.
- Among women choosing home birth with CPMs, only 4-5% are transported for cesarean section, while at least 20% of healthy low-risk women laboring in the hospital undergo cesarean section – increasing cost without improving outcomes.

Solution: Improve Medicaid to Cover Certified Professional Midwives

- In 24 states (and increasing), mothers may choose licensed CPMs for their maternity care – but federal oversight of Medicaid limits this choice by not covering CPMs.
- Including CPMs to the list of available Medicaid providers will **REDUCE** costs by reducing hospitalizations and high-cost interventions.
- Offering women on Medicaid the ability to choose a *nationally credentialed midwife* in states that recognize CPMs, including those providing maternity services *at home and in birthing centers*, will cut Medicaid spending and increase the quality and safety of care that women receive.