

Supporting Midwives in Recent Disastrous Storms and Getting Prepared Ourselves

NACPM continues to reach out to the many midwives that may have been impacted by recent storms. We are compiling information about the experiences of midwives in hard hit regions and how others can provide support. We are also planning at least two webinars with reports from the midwives themselves as well as practical information about how all midwives and families expecting babies can prepare for emergency conditions. Stay tuned for more information and webinar dates in November and January!

Birth Center Institute "Wild and Strong!" in Alaska



Neal Shah

The **11th Annual Birth Institute**, organized by the American Association of Birth Centers, will take place next week in Anchorage, Alaska. This year's theme is "Wild and Strong: A Celebration of Resilience." Featured speakers include **Neal Shah, MD**, examining "System Complexity and the Challenge of Too Much Medicine" and



Mickey Sperlich

Mickey Sperlich, PhD, CPM, discussing "Surviving to

Thriving: Transforming Intergenerational Cycles of Violence, Risk, and Vulnerability." The Institute includes both clinical and administrative tracks relevant to midwives and managers.



Amy Johnson-Grass

AABC President-Elect **Amy Johnson-Grass, ND, LN, LM, CPM**, says the institute is always a wonderful time to gather with other midwives to find support and encouragement. She also points to the recent publication of birth center research and legislative victories that bode well for increasing access to birth center care for childbearing families covered by Medicaid and for the financial sustainability of birth centers (see articles below).

If you're going to be in Anchorage, don't miss the reception in celebration of CPMs hosted by NACPM from 5:00 to 6:30, Thursday, October 5th at the Hotel Captain Cook. Enjoy refreshments and meet the

CPM leaders of NACPM and AABC and learn more about how CPMs are contributing to the expansion of birth centers across the U.S.

For more information about AABC and the Birth Institute, visit the [AABC website](#).

New Evidence that Birth Centers and Midwifery Care Improve Outcomes

The first research using AABC's rich dataset on Medicaid beneficiaries from the Strong Start for Mothers and Newborns Initiative was published in *Birth* on August 29, 2017. The research draws on Strong Start data entered into the Perinatal Data Registry (PDR) between 2012 and 2014 to [evaluate the effect of different prenatal and birth care settings on outcomes](#).

Primary researcher Diana Jolles, CNM, FACNM, led this effort along with AABC Strong Start staff Susan Stapleton, CNM, DNP, FACNM, and Jill Alliman, CNM, DNP, among others. The outcomes reported by Strong Start sites were found to exceed quality benchmarks for induction, episiotomy, cesarean, and breastfeeding.

Study Results: Medicaid beneficiaries enrolled at AABC sites had diverse socio-behavioral and medical risk profiles and exceeded quality benchmarks for induction, episiotomy, cesarean, and breastfeeding. Among medically low-risk women, the model demonstrated effective care variations including 82% attendance at prenatal education classes, 99% receiving midwifery-led prenatal care, and 84% with midwifery-attended birth. Patient preferences were adhered to with 83% of women achieving birth at their preferred site of birth, and 95% of women using their preferred infant feeding method. Elective hospitalization in labor was associated with a 4-times greater risk of cesarean birth among medically low-risk childbearing Medicaid beneficiaries. Jolles DR, et al. Outcomes of childbearing Medicaid beneficiaries engaged in care at Strong Start birth center sites between 2012 and 2014. Birth. 2017;00:1-8. <https://doi.org/10.1111/birt.12302>

According to AABC, these findings reinforce the appropriateness of the birth center setting for medically low-risk women and highlight the place of birth as a determinant of Cesarean birth. Specifically, elective hospitalization at the onset of labor was associated with a 4-times greater risk of cesarean delivery among women of equal risk. Birth center care at the 45 Strong Start sites was also found to play a role in eliminating racial disparities in intention to breastfeed that were observed at the onset of prenatal care. Overall, the birth center setting is shown to be a safe place of birth for medically low-risk Medicaid beneficiaries and have a protective effect against cesarean birth among equally low-risk women.

Midwives Win Better Reimbursement for Birth Centers in Washington State

Washington State CPMs report that Medicaid reimbursement for birth center facilities has TRIPLED, increasing from \$584 to \$1,742, since new legislation went into effect in July. This is a "game-changer" which will not only make birth centers more sustainable, but will also make it possible for birth centers and midwives with birth center privileges to provide services to many more families on Medicaid.

There are currently 17 licensed freestanding birth centers in Washington State, almost all of which are owned and staffed by CPMs and located on the west side of the state. The [Midwives Association of Washington State](#) (MAWS) is hopeful that this dramatic increase in the Medicaid reimbursement rate will enable midwives east of the mountains to consider opening birth centers to serve their more rural communities and make this model of care more widely available.

To achieve this breakthrough in state policy, MAWS leaders worked for several years to cultivate allies at the Washington State Health Care Authority (WSHCA), presented persuasive evidence to the Medical Directors of the managed care organizations that contract with Medicaid, and convinced the legislature to direct the WSHCA to review their rates. In October 2016, the WSHCA published their report "[Reimbursement for Births Performed at Birth Centers](#)" and recommended increasing the birth center facility fee.

The report states, "As noted throughout this report, birth centers have been shown to provide high-value maternity care. The birth center facility fee, even with this proposed increase, would remain below that of an uncomplicated inpatient hospital delivery. As previously identified, the estimated added cost for this fee increase could be offset if 22 additional women covered by Medicaid FFS gave birth in birth centers instead of hospitals.... Low rates have been identified as a significant barrier which affects birth centers' ability to serve Medicaid clients. Increasing the reimbursement level for Medicaid women, who comprise 51% of the (non-military) births in the state, would help ensure access to birth centers for low-risk women. Along with the quality improvement activities outlined in Appendix D, maintaining birth center access helps to ensure a robust and comprehensive maternity care system for our state."

NACPM will host a webinar in early 2018 to examine more deeply how the midwives were able to achieve this breakthrough and what impact it is having.



SAVE THE DATE! CPM SYMPOSIUM 2018!

May 11-13, 2018

Potomac, Maryland

Join the conversation about the urgent needs of childbearing people in the U.S. and how CPMs can grow and change to better serve more families. We will hear from families from a broad range of demographics and from public health researchers regarding what most concerns them about quality of care available today. We will examine the disproportionate burden of infant and maternal mortality in communities of color, the challenges we face as obstetric workforce shortages worsen, and more. We explore and plan together for how CPMs can step up to these challenges and the role we must play in improving the health and lives of people having babies in the U.S.

FALL WEBINARS AND NACPM ANNUAL MEETING

Charting for Midwives - Part II

Wednesday, October 4, 2017 1:30 to 3:00 Eastern Time



Nancy Koerber

Building on the foundation laid in [Charting for Midwives - Getting Credit for All You Do](#), **Nancy Koerber, CPM, CPC**, will discuss required coding elements for Evaluation and Management coding, provide chart examples, review accurate CPT code selection for Maternal Delivery Services and define global billing. This workshop will include some more comprehensive determinants for time-based billing and preventive vs problem-focused visits.

[Register here](#)

Midwifery Landscape and Future Directions for CPMs - NACPM Briefing Papers

Wednesday, October 11, 2017 1:30 to 3:00 Eastern Time



Mary Lawlor

Exciting new opportunities to grow the midwifery profession are emerging for CPMs but growth often involves change. To address the many questions and concerns raised by both the opportunities and challenges ahead of us, NACPM has prepared a comprehensive set of briefing papers entitled Midwifery Landscape and Future Directions for CPMs. **Mary Lawlor**, NACPM Executive Director, and **Jo Anne Myers-Ciecko**, Strategic Consultant, will



Jo Anne
Myers-Ciecko

present the papers, including NACPM's recommendations, in this webinar and discuss how they might be used to inform discussions in study groups, state meetings, midwifery schools and practices. We eager to engage in a conversation about NACPMs recommendations and share our excitement

about supporting a strong, robust CPM that truly is prepared to meet the needs of childbearing people in our country.

[Register here](#)

NACPM Virtual Annual Meeting - Wednesday, November 15, 1:30 - 3:00 pm ET

Join the NACPM leadership team for our virtual Annual Meeting. Members of our Board of Directors and staff will report on the goals and accomplishments, challenges and opportunities faced by the national association for CPMs. We welcome your questions and look forward to hearing your suggestions!

Gender, Sexuality, and Inclusion of All Families in Midwifery Practice

Wednesday, November 22, 2017 1:30 to 3:00 Eastern Time



Jaqxun Darlin

In this introductory workshop, **Jaqxun Darlin, CPM, LDM**, will explore how providing client-centered care for lesbian, bisexual, transgender and other queer spectrum clients improves and enhances care for all families seeking midwifery care. LGBTQIA individuals face many obstacles to healthcare access including a lack of knowledgeable care providers, other people's lack of awareness of identity issues, and outright prejudice and discrimination. This leads to underutilization of healthcare and contributes to health disparities and poor outcomes, especially by individuals with intersecting marginalized identities.

[Register Here](#)

NACPM

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the way we are born*

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