The Oregon Affiliate of The American College of Nurse-Midwives

# HB 2388: Promoting Equitable Access to Birth Options & Midwifery Care

February 2021

Dear Chair Prusak and Members of the Oregon House Health Committee:

The Oregon Affiliate of the American College of Nurse Midwives (ACNM) submits this letter in support of HB 2388 to promote equitable access to birth options and midwifery care in Oregon. HB 2388 increases equitable access to birth in community-based settings with care provided by Certified Nurse Midwives, Certified Professional Midwives, and Naturopathic Doctors.

As the professional organization for Certified Nurse Midwives in Oregon, we recognize the significant importance of this bill to the clients and communities we serve as well as to all of our midwifery colleagues. In the interest of safety, reduction of health disparities, reducing health care costs, and increasing culturally appropriate care options for pregnant people, we petition for passage of HB2388.

**Safety**

Oregon regulates the practice of three types of midwives:

- Certified Nurse Midwives, licensed by the Oregon State Board of Nursing as Nurse Practitioners
- Certified Professional Midwives, licensed by the Board of Direct Entry Midwifery
- Naturopathic Doctors with a Natural Birth Certificate, licensed by the Naturopathic Board

These regulatory boards all require specific educational standards and certification exams prior to licensure. In addition, birth centers facilities in Oregon are licensed by the Oregon Health Authority and are required to meet specific standards for licensure.

Births attended by midwives and births at birth centers have been well studied in the United States with data showing neonatal outcomes equal to hospital birth outcomes with reduced cesarean rates and reduced costs. **A study of birth center outcomes by Centers for Medicare and Medicaid Services showed lower cesarean section rates, fewer preterm births, fewer low birth weight babies (Strong Start for Mothers and Newborns, 2018).** In 2018

The WHO Statement on Caesarean Section Rates (2015) explains that **"…caesarean section rates higher than 10% are not associated with reductions in maternal and newborn mortality rates…Caesarean sections can cause significant and sometimes permanent complications, disability or death…".** According to CDC data, the cesarean birth rate in Oregon in 2018 was 28%.

According to an ACNM position statement, planned home birth refers to care by qualified providers for clients experiencing healthy pregnancy within a system that provides for hospitalization if necessary. Large observational studies have demonstrated excellent perinatal outcomes for planned home births. Planned home birth is also credited with reduced use of medical interventions that are associated with perinatal morbidity for both pregnant people and their infants. The safety of home birth is optimized by assessing appropriateness of

the client and family for planned home birth, attendance by a qualified care provider, and integrated systems that support collaborative care.

**Reduction of Health Disparities**

The United States has a long-standing crisis of high neonatal and maternal mortality rates. The Peterson Center on Healthcare and Kaiser Family Foundation found that the U.S. infant mortality rate is 84% higher than average for high-income countries. Infant mortality rates are highest for babies of Black, American Indian and Alaska Natives, and Pacific Islander mothers. Additionally, in 2018, the maternal mortality rate in the U.S. was twice as high as comparable high-income countries and frankly, in last place. In the U.S., Black women die at more than twice the rate of white women and over three times the rate of Hispanic women in childbirth (CDC, 2020). The U.S. is also the only country which doesn't guarantee provider home visits, which is standard care for community birth.

This crisis is largely attributed to racism and bias in our health care systems, as well as the overuse of cesarean sections for birth. Both issues are present in Oregon. Community-based midwifery care can help address this crisis and improve outcomes through personalized care and reduction of unnecessary cesarean surgeries. **The Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care toolkit (2018) calls for policymakers to "ensure access to doula support and midwifery care"** in order to reduce current cesarean section overuse and increase woman-centered care. Community-based midwifery care has already proven it can meet that task.

**Cost and Options**

A 2020 national consensus report on birth settings by The National Academies of Sciences, Engineering, Medicine highlights that: **"Women have the right to informed choice of the birth setting they desire, but to exercise that choice, they must have access to options for birth settings." And, "It is also important that reimbursement levels be adequate to support quality care and allow providers across settings to sustain services.** Currently, payment to providers through Medicaid and Medicare may not cover the full cost of care and prevents some providers from accepting more women with Medicaid coverage" (Birth Settings in America: Outcomes, Quality, Access, and Choice, 2020).

Since 2004, home births have increased by 77% and birth center births have more than doubled in the U.S., many of those increases have been here in the Pacific Northwest. Over ⅔ of planned home births were self-paid and one-third of home births were self-paid; this is in contrast to just 3% of self-paid hospital births. In Oregon, birth outcomes data is tracked based on planned place of birth and the data consistently shows healthy birth outcomes for homebirth and birth center birth.

Drastic increases in community birth indicate that birthing people want the safe and accessible care midwifery-based community care provides. However, lack of insurance coverage acts as a barrier and prohibits the most vulnerable from receiving the care they desire and deserve.

**Birth Center facilities fees are rarely and inadequately covered by insurance, leaving fewer birth options for families.** Midwifery care provides large cost savings to insurers and health systems. Birth center fees in Oregon range from $6,000-$12,000, while uncomplicated hospital births are at least $18,000. However, many families still can't access midwifery care because about half of Oregon insurers (both private and OHP) provide limited or no coverage for birth center or home birth midwifery care. This bill addresses these facilities' fees and requires that insurers offer birth center options and negotiate fairly for reimbursement amounts based on actual costs. Requiring fair reimbursement lowers the cost to individuals and the health care system.

**Access to midwifery care in the community setting (birth center and homebirth) becomes even more important in a pandemic like COVID-19.** These birth settings provide a safe haven for healthy pregnancy and birth by avoiding the risk of exposure to infections in the hospital, conserving hospital resources for those who are sick, and providing the extra support and attention that pregnant people need and deserve during emotionally challenging times.

**Summary**

In summary, access to insurance coverage for midwifery care and fair reimbursement of birth center facility fees are both crucial to the health and wellbeing of all pregnant people in Oregon. This legislation will improve health outcomes, reduce unnecessary cesarean births--known to increase harm when overused, improve access to community-based midwifery care and reduce costs to the health care system. The data shows that increasing access to community-based midwifery care in Oregon could improve outcomes for People of Color who are disproportionately impacted by the neonatal and maternal health crisis.

Sincerely,
Jessica Newgard, President
Stephanie Estes, Vice President
Emily Yest, Secretary

Board of the Oregon Affilate of the American College of Nurse Midwives

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