HB 2388 Requested Data and Follow-Up from OMC and ACNM

February 26, 2021

Chair Prusak and Members of the House Committee on Health Care,

Here is the data you requested during yesterday's hearing on HB 2388 along with clarification of points that came up during testimony.

It is frustrating to hear a small number of physicians and nurses share anecdotes of poor midwifery care at every midwifery hearing without acknowledging the actual data about our excellent outcomes. Poor care occurs in every birth setting. Yet we do not come to hearings that affect physicians to tell sensationalized stories of the hospital births we have witnessed that still haunt us because we understand that policies should be made on actual evidence and the balance of the birth experiences of Oregon families. All maternity providers are mutually responsible for assuring safe and excellent care for birthing families and the exclusionary words and actions of a small number of hospital providers and nurses only harm the progress we have made.

We request that, in future hearing, providers include the year of the story they are telling so that we are all able to discern whether these are contemporary concerns. The comment that there had been a maternal death without any information was especially concerning. To my knowledge, there has not been a maternal death from a midwife-attended home birth or birth center birth in the 21 years I have been in practice.

Please let us know if you have any questions,

Silke Akerson, CPM, LDM, Oregon Midwifery Council
Nancy MacMorris-Adix, CNM, Oregon Affiliate of the American College of Nurse Midwives
AlexAnn Westlake, CNM, Oregon Affiliate of the American College of Nurse Midwives

Outcomes of planned out-of-hospital births in Oregon

Oregon is a model for the rest of the country in accurate data collection on planned out-of-hospital births. Birth outcomes in Oregon are tracked by planned place of birth and planned provider type so outcomes that are related to midwife care in the home birth or birth center setting are tracked even if they happened after a hospital transfer.

The Oregon Center for Health Statistics provides tables that show direct comparison of key outcomes for planned hospital birth and planned out-of-hospital birth:

https://visual-data.dhsoha.state.or.us/t/OHA/views/Oregonbirthsbyplannedplaceofbirth2012-2019/PlannedPlaceofBirthDashboard

As you can see from the tables, home birth and birth center birth are safe. Midwives in both settings have anti-hemorrhagic medications, resuscitation equipment, and the skills to handle childbirth emergencies and transfer to the hospital when needed. Here are key outcomes:

- **Planned out-of-hospital birth outcomes for babies:**
    - Perinatal mortality: 0.84/1,000 (1.58/1,000 in hospital) *
    - Newborn resuscitation: 4.6% (7.8% in hospital)
    - NICU admission: 2.3% (8.6% in hospital)
- **Planned out-of-hospital birth outcomes for moms:**
    - Cesarean section: 9.1% (34.2% in hospital)
    - No difference in maternal transfusion rate
    - No difference in rate of admission to intensive care

*All data from 2019 except perinatal mortality which is for 2015-2018, the most recent years available. Perinatal mortality is not included in the dashboard and is calculated from Oregon Center for Health Statistics tables Table 2-38, 7-19, and 7-20 which we can provide to you. This rate is for midwife-attended planned out-of-hospital births. Perinatal mortality associated with unassisted home births (where a family chose not to have a trained attendant present) is not included in this rate. We are waiting on full data for 2019 and will update the rate when that is available.

Integration, Quality Assurance, and Safety

- **Research in the US shows that safety improves when midwives are integrated into maternity care systems** (Vedam et al. 2018)
    - Insurance coverage is a key part of the integration of midwives
    - Denying insurance coverage marginalizes midwives and decreases safety
    - There are currently families in Oregon choosing unassisted home birth because their insurance will not cover home or birth center birth with a midwife
- **We have two major statewide programs that work on quality assurance for home birth and birth center births**
    - The Community Birth Transfer Partnership, a program of the Oregon Perinatal Collaborative, helps hospitals and community midwives improve collaboration and transfers of care
    - The Oregon Midwifery Council Quality Improvement Program does annual data benchmarking, creates practice standards, provides targeted continuing education, and reviews sentinel events

Regulation and Training

- **All midwives licensed in Oregon go through comprehensive training programs and are able to provide high-quality care which is reflected in our outcomes**
    - Most midwives licensed in Oregon do meet the International Confederation of Midwives education standards. A small number of midwives do not if:
        - Their program did not cover abortion and post-abortion care
        - They attended an accelerated program that allowed them to complete the number of clinical and academic hours in less than 3 years
- **LDMs, CNMs, and ND midwives are all regulated by licensing boards and practice within scope of practice defined by their statute, OARs, and professional standards**

    - Midwives who do not practice within the standards are investigated by the board and could lose their license (just like any other provider type)
    - Outcomes do not differ by provider type
- **Direct Entry Midwives have been licensed and regulated in Oregon since 1993 as Licensed Direct-Entry Midwives (LDMs)**
    - LDMs have had strong training requirements for almost 30 years.
    - Licensed-Direct Entry Midwives are nationally certified as Certified Professional Midwives (CPM) and take a national certifying exam
- **This is not a practice bill and is not an appropriate avenue to regulate the practice of midwifery**
    - Stakeholders who want to see changes to midwifery statutes or rules should contact the respective licensing boards and professional organizations

<u>Insurance Requirements</u>

- **HB 2388 is not an "any willing provider" bill.**
    - It does not require insurers to contract with every midwife or birth center. Similar to reproductive health coverage requirements, it simply requires that the insurer cover certain types of health care (midwifery care, birth centers, home birth)
- **Insurers retain the authority to require malpractice and set credentialing requirements**
    - HB 2388 does not conflict with malpractice or other credentialing requirements
    - Insurers may require malpractice insurance, transfer agreements, and practice agreements
    - The birth centers and midwives seeking credentialing with Oregon insurers have malpractice insurance at the level already required by Oregon insurers
- **Closed systems could choose to create birth center and home birth midwife practices within their system or contract with outside providers**
    - Midwifery care in birth centers or the home is highly compatible with a closed system as community midwifery care improves outcomes and saves costs and works best when it is integrated into a maternity care system
    - Washington state passed a similar bill and Kaiser is currently contracted with community midwives there
- **Insurance coverage does not force insurers to cover VBAC or other births they determine to be higher risk**
    - Insurers would include their own risk criteria or the HERC guidance on planned-out-of-hospital birth in their contracting agreement with midwives and birth centers

References

Vedam, S., Stoll, K., MacDorman, M., Declercq, E., Cramer, R., Cheyney, M., ... & Powell Kennedy, H. (2018). Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. *PloS one*, *13*(2), e0192523.