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February 18, 2025

RE: Testimony for the hearing of Senate Bill 693

Thank you Senator and Committee Chair Lisa Reynolds and esteemed members of the Committee for inviting me to participate in this hearing.

My name is Emily Yeast and I am a Certified Nurse-Midwife in clinical practice at Good Samaritan Regional Medical Center in Corvallis. I am speaking today on behalf of the Oregon Affiliate of the American College of Nurse-Midwives, the professional organization for CNMs. As the immediate past President of the Affiliate I held an elected position representing the 395 certified CNMs practicing in Oregon. I continue to serve on the Board as the Chair of the Affiliate's Legislative & Advocacy Committee.

In addition to my clinical work, I serve on the Maternal Mortality Review Committee and the board of the Oregon Perinatal Collaborative. I am also working to integrate clinical care into two OHA-funded Nurture Oregon sites in Samaritan's service area, providing comprehensive and integrated care for pregnant and postpartum people with substance use disorder. In these roles I have seen the impact when high quality perinatal care is not accessible.

Inadequate and poor quality maternal healthcare are driving maternal and neonatal morbidity and mortality. Despite growing awareness of the maternal health crisis in the US over the past several years, the numbers aren't improving. Although Oregon's preterm birth rate, at 9%, is lower than the national average, it has been steadily climbing over the past 10 years in Oregon, increasing by 18% since 2013.[1] And nearly 20% of pregnant women in Oregon are not accessing timely prenatal care.[2] The racial disparities in outcomes are as significant in Oregon as they are elsewhere with infants of Black women at a nearly two-fold increased risk of mortality.[1]

We can do better. Improving access to high quality maternity care is a critical component to ensuring the health of Oregon's families. The formation of a Task Force on the Perinatal Workforce, by Senate Bill 693, would help us to identify the current state and make recommendations as we continue to improve care for our families.

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[1] March of Dimes. *2024 Report Card for Oregon.* https://www.marchofdimes.org/peristats/reports/oregon/report-card

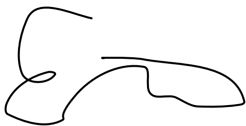
[2] Oregon Health Authority. *Birth and Pregnancy Dashboard (2023).* https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/Pages/index.aspx

Shortages of perinatal care providers - obstetricians, CNMs, and family medicine doctors - were identified as one of the top three challenges by hospitals providing maternity care in Oregon.[3] Personally, I've seen and experienced the impact of these staffing shortages. In my five hospital system, three of the hospitals are critical access hospitals and have been recruiting for obstetric providers almost continuously for the past five years. If any of these Labor & Delivery units closed, some patients in our catchment area would have to drive as far as 90 minutes to a delivering hospital - and this is in western Oregon where there are more hospitals and providers than much of the state.

Studies have consistently found that midwives are an under-utilized workforce solution. Midwives have time and again been shown to provide high quality, low cost care. We know that birthing people experiencing a midwifery model of care are more likely to have a vaginal birth and less likely to give birth preterm and that they report higher satisfaction with their pregnancy and birth experience.[4] Midwifery care has been shown to be associated with a 30% lower risk of cesarean delivery, representing a significant potential cost savings as well as decreased risk of maternal morbidity and mortality.[5] A 2019 policy brief from the University of Minnesota School of Public Health reported that if the national rate of midwife-attended births increased from 9% to 20% a cost savings of more than $500 million could be achieved annually.[6]

In many ways, Oregon is leading the way in access to midwifery care. Oregon midwives attend 27% of all births, ranking among the top five states nationally for percentage of midwife-attended births. CNMs in Oregon are able to practice at the top of their scope and with full practice and prescriptive authority. But we can do better, and are well-poised to do so. By fully integrating midwives into maternal health care systems across the state, we can increase access to care and decrease perinatal morbidity and mortality.

Only by looking deeply and critically at the state of perinatal care in Oregon can we move towards developing workforce solutions. With a mission to promote the health and well-being of individuals and communities in Oregon through the profession of midwifery, the Oregon Affiliate of the American College of Nurse-Midwives encourages you to support Senate Bill 693 to establish a Task Force on the Perinatal Workforce.



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[3] Oregon Perinatal Collaborative. *2024 Report on Oregon's Birthing Hospitals*. https://oregonperinatalcollaborative.org/wp-content/uploads/2024/2024-OPC-Hospital-Report-Final.pdf

[4] Sandall, J., Soltani, H., Gates, S., Shennan, A., & Devane, D. (2016). Midwife-led continuity models versus other models of care for childbearing women. The Cochrane database of systematic reviews, 4, CD004667. https://doi.org/10.1002/14651858.CD004667.pub5

[5] Souter, Vivienne MD; Nethery, Elizabeth MSc, MSM; Kopas, Mary Lou MN, ARNP, CNM; Wurz, Hannah MSN, ARNP, CNM; Sitcov, Kristin BS; Caughey, Aaron B. MD, PhD. Comparison of Midwifery and Obstetric Care in Low-Risk Hospital Births. Obstetrics & Gynecology 134(5):p 1056-1065, November 2019. DOI: 10.1097/AOG.0000000000003521

[6] University of Minnesota School of Public Health. *More Midwife-Led Care Could Generate Cost Savings and Health Improvements.* https://www.sph.umn.edu/sph/wp-content/uploads/docs/policy-brief-midwife-led-care-nov-2019.pdf