The Big Push for Midwives

Role of Consumer Activism in Legislative Action

Susan Jenkins, JD
Counsel, The Big Push for Midwives Campaign

Why Women Choose Home Birth

- The old thinking
  - Religious or philosophical beliefs
  - Fear of the hospital
  - Concern over interventions
  - Reduced cost
Why Women Choose Home Birth

- The new thinking*
  - Survey of 160 women who chose home birth
  - Analysis of essay response to the question
    - "Why did you choose home birth?"
  - Responses grouped into 26 themes
  - Most Common responses were:
    - Safety (38/160 – 24%)
    - Avoiding unnecessary interventions (38/160 – 24%)
    - Previous negative hospital experience (37/160 – 23%)
    - More control (35/160 – 22%)
    - Comfortable, familiar environment (30/160 – 19%)
    - Trust in the birth process (25/160 – 16%)

- A new awareness ?

*Source - Debra Boucher, CNM; Catherine Bonomi, RN, BSN; Barbara McFarlin, CNM, PhD, RDMS; Rixa Freeze, PhD, MA
Staying Home to Give Birth: Why Women in the United States Choose Home Birth
JMWH, Vol. 54, No. 2 (March/April 2009), p. 119

Trends in Planned Home Birth
General Trends

- Midwife attended planned home birth has been increasing steadily (home births / year).
- Relative rate of planned home birth has remained relatively constant (<1% of total).
- While more and more states are licensing Certified Professional Midwives (which improves access), the relative rate has been constant.
- In 2008, something happened.
  - Articles in the New York Times and San Francisco Chronicle indicate business is booming.
  - Midwives all over the country report an uptick.
  - An evaluation in North Carolina showed a 50% increase in 1 year.

While the Relative Rate of Planned Home Birth has Remained Steady with Improving Access – a Shift is Being Observed

North Carolina Evaluation

- Certified Professional Midwives are practicing in violation of the Midwifery and Medical Practice Acts in NC.
- Approximately 20 CPMs reside in NC according to NARM.
  - Perhaps half are practicing.
- The North Carolina Midwives Alliance (NCMA) asked their membership to release numbers of booked and completed home births to support legislative efforts.
  - Beginning in 2006 through 2008.
- Results for 7 CPMs participating for all three years.
  - Small increase from 2006 to 2007 (~1% and similar to the birth rate).
  - Increased by over 50% from 2007 to 2008.
  - Every midwife experienced a significant increase in 2008 – unlike 2007.
- Waiting on 2009 numbers.
Home Birth Caregiver Demographics

- The CPM is the primary care provider for women who choose home birth
  - Growing at a steady rate
  - Over 1400 CPM credentials issued by 2008
- According to ACNM
  - Approximately 1% of CNM attended births are in the home setting
  - It is estimated that between 150 and 300 CNMs attend home birth
- A very few physicians attend home birth
- There remain an unknown number of Traditional Midwives who attend home birth

Geographical Distribution of CPMs in 2007

The CPM Community of Practice

- There are several pathways to become a CPM
  - Portfolio Evaluation Process (PEP)
  - Graduation from a MEAC school
  - CNM pathway
- The rate of CPM production is increasing
  - 146 CPMs issued in 2008 versus 120 in 2001
- As every CPM is potentially a midwife factory via the PEP process, growth could become exponential
- Growth will depend on many factors
  - Demand for home birth services
  - Legal status
  - Income viability
  - Wider inclusion of CPMs in Medicaid
  - CPM evolution into broader public health/MCH role
Statutory and Regulatory Considerations

- If a midwife is not licensed, or legally recognized, she is breaking some law
  - Whether she knows it or not
- Licensing has many benefits
  - Promotes access
  - Enables effective transports
  - Consumer protection and professional discipline
The Philosophy of Licensing CPMs

**The Glass Half Full**
- Planned home birth is an important option that we should protect and nurture
- Recognizing that the CPM is the national standard for home birth midwives, licensure promotes access
- Promoting access to the Midwives Model of Care will improve maternal health, improve outcomes and reduce cost

**The Glass Half Empty**
- In light of concerns over safety, we need to assure women are not birthing unattended. Licensing CPMs assures access to trained home birth midwives
- Licensing assures that the standards of care are maintained. Through regulation, the consumers are protected from midwives not performing adequately

From Every Perspective Licensing CPMs is Correct

Direct Entry Midwife Licensing Trends

Approximately 1300 CPMs in 2007 (Doubled in 6 Years)
Positive Trends in All Indicators
The Big Push for Midwives Campaign

Birth of a Movement

- In 2004, a group of activists constructed the BirthPolicy forum to share experiences
  - Knowledgeable in midwifery policy and experienced in successful legislative campaigns
  - Coached other state organizations in the political process
- Supported successful CPM licensing legislation in UT, VA and WI in 2005
- In 2006 and 2007 a disturbing increase in midwife prosecutions in the Midwest
- A need for a summit became evident
- In November 2007, representatives from 22 state organizations, and Canada, met in Chicago

PushSummit
National Birth Policy Coalition

- Organizing statement

"Increasing access to the Midwives Model of Care in all settings is essential to the health and well-being of childbearing women and their babies. The National Birth Policy Coalition supports legislative initiatives that promote the autonomous practice of Certified Professional Midwives and Certified Nurse-Midwives, and that ensure the availability of safe, evidence-based care during pregnancy, labor, birth, and postpartum."

Getting Pushy

- The Big Push for Midwives launched in January 2008
  - PushPacket developed for state organizations
  - State and national media lists developed
  - Advocates tool kit (flyers, messages, concepts in policy)
- In 2008, Missouri and Maine legally recognize CPMs
- Idaho passes licensing legislation in 2009
  - Reached agreement with the Idaho Medical Association !!!
- Bills begin to move
  - WY, IA, NC making good, hard won advances
- Near term focus remains supporting state legislative campaigns
Getting Pushy

- Numerous press releases
  - State and national outlets
  - Pushback against organized medicine

Advantages of midwife led care out of hospital
Relevance to healthcare reform
Getting Pushy

- Numerous press releases
  - State and national outlets
  - Pushback against organized medicine
  - Advantages of midwife led care out of hospital
  - Relevance to healthcare reform

- Calls to action
  - Legislative engagement
  - Media outreach

Transforming Maternity Care – Consumers and Advocates Working Group

- Support legislative initiatives to increase access to regulated and licensed Certified Professional Midwives, who have training and experience in attending out-of-hospital births, by communicating support to legislators, attending support events, writing letters to the editors of key newspapers, reaching out to opposing forces, and exploring other ways to collaborate with professional organizations supporting the legislation.

- Ensure that evolving mechanisms for care coordination (see Care Coordination section of this report) support women who choose home birth with seamless consultation, referral, and transport, consistent with well-established principles for safe, collaborative practice.
The Original PushGang

YouTube - The Big Push for Midwives Campaign 2009