

Midwives Save Lives

MASSACHUSETTS' MATERNAL HEALTH CRISIS IS A CRITICAL PROBLEM

Massachusetts is experiencing a **maternal health crisis**.

- Maternal deaths are increasing nationally and in Massachusetts.
- The USA is the only industrialized country where the maternal mortality rate is *rising*.
- The rate of **life-threatening pregnancy complications in Massachusetts nearly doubled** from 2011 to 2020.
- Black and Indigenous people face disproportionately high rates of maternal death, severe pregnancy complications, and mistreatment from care providers.
- **4 maternity units and 2 birth centers have closed** across the state since 2020, reducing birth options and access to care.
- Unprecedented workforce shortages statewide are straining our health care system.
- Lack of access to birth centers, home births, and hospital-based midwifery care deprives Massachusetts residents of choice and bodily autonomy in their pregnancy and reproductive care.

Massachusetts ranks in the **bottom 1/3 of states for midwife integration**.

- State laws do not integrate Certified Professional Midwives, do not allow for their reimbursement by insurance, and exclude them from practicing in birth centers.
- Outdated state birth center regulations make opening new birth centers more complex and expensive than what national regulatory agencies require.
- Inequitable reimbursement rates for midwifery care disincentivize hospitals from hiring Certified Nurse Midwives, hurt the viability of birth centers, and ultimately lead to lower pay.

MIDWIVES ARE A CRITICAL SOLUTION

1. Midwives integrated into the health care system lead to better outcomes for all. Midwives provide clinical care in birth centers, home, and hospitals. The midwifery model treats pregnancy and birth as normal life events and uses an empowering, holistic, and individualized approach.
2. Care provided by midwives results in fewer cesarean sections, lower preterm birth rates, lower episiotomy rates, higher breastfeeding rates, and a greater sense of respect and autonomy for the birthing people.
3. Midwives lead to cost savings for the system by decreasing the number of unnecessary interventions and complications.

LEGISLATION TO ADVANCE MIDWIFERY ACCESS IN MASSACHUSETTS

- **H.2209/S.1457, *An Act promoting access to midwifery care and out-of-hospital birth options*, sponsored by Sen. Becca Rausch, Rep. Kay Khan, and Rep. Brandy Fluker Oakley**, creates a pathway to licensure for certified professional midwives and make their care reimbursable by Medicaid/MassHealth.
- **H.3616/S.1335, *An Act updating the regulations governing licensed birth centers in Massachusetts*, sponsored by Sen. Jo Comerford, Rep. Manny Cruz, and Rep. Chynah Tyler**, addresses onerous and outdated birth center regulations.
- **H.1069/S.607, *An Act to Increase Access to Nurse-Midwifery Services*, sponsored by Rep. Kay Khan and Sen. Brendan Crighton** ensures insurance reimbursement parity for certified nurse midwives
- **S.1415, *An Act relative to birthing justice in the Commonwealth*, sponsored by Sen. Liz Miranda**, includes language from the above-referenced midwifery and birth center bills as well as additional urgently-needed policies for optimal maternity care and to address longstanding racial inequities.

For more information, contact:

emily@baystatebirth.org,

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Midwives Save Lives

The Maternal Health Crisis is an EMERGENCY:

- Rising rates of maternal death and severe injury
- Stark racial inequities
- Rampant mistreatment by health care providers
- Diminishing access to maternal care and choice

Midwives are a Solution, but Massachusetts Lags:

- Bottom 1/3 of states for midwife integration
- 1 of only 2 New England states under-reimbursing for midwifery care
- Bottom 20% of states for birth center access
- Only 1 birth center open, out of 400 in the US

BENEFITS OF MIDWIFERY CARE

- FEWER maternal deaths
- FEWER infant deaths
- FEWER unnecessary C-sections
- FEWER postpartum complications
- FEWER premature births
- LOWER rates of mistreatment
- HIGHER rates of breastfeeding
- MORE choice in birth setting
- GREATER satisfaction with care
- LOWER health care costs

**The Commission on Racial Inequities
in Maternal Health
and the Health Policy Commission
RECOMMEND:**

**INCREASING ACCESS TO MIDWIFERY CARE
& SCALING UP BIRTH CENTERS**

*to address racial inequities,
improve health outcomes, and
lower health care costs.*

URGENT ACTION IS NEEDED

The legislature can build on birth center investments in the FY23 and FY24 budgets by addressing urgent workforce and regulatory barriers to midwifery care.

TIME

If We Want to Save Black Mothers and Babies, Our Approach to Birthing Care Must Change

by Kathleen Sebelius and Tommy Thompson,
former US Secretaries of Health and Human
Services, April 13, 2023

*The maternal health care system
“is failing parents and
their babies.”*

The Boston Globe

**‘Another assault on women’s rights’:
Last birth center in Eastern
Massachusetts to close**

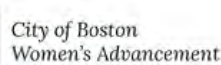
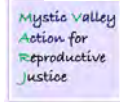
June 13, 2022

CommonWealth

**Hoping to deliver at a
Massachusetts birth center?
Good luck.**

November 20, 2022

Cosponsors of Midwife Advocacy Day, October 5, 2023



More information for policymakers at
baystatebirth.org/midwife-agenda



Contact: emily@baystatebirth.org or katherine@neighborhoodbirthcenter.org

An Act promoting access to midwifery care and out-of-hospital birth options, H.2209/S.1457

sponsored by Representative Kay Khan, Representative Brandy Fluker Oakley, and Senator Becca Rausch

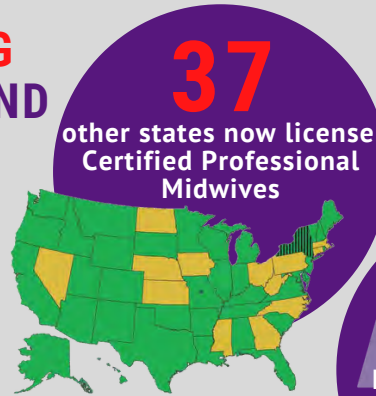
Previously filed as An Act relative to out-of-hospital birth access and safety

We are overdue for equitable access to certified professional midwifery care & birth options.

- ✓ Increase access to care and birthing choices
- ✓ Reverse the maternal health crisis
- ✓ Advance racial and economic justice
- ✓ Lower health care costs

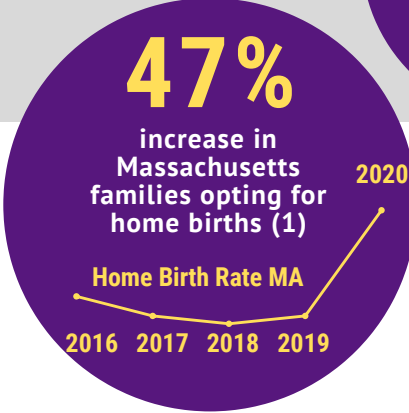
MASSACHUSETTS STILL LAGGING DESPITE UNPRECEDENTED DEMAND

- Bottom 1/3 of states for midwifery integration and access to out-of-hospital birth options (home, birth center)
- \$5,000 out-of-pocket cost for home birth out of reach for most families
- Closures of 2 birth centers since 2020 leaving only 1 birth center operating statewide, serving Northampton and surrounding communities; 1 more in development in Boston
- Skyrocketing demand for home birth care and public outcry over recent birth center closures



Massachusetts is **32nd** in the U.S. for midwifery integration (2)

1 birth center operating in Massachusetts out of **400** in the U.S.



Midwifery-Led Care

- Fewer maternal deaths
- Fewer infant deaths
- Fewer unnecessary C-sections
- Fewer postpartum complications
- Fewer premature births

2,3

This legislation will:

- License Certified Professional Midwives (CPMs), who provide health care for out-of-hospital births (home or birth center)
- Enable people with MassHealth to choose a CPM for their care and have an out-of-hospital birth
- Address provider shortages for obstetric care and birth centers

Recommended by the 2022 Report of the Mass. Commission on Racial Inequities in Maternal Health



For more information, contact Emily Anesta at Bay State Birth Coalition, emily@baystatebirth.org

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PUBLIC HEALTH

U.S. maternal mortality is the worst in the developed world

- Black mothers in Massachusetts are 2X more likely to die than their white counterparts
- Most maternal deaths are preventable (4)
- Integrating midwifery is proven to improve maternal and neonatal birth outcomes (2)
- Midwives can provide the vast majority of essential maternity and newborn care (5)

ACCESS

Every family deserves birth options and equitable access to high quality maternity care

- Increase access for low-income families; 40% of births in MA are paid for with Medicaid/MassHealth
- Eliminate maternity care deserts
 - Birth center closures in Beverly, Cambridge since 2020 leave only one operating statewide
 - Many communities have lost access to hospital-based care following recent maternity ward closures in Holyoke, Wareham, Ware, Falmouth, North Adams, Southbridge, Taunton, etc.

SAFETY + ACCOUNTABILITY

Promote patient safety & integration of care

- Meet national standards for midwifery education and practice
- Know who you are hiring
- Ensure access to life-saving medications
- Promote collaboration with hospital providers

SAVINGS + EFFICIENCY

Save money and healthcare resources

- Proven results using less costly interventions
- \$321M savings with each shift of 1% of births from hospitals to homes in the U.S. (6)
- Relieves health care capacity bottlenecks and frees up hospital resources for acute care

Massachusetts Midwifery Landscape

HOME BIRTH rates have risen steeply nationwide and in Massachusetts, especially for Black women. Families choose home birth for reasons such as culture, tradition, religion, health, and personal preference. In MA, this maternity care is currently:

- Provided by unlicensed midwives
- Disconnected from the healthcare system
- Ineligible for Medicaid and private insurance

BIRTH CENTER closures in the state have cited workforce shortages, which can be met by licensing and integrating certified professional midwives, a key workforce for the 400 birth centers across the U.S.

Certified professional midwives hold the only nationally-accredited midwifery credential specializing in out-of-hospital birth (home, birth center). They are eligible for licensure in 37 states and Medicaid coverage in 16 states.

Certified nurse-midwives are the only nationally-credentialed midwives who can be licensed in Massachusetts today. Most nurse-midwives attend in-hospital births.

What the Bill Will Do

- Create a Board of Midwifery under the Department of Public Health to oversee licensure
- Require midwives to become licensed and carry the nationally-accredited Certified Professional Midwife (CPM) credential, meeting the educational and practice requirements of the profession
- Permit licensed midwives to carry and administer life-saving medications
- Include licensed midwives as MassHealth providers

Legislative background

- Previously filed as "An Act relative to out-of-hospital birth access and safety"
- 192nd session: Favorable report from Public Health Committee.
- 191st session: Passed the Senate unanimously after a favorable report from Public Health Committee.
- Previous sessions: passed favorably by Committees on Public Health, Health Care Financing multiple times.

1 CDC, National Vital Statistics Report, "Changes in Home Births by Race and Hispanic Origin and State of Residence of Mother: US, 2018–2019 and 2019–2020" Dec 9, 2021
 2 Vedam S, et al, "Mapping midwifery integration across the United States: impact on access, equity, and outcomes." PLOS ONE. Feb 21, 2018
 3 Mary J. Renfrew et al., "Midwifery and Quality Care: Findings from a New Evidence-Informed Framework for Maternal and Newborn Care," Lancet (Sept. 20, 2014): 1129–45
 4 Petersen et al. CDC Vital Signs: Pregnancy-Related Deaths, US, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019.
 5 UNFPA, ICM, WHO: "The state of the world's midwifery 2014: A universal pathway. A women's right to health". 2014
 6 Anderson DA, Gilkison GM. The Cost of Home Birth in the United States. International Journal of Environmental Research and Public Health. 2021; 18(19):10361. <https://doi.org/10.3390/ijerph181910361>

An Act updating the regulations governing licensed birth centers in Massachusetts, H.3616/S.1335

sponsored by Representative Manny Cruz, Representative Chynah Tyler, and Senator Jo Comerford

MASSACHUSETTS HAS **POOR** ACCESS TO BIRTH CENTERS COMPARED WITH OTHER STATES.

Recent birth center closures in Beverly and Cambridge, a new birth center in Northampton, and other birth centers in development highlight the urgent need to address structural barriers to opening and sustaining these valuable community health care resources.

H.3616/S.1335:

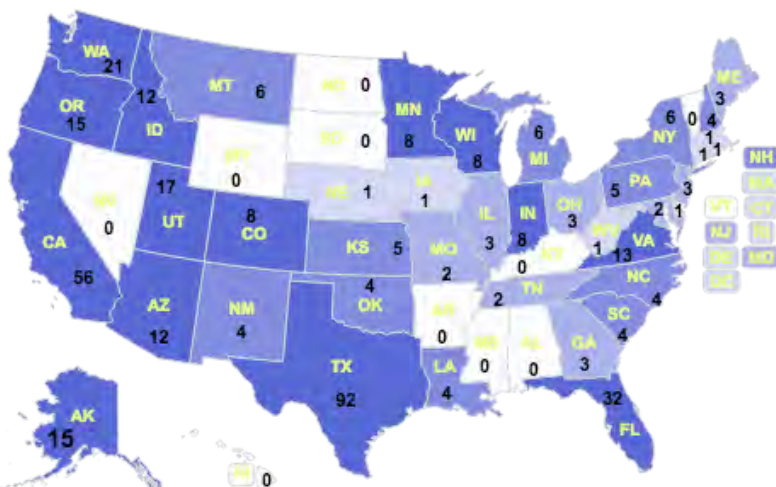
- Addresses outdated, costly regulations for birth centers not related to patient safety or satisfaction.
- Operationalizes recent recommendations to reduce regulatory barriers and scale up birth centers for healthier birth outcomes and more equitable access to birthing choices:
 - 2022 Report of the **Massachusetts Commission on Racial Inequities in Maternal Health**
 - 2021 Report on Midwifery from the **Massachusetts Health Policy Commission**
- Complements other bills that would expand the provider workforce and provide appropriate reimbursement for midwifery care in settings that include birth centers.

BIRTH CENTERS IN MASSACHUSETTS

| Birth Center | Location | Ownership | Opened | Status |
|----------------------------|-------------|--|--------|------------------------------|
| North Shore Birth Center | Beverly | Beverly Hospital/ Beth Israel Lahey Health | 1980 | ❌ Permanently closed in 2022 |
| Cambridge Birth Center | Cambridge | Cambridge Health Alliance | 1998 | ❌ Closed since 2020 |
| Seven Sisters Birth Center | Northampton | Independent, midwife-owned | 2020 | ✅ Open |
| Neighborhood Birth Center | Boston | Independent, non-profit | Soon! | 🚧 In development |



NUMBER OF FREESTANDING BIRTH CENTERS BY STATE



BIRTH CENTERS: A SCALABLE, COST-EFFECTIVE, AND SAFE OPTION.

- Birth centers are a homelike setting providing skilled midwifery care for low risk pregnancies.
- Better outcomes, lower cost:
 - Lower rates of preterm birth
 - Lower rates of low birthweight
 - Lower rates of C-section
 - \$2,000+ saved per birth

Source: Center for Medicare and Medicaid Services, "Strong Start for Mothers and Newborns," 2018



For more information, contact Emily Anesta at Bay State Birth Coalition, emily@baystatebirth.org or Katherine Rushfirth at Neighborhood Birth Center, katherine@neighborhoodbirthcenter.org

Data per 2021 AABC report, updated to reflect recent birth center closures in Massachusetts.

An Act updating the regulations governing licensed birth centers in Massachusetts, H.3616/S.1335

sponsored by Representative Manny Cruz, Representative Chynah Tyler, and Senator Jo Comerford

WHAT WOULD S.1335/H.3616 DO?

The current Massachusetts Department of Health (DPH) regulations governing freestanding birth centers are antiquated, costly, and make it difficult for birth centers to open and thrive, and do not improve patient safety or outcomes. This bill would **require DPH to issue birth center guidelines that follow national standards set by the American Association of Birth Centers.**

THIS BILL WOULD NOT COMPROMISE SAFETY OR QUALITY.

- All birth center clinical care will still be provided and overseen by highly qualified, fully trained, and licensed midwives.
- All birth centers will still have close collaboration with OB-GYNs and 24/7 access to physician care for higher risk clinical scenarios.
- All birth centers will still have clear protocols, risk criteria, and screening for client eligibility.
- All birth centers will be required to establish efficient transfer policies for birthing people or babies who need hospital-based care.

THE ANTIQUATED REGULATIONS THAT NEED TO CHANGE:

| | |
|---|---|
| <p>Remove unnecessary requirement for an OB-GYN to oversee clinical care provided by board-certified and licensed midwives</p> | <p>Why? Certified Nurse Midwives are have been licensed to practice fully independently in Massachusetts for over 10 years and have specialized training in out-of-hospital birth care. Integration of care allows for physician consults and transfers when needed. Studies show that having a supervising MD increases cost, makes it harder for birth centers to open, and <u>does not improve birthing outcomes.</u></p> |
| <p>Do not require birth assistants to be nurses who worked in Labor & Delivery units <i>within the past year</i></p> | <p>Why? Massachusetts is the only state with this onerous requirement. It massively <u>shrinks the pool of qualified birth assistants</u> and <u>increases staffing costs.</u> It makes it more challenging to hire a racially and culturally representative staff, which improves care and outcomes.</p> |
| <p>Do not require birth centers to adhere to facility standards of outpatient surgical units</p> | <p>Why? Requiring equipment and facilities needed for a surgical center (ex. O.R. lighting, sinks with elbow controls) significantly <u>increases the cost</u> of building and renovating clinical spaces for birth centers. Midwives do not perform C-sections and these standards are <u>not appropriate for low-intervention birth.</u></p> |

Birth Centers are a critical solution to the maternal health crisis in Massachusetts!

DPH should follow national guidelines that guarantee clinical excellence and safety **WITHOUT** creating restrictive, costly and unnecessary barriers.

For more information, contact Emily Anesta at Bay State Birth Coalition, emily@baystatebirth.org or Katherine Rushfirth at Neighborhood Birth Center, katherine@neighborhoodbirthcenter.org





S.607/H.1069: An Act to Increase Access To Nurse-Midwifery Services

Senator Brendan Crighton & Representative Kay Khan



Bill Summary:

This bill would require MassHealth and private insurance companies to reimburse Certified Nurse Midwives (CNMs) at the same rate as physicians when performing the same medical services.

Massachusetts is one of only two New England states that doesn't reimburse CNMs at 100% of physician rates under Medicaid

Over half of U.S. states reimburse CNMs at 100% under Medicaid.

Key Facts:

- CNMs are highly trained medical professionals who must be better leveraged on the path to achieving birthing justice and a reduction in racial disparities in maternal morbidity.
- Equal insurance reimbursement for CNMs is a top recommendation of reports by both the [Racial Inequities in Maternal Health Commission](#)* and the [Health Policy Commission](#)**.
- Cost savings from CNMs are substantial, stemming from the measurable improved outcomes for birthing people and their infants, and fewer expensive interventions such as C-Sections.
- MassHealth and private insurers currently reimburse for CNMs services at 85% of physician rates for performing identical services.
- Physicians support this policy - The American College of Obstetricians and Gynecologists (ACOG) has endorsed this bill

**Hospitals with higher rates of midwifery care see \$530 less in spending per episode of maternity care* according to a recent MA Health Policy Commission study*

S.607/H.1069 Expands Access to Reproductive Care:

Incentivizes Pay Equity for CNMs

The CNM workforce is 99% female and performs comparable work to OB-GYNs, yet are reimbursed and paid at a fraction of the rate of physicians (historically male dominated field)

Despite landmark pay equity laws in MA for other professions, CNMs still do not benefit from pay equity.

Improves Health

Outcomes

CNM care is associated with **lower rates of medical interventions, shorter hospital stays, and higher breastfeeding rates** - all crucial to maternal and fetal health outcomes**.

Addresses Maternal Health

Disparities

CNMs play a key role in addressing maternal health disparities, often more prevalent in racially diverse populations.

Equitable reimbursement makes it more cost-effective for providers to **expand CNM services and better address the maternal mortality and morbidity crisis.**

Organizations in Support of Equal Reimbursement for CNMs: The American College of Obstetricians and Gynecologists - American Nurses Association National Perinatal Association - National Rural Health Association - Medicare Payment Advisory Committee

*Report of the Special Commission on Maternal Health (May 2022), <https://archives.lib.state.ma.us/bitstream/handle/2452/859167/on1322121286.pdf?sequence=1&isAllowed=y>
** MA Health Policy Commission (January 2022). *Certified Nurse Midwives and Maternity Care in Massachusetts*, <https://www.mass.gov/doc/certified-nurse-midwives-and-maternity-care-in-massachusetts-chartpack-1/download>

Urgent Need to Expand Access to Birthing Care:

Recent closures of birth centers in Massachusetts have left the state with only one operating birth center.

CNMs are the primary providers of care at birth centers; equal reimbursement would uplift CNM care and ensure that birth centers are financially sustainable.

What about the difference in MD and CNM education and training?

Many different medical specialties with different levels of training already receive the **same reimbursement rate** for rendering the same services. For example, Maternal Fetal Medicine (MFM) Physicians, Family Medicine Physicians, and board-certified OBGYNs are **ALL reimbursed equally for a delivery.**

Differences in formal education between CNMs and physicians do not result in lower quality care within their scope of practice.

Passage of S.607/H.1069 Would Result in Lower Healthcare Costs:

Any up-front cost increases for insurers would be offset by savings due to improved health outcomes and decreased rates of expensive medical interventions. The American College of Nurse Midwives (ACNM) estimates that for every 1,000 low-risk women who utilized CNM care versus exclusively OB-GYN care, the State would see:

- * **A 6.4% reduction in cesarean sections**
- * **\$297,437 in savings for Medicaid-covered births**
- * **\$636,164 in savings for private insurance-covered births.**



CNMs in MA:



- Over 560 CNMs are practicing in 30+ hospitals and attend approx. 16% of all vaginal deliveries performed in the state.
- CNMs are licensed reproductive and sexual healthcare providers with a Master's or Doctoral degree.
- CNMs are fully credentialed to provide independent, autonomous care.
- This includes the full spectrum of reproductive healthcare, continually under threat due to the Supreme Court's *Dobbs* ruling.
- CNM medical malpractice insurance is on average less than 10% the cost of OB-GYN's, presenting an enormous cost saving opportunity for hospitals that cover malpractice insurance***.

Please support S.607/H.1069, *An Act to increase nurse-midwifery services*. With your help we can expand access to critical medical care, reduce invasive medical interventions, and lower health care costs!

For further information contact:
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***How Much Does Medical Malpractice Insurance Cost in 2021? LeverageRx. (n.d.). <https://www.leveragerx.com/blog/medical-malpractice-insurance-cost/>.