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Regarding: Joint Informational Meeting on Improving Access to Healthcare — PA Professional Licensure Committee, Chairs Frank Burns (Dem.) and Carl Metzgar (Rep.); and House Health Committee, Chair Dan Frankel (Dem.) and Kathy Rapp (Rep.)

Date: 3.7.24

Introduction

My name is Emily McGahey, I am the vice president and legislative chair of the Pennsylvania Association of Certified Nurse-Midwives—which represents over 500 certified nurse-midwives currently licensed in the Commonwealth and I am a licensed and practicing midwife as the Clinical Director at The Midwife Center in Pittsburgh—and I am grateful for the opportunity to highlight the current concerns around maternity care access in Pennsylvania. During this testimony I will explain the critical role that CNMs are already playing in maternal healthcare in the state, and how you as legislators and all of us as stakeholders can partner to ensure that midwifery continues to be available and accessible to communities that are in dire need of high-quality healthcare.

Let me begin by explaining what a certified nurse-midwife is. We are licensed sexual and reproductive healthcare providers who have received accredited midwifery education, a master's or doctoral degree, national certification by the American Midwifery Certification Board (AMCB), and state licensure.

Pennsylvania nurse-midwives work in settings that include one of the 5 freestanding birth centers in the state, large academic institutions, rural community hospitals, community clinics, private GYN practices, and patients' homes. In 2022, midwives delivered 16% of the babies in Pennsylvania. In addition to providing perinatal care, we also function as primary care and GYN providers across the lifespan, as well as researchers, scholars, program directors, and global healthcare leaders.

Issues

Maternal mortality:
The United States has been in a maternal mortality crisis since before the pandemic. Right now in our country around 700 hundred women die each year during pregnancy or in the year after giving birth. For each one of these maternal deaths, close to 100 people have experienced a severe health problem from being pregnant and/or giving birth.

According to the CDC, Black Americans are approximately 3 times more likely to die before, during, or after birth compared to women of other races. Pennsylvania is no exception to this crisis, with our Black citizens dying or suffering harm at significantly greater rates compared to white families. For example, Allegheny County ranks among the worst in the country in terms of outcomes in the first year of life for both Black moms and babies. The reason for this ongoing

disparity, as demonstrated in the research, points to systemic racism and implicit bias of health care providers.

It is also important to spotlight a critical conclusion of the PA Maternal Mortality Review Committee: a rising number of perinatal deaths are due to opioid overdose. Acknowledging that many Pennsylvania mothers are dying as a result of substance use disorder, we also want to highlight a report from the Center for Rural Pennsylvania, which shows that there exists a lack of MAT providers in the eastern and central portions of our state, with an even more significant lack of providers along the northern and southern areas of the state.

These outcomes discussed above are compounded by other critical access issues facing maternity care—maternity care deserts and a declining obstetric workforce.

Maternity Care Deserts:
Recently more attention has been given to the critical issue of maternity care deserts in our country. Maternity care deserts are defined as counties where there is a complete lack of maternity care resources. This means absolutely no functioning maternity-care providers providing hospital, birth center, or community practices (either midwife or obstetrician). According to a recent March of Dimes report, 7.6% of Pennsylvania counties are classified as maternity care deserts.

Areas of our country where there is low or no access affect up to 6.9 million women and almost 500,000 births across the United States. In our state, 15.6% of birthing people receive inadequate prenatal care compared to 14.8% of women in the general population. Nearly a quarter of all Pennsylvania counties do not have access to the full array of maternity care, affecting close to 200,000 families who need care a year. Our geographic size and large rural areas also present unique problems for families, as distance to maternity care has been shown as a critical access issue affecting outcomes for mothers and babies, with families living farther from birthing hospitals suffering worse outcomes. In our state, 12.4% of women had no birthing facility within 30 minutes of their home, compared to 9.7% of women in the general US population. One study found that from 2004 to 2014 9% of rural counties lost hospital-based obstetric services, and we know that this problem has only intensified in the last decade.

Obstetric workforce:
The United States currently does not have the number of maternity care providers working in our system that is needed to provide safe care to families, and this inadequacy is likely to worsen over the next ten years. The Bureau of Health Workforce published a report in March 2021 showing that through 2030 the number of OB-GYN physicians in our country is expected to decrease by 7%, while demand is projected to increase by 4%. This is a demand for over 5,170 FTEs in 2030 without the number of physicians to fill those demands. The American Congress of Obstetrics and Gynecologists also published a report highlighting the fact that fewer and fewer OB-GYNs remain in maternity care and at the bedside attending birth. The lack of available maternity care providers over the next decade is very likely to continue to contribute to poor maternal/fetal outcomes and the rising number of maternity care deserts in the U.S.

Solutions

Midwives in the U.S. and in Pennsylvania are poised and ready to assist with the current access issues facing families in our country.

An abundance of research has shown that midwifery is affordable, accessible, and sustainable, and that midwifery-led models of care demonstrate a reduced risk of poor outcomes for mother and babies, ranging from fewer cesarean births to lower rates of preterm birth and low-birth weight infants. Birth centers are an option for combating lack of maternity care access, especially in rural communities with a lack of hospital labor and delivery services, and with over 400 freestanding birth centers in the U.S., data has shown that they have over 40 years of demonstrated safety in the U.S. A Center for Medicare and Medicaid Innovation project demonstrated the benefits of the birth center model with midwifery-led care, which includes lower rates of preterm birth, delivery of low-birthweight infants, and Cesarean birth across racial and geographic demographics, as well as an over-$2000 cost savings per mother-baby dyad, compared to those cared for in maternity care homes or who experienced in-group prenatal care models. Patients who received midwifery care reported increased trust and satisfaction with their providers' listening to and addressing their concerns, compared with standard care. Increasing access to integrated freestanding birth centers is a realistic option for increasing access to high-quality accessible maternity care.

While the OB-GYN workforce is declining, growing the midwifery workforce has the potential to assist the ever-growing needs of our communities. Currently, the U.S. has approximately 4 midwives employed per 1,000 live births. While midwives currently attend less than 10% of all births in the U.S., they attend over 30% of deliveries in rural hospitals. With over 3.7 million live births a year, at least 22,000 midwives are needed in the midwifery workforce to meet the World Health Organization's goal of a minimum of 6 midwives per 1,000 live births. Currently, there are about 14,000 midwives in the U.S., including those not in clinical practice, resulting in a gap of at least 8200 midwives. Even at 6 midwives per 1000 births, the U.S. will have a smaller midwifery workforce than other high-income countries with better outcomes.

The midwifery model of care focuses on the whole person, including environmental and social challenges. Research shows us, for example, that care provided by racially concordant providers is an important factor in improving patient outcomes. Through our work with the Health Equity and Anti-Racism (HEAR) committee established in 2020, Pennsylvania midwives have been active in acknowledging the presence of racism and implicit bias in maternity care, and have been actively working to grow more Black midwives and other midwives of color through outreach and scholarship opportunities. The committee was recently the recipient of a $200,000 grant to provide scholarships to ease the financial burden of Black midwife students in Pennsylvania.

Midwifery education is less expensive than medical school, and midwives can be educated and certified at a higher rate than our physician colleagues, while maintaining safety and high levels of quality of care. OB-GYNs and certified midwives already enjoy collegial relationships throughout the Commonwealth, as described in the *ACOG/ACNM Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified*

Midwives. Educating more midwives would allow our physician colleagues to focus on more acute levels of care, such as complex GYN care/surgeries and high-risk pregnancies.

Midwives and their connection with families have been demonstrated to improve outcomes for families affected by substance use. Pregnancy is an opportunity to reach people affected by substances and help them get healthy for their babies and themselves. Midwives have been recognized federally as appropriate providers of MAT with midwives in other states already participating in prescription of MAT, and increasing the number of MAT providers in PA will increase access to this critical service.

Continuing to integrate midwives into the health system and working on policies to increase the midwifery workforce should be a critical focus for all stakeholders who desire to change the tide on lack of access and poor outcomes for families in our state.

Conclusion

Currently, Pennsylvania ranks 39th out of 50 states and Washington, D.C., on a recent scale measuring midwifery integration. We believe that our citizens deserve better, with midwives more fully integrated into the care of mothers and babies in our state. The PACNM has worked for the last 5 years on legislation to improve our statutory language to fully integrate midwives into Pennsylvania health systems, in an effort to allow midwives to be active participants in improving maternal and neonatal outcomes and access to high-quality maternity care. Our goal is for our legislation to be brought before you for consideration this year.

I hope that today's testimony will encourage you all to continue to think of midwifery as a critical part of the solution for improving the health of families in the Commonwealth. Thank you to the chairs of both the Health committee and House Professional Licensure, all the committee members, and all present stakeholders here today for your time and attention to this important issue.