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Mississippi Midwives: More Birth for Our Buck

Anne Cafer

University of Mississippi, amcafer@olemiss.edu

Wengora Thompson

Mississippi Public Health Institute, wthompson@msphi.org

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Certified Nurse Midwife (CNM)

Certified Nurse Midwives (CNM) are nationally certified by the American College of Nurse Midwives (typically with a masters degree) and qualified to provide care to expectant mothers during all stages of pregnancy and childbirth, as well as general gynecological care throughout the lifespan. In Mississippi CNM are licensed through the Mississippi Board of Nursing as advanced practice RNs (APRNs).

Contact

Anne Cafer, PhD
543 Lamar Hall
University, MS 38677
amcafer@olemiss.edu
@AnnieCafer (Twitter)

Wengora Thompson, MPH
Mississippi Public Health
Institute
Ridgeland, MS 39157
wthompson@msphi.org
@wte1024 (Twitter)

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Highlights

Infant and maternal mortality on the rise.

Midwives key resource in filling rural healthcare gaps.

Midwives reduce labor and delivery related healthcare costs.

Mississippi Midwives: More Birth for Our Buck

Nearly half of Mississippi's 64 rural hospitals are at risk of closing¹. These hospitals located in predominately small, poor, and less healthy counties, disproportionately serve at risk populations¹. Nearly 700,000 Mississippians live in one of Mississippi's 67 rural counties served by these hospitals^{1,2}. These areas also have significantly higher risks for a range of poor health indicators, especially birth related outcomes¹. These closures, in light of Mississippi's consistently high rates of preterm births, low birth weights, and infant mortality, signal an acute need to help pregnant and postnatal women access quality maternity care in rural spaces^{3,4}. Certified nurse midwives are a key resource to not only addressing these care gaps, but reducing the racial disparities in the State's maternal and infant health outcomes, and reducing the economic burden of healthcare for Mississippi^{5,6,7,8}.

Maternal and infant mortality is on the rise in Mississippi^{3,4}. A shortage of obstetric service providers, increasingly long distances to seek care, and higher rates of co-morbidities (diabetes and hypertension) are significant contributors to mortality in the state^{4,9}. The culmination of these factors is increased patient loads, OB-GYN burnout, and complications, especially for very low birth weight babies¹⁰⁻¹¹.

A recent Mississippi State Department of Health report indicated that a "delayed or insufficient response to critical clinical warning signs and patient complaints," a result of overloaded OBs, contributed significantly to maternal mortality⁴.

Certified Nurse Midwives (CNM) present a viable healthcare solution for Mississippi. Midwives and hospitals with integrated midwifery services were associated with a range of improved healthcare outcomes, including reduced unplanned medical intervention, increased breastfeeding, and fewer pre-term births^{5,6,8,12,13}. Notably, these improvements were experienced across racial demographics—helping reduce health disparities⁷. This lowered overall health care costs associated with labor and delivery for both hospitals and families⁸. Additionally, integrated midwifery services reduce OB-GYN burnout and the number of malpractice cases associated with unnecessary C-sections¹². A number of states have also turned to midwives as a way of bridging rural service gaps in maternity care⁵.

COST SAVINGS. Mississippi currently ranks in the bottom 10 for integration of midwives into maternity care¹⁴.





"... allows women to make a fully informed choice and be aware of the options in detail ..."

- Midwife

In 2018, Mississippi ranked:

49th

in the nation for infant mortality rate (8.72/1,000 live births)³.

Maternal mortality is

3X

higher for African American women in Mississippi (compared to white)⁴

86%

of deaths in MS were postpartum⁴

61%

of births in MS are covered by Medicaid¹⁵

Policy Recommendations

1. Provide Similar Financial Supports to Those Pursuing CNM Status as the Rural Physicians Program.

Re-establish a midwifery education program in Mississippi. Provide support for those who desire midwifery education and opt to remain in the state to provide care. This could include loan forgiveness programs, reduced tuition programs, or cost-of-living stipends for relocating to rural spaces.

2. Reduce Barriers to the Midwifery Model of Care

Enact policies that allow CNMs and Certified Midwives (CMs) to practice to the full extent of their education, training, certification, and experience. This could include modeling scope-of-practice regulations after the National Council of State Boards of Nursing's Model Nursing Practice Act (Article XVIII, Chapter 18) or requiring third-party payers to participate in payment models that allow for direct reimbursement to APRNs who are practicing within their scope of practice under state law^{16,17}.

3. Establish a Licensure for Certified Professional Midwives (CPM)

While CNM are licensed as APRN in the state, CPMs are currently practicing without regulation in the state. Licensure would require minimum education and training standards that all midwives must meet. This would promote increased professionalization of the specialty, with subsequent improvements in patient care quality, potential improvements in care outcomes, reduced burn-out, and increased retention¹⁸.

Bibliography

- McDoom et al., 2015. The Economic Impact of Potential Closures of Rural Hospitals in Mississippi. Available at: https://ssrc.msstate.edu/wp-content/uploads/2018/01/The-Economic-Impact-of-Potential-Closures-of-Rural-Hospitals-in-Mississippi_FINAL.pdf
- US Census, 2010. List of Rural Counties and Designated Eligible Census Tracts in metropolitan Counties. Available at: <https://www.hrsa.gov/sites/default/files/hrsa/ruralhealth/resources/forhpeligibleareas.pdf>
- MS Department of Health: Health Services Office of Health Data and Research, 2018. Infant Mortality Report. Available at: <https://msdh.ms.gov/msdhsite/static/resources/8015.pdf>
- MS Department of Health: Mississippi Maternal Mortality Review Committee, 2019. Mississippi Maternal Mortality Report 2013-2016. Available at: <https://msdh.ms.gov/msdhsite/static/resources/8127.pdf>
- United Health Foundation, 2020. America's Health Rankings: Annual Report (Mississippi). Available at: <https://www.americashealthrankings.org/explore/annual/measure/Overall/state/MS?edj:on-year=2018>
- Grzybowski et al., 2011. Distance Matters: A Population Based Study Examining Access to Maternity Services for Rural Women. *BMC Health Services Research* 11(147). <https://doi.org/10.1186/1472-6963-11-147>
- Attar et al., 2006. Pregnant Mothers Out of the Perinatal Regionalization's Reach. *Journal of Perinatology* 26(4): 210-214. <https://doi.org/10.1038/sj.jp.7211488>
- Philip et al., 2017. Certified Nurse-Midwife Integration into a Maternity Care Practice: Financial Considerations for Developing a Business Plan. Available at: http://www.pcbh.org/storage/documents/Maternity/Financial_Considerations_for_Midwifery_Business_Plan.pdf
- Attanasio & Kozhimannil, 2017. Midwifery and Rates of Obstetric Procedure Utilization at New York State Hospitals. Policy Brief. Available at: http://www.omm.org.mx/images/stories/Documentos%20grandes/attanasio_kozhimannil_prief.pdf
- Altman et al., 2017. The Cost of Nurse-Midwifery Care: Use of Interventions, Resources, and Associated Costs in the Hospital Setting. *Womens Health Issues* 27(4): 434-440. <https://doi.org/10.1016/j.whi.2017.01.002>
- PEW. Rural America has a Maternal Mortality Problem. Midwives Might Help Solve it. Available at: <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2019/08/16/rural-america-has-a-maternal-mortality-problem-midwives-might-help-solve-it>
- Attanasio et al., 2019. Midwife-led Care and Obstetrician-led Care for Low-Risk Pregnancies: A Cost Comparison. *Birth* (early view). <https://doi.org/10.1111/birt.12464>
- Paine et al., 1992. Nurse Midwifery Care to Vulnerable Populations Phase 1: Demographic Characteristics of the National CNM Sample. *Journal of Nurse-Midwifery* 37(5): 341-348. [https://doi.org/10.1016/0091-2182\(92\)90241-t](https://doi.org/10.1016/0091-2182(92)90241-t)
- Vedam et al., 2018. Mapping Integration of Midwives Across the United States: Impact on Access, Equity, and Outcomes. *PLOS ONE*. <https://doi.org/10.1371/journal.pone.0192523>
- March of Dimes. 2020. Peristats: Mississippi. Available at: <https://www.marchofdimes.org/peristats/mississippi.aspx?tab=MS&pc=MS&pc=15>
- IOM (Institute of Medicine), 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
2016. *Assessing Progress on the Institute of Medicine Report The Future of Nursing*. Committee for Assessing Progress on Implementing the Recommendations of the Institute of Medicine Report The Future of Nursing: Leading Change, Advancing Health. Institute of Medicine; National Academies of Sciences, Engineering, and Medicine; Altman SH, Butler AS, Shern L, editors. Washington, DC: The National Academies Press.
- Ghadirian, et al., 2014. Nursing professionalism: An evolutionary concept analysis. *Iranian Journal of Nursing And Midwifery Research* 19.1: 1.