TO: Subcommittee on Health of the Committee on Energy and Commerce, United States House of Representatives

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RE: Hearing on Improving Maternal Health: Legislation to Advance Prevention Efforts and Access to Care

The United States is experiencing a maternal health crisis with the worst maternal mortality in the developed world. As advocates, scholars, and health care providers, we support advancing comprehensive federal policy to immediately address this critical issue. In Massachusetts-- despite our high rate of insurance coverage and access to top research hospitals-- maternal mortality and severe maternal morbidities are also rising, with persistent racial and geographic disparities.[i] In Massachusetts, Black women are twice as likely to die from pregnancy-related causes and have twice the rate of severe maternal morbidities as white women. In Massachusetts, women who fund their maternity care with Medicaid are almost three times as likely to die from pregnancy-related causes and have higher rates of severe maternal morbidities as those who have private insurance. 40% of all births (and 65% of births to Black women) in Massachusetts are funded through Medicaid.[i] Our state's outcomes and inequities are unacceptable and yet other states have even more dire statistics. This is a shameful national crisis, but we can do something about it.

**About two-thirds of maternal deaths are preventable[ii], and it is incumbent upon the government, health care systems, and society to do everything we can to keep our mothers alive, healthy, and thriving**. Even when accounting for maternal age, weight, and health, U.S. women are dying at higher rates than women in similarly wealthy nations.[ii] The underlying factors for these poor maternal health outcomes include structural racism, failure to follow best practices, and lack of access to care. [ii] While the desire for further research is understandable and we support ongoing efforts to improve data collection, we can enact effective and feasible policies *today* with the currently available evidence. Proven solutions include greater use of midwives, group prenatal care, and doula support. [ii]

**Midwives are a high-value, high-quality solution for improving our nation's maternal and infant health.** We know that in locales where midwives are integrated into the healthcare system, outcomes are better, but midwives are currently underutilized and inconsistently integrated across the United States.[iii] Investing in the midwifery workforce can also address our nation's growing obstetric provider shortage. Moms and babies survive and thrive under midwives' holistic model of care and their reduced use of unnecessary and expensive medical intervention for low risk pregnancies.[iv]

**The Healthy MOMMIES Act (HR2602)** introduced by Congresswoman Ayanna Pressley would improve maternal health by extending critical Medicaid coverage throughout the postpartum year, when many women suffer pregnancy-associated morbidities and death. It will also increase access to doula services and coordinated care models that may include midwives and birth centers. In addition, effective maternal health policy will:

- Invest in midwifery education and the diversification of the midwifery workforce, (the Midwives for MOMS Act, HR2849, introduced by Congresswomen Lucille Roybal-Allard and Jamie Herrera Beutler).
- Require state Medicaid programs to cover midwifery care from Certified Professional Midwives, Certified Midwives, Licensed Midwives, and Tribal-Recognized Midwives (the Mamas First Act, HR2751, introduced by Rep. Gwen Moore).
- Address racism and implicit bias in the health care system, (Maternal CARE Act, HR2902, introduced by Congresswoman Alma Adams).

We appreciate the Subcommittee's attention to this crisis, and willingness to engage with a variety of policy solutions proposed this session. There is no silver bullet. The United States must enact a comprehensive policy approach to ending preventable maternal deaths and bringing our birth outcomes up to match (or exceed) those of our peer nations.

**HEALTH EQUITY**

By prioritizing solutions centered around Black women, who disproportionately bear the burden of our maternal health crisis, we can reduce our health inequities and uplift outcomes for all populations. To that end, we support the policy approaches recommended in the report, "Advancing Holistic Maternal Care for Black Women Through Policy," from the Black Mamas Matter Alliance.[v] We also support the comprehensive policy roadmap in "The Blueprint for Advancing High Value Maternity Care" from the National Partnership for Women and Families.[vi] We applaud the establishment of the Congressional Black Maternal Health Caucus and look forward to their leadership, along with allies, to advance maternal health policy solutions.

**MIDWIVES AND DOULAS**

Midwives are trained health care professionals who provide primary maternity and newborn care. Nurse-midwives additionally provide general reproductive care for women throughout their lives. In contrast, a doula is not a health care provider, but rather a professional who gives emotional and physical support during pregnancy, birth, and postpartum. While midwives and doulas are often mentioned together as holistic professionals for better childbirth outcomes, it is important to understand the distinction between their roles.

**INCREASING ACCESS TO HIGH QUALITY MIDWIFERY CARE**

Numerous studies have confirmed the benefits of midwifery care for mothers and babies, including fewer C-sections, fewer post-partum complications, fewer infant deaths, fewer preterm births, fewer low-birthweight babies, and higher breastfeeding rates.[iii,iv]

There are three types of nationally-recognized midwifery credentials in the United States:

- Certified Nurse-Midwives (CNMs), nurses with an advanced practice degree in midwifery. They provide comprehensive reproductive health care as well as maternity care. They primarily attend births in the hospital setting;
- Certified Midwives (CMs), who hold a midwifery degree and scope of practice similar to that of a nurse-midwife but without the nursing degree. They primarily attend births in the hospital setting; and
- Certified Professional Midwives (CPMs), who have a nationally-accredited midwifery credential. They provide primary maternity and newborn care in out-of-hospital settings, including homes and freestanding birth centers.

Currently, integration of midwives in maternity care varies significantly from state to state, but health outcomes for moms and babies are better when midwives have the legal status to practice autonomously to full scope of training, and consumers have access through insurance and Medicaid.[iii] As demonstrated in Washington State, integrating Certified Professional Midwives and including them as Medicaid providers improves outcomes for mothers and babies while significantly reducing health care costs.[vii]

Midwives are often community-based providers and may provide services outside of the hospital setting, including home visits. Shortages of obstetricians and closures of maternity wards and community hospitals across the Commonwealth (and the U.S.) create barriers to care that can be addressed through increased access to community-based midwives.[viii]

The model of care provided by community-based midwives has critical maternal health benefits due to:

- Extensive postpartum support as part of the CPM standard of care.
    - Home visits up to 2-hours at 1-day, 3-days, 1-week, 2-weeks, and 6-weeks postpartum (versus conventional standard of a single, 15-minute visit at 6-weeks).
    - Home visits that include physical and mental health screening and support for mother, newborn healthcare, and breastfeeding support.
    - Phone support on-call for weeks or months postpartum.
- Extensive prenatal support.
    - 1-hour visits standard (versus 15 minutes with conventional medical care).

    - Comprehensive care that includes social and emotional as well as physical health.
    - Continuity of seeing the same midwife for all prenatal, birth, and postpartum care.
    - Greater opportunity to build trust and to quickly identify and address mental health concerns.

- Effective support of physiologic birth, reducing risk of birth trauma and medical complications.
    - Personalized, family-centered care.
    - Reduced rates of unnecessary medical interventions (such as C-section) and associated complications (such as infection and hemorrhage).
    - Increased rates of breastfeeding.

Maternal health in Massachusetts and the U.S. would also benefit from greater use of birth centers, which are freestanding facilities led by midwives for low-risk births. In Massachusetts, there are no independent birth centers and only two in the entire state, both owned by hospitals. Midwife-led birth centers are proven to have better outcomes at lower cost, as shown in the 2018 Strong Start study[ix] of maternal and newborn health outcomes for Medicaid participants. Use of birth centers reduced: infant emergency department visits and hospitalizations, low-birthweight babies, preterm births, scheduled inductions, and C-sections.

We must identify, support, and replicate the community based models that have already demonstrated their value. For example, an independent analysis of The JJ Way, a comprehensive maternity care model developed by Florida midwife Jennie Joseph, showed "elimination of health disparities in preterm birth outcomes and reductions in low birth weight babies in at- risk populations."[x]

The Blueprint for Advancing High Value Maternity Care[vi] recommends policies that foster an optimal maternity care workforce. One of the report's priority recommendations was "increased use of midwives, who provide high-value care and are educated in fewer years and lower cost [than physicians]."

To improve maternal health through increased access to midwives, we make the following policy recommendations, (many of which are based on the Blueprint report[vi]):

- Increase funding for midwifery education, especially support for clinical preceptors
- Offer student loan forgiveness for midwives serving underserved populations
- Provide incentives to increase the diversity of the midwifery workforce in terms of race/ethnicity, language, geography and socioeconomic background
- Provide Medicaid reimbursement for midwifery services in all care settings, including clinics, birth centers, and homes
- Ensure that insurance and Medicaid reimbursement rates for all midwives are 100% the rate of physicians for the same service
- Ensure that insurance and Medicaid reimbursement for out-of-hospital midwifery care provides a sustainable reimbursement level with consideration of all pertinent costs including equipment, midwife assistants, supplies, transportation, and on-call hours
- Ensure that CPMs, CMs, and CNMs, can be licensed and permitted to practice to the full scope of their education and competence
- Remove barriers to establishing and accessing midwife-led freestanding birth centers.

**INCREASING ACCESS TO DOULA SUPPORT**

The emotional and physical support of a doula provides non-clinical care that is proven to improve maternal health outcomes. In the medicalized setting, doula care can be a mitigating factor with a measurable impact on reducing the need for C-sections. Community based organizations are best positioned to provide culturally congruent doula care, holistically supporting the birthing person and family during the prenatal, birth, and postpartum period. We recommend following the policy guidelines laid out in the 2019 report "Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities."[xi]

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[i] Massachusetts Department of Public Health, "2017 State Health Assessment"

[ii] McLemore, Monica "To Prevent Women from Dying in Childbirth, First Stop Blaming Them; How to Reduce Maternal Mortality," *Scientific American*, May 2019

[iii] Vedam S, et al, "Mapping midwifery integration across the United States: impact on access, equity, and outcomes." *PLOS ONE*. (Feb 21, 2018)

[iv] Sakala and Corry, "Evidence-Based Maternity Care: What it is and What it Can Achieve," Milbank Memorial Fund (2008)

[v] Black Mamas Matter Alliance, "Advancing Holistic Maternal Care for Black Women Through Policy," 2018

[vi] National Partnership for Women and Families, "The Blueprint for Advancing High Value Maternity Care," 2018

[vii] Midwifery Licensure and Discipline Program in Washington State: Economic Costs & Benefits." An independent report conducted by Health Management Associates for the Washington State Department of Health, October, 2007

[viii] McCluskey, Priyanka Dayal "As hospitals cut maternity services, burden is on expectant mothers" *Boston Globe* (Mar. 27, 2018)

[ix] Centers for Medicare and Medicaid Services: Center for Medicare and Medicaid Innovation: Strong Start for Mothers and Newborns (2018)

[x] "The JJ WAY®: Community-based Maternity Center Final Evaluation Report" (2017)

[xi] Ancient Song Doula Services, Village Birth International, and Every Mother Counts, "Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities," March 25, 2019