Current State of Childbirth in the U.S.

Sukey Krause, CNM, MSN: Assistant Professor, UMMS-Baystate
Heather Z. Sankey, MD, MEd, FACOG, CPE: Professor, UMMS-Baystate
Arielle Skalisky, DNP, APRN, CNM, PHN

MATERNITY CARE EDUCATION & PRACTICE REDESIGN

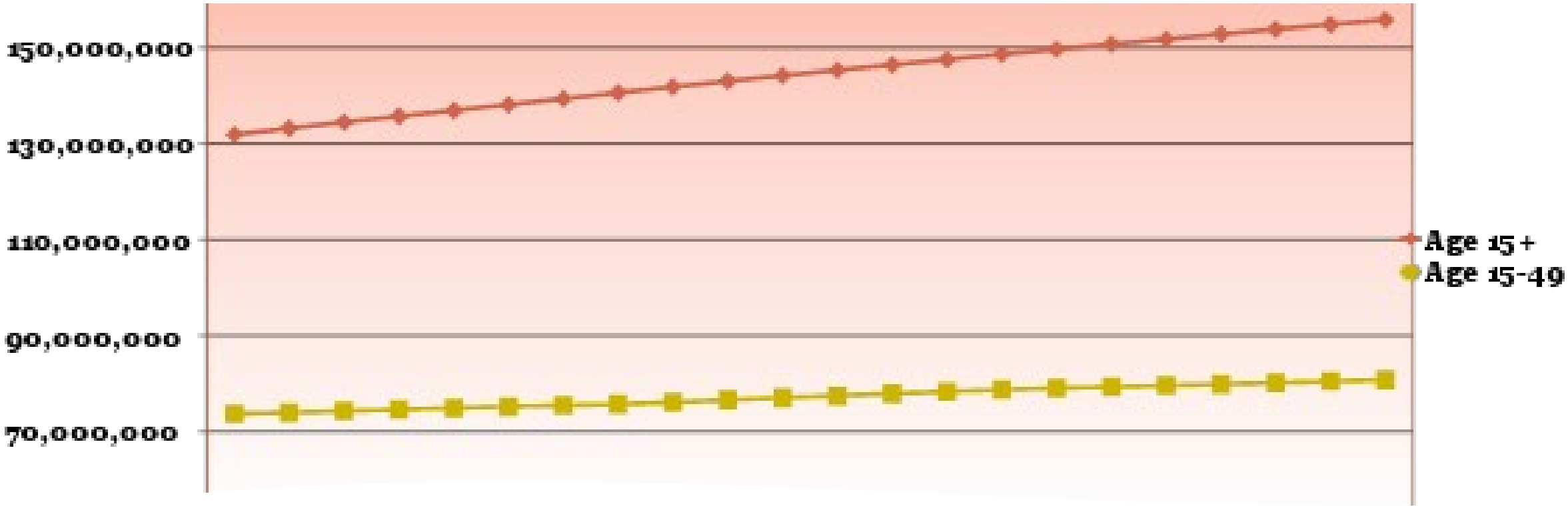
AMERICAN COLLEGE of NURSE-MIDWIVES

ACOG
The American College of Obstetricians and Gynecologists

Objectives

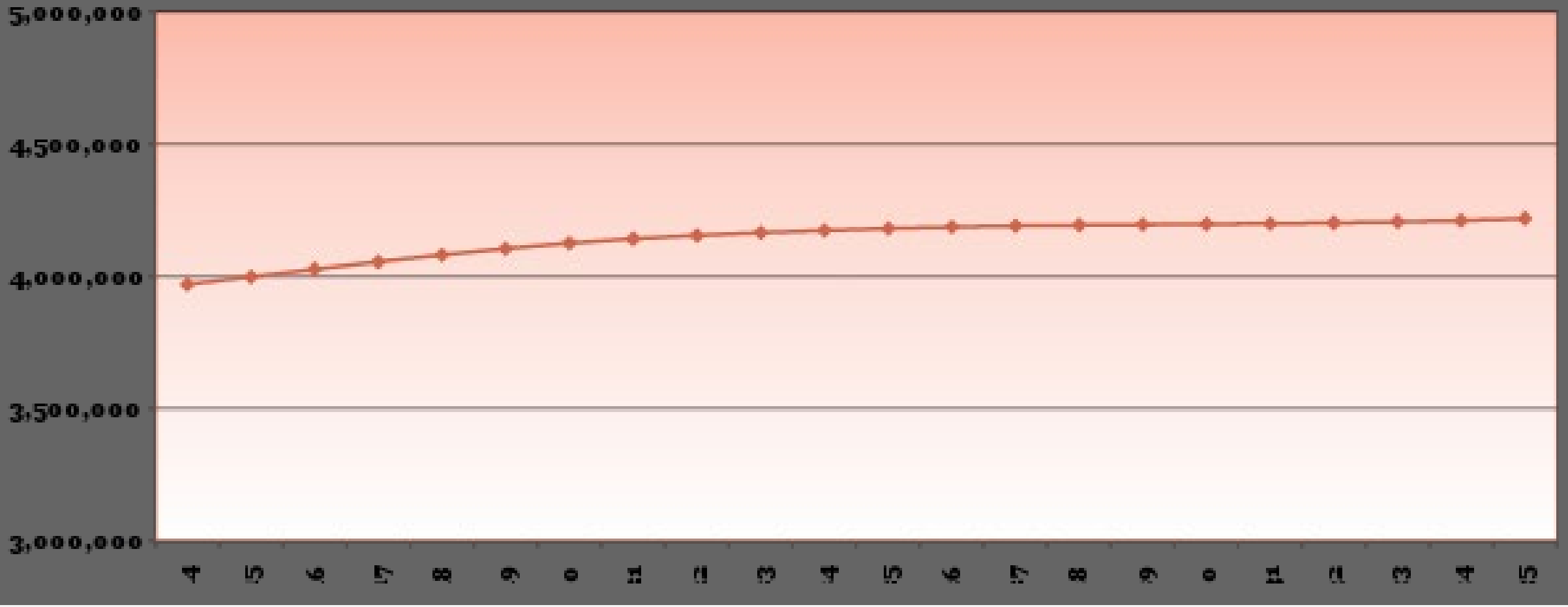
Discuss the current state of birth in the US

Recognize current trends in collaboration between physicians and midwives



Trends: Projected Numbers of Women in US, 2014-2035

Nearly 24 million more women (7 million of childbearing age) will need care in 2035.



Projected Births in the United States – 2014-2035

- The Census Bureau estimates a 6.3% increase in the number of births per year by the end of this timeframe.

Source: US Census Bureau: https://www.census.gov/population/projections/data/national/2014/downloadablefiles.html

Current State of Racial Disparities & Inequities

Disclosure

- This is by no means an exhaustive list of the disparities and inequities that currently exist in healthcare for BIPOC individuals in the US.
- Purpose: Provide a starting point from which educators should continue to learn, address and encourage discussion in the learning environment about racial disparities and health inequities in the US.

Where are We?

- Nearly one half of U.S. births are to women of color, yet
  - 26 black women die during childbirth, compared to 7 white women (per 100,000 live births)– outcome disparity
  - 75% of black women receive prenatal care in 1st trimester compared to 89% of white women–access disparity
- Women of color are disproportionately affected by:
  - Poor maternal outcomes (morbidity & mortality)
  - Lack of access to maternity care
  - Lack of or limited insurance coverage
  - Stereotyping by providers, leading to mistrust
  - Much, much more

How Did We Get Here?

- History of racism in both midwifery and obstetrics, always existed
- Became systematic:
  - In midwifery with Sheppard-Towner Act
    - Systematic training of ”Granny” midwives due to perceived ignorance
    - Sequential requirements introduced, interfering with black midwives of the south
    - Mary Breckenridge- only white women needed improved care, no help for black women
  - In obstetrics with Flexner Report
    - Systematic elimination of medical schools for African Americans & women

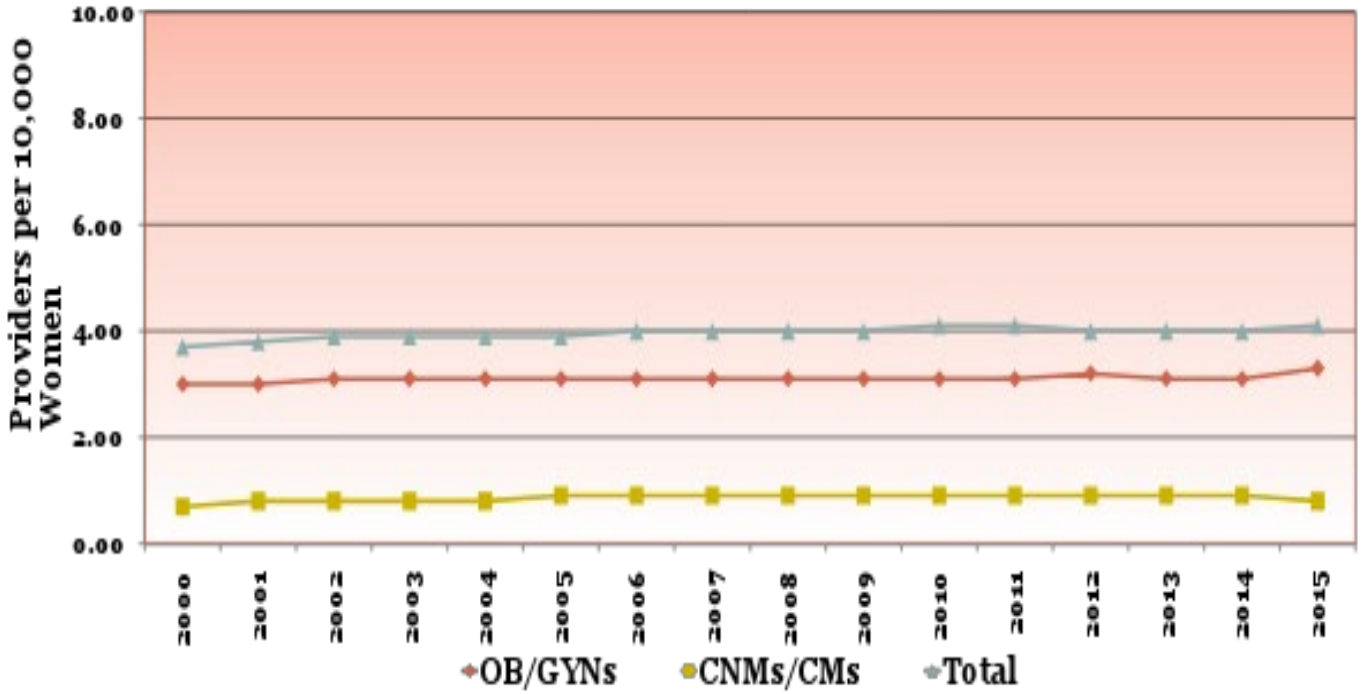
Outcomes

- Significant reduction of BIPOC Midwives
  - Currently: Represent less than 2% of midwives in the U.S.
- Significant reduction of BIPOC Obstetrician-Gynecologists
  - Currently: Represent 18.4% of ob-gyns in the U.S. (as of 2016)
- Without representation in the workforce, health disparities and inequities have been dramatic and devastating.

Workforce Challenges

Maternal Care Providers per 10,000 Women Age 15+ Years

- The ratio has not changed appreciably in 16 years.



CNMs/CMs continue to represent a smaller proportion of providers than OB/GYNs

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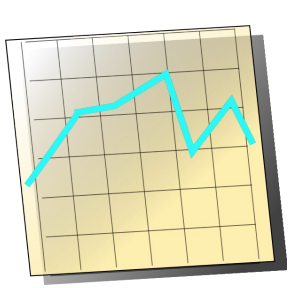
Bottom Line: Serious Workforce Challenges



Static Entries into OB/GYN Specialty

+

Changes in Provider Demographics

+

Increasing Patient Needs

=

Serious Workforce Challenges

ACOG has projected a shortage of between 15,723 – 21,723 OB/GYNs by 2050.

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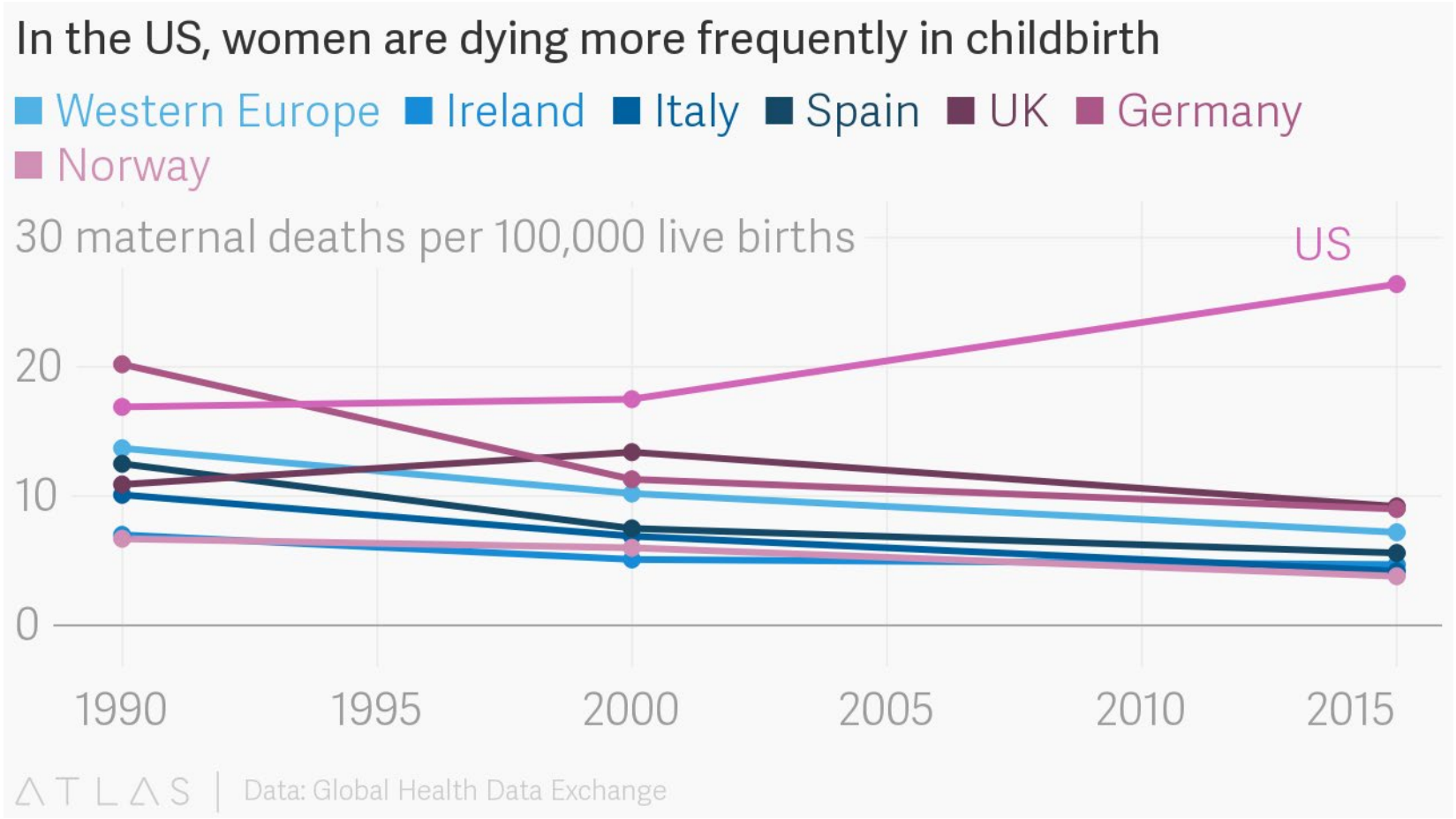
Source: William F. Rayburn, MD, MBA, FACOG, "The Obstetrician Gynecologist Workforce in the United States: Facts, Figures, and Implications, American Congress of Obstetricians and Gynecologists, 2011. Used with permission of ACNM

Current State of Maternal Mortality

Source: Global Health Data Exchange



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Explanations Posed for Rising M&M

- Women are older, fatter, and sicker
  - Obesity
  - Delayed childbearing
  - Diabetes
  - HTN
- "It's the woman's fault"
- But: Similar trends are evident in other comparable countries without raising maternal mortality

System-Level Issues

- Inconsistent OB practice
  - Initiatives to address
    - Patient safety bundles
    - Alliance for Innovation in Maternal Health (AIM)
      - ACOG, ACNM
- Absence of universal healthcare coverage
  - Lack of coordination with PCP
- Poor data collection
- Lack of midwifery care

Structural Racism and Ties to M&M

- Racism and healthcare inequity
- Examples of structural racism
  - Unequal access to resources
  - Housing discrimination
  - Insurance limitations
  - Healthcare access limitations
- Contributing factors to disparities in healthcare:
  - Mistrust of the healthcare system--stemming from centuries of medical maltreatment & unwanted experimental treatments
  - Lack of provider representation
  - False beliefs about minority groups—i.e. “Black people have a higher pain tolerance”

Possible Iatrogenic Contributions

- Extensive use of continuous EFM
- Elective induction of labor
- Limited mobility in labor
- Limited oral intake in labor
- Differences in EFM interpretation
- Racism and healthcare inequity
- Minimal options for out-of-hospital birth
- Minimal utilization of labor support professionals

Current State of Childbirth in the U.S.

Recommendations for Current Practice

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College Statement of Policy

As issued by the College Executive Board

This document was developed jointly by the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists.

JOINT STATEMENT OF PRACTICE RELATIONS BETWEEN OBSTETRICIAN-GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES/CERTIFIED MIDWIVES[1]

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Collaboration in Practice: Implementing Team-Based Care

Report of the American College of Obstetricians and Gynecologists' Task Force on Collaborative Practice

Executive Summary

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 687 • February 2017

Committee on Obstetric Practice

The American College of Nurse-Midwives and the Association of Women's Health, Obstetric and Neonatal Nurses endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice, in collaboration with American College of Nurse-Midwives' liaison member Tekoa L. King, CNM, MPH, and College committee members Kurt R. Wharton, MD, Jeffrey L. Ecker, MD, and Joseph R. Wax, MD.

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Approaches to Limit Intervention During Labor and Birth

Enhance Collaboration

Increase Workforce, Especially BIPOC

- BIPOC = Black, Indigenous and People of Color
- Increase opportunities for midwifery education
- Reduction in maternity care access limitations due to workforce shortage = improved outcomes
- Increase in BIPOC providers = improved outcomes, especially BIPOC

Address Biases, Especially Implicit

- Address personal implicit biases
  - Harvard implicit bias tests
- Workforce education
  - Incorporation of anti-racism training/learning
    - Into continuing education for those in practice
    - Into program curriculum for both midwives and ob-gyns

AMERICAN COLLEGE of NURSE-MIDWIVES With women, for a lifetime

Coming together
Working together
Learning together

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Resources: Disclosure

- The following slides provide a variety of resources for learners and educators to further their understanding of racial disparities and inequities.
- Further exploration of available resources is highly encouraged and is recognized as an important part of obstetrics and midwifery education.

Resources

- **On racial disparities in maternal health and birth outcomes**
- CMQCC birth equity resources
  - California Maternal Quality Care Collaborative
- SMFM: Commitment to health equity resources hub
  - Society for Maternal Fetal Medicine, May 2020
- Social determinants of health sway care access, maternal morbidity
  - Sara Heath, *Patient Engagement Hit*, May 2020
- Skin tone matters: Racial microaggressions and delayed prenatal care
  - *American Journal of Preventive Medicine,* September 2019
- To prevent women dying from childbirth, first stop blaming them
  - Monica R. McLemore, *Scientific American*, May 1, 2019

Continued…

- Eliminating racial disparities in maternal and infant mortality
  - *Center for American Progress*, May 2019
- Reducing disparities in severe maternal morbidity and mortality
  - Elizabeth A. Howell, *Clin Obstet Gynecol*, June 2018
- TED Talk: How does racism affect pregnant women and babies?
  - Miriam Zoila Pérez, March 2018
- How does race impact birth outcomes?
  - *Georgetown University School of Nursing & Health Studies,* February 2018
- ACOG: Racial and ethnic disparities in obstetrics and gynecology
  - American College of Obstetricians & Gynecologists, Reaffirmed 2018, Published December 2015

Continued…

- **On black motherhood**
- The unbearable grief of black mothers
  - A. Rochaun Meadows-Fernandez, *Vox*, May 28, 2020
- I'm due to give birth today but all I can think about is George Floyd
  - Latona Giwa, *HuffPost*, May 31, 2020
- As a black mother, my parenting is always political
  - Dani McClain, *The Nation*, March 27, 2019

Continued…

- **On racism in healthcare**
- Race and medicine: The harm that comes from mistrust
  - Austin Frakt, *New York Times*, January 13, 2020
- Racism, inequality, and health care for African Americans
  - Jamila Taylor, *The Century Foundation*, December 19, 2019
- Recognizing and reacting to microaggressions in medicine and surgery
  - *JAMA Surg*, July 10, 2019
- eBook: *Racism: Science and tools for the public health professional*
  - Chandra L. Ford, et. al., published August 2019
- Structural racism and supporting black lives—The role of health professionals
  - *The New England Journal of Medicine* via Johns Hopkins University, October 2016

Midwifery Resources

- Bixby Center for Global Reproductive Health
  - UCSF training sessions about structural racism and reproductive justice
- Black Birthing Bill of Rights
  - National Association to Advance Black Birth
- Black Mamas Matter Alliance
  - Website
- Equity in Midwifery Education
  - Website
- Delivered by Midwives: African American Midwifery in the Twentieth-Century South
  - Book by Jenny M. Luke

(Drew & Reis, 2020)

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