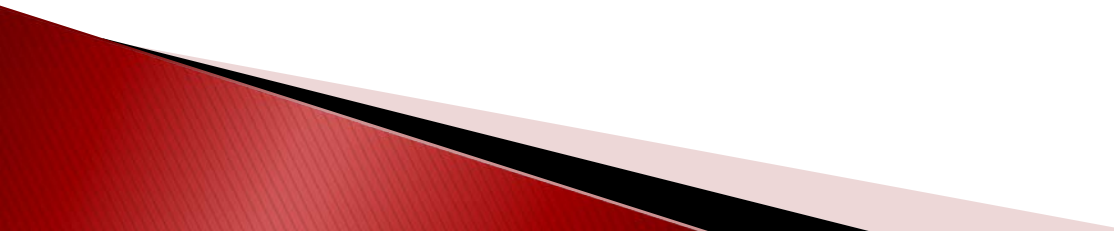


Is There A Midwife In Your Future ?

Sarah P Whittington, RN, CNM



OBJECTIVES

- ▶ 1. Discuss types of midwives found in the United States.
 - ▶ 2. Suggest a collaborative OB/GYN and CNM/CM solution to the growing provider shortage in women's health care.
 - ▶ 3. Present an overview of Centering Pregnancy as a current solution in woman's health care.
- 

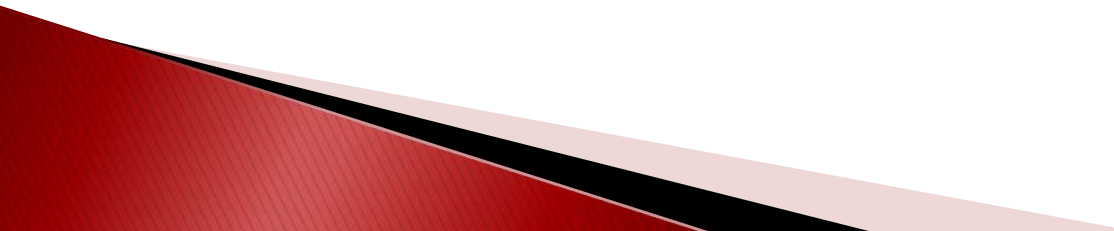
INTRODUCTION

- ▶ *Are woman's Health Care providers an endangered species?*
 - Currently 27.1 to 100,000 women.
 - In 2030 –364 million which will require 50,135 OB/GYN's.
 - Estimated shortage of physician providers is 40%.
 - Immediate solution for provide affordable quality health care → midwife OB/GYN collaboration

ROLE OF MIDWIVES

- ▶ There are four types of midwives that practice in the United States.
 - Certified Nurse Midwives
 - Certified Midwives
 - Direct Entry Midwives
 - Lay Midwives

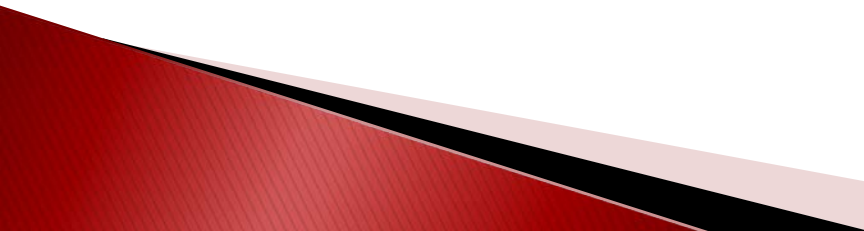
Certified Nurse Midwife

- ▶ Educated in both nursing and midwifery
 - ▶ Earn a graduate degree – MSN or DNP
 - ▶ Pass a National Certification Examination
 - ▶ Demonstrate Core Competencies.
 - ▶ Re-certify every five years
 - ▶ Legal in all 50 states
 - ▶ Practice in hospitals and birth centers
- 

Certified Professional Midwives

- ▶ Not required to be nurses
- ▶ Multiple routes of education to qualify for CPM
- ▶ The Midwifery Education Accreditation Council accredits educational programs.
- ▶ Requires out of hospital birth experiences
- ▶ Candidates must pass both a written exam and a hands on evaluation
- ▶ North American Registry of Midwives administers the exam
- ▶ Legal status varies by state
- ▶ Practice – home birth and birth centers

Direct Entry Midwives

- ▶ Not required to be nurses
 - ▶ Multiple routes of education
 - ▶ May or may not have a college degree
 - ▶ Legal status varies from state to state
 - ▶ Licensed and regulated in 17 states
 - ▶ Most states have no requirement for DEM to have a practice agreement with a physician
 - ▶ Autonomous practice outside of institutions
 - ▶ Train and practice in birth centers or home births
- 

Traditional Midwives

- ▶ Unlicensed or uncertified
- ▶ Informal education

Birth Statistics – Midwives

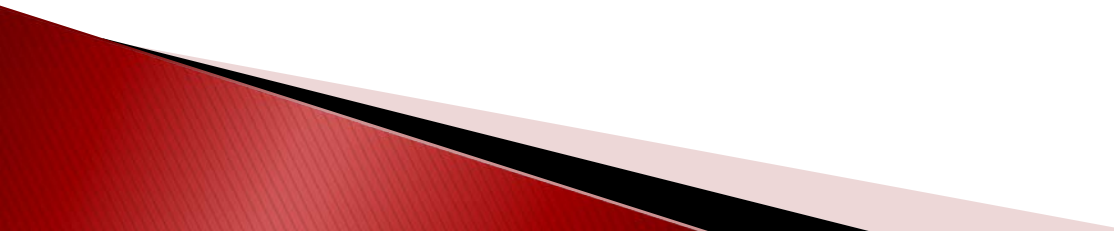
- ▶ In 2010 20.8% of all the vaginal births in the United States were done by midwives.
 - 95.7% of these midwife births occurred in hospitals
 - 2% occurred in birth centers
 - 3% were homebirths

Collaboration –CNM and MDs

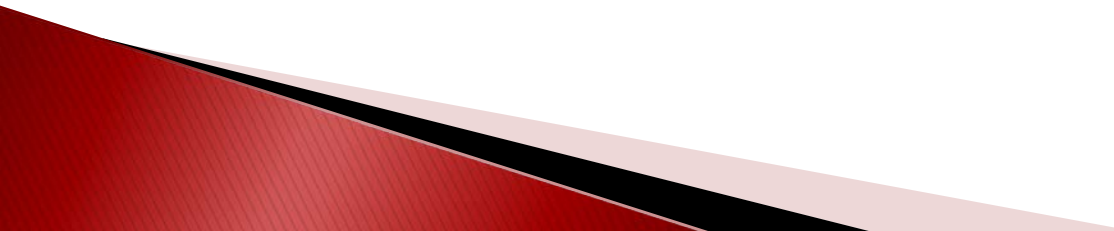
- ▶ Richard N. Waldman, MD, FACOG
 - *OB/GYN's working collaboratively with midwives is a way to address the gap between the supply of OB/GYN's and the demand for women's health care services.*

Collaboration –CNM and MDs

▶ 6 Points of Shared Commitment

- Support evidence – based practice
 - Promote highest standards for education national professional certification, and recruitment
 - Recognition of the importance of options and preferences of women in their health care
 - Collaborative system of care
 - Recognize accredited education and professional certification
 - Establish and sustain viable practices
- 

Centering in Pregnancy.

- ▶ Model of group health care created to change the paradigm of prenatal care delivery
 - ▶ Moves women out of the exam room into a group which continues from early second trimester through early postpartum – 10 sessions
 - ▶ get to know one another, build a community, gain confidence in their own knowledge and skills.
- 

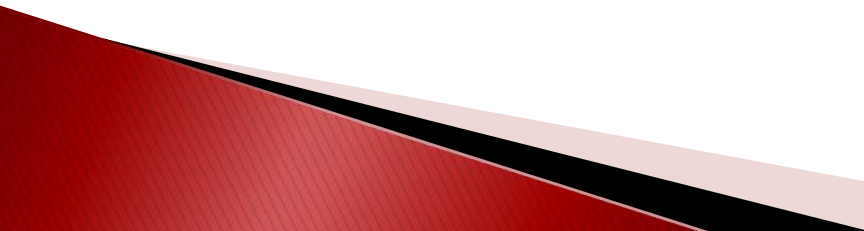
Centering in Pregnancy.

- ▶ Self care activities – blood pressure, weight, entering data on their own charts, self-assessment sheet completion


Centering Pregnancy

- ▶ Evaluation data shows 96–97% preference for this form of care delivery
- ▶ Provider satisfaction is higher
- ▶ 2006 Randomized Control Trial showed a significant *Outcomes* → decrease of preterm births
 - 33% overall
 - 41% for African Americans
 - Decrease Rapid repeat pregnancy
 - Increase Breastfeeding
 - Increase Satisfaction

Centering Pregnancy

- ▶ Health assessment occurs within the group space
 - ▶ Participants are involved in self-care activities.
 - ▶ A facilitative leadership style is used
 - ▶ The group is conducted in a circle
 - ▶ Each session has an overall plan
 - ▶ Attention is given to the core content, although emphasis may vary
- 

Centering Pregnancy

- ▶ There is stability of group leadership
 - ▶ Group conduct honors the contribution of each member
 - ▶ The composition of the group is stable, not rigid
 - ▶ Group size is optimal to promote the process.
 - ▶ Involvement of support people is optional
 - ▶ Opportunity for socializing with the group is provided
 - ▶ There is ongoing evaluation of outcomes
- 

Centering Pregnancy

- ▶ Institute of Medicine's Rules
 - Continuous healing relationships
 - Customized care
 - Patient in control
 - Shared knowledge
 - Evidenced based decisions
 - Safety
 - Transparency
 - Anticipated needs

Centering Pregnancy

- ▶ Institute of Medicine's Rules (cont`d)
 - Patient needs anticipated
 - Decreased waste
 - Cooperation among clinicians

Bibliography

- ▶ Avery, M.D. The history and evolution of the core Competencies for basic midwifery practice. J Midwifery Women's Health 2005 Mar-Apr;50(2): 102-107.
- ▶ Baldwin K. (2006) Comparison of selected outcomes of Centering Pregnancy versus traditional prenatal care. Journal of Midwifery & Women's Health, 51(4): 266-272.
- ▶ Carlson NS, Lowe N. (2006) Centering Pregnancy: a new approach in prenatal care. The American Journal of Maternal Child Nursing, 31(4): 218-223.

Bibliography

- ▶ “Comparison of Three Types of Midwifery Certification, American College of Nurse–Midwifery, August, 2011.
(<http://midwife.org/ACNM/files/ccLibraryFiles>)
- ▶ Direct–Entry Midwifery State–by–State Legal status, Midwife Alliance of North America, 2012.
- ▶ Ickovics JR, Kershaw T, et.al.(2007) Group prenatal care and perinatal outcomes: a randomized controlled trial. *Obstetrics and Gynecology*, 110(2) part1:330–339.

Bibliography

- ▶ Satiani B, Williams TE, Landon M et al. (2011) A Critical Deficit of OBGYN Surgeons in the U.S. by 2030. Surgical Science 2011(2), 95–101.