Reducing the Maternal Mortality Rate in the United States Through the Midwives Model of Care

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The United States does not follow the Midwives Model of Care like many other countries. The contrast of the model of care in the United States to other developed countries is a main contributor to the higher maternal mortality rate, which disproportionately affects people of color. The main factors contributing to the high maternal mortality rate in the United States are the lack of continued postpartum care, in-depth prenatal visits, and improper parental leave policies. A standard of care that includes continuous labor support, more and longer appointments, emotional and physical support, new parent education, and cultural competency has been shown to result in better outcomes for the birthing person and the baby. This article explains why the Midwives Model of Care fits the criteria for the desired style of care needed to reduce maternal mortality in the United States.

Keywords: maternal mortality, midwifery, midwives model of care, United States, health care

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Midwifery as a Method to Reduce Maternal Mortality in the United States

The United States is one of few developed countries that does not standardize midwifery care for low-risk pregnant patients and does not provide continued care throughout their lifetime. It is not customary for a family to consult a midwife rather than a physician. The United States has standardized the practice of care by physicians for low and high-risk patients, the medical model of care. However, the midwifery model of care is used in developed countries like the Netherlands and Canada. Both countries have significantly lower rates of maternal mortality than the United States. This correlation can be noticed between many developed countries following the midwifery model of care and the United States, where most babies are delivered by obstetricians (Central Intelligence Agency, n.d.). The divide between types of midwives was an accident of history. However, the introduction of the medical model of care was no accident. Doctors pushed their way into the birthing room and declared war on traditional midwifery (Brodsky, 2008).

The United States maternal mortality rate is the highest of any developed country. According to the Centers for Disease Control and Prevention, “[t]he maternal death ratio for Black women (37.1 per 100,000 pregnancies) is 2.5 times the ratio for white women” (Declerq, 2020). In 2020, the maternal mortality rate for Black people was 55 out of every 100,000 births. The rate is actively increasing. Between 2019 and 2022, the maternal mortality rate for all birthing patients nationwide rose by 37%, according to the Kaiser Family Foundation.

When looking at the attendants of births in the United States, we get an idea about how much greater the rates of physician-attended births are over midwife-attended births. Figure 1 shows the United States births by attendant in 2020.

Figure 1

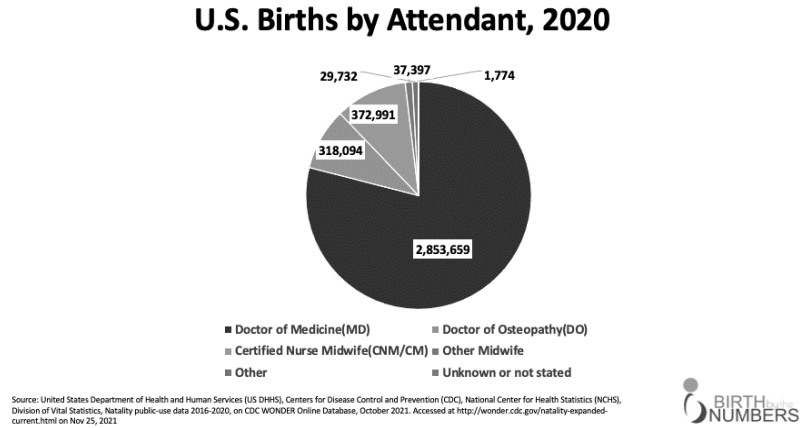
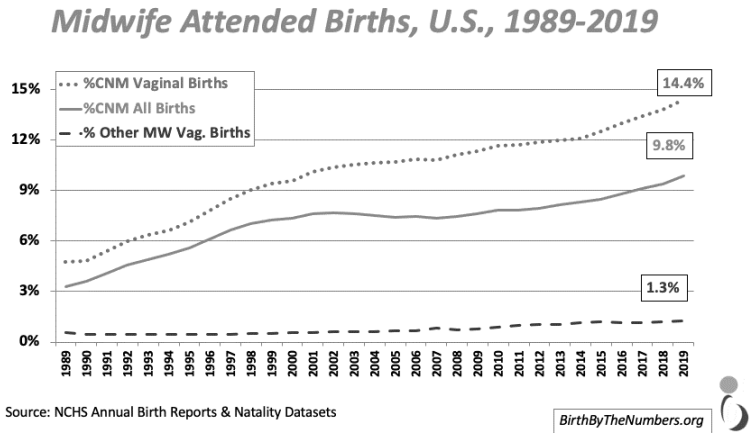


Figure 2



Physicians attended most births in 2020, but as seen in Figure 2 above, the rate of midwife-attended births is slowly rising. These statistics do not account for certified professional midwives (CPM) attending births, which are also on the rise. Unfortunately, CPMs can only be legally practiced in 36 out of the 50 states (NACPM, n.d.). These restrictions impact the maternal mortality rate by limiting access to care. The United States of America is one of the only countries with restrictions around midwifery licensure and one of

few countries that treat types of midwives differently or offer different types of licensure paths.

Discussion

The Midwives Model of Care

The midwifery model of care is client centered. Providers are focused on monitoring the physical, psychological, and social well-being of the mother/birthing parent throughout the childbearing cycle, providing the birthing parent with individualized education, counseling, prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support, minimizing technological interventions, and identifying and referring birthing people who require obstetrical attention (MANA, 2021). Worldwide, 80% of people alive today are delivered by midwives, and midwives have been present at 70% of all births; this model of care works well in any setting (MANA, 2021). When discussing the care model midwives abide by, the World Health Organization (WHO) has stated that "…it could avert more than 80% of all maternal deaths, stillbirths, and neonatal deaths" (WHO, 2020).

Midwives can educate patients on safe sex and family planning, administer vaccines, and deliver babies. They provide affordable, practical care that could reduce maternal deaths by 22% (Nove et al., 2021). The reason why families may not choose midwifery care is not just a lack of trained midwives but a lack of investment from government officials and a lack of support for the midwifery care model (Kikwete & Saraki, 2017). There is also a lack of understanding of what a midwife is. Many are unaware of the care midwives can provide throughout a person's life.

A midwife, if they are a certified nurse midwife, can prescribe birth control, offer abortion care, prescribe fertility medication, treat sexually transmitted diseases, and even prescribe anti-depressants or thyroid medication. Depending on state regulations, all types of midwives can offer intrauterine insemination, fertility treatment, pap smears, sexually transmitted disease testing, and other wellness care methods. Depending on the state, licensed non-nurse midwives can also prescribe birth control.

The midwives' model of care has a focus on continued care. There are more prenatal and postpartum visits in this model of care than in the medical

model of care. This is important because "only a third of pregnancy-related deaths occur at the time of birth" (Declercq & Zephyrin, 2020). There is a need for more visits to help identify a problem before it can lead to a fatal outcome. The scope of a midwife includes preventative measures, promotion of normal birth, detection of complications in birthing parent and baby, access to medical care or appropriate assistance, and the carrying out of emergency, according to the International Confederation of Midwives (International Confederation of Midwives, n.d.).

In addition to a continued care approach, midwives are known for holding space for clients and offering continuous hands-on support. Many midwives give the hands-on type of support doulas are known for providing. This is more common in small or well-staffed practices because there is a high enough provider-to-patient ratio that midwives can stay in the room with the birthing person to offer emotional and physical support and medical support. This could include affirmations, counter-pressure and massage therapy, and aromatherapy.

Provider Shortages

This type of support offers patients relief because they know someone is there if they need anything. The United States has a major shortage of both midwives and OB-GYNs. A better work-life balance could reduce burnout in these fields and increase the number of providers, allowing for more hands-on labor support. On-call careers often experience burnout, especially private practice midwives without scheduled on-call shifts.

Postpartum Support

When discussing the United States rising maternal mortality rate, Neel Shah of Harvard School of Medicine said, "[postpartum parents] struggle with rapidly accelerated responsibilities, extreme sleep deprivation, and relentless pressure to return to work" (Shah, 2018). This can lead to higher rates of perinatal mood and anxiety disorders, increasing the risk of postpartum suicide, a common cause of maternal mortality (Chin et al., 2022). He also stated, "Four out of five of these deaths happen in the weeks and months before or after birth" (Shah, 2018). Studies show that 52% of deaths occur during the postnatal period.

Many private practice midwives do home visits for patients. This allows them to see the client's home and identify risk factors such as mold, bugs, rodents, or unsafe stairs. Support can then be put in place to help avoid fatality influenced by these risk factors for both the birthing person and the baby. Home visits also reduce the physical strain on the postpartum body. The Commonwealth Fund published a piece stating, "Although a large share of its maternal deaths occur postbirth, the United States is the only country not to guarantee access to provider home visits or paid parental leave in the postpartum period." (Tikkanen et al., 2020). Many birthing people do not have a partner who is still on parental leave during their six-week visit. They may have to bring their infant and toddler to an appointment. Whether they are bringing just their baby or other children, they have to do heavy lifting in both situations when heavy lifting postpartum is not recommended. A midwife doing home visits would help avoid such situations. The birthing person will be less stressed if they avoid the arrangement of a babysitter or someone to drive them to the appointment (if they are not cleared to drive). The need for community-based and midwifery support is even more acute for someone with a cesarean section. Depending on the practice, a patient may still qualify for some midwifery care postpartum even if their birth ends in a cesarean section.

Recently, Walmart announced coverage of doula care for employees in four states. Doulas can provide continuous care throughout labor like midwives typically do (Buxton, 2022). When Walmart began covering doula services, they chose states where the impact on maternal mortality would be immediate. For example, they chose Indiana, where 33 counties do not have OB-GYN services. Doula care can benefit individuals in those counties, but this state could benefit greatly from increased midwifery care because midwives are a great fit for rural communities where patients may not live near a hospital or medical office. Instead, the midwives can travel to patients' homes.

Adequate postpartum care also extends to proper education for new parents on biologically normal infant behavior, such as infant cues and development. Preparing parents for what to expect reduces stress over the baby's behavior (Lindsay & Totsika, 2017). Most midwifery practices offer new parent education or will refer patients to those who do. If they do not offer classes, many of the questions parents may have are discussed in their visits because longer appointments allow time for questions.

The support offered by midwives is individualized. It is tailored to meet the family's needs because the midwife forms a relationship with the patient. The charting and notes a midwife may transfer to another provider are much more in-depth. The appointments typically are an hour long with a midwife versus the average appointment time for a physician of 30-45 minutes, 15 of which are spent face-to-face with the patient. Midwives form a trust-based relationship with patients where patients feel comfortable disclosing information with the provider. The provider's ability to get to know the patient through this model of care makes it easier to identify problems and find solutions because midwives see the whole picture.

Baby-Friendly Hospital Initiative

The baby-friendly hospital initiative invites providers to shift their mindset and commit to providing the safest and most physiologically accurate birth experience. The focus falls mainly on the immediate postpartum, but this is a great initiative for hospitals attempting to transition to a model closer to the Midwives Model of Care. In baby-friendly hospitals, evidence-based care is provided, education is free from commercial interests, all infant feeding options are possible, and individual preferences are respected (WHO, n.d.).

According to the WHO (n.d.), the model follows these ten steps:

1. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
    a. Have a written infant feeding policy routinely communicated to staff and parents.
    b. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.
3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.

6. Unless medically indicated, do not provide breastfed newborns any food or fluids other than breast milk.
7. Enable mothers and their infants to remain together and practice rooming-in 24 hours daily.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, artificial nipples (teats), and pacifiers.
10. Coordinate discharge so parents and their infants have timely access to ongoing support and care.

Conclusion

Following the Midwives Model of Care instead of the medical model of care for low-risk patients can reduce the maternal mortality rate. The model of care used by midwives includes individualized, personalized, client-centered care. It allows providers to attend births that a physician may not be able to get to and serve patients who may not be able to access transportation to a hospital, for example, in rural areas where a hospital may be a two-hour drive or longer. The Midwives Model of Care has been proven to improve birth outcomes and lower maternal mortality. Providers can start by increasing appointment frequency and length, following the baby-friendly hospital initiative, and completing cultural competency training to reduce disparities if this model of care cannot fully be implemented in their practice. When possible, the Midwives Model of Care should be the standard practice.

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