



THE PROBLEM

Currently, the United States is the most dangerous place to give birth in the developed world. While California has made great strides to reduce maternal mortality, we still have rates of maternal and infant mortality and morbidity far higher than other countries with similar wealth. These rates are even further exacerbated for black women, who are 3 to 4 times more likely to die from childbirth than white women, and black babies who are 4 times more likely to die before their first birthday. The evidence is clear: implicit and explicit bias within the current system of care, and the downstream effects, such as lack of access to timely, culturally sensitive, and early perinatal care are enormous contributing factors to these poor outcomes.

Access to care in California is even more of a threat with studies showing that at least 9 counties have no OB/GYN at all and that large counties in Northern and Southern CA are projected to have critical shortages of maternity care providers by 2025.

Nurse-Midwifery is primed to expand access to maternal health care with nurse-midwives already attending 50,000 births in California annually. However, California is 1 of only 4 states in the nation that still requires physician permission to practice.

This law has resulted in concentrating nurse-midwives in geographic areas where physicians physically practice, reducing access, and potentially worsening “maternity deserts” and health provider shortage areas. Such a model of care delivery does not improve the quality nor the safety of maternal health care, which has led forty-six other states to remove the outdated requirement for physician supervision.

The Solution

Access to care and racial disparities in maternal outcomes is a complex problem requiring multiple, innovative strategies in order to turn the tide.

Greater access to nurse-midwifery care has been named by leading organizations, such as the March of Dimes and the World Health Organization, as one of these innovative strategies.

National and international studies show that wherever midwives are allowed to practice autonomously (without physician permission) within a more integrated, seamless, model of care delivery between physicians and midwives, outcomes are significantly improved, including:

- **significantly higher rates of spontaneous vaginal delivery, vaginal birth after cesarean, and breastfeeding**
- **significantly lower rates of cesarean, preterm birth, low birth weight infants, and neonatal death.**

A study supported by the California Health Care Foundation shows that increasing the percentage of low-risk pregnancies with midwife-led care from the current level of about 9 percent to 20 percent over the next 10 years could result in \$4 billion in cost savings and 30,000 fewer preterm births.

SB 1237, will remove this outdated “physician permission to practice” law for nurse-midwives, allowing the nurse-midwifery profession in California to scale up, integrate more fully into a team-based model of care with physician colleagues, improve outcomes, and expand access in the most marginalized communities.

What are nurse midwives and what do they do?

Nurse-midwives, or “Certified Nurse-Midwives” (CNMs), are advanced practice nurses who have completed training in both nursing and a higher education program (obtaining either a master’s or doctoral degree) with a focus in midwifery.

California Nurse-Midwives provide the necessary supervision, care and advice in a variety of settings to women during pregnancy, labor, and postpartum periods and attend births on his, her or their own responsibility. This includes the provision of preventive measures and the detection of abnormal conditions in the mother and newborn, obtaining physician assistance and consultation when indicated, and execution of emergency care until physician assistance can be obtained. The nurse-midwife also provides well-woman care including interconceptional periods, and family planning needs.

What is a doula?

A doula is trained to provide non-clinical emotional, physical, and informational support for women before, during, and after childbirth. Doulas can also provide support during miscarriages and abortions.

