



The NY Times has published numerous articles over the past two years highlighting the state's maternal healthcare crisis. *Racism and Sexism Underlie Higher Maternal Death Rates for Black Women* explained that Black women were more likely to die during or soon after childbirth. The follow-up editorial *More Mothers Are Dying. It Doesn't Have to Be This Way* pointed to a solution: "To address this shortage, we must incorporate midwives into obstetric care...When midwives are involved in obstetric care, patients have lower C-section rates and decreased rates of preterm birth. However, among high-income countries, the United States has some of the lowest rates of midwives per 1,000 live births." We will keep seeing more of these articles until NYS takes action. One of the most significant steps would be NY joining the 38 other states where Certified Professional Midwives (CPMs) can attain licensure. The original effort to provide licensure for CPMs began in 1993; it is unconscionable that, 30 years later, the majority of states have increased their maternity workforce, instituting national recommendations for incorporating community-based midwives, while NY has dithered as women and infants have died from lack of appropriate care.

Black women die 8-12x more often than white women in New York State. Twenty counties in rural New York state have no maternity care available at all - no obstetricians, no nurse-midwives, no local hospital maternity units. Seventy-eight percent of maternal deaths have been deemed preventable. Fifty-one percent of maternal deaths happen in the six weeks postpartum, before most postpartum parents see their health care provider, if they receive postpartum care at all. For every person who dies in pregnancy, birth, or postpartum, another seven come close through severe complications that impact their ability to care for themselves, their baby, and their family.

The state has tested, implemented, and expanded doula programs to help stem this crisis – however doulas are not health care providers, they are advocates. It is not enough to provide support and education for birth when the actual providers are missing. Governor Hochul has proposed legislating time off for prenatal care to encourage women to stay healthy in pregnancy and minimize birth complications. All the brochures, encouragement and incentives will not solve this problem. Licensing community-based maternity care providers is a significant way to address this crisis. Increasing the midwifery workforce by licensing Certified Professional Midwives (CPMs), nationally-recognized providers who stand at the ready, is the obvious solution.

CPMs are specifically trained to provide community-based, culturally-congruent out-of-hospital prenatal, birth, and postpartum care. They are educated in programs that are nationally accredited, and hold a nationally-recognized credential. New York State recognizes the education, exam, and credential of nurse-midwives certified by parallel agencies; however, their education prepares them for hospital practice, not for community-based settings. Thirty years ago NY put its faith in the American College of Nurse-Midwives (ACNM) to create a non-nurse direct-entry pathway to the midwifery profession; however, this has been a failed effort, with a paltry 150 candidates credentialed nationally in three decades, while in the same time period over 4700 CPMs have been educated and credentialed nationally. Passage of a single CPM licensing bill would dramatically increase New York's maternity care workforce. It is time for NY to realize that they put their eggs in the wrong basket.

The pending bills that currently sit in committee could alter the course of maternal health care in New York by licensing Certified Professional Midwives. CPMs licensed in other states practiced legally in New York State under executive order during the COVID pandemic, with exemplary outcomes. During the same time, legislation to provide them permanent licensing status languished in committee, the executive order expired, and they no longer have a route to practice in the state. Acting now to license Certified Professional Midwives is imperative as the maternal health care crisis worsens. It's time for New York State Legislators to do their job.



### **Certified Professional Midwifery Bill (A1125)**

New York state is in a maternal health care crisis:

- **20 counties** in New York State **have no maternity care services at all**<sup>1</sup>
- An additional **21 counties have only one hospital** providing maternity services; a single rural hospital may serve as many as 4 counties in upstate NY<sup>1</sup>
- 78% of maternal deaths in New York state are preventable with adequate care<sup>2</sup>

New York state needs more maternity care providers - hospitals, birth centers, obstetricians, nurses *and midwives*. New York currently only licenses hospital-based, hospital trained nurse-midwives/certified midwives. Out-of-hospital, community-based, community-trained Certified Professional Midwives legally provided care to hundreds of rural and disadvantaged communities, and families who avoided the hospital due to the Covid-19 pandemic, for three years under emergency executive orders. *Let's make this permanent.*

Midwives are the caretakers of normal pregnancy and birth. All midwives:

- Monitor well-being: physical *and* socio/emotional well being (mental health conditions make up 15% of maternal deaths in New York state<sup>2</sup>)
- Provide culturally sensitive, individualized care (Discrimination was a probable or definite factor in 46% of maternal deaths in New York state in 2018<sup>2</sup>)
- Minimize technical interventions (50% of maternal deaths are associated with cesarean delivery, though cesareans make up 30% of births<sup>2</sup>; the World Health Organization estimates the cesarean rate in any health care system should be no higher than 10%).
- Identify and refer clients - birthing parents and babies - who need medical intervention

CPMs are trained to provide community-based care to healthy, low risk women. All CPMs can:

- Recognize and stabilize a person hemorrhaging using the midwives' hands, a small formulary of anti-hemorrhagic medications, and placing an IV, while preparing for transport to the hospital as necessary. Hemorrhage accounts for 20% of maternal deaths in New York state; all are considered preventable deaths.<sup>2</sup>
- Stimulate and provide neonatal resuscitation to a newborn that needs help immediately after birth. CPMs are trained to know when that baby is stable and when they need to transport to the hospital for closer monitoring or medical care.
- Provide prenatal and post-partum care to baby *and birthing parent* in the community, reducing drive time and increasing access to care. *Over half* (51.2%) of maternal deaths occur in the six weeks after birth.

***It is the right of birthing families to choose where to give birth. The CPM Bill provides birthing families with legal providers trained to serve their community in their community.***

1. Maternity Care Deserts 2022 Report. March of Dimes. Accessed Oct 2022. [Maternity Care Deserts Report | March of Dimes](#)

2. New York State Department of Health. Maternal Mortality Review Report on Pregnancy- Associated Deaths in 2018. Albany, NY:New York State Department of Health. 2022