CERTIFIED NURSE-MIDWIVES (CNM)

A Certified Nurse-Midwife provides primary care for women, focusing on women’s health care, including pregnancy, childbirth, the postpartum period, newborn care, and the family planning and gynecological needs of women.

CNMs Reduce Costs & Improve Outcomes by:

- Lowering the Cesarean section rate, reducing patient complications and avoiding or shortening hospital stays
- Reducing low birth weight and premature births, thus reducing neonatal ICU admissions
- Avoiding unnecessary tests and technological interventions
- Offering options in childbirth and care in lower cost settings

CNMs Increase Access to Health Care by:

- Providing care to medically underserved populations
- Freeing physicians to focus on patients with complicated pregnancies, deliveries, and gynecologic conditions

CNMs Provide Quality Care while Lowering Health Care Costs

CNMs Reduce Costs and Improve Outcomes:


Birth certificate data were examined for all singleton vaginal deliveries between 35 and 43 weeks. Adjusting for sociodemographic and medical risk factors, outcomes for physicians and nurse-midwives were compared. CNM-attended births were associated with 33% lower risk for neonatal morbidity (complications), 31% lower risk of low birth weight babies; and 19% lower infant mortality rate. MacDorman MF, Singh GK. (1998). Midwifery care, social and medical risk factors, and birth outcomes in the USA. Journal of Epidemiology & Community Health, 52, 310-317.


A review of maternity services by nurse-midwives and physicians found that women in the nurse-midwife group were much more likely to experience prenatal education focusing on health promotion and risk reduction activities. Women in the nurse-midwife group experienced a more hands-on approach that relied less on technologic interventions and a closer supportive relationship during labor and birth. Women in the physician group were much more likely to have care based on expensive medical interventions and invasive tests. Oakley D, Murland T, Mayes F, Hayashi R, Petersen BA, Rorie C, Anderson F. (1995). Processes of care, comparisons of certified nurse-midwives and obstetricians. Journal of Nurse-Midwifery, 40(5) 399-409.

A study at two Kaiser Permanente Medical Centers showed a 13% or $292,000 reduction in payroll costs at one center and a 7% or $2 million reduction at another center when CNMs were added to the obstetric team. Bell, K., and Mills, J.I. (1989). Certified Nurse Midwife effectiveness in the health maintenance organization obstetric team. *Obstetrics & Gynecology* 74, 112-6.


**CNMs Lower Cesarean Section Rates & Reduce Use of Unnecessary Technology**


A clinic for low income women staffed by CNMs was compared with a group of four obstetricians’ private patients. Birth outcomes were comparable but CNM care resulted in reduced c-sections (13.1% to 26.4%). Blanchette, H. (1995). Comparison of obstetric outcome of a primary care access clinic staffed by certified nurse midwives and a private practice group of obstetricians in the same community. *American Journal of Obstetrics & Gynecology* 172, 1864-1868.

Compared to obstetricians and family physicians, the c-section rate for CNMs’ patients was 8.8% vs 13.6% for obstetricians and 15.1% for family physicians. CNMs used 12.2% fewer resources. Rosenblatt, et.al. (1997). Interspecialty differences in the obstetric care of low-risk women. *American Journal of Public Health* 87, 344-51.


**CNMs Increase Access to Care for Underserved Populations.**


CNMs care for medically underserved women and those at higher risk for poor outcomes, including women who are uninsured (16%), immigrant (27%), adolescent (29%), and women of color (50%). DeClerq, E.R., et.al. (2001). Serving women in need: nurse midwifery practice in the United States. *Journal of Midwifery & Women’s Health* 46, 11-16.

Well over 2/3 of CNMs’ clients are categorized as “vulnerable.” Over 50% have care paid by Medicaid, Medicare, Indian Health Service, etc., and over 1/3 live in low income areas. Project Director’s Report of Preliminary Results of Phase 2 of the Robert Wood Johnson Foundation Project 1993.

**While over 96% of CNM-attended births occur in hospitals, CNMs also offer safe, low cost options.**

A nationwide comparison of birth center costs with hospital costs indicates if 100,000 births occurred in birth centers, annual savings would be more than $314 million. For every 1,000 women who avoid unnecessary cesarean section, savings would be at least $7.4 million. Health Insurance Association of America and National Association of Childbearing Centers Annual Survey Data, 1995.

Outcomes of planned home births by nurse-midwives proved safe with high quality care. 9.1% of women were transferred to the hospital during labor or post partum. 1.1% of infants were transferred to the hospital. Murphy PA, Fullerton J. (1998). Outcomes of intended home births in nurse-midwifery practice: a prospective descriptive study. *Obstetrics & Gynecology*, 92, 461-470.
