POLICY BRIEF

November 2019

SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

MORE MIDWIFE-LED CARE COULD GENERATE COST SAVINGS AND HEALTH IMPROVEMENTS

AUTHORS AND AFFILIATIONS

Katy B. Kozhimannil, PhD
University of Minnesota School of Public Health

Laura Attanasio, PhD
University of Massachusetts Amherst

Fernando Alarid-Escudero, PhD
Drug Policy Program, Center for Research and Teaching in Economics - CONACYT, Aguascalientes, Mexico

KEY FINDINGS

Increasing the percentage of pregnancies with midwife-led care from the current level of 8.9% to 20% over the next 10 years could result in:

- $4 billion in cost savings
- 30,000 fewer preterm births
- 120,000 fewer episiotomies

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PURPOSE

The purpose of this policy brief is to describe the potential cost savings that could result from a shift toward greater use of midwifery-led care for low-risk pregnancies in the United States.

BACKGROUND AND POLICY CONTEXT

Childbirth is the most common and most costly reason for hospitalization in the U.S.[1] Improving quality and value of maternity care is a high policy priority, especially since nearly half of U.S. births are funded through state Medicaid programs.[2]

In the U.S., maternal morbidity and mortality have increased over the last several decades, and use of obstetric procedures, including labor induction and cesarean delivery, has also increased, beyond levels that are generally considered medically necessary.[3–7] After several years of small decreases in the cesarean delivery rate, provisional data indicate that the cesarean rate increased between 2016 and 2017.[8] Preterm births have been on the rise since 2015, reversing the trend in several years of declines from 2007 to 2014.[8] Overuse of medical procedures and poor outcomes indicate low quality of care and contribute to high costs.[9] There is an urgent need to improve value in U.S. maternity care.

Currently, more than 90% of births in the U.S. are attended by physicians, and midwives attend only about 9% of births.[6] Evidence shows that low-risk pregnant women who are cared for by midwives have similar outcomes to those cared for by physicians, but are less likely to experience unnecessary obstetric procedures.[10–12] Additionally, physician shortages in obstetrics contribute to problems of limited access to care during pregnancy.[13] This policy brief draws upon published research to describe the cost and policy implications of increasing the number of pregnancies cared for by midwives in the U.S.

APPROACH

We used previously published estimates of clinical outcomes and costs associated with midwife-led vs obstetrician-led care to calculate projected changes in costs, procedures and outcomes if midwife-attended births were incrementally increased from the current level of 8.9% to 20% by 2027.[12,14] That is, we modeled the

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potential cost-savings and clinical benefits of a shift toward greater use of midwife-led care for low risk pregnancies over the coming decade.

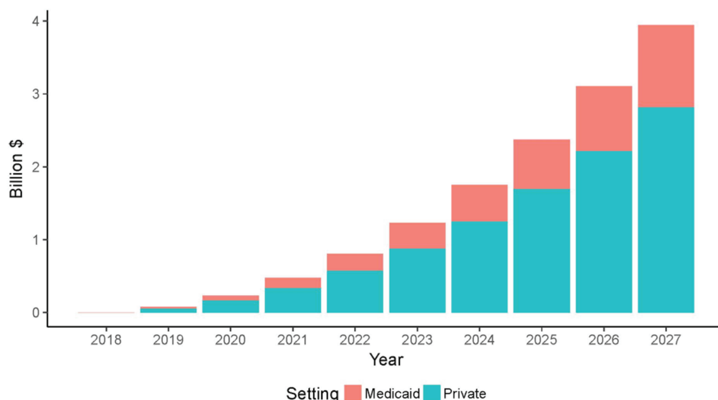
Recognizing that payments and costs differ between Medicaid and private health insurance, with private plans paying approximately 50% more than Medicaid for childbirth-related care,[15] we calculated potential cost savings separately for Medicaid and private health insurance, in addition to showing total potential cost savings. Potential clinical benefits are shown for the U.S. as a whole.

RESULTS

As shown in Figure 1, increasing the percentage of pregnancies with midwife-led care from 8.9% to 15% would result in over $1 billion in cost savings by 2023. By 2027, if midwives were leading care for 20% of births, savings would reach $4 billion. About three-quarters of these cost savings are attributable to lower costs for births covered by private insurance, while one-quarter of the cost savings would be from Medicaid-covered births. Specifically, by 2027, cost savings associated with this modest shift toward midwife-led care would reach $2.82 billion for private health plans and $1.13 billion for state Medicaid programs.

Figure 1

Projected Cumulative Cost Savings for an Increase in Midwifery-led Care from 8.9% to 20% of Births, 2018-2027



Additionally, with midwives leading care for 20% of pregnancies, 30,000 preterm births and 120,000 episiotomies would be avoided by 2027 across the U.S. (Figures 2 and 3).

Figure 2

Projected Cumulative Preterm Births Avoided for an Increase in Midwifery-led Care from 8.9% to 20% of Births, 2018-2027

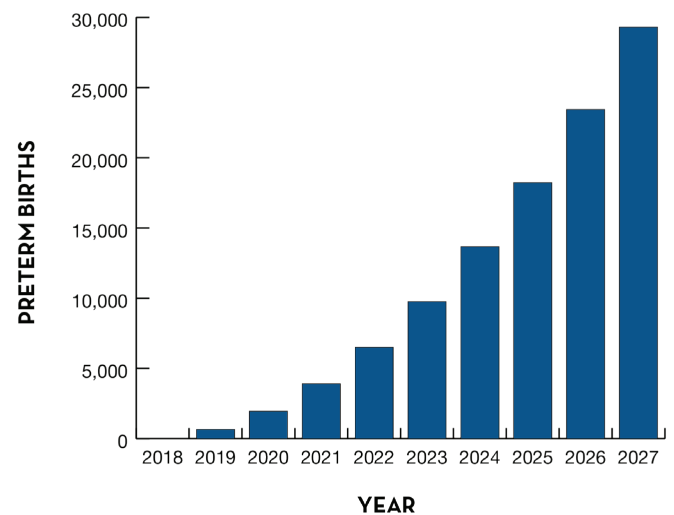
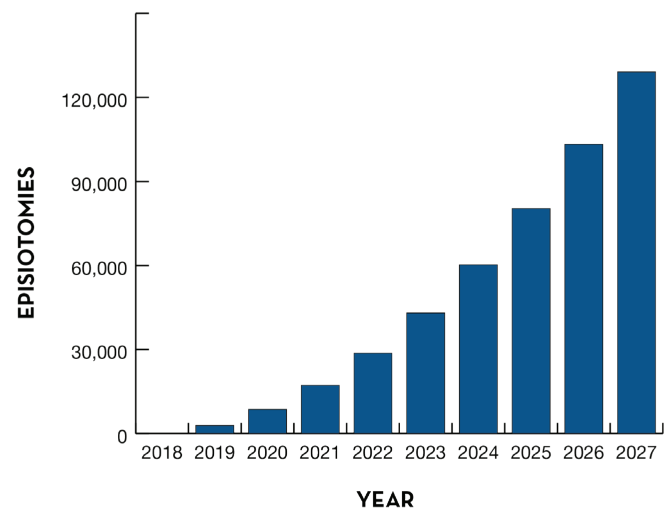


Figure 3

Projected Cumulative Episiotomies Avoided for an Increase in Midwifery-led Care from 8.9% to 20% of Births, 2018-2027



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POLICY IMPLICATIONS

Projected cost savings associated with a shift to midwife-led care are modest for each individual birth, but aggregated across the U.S. population, cost savings are significant. Nearly 4 million births occur each year in the U.S., and improving value – even incrementally – for each birth could have a large cumulative impact across populations and over time.

Furthermore, our models indicate that having a greater percentage of pregnancies cared for by midwives would result in fewer preterm births and fewer episiotomies. Preterm birth, in particular, is an important outcome to track and avoid, as it is a top cause of infant mortality in the U.S.[16]

Projected cost savings associated with a shift toward greater midwife-led care would impact both employers and employees, who predominantly finance private health plans, as well as taxpayers and state and federal budgets, which jointly finance Medicaid programs.

Achieving greater access to midwife-led care during pregnancy is within reach, and may be facilitated by policy change. Some potential options include the following:

- Health plans could adopt midwifery as the default model for low-risk pregnancy care, with more complicated pregnancies requiring higher-acuity care being referred to obstetricians or maternal-fetal medicine specialists. Similar strategies are used by other countries.[17,18]
- States that allow a more autonomous scope-of-practice for midwives have more midwife-attended births.[11,19,20] Implementing more state-level policies supporting midwives practicing without physician supervision may lead to greater midwifery care access.
- Further attention to and public investment in midwifery education, including diverse workforce recruitment, may increase the capacity of U.S. midwives to care for a larger proportion of pregnant women.[21–23]

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