

Improving Maternity Care Access: Full Practice Authority for Certified Nurse-Midwives in Georgia

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Roadmap

- Full practice authority: Why does it matter?
 - Georgia's maternal and neonatal outcomes
 - Georgia citizens' access to maternity care
- Full practice authority: What is it?
 - Collaboration between CNMs and MDs
 - Differentiating education, accreditation, certification, and licensure
 - Georgia's current status on the practice of certified nurse-midwives (CNMs)
- Full practice authority of CNMs in Georgia
 - Impact on maternal/child outcomes
 - Impact on maternity health care spending

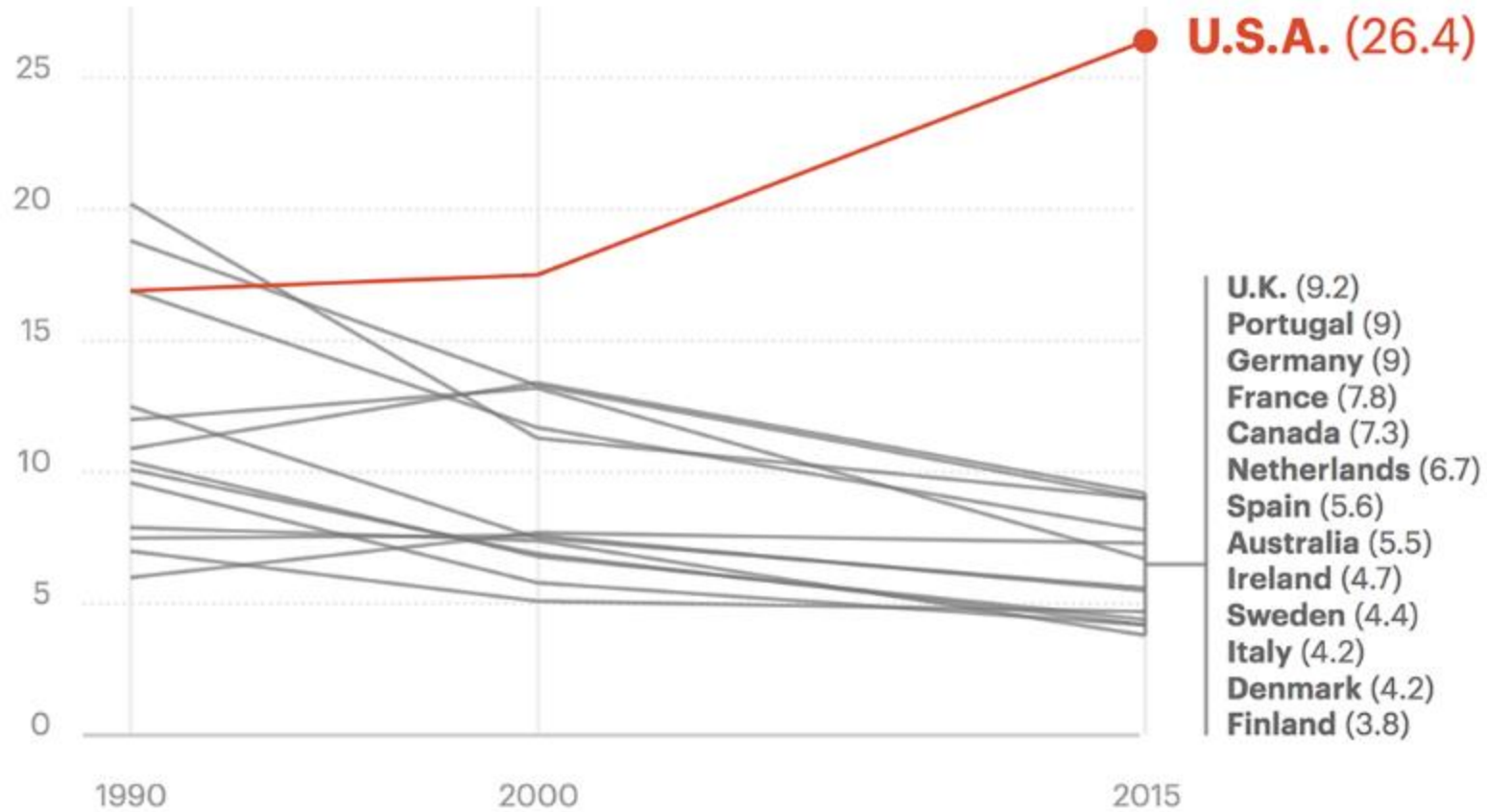
Full Practice Authority: Why Does It Matter?

The Current Situation in Georgia

Maternal and Infant Outcomes

Maternal Mortality Is Rising in the U.S. As It Declines Elsewhere

Deaths per 100,000 live births



Notes

"Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015," *The Lancet*. Only data for 1990, 2000 and 2015 was made available in the journal.

Source: *The Lancet*

Credit: Rob Weychert/ProPublica

Georgia's Maternal Outcomes

Maternal Mortality Rate in GA:

37.2/100,000 live births (2016), DPH

By comparison, overall rate in U.S. during Same period was 13.3/100,000

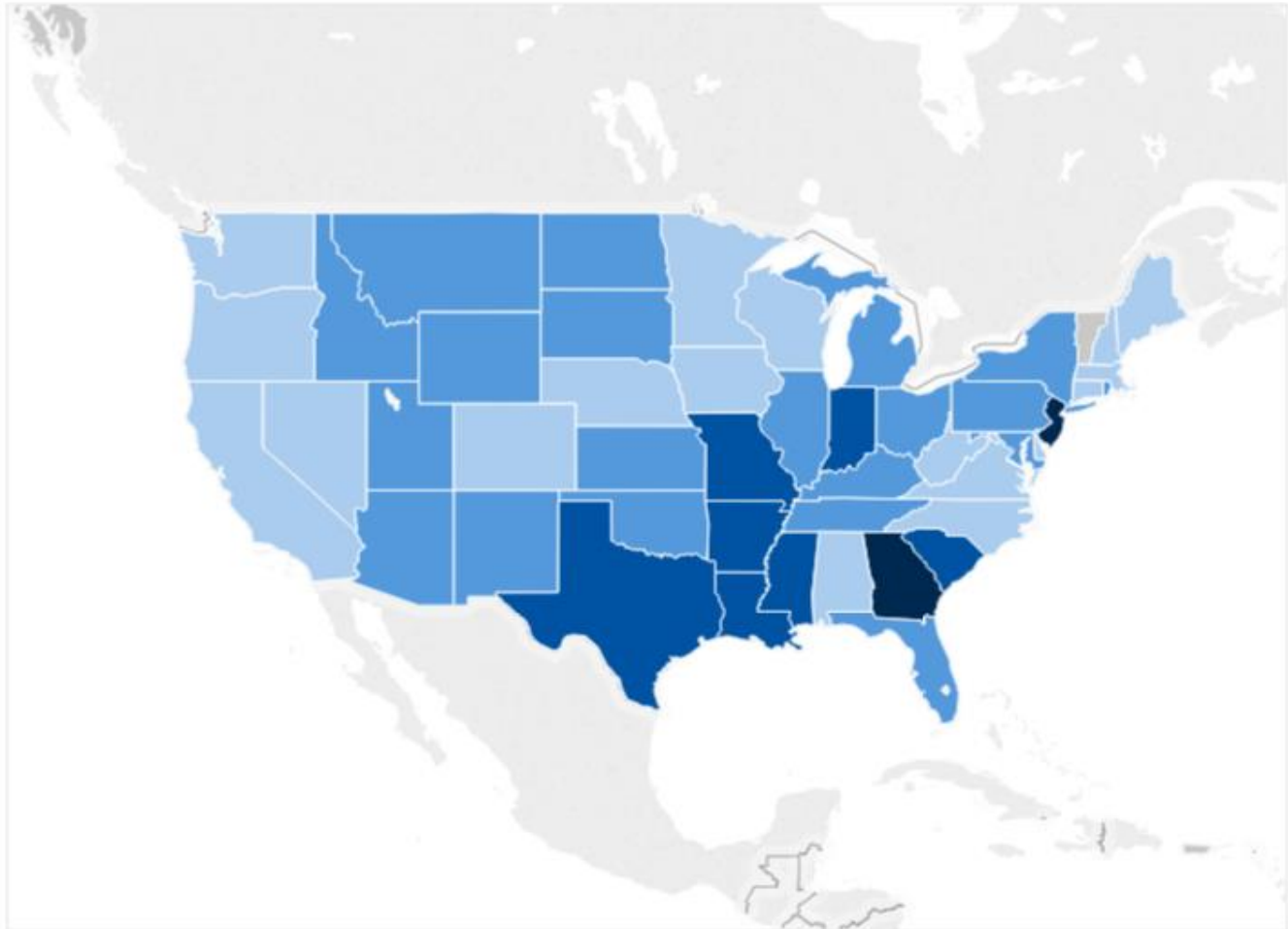
**Georgia Ranks LAST
(2011-2015)**

MATERNAL MORTALITY RATE IN THE U.S.

The number of deaths from any cause related to or aggravated by pregnancy, management during pregnancy and childbirth, or within 42 days of termination, regardless of duration or site of the pregnancy. Data excludes accide..

Death rate per 100,000

■ Less than 16.1 ■ 16.1-26.0 ■ 26.1-36.0 ■ More than 36.1 ■ No data



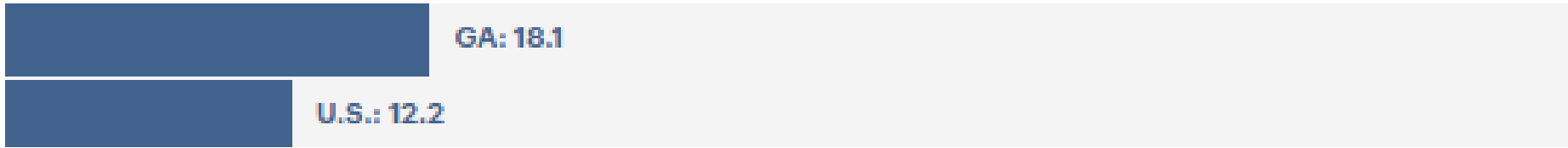
SOURCES: America's Health Rankings analysis of CDC, National Vital Statistics System, United Health Foundation, AmericasHealthRankings.org, Accessed 2010-2014.

WABE INTERACTIVE/
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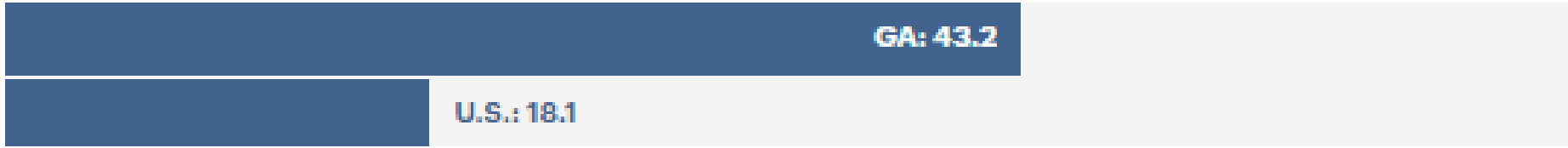
Subpopulations: Maternal Mortality, Georgia, United States

RACE/ETHNICITY

Maternal Mortality - Hispanic



Maternal Mortality - White



Maternal Mortality - Black



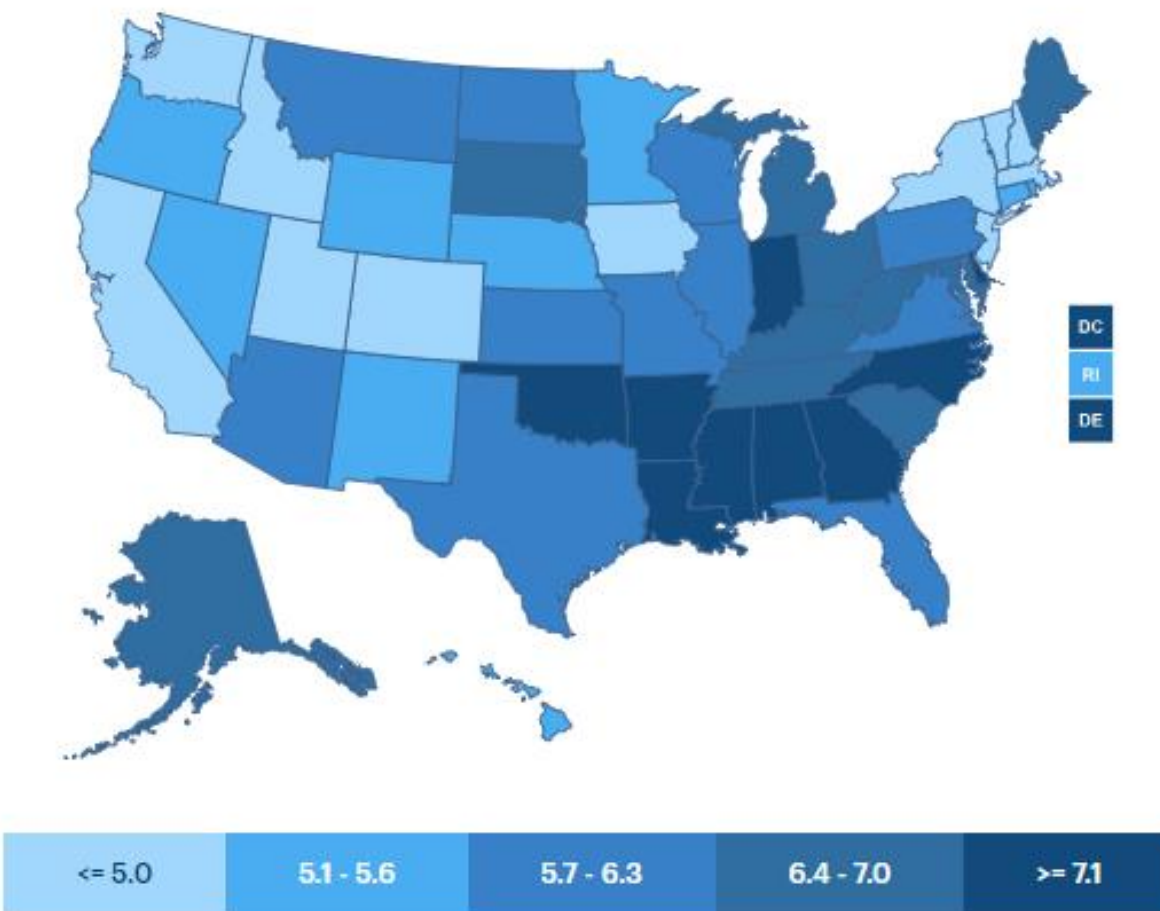
Deaths per 100,000 live births

Source:
• CDC, National Vital Statistics System, 2011-2015

Infant Mortality

Georgia Ranks 46/50
(2014-2015)

Number of infant deaths (before age 1) per 1,000 live births



Suggested Citation: America's Health Rankings analysis of CDC, National Vital Statistics System, United Health Foundation, AmericasHealthRankings.org, Accessed 2018.

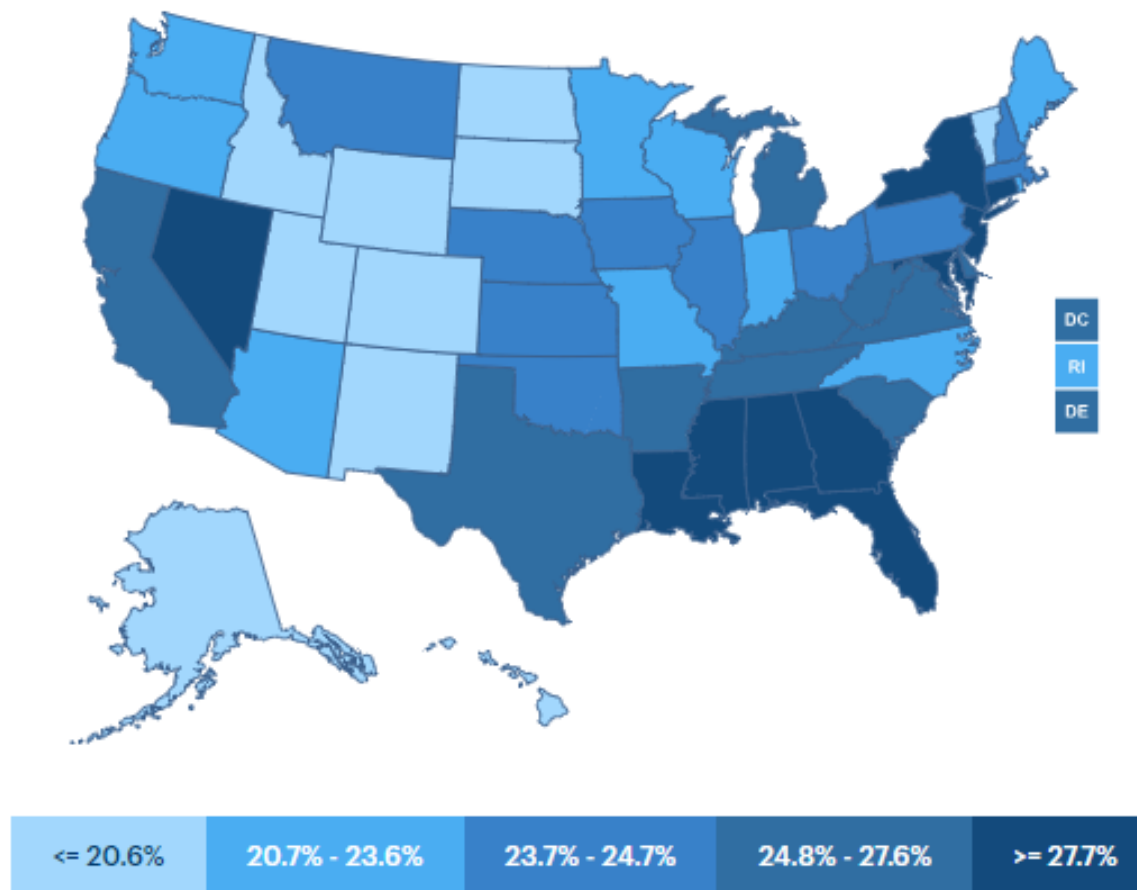
Source:

- CDC, National Vital Statistics System

Percentage of singleton, term (37 or more weeks gestation), vertex (non-breech) cesarean deliveries to women having their first birth per 100 women delivering singleton, term, vertex, first births

Low-Risk Cesarean Delivery

Georgia Ranks 41/50
(2015)

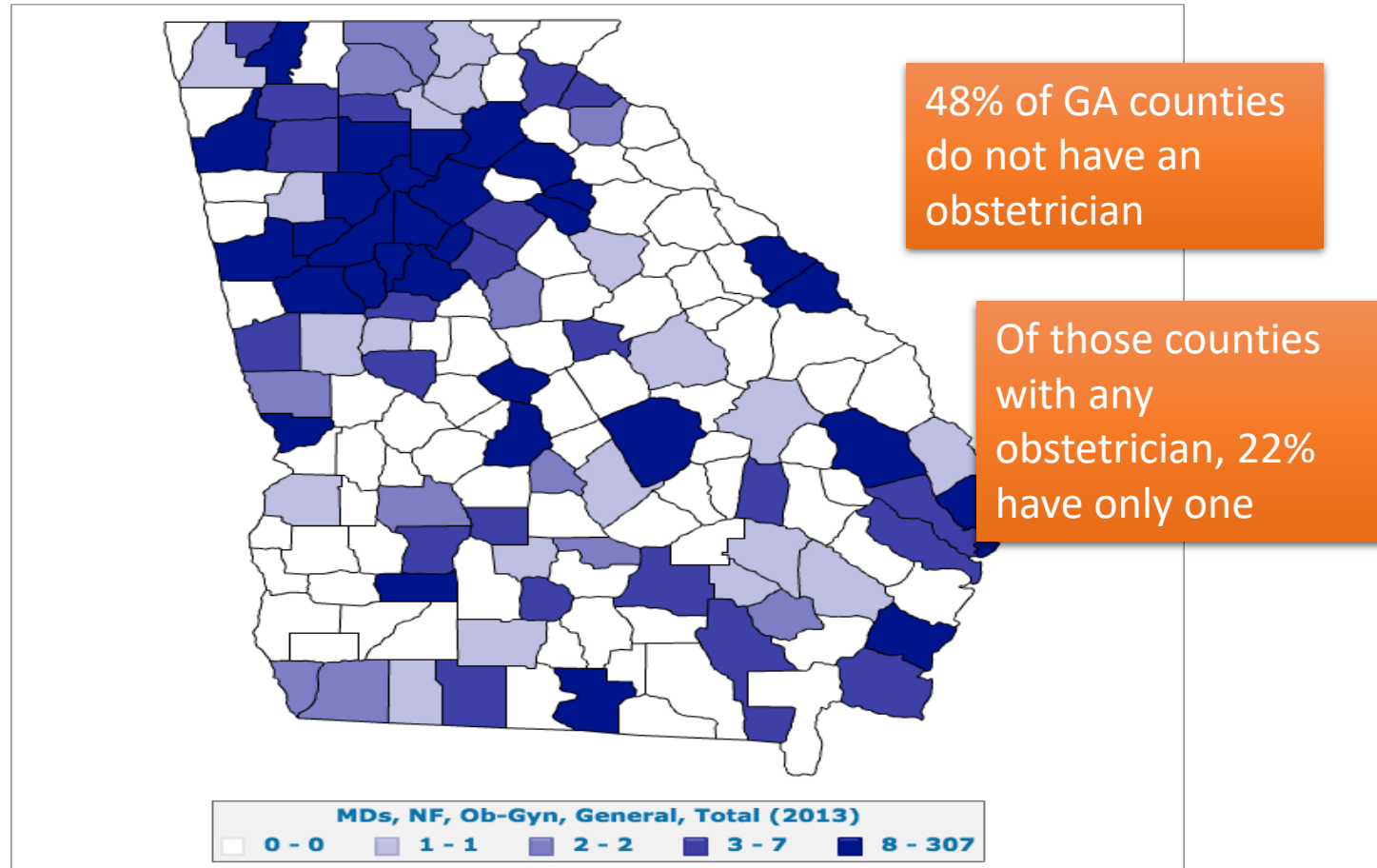


Source:

- CDC, National Vital Statistics System

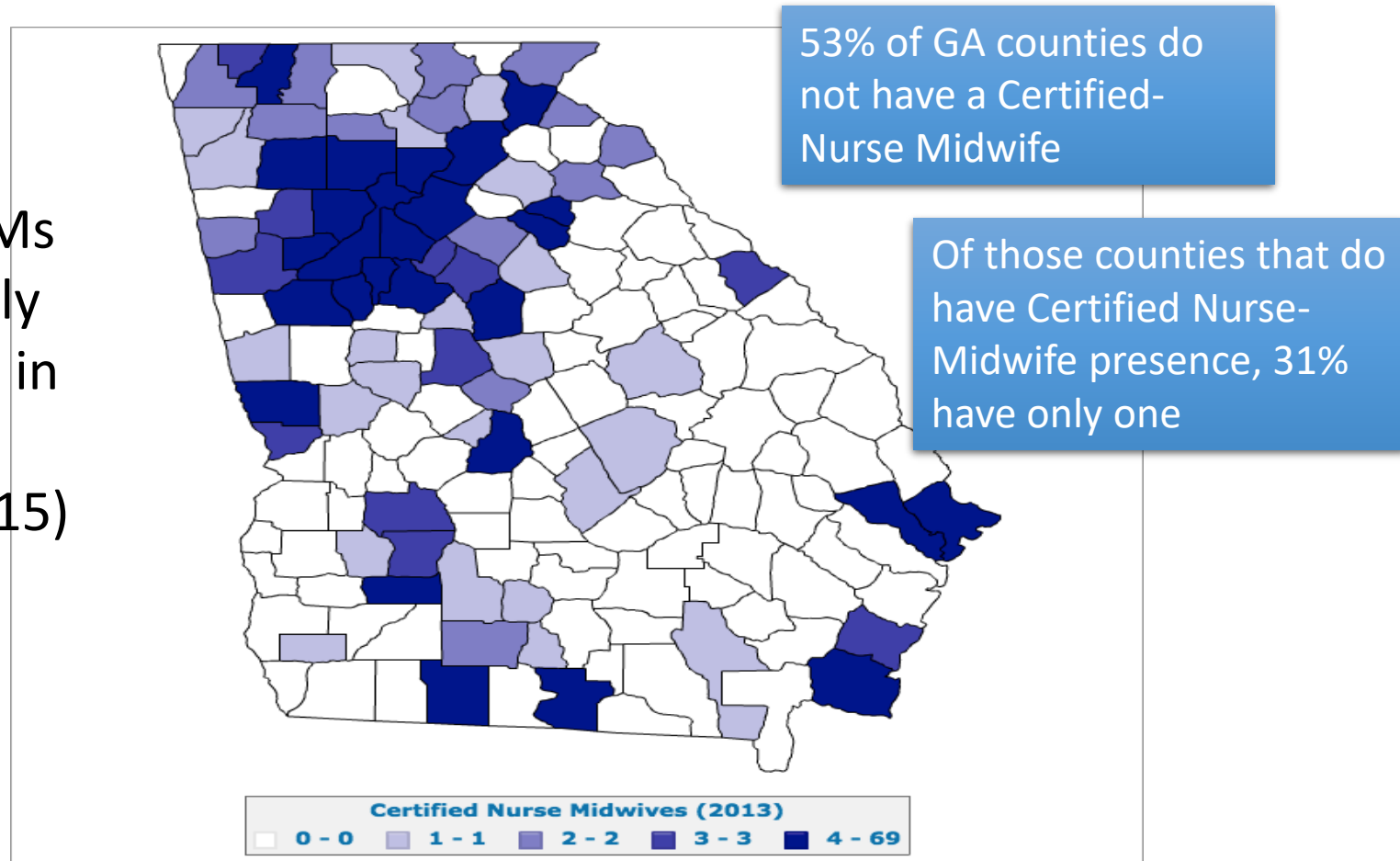
Access to Maternity Care in Georgia

Obstetricians by GA County



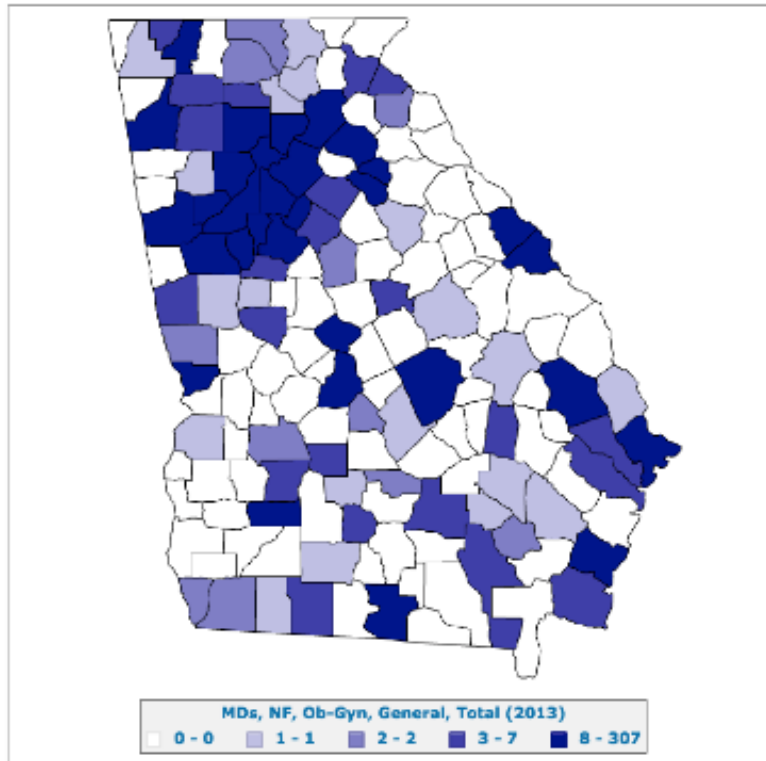
Certified Nurse-Midwives by GA County

501 CNMs currently licensed in GA (Nov, 2015)

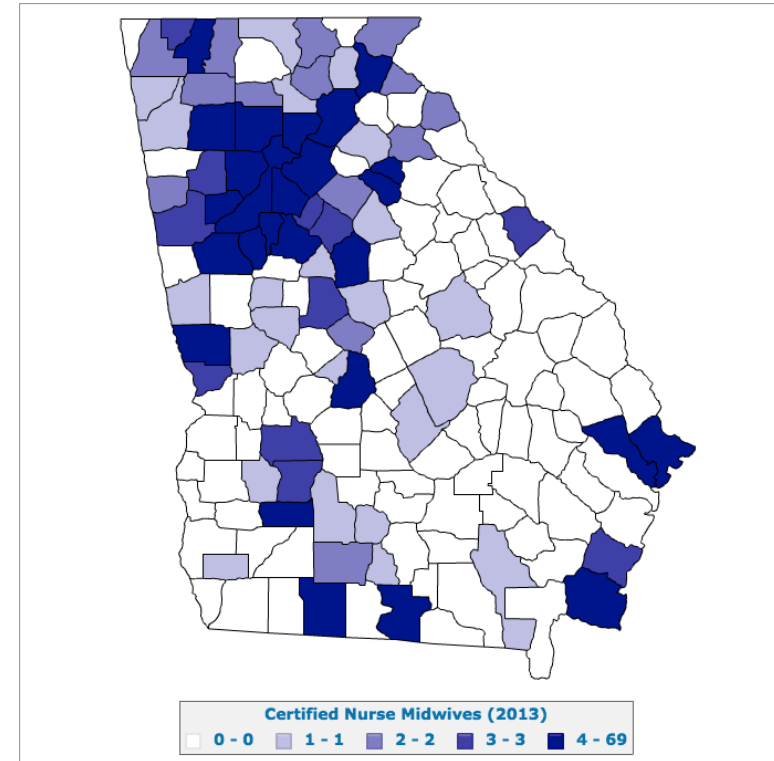


South Georgia Sparcity of CNMs

OB-GYNs in Georgia



CNMs in Georgia



Where do GA CNMs work?

Place of Employment	Number of GA CNMs
Hospital	173
Ambulatory clinic	69
Public Health	8
Insurance claims/benefits	2
Nursing Home/Extended Care	2
Home Health	9
Academic	33
Correctional facility	1
School health service	2
Other	68
Community health	16
TOTAL	383

32% of CNM licensed in GA do not provide prenatal or birth care.

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Reasons cited by CNMs for not providing midwifery care:

- Difficulty finding jobs
- Difficulty finding physician collaborators
- Difficulty getting hospital privileges

Many student CNMs educated in GA leave the state for the same reasons.

What is it?

Full Practice Authority

Current Maternity Care Providers in the US

OB/GYNs

- Medical degree & specialized residency
- Skilled in specialized surgical techniques and primary care
- Trained to attend low, moderate and high risk births and address complications and co-morbidities
- 99.9% of births they attend occur in hospitals.

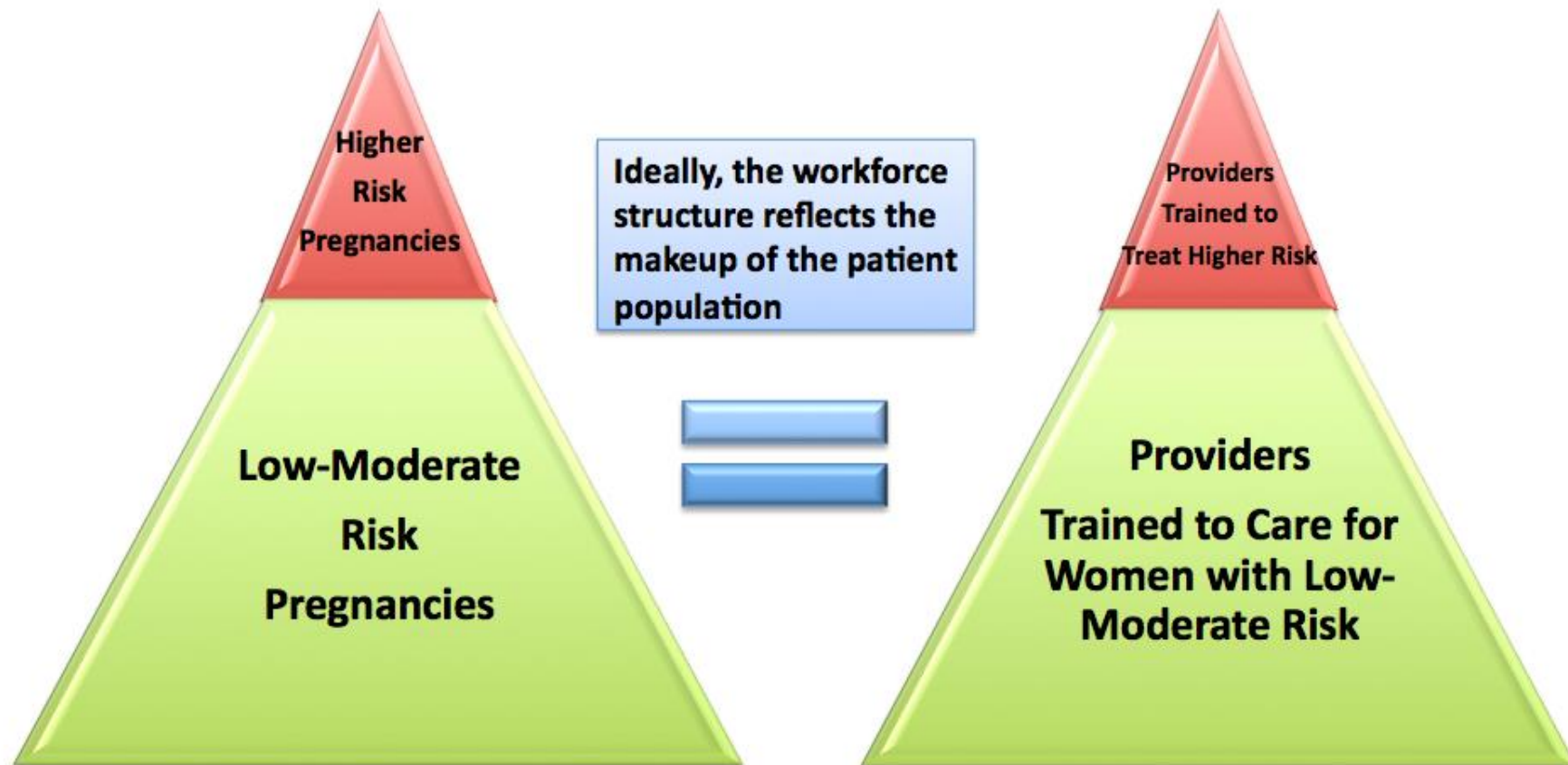
Certified Nurse Midwife

- Masters Degree
- Skilled in normal birth for women with low-moderate risk
- Provide primary care to women of all ages
- 94.6% of the births they attend occur in hospitals.

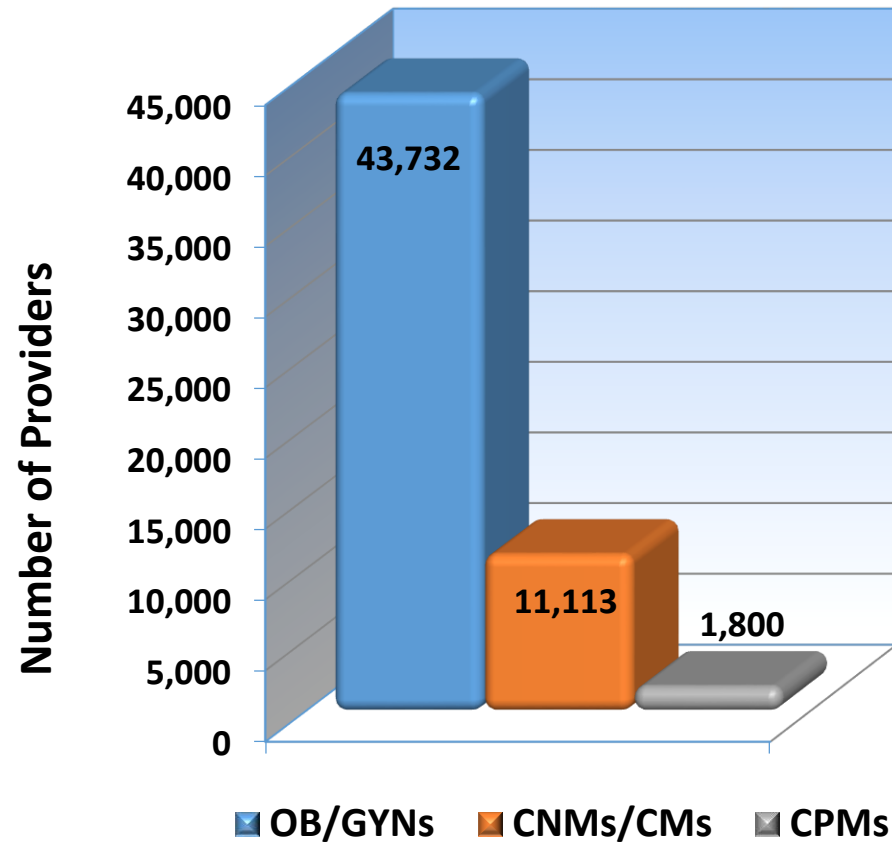
Certified Professional Midwife

- Most complete a non-accredited apprenticeship model of education
- Care for women of low risk
- Do NOT provide primary care
- 16.9% of births they attend occur in hospitals

Ideal Maternity Care Workforce Structure



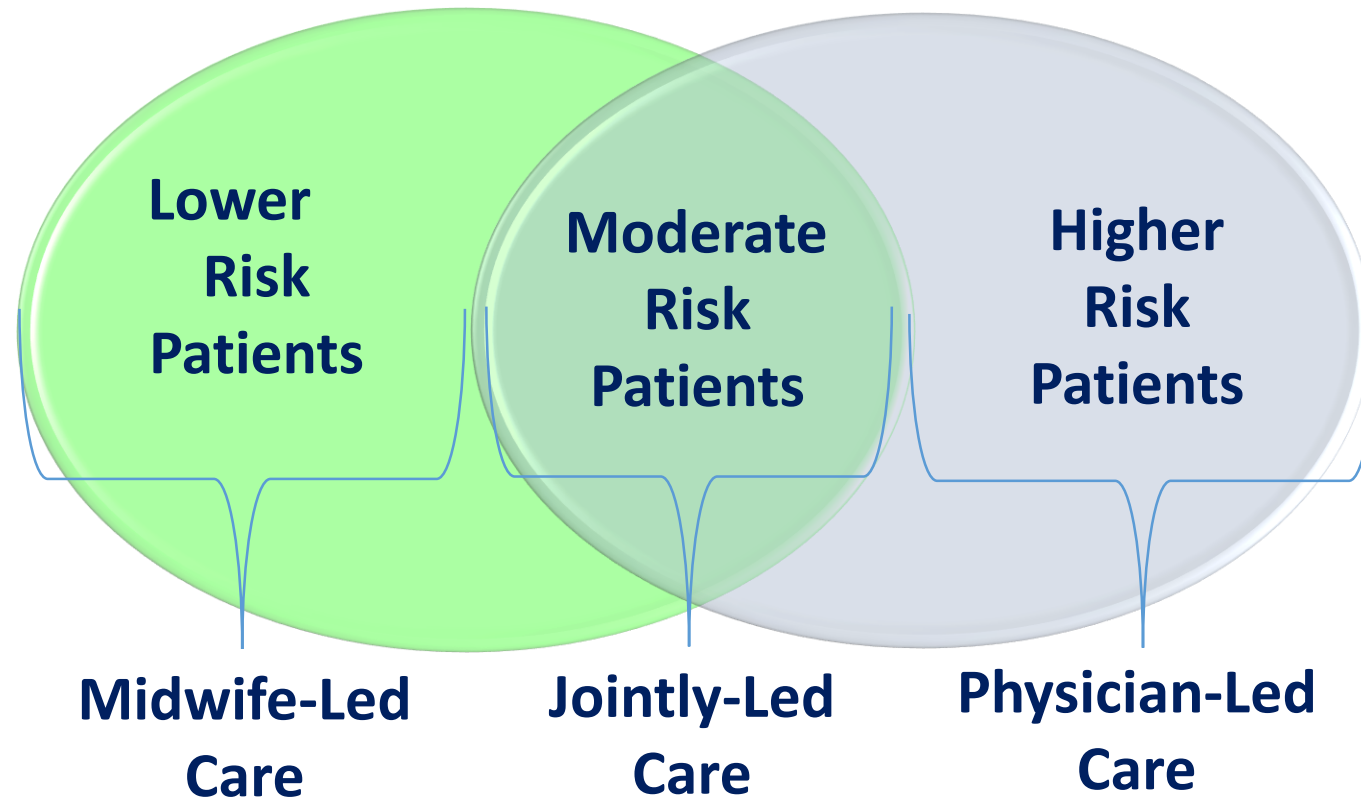
Current US Workforce Structure



Physicians are the most common maternity care provider in the US.

Percent of 2013 U.S. Births
Physicians: 90.4%
Nurse-Midwives: 8.2%
Other Midwife: 0.7%

Inter-Professional Collaboration – The Ideal



“Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.”

Joint Statement of Practice Relations Between Obstetrician/Gynecologists and Certified Nurse-Midwives/Certified Midwives

ASSESSING PROGRESS on the
Institute of Medicine Report
THE FUTURE OF NURSING

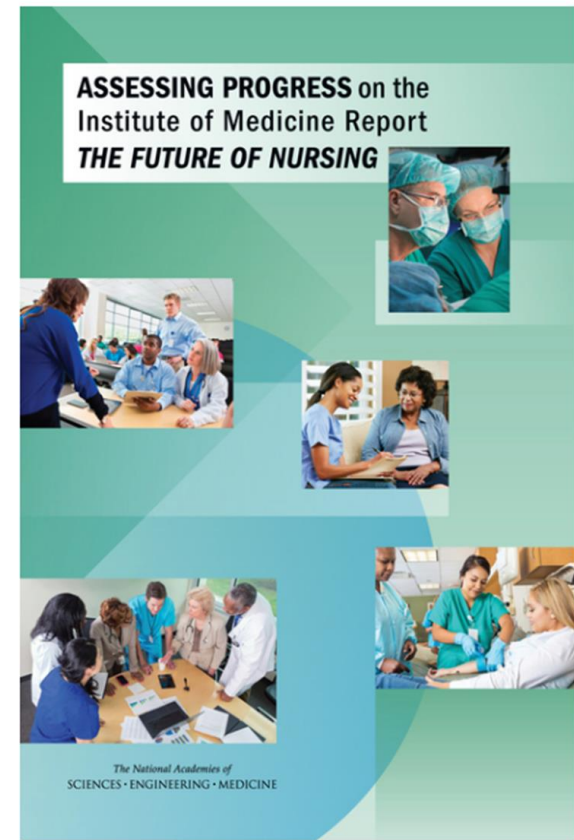


Institute of Medicine's report on the Future of Nursing (2011)

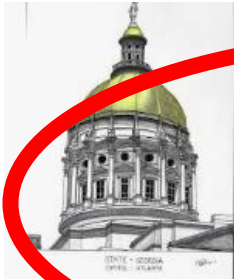
- Convened group of professionals, experts in business, health care delivery, health policy, academia.
- Key Question for Committee:
What roles can nursing assume to address the increasing demand for safe, high-quality, and effective health care services?

IOM's Key Messages

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.



Steps to Practicing as a Nurse-Midwife



Licensure—State grants the authority to practice



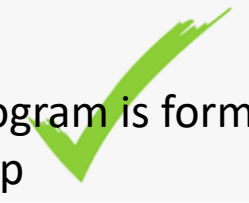
Certification—Formal recognition of knowledge, skills, and experience meet standards for the profession



Education--in a Graduate Program



Accreditation—Educational program is formally reviewed and approved by external group



Full Practice Authority—the ideal

- State laws for practice and licensure that allow for nurse-midwives (and other Advanced Practice Nurses) to do the following under the exclusive authority of the state board of nursing:
 - Evaluate patients
 - Diagnose
 - Order/interpret diagnostic tests
 - Initiate/manage treatments
 - Prescribe medications

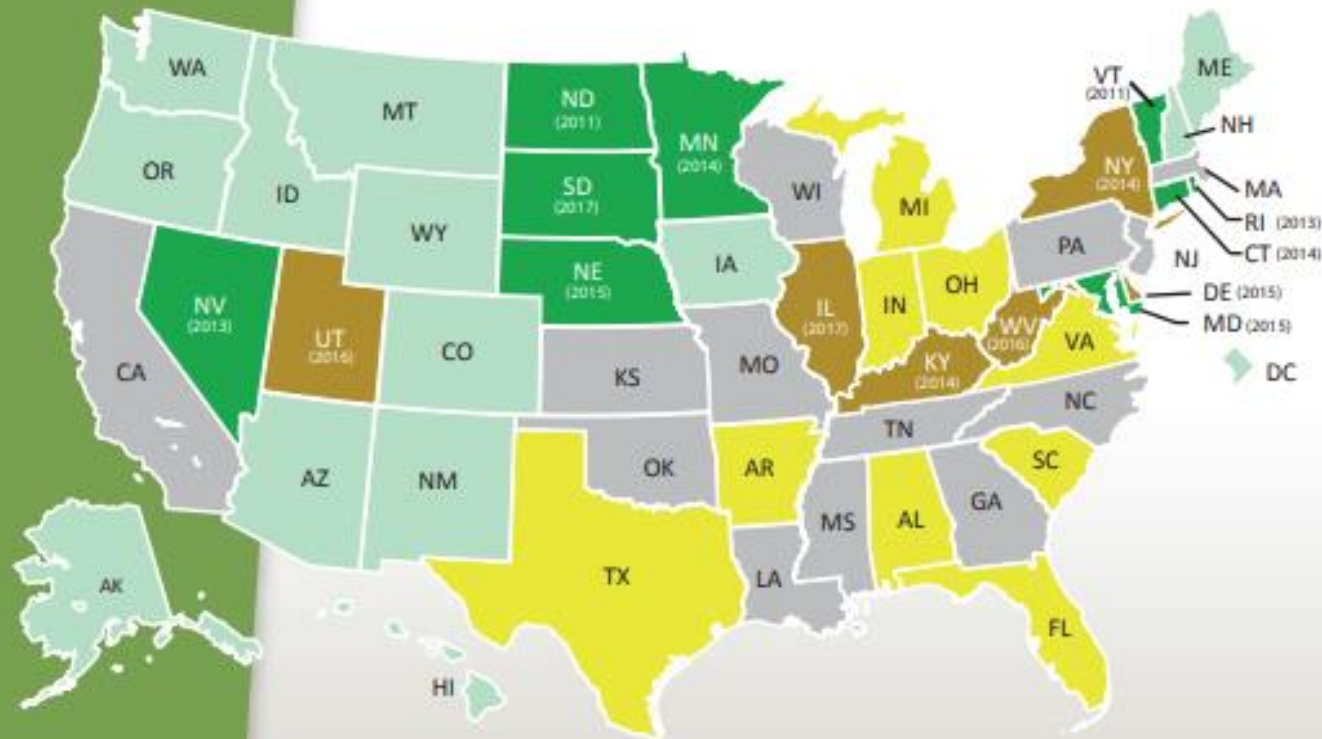
Licensure—State grants the authority to practice



IOM Recommendation:

Advanced practice registered nurses should be able to practice to the full extent of their education and training

State progress in improving access to care provided by nurse practitioners



- Full access achieved before Campaign began
- Full access achieved since Campaign began
- Substantial improvement made since Campaign began
- Incremental improvement made since Campaign began

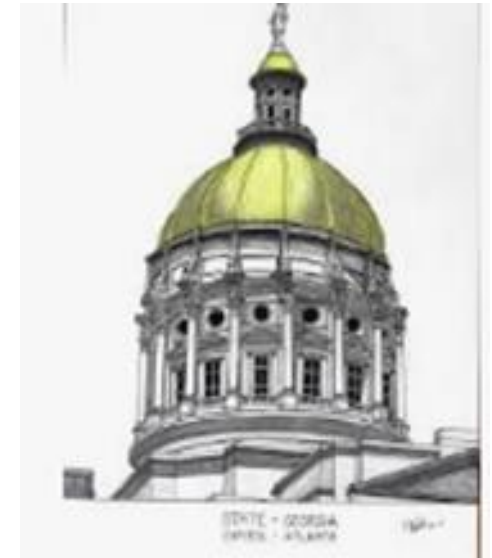
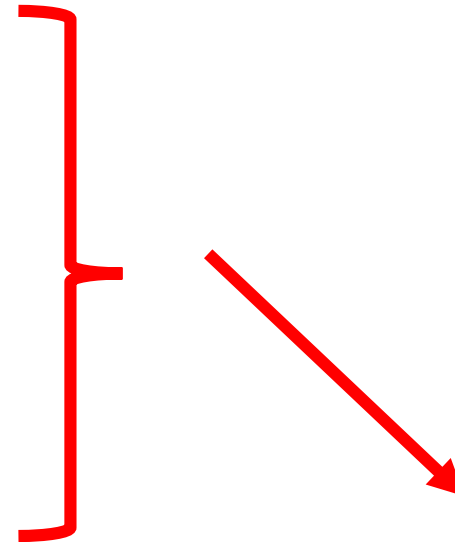
Full Practice Authority—Georgia

- Evaluate patients
- Diagnose
- Order/interpret diagnostic tests
- Initiate/manage treatments
- Prescribe medications



Delegated Prescriptive Authority

The CNM does not have an independent ability to prescribe medications in GA. Instead, a licensed physician must delegate this act to the CNM



Licensure—State grants the authority to practice

Collaborative Practice Agreement

Required between a CNM and a licensed physician. This agreement specifies how the CNM can evaluate, diagnose, order tests, and initiate treatments.

Full Practice Authority in Georgia

Implications on Outcomes & Spending

RESEARCH ARTICLE

Mapping integration of midwives across the United States: Impact on access, equity, and outcomes

Saraswathi Vedam^{1,2*}, Kathrin Stoll¹, Marian MacDorman³, Eugene Declercq⁴, Renee Cramer⁵, Melissa Cheyney⁶, Timothy Fisher⁷, Emma Butt¹, Y. Tony Yang⁸, Holly Powell Kennedy⁹

- Rated 50 states on a Midwifery Integration Score (MISS)
 - Score reflects difference across states in scope of practice, autonomy, governance, and prescriptive authority of midwives
- Compared each state's Midwifery Integration Score with their maternal and newborn outcomes (CDC Vital Statistics data)
- Controlled for the confounding effects of race

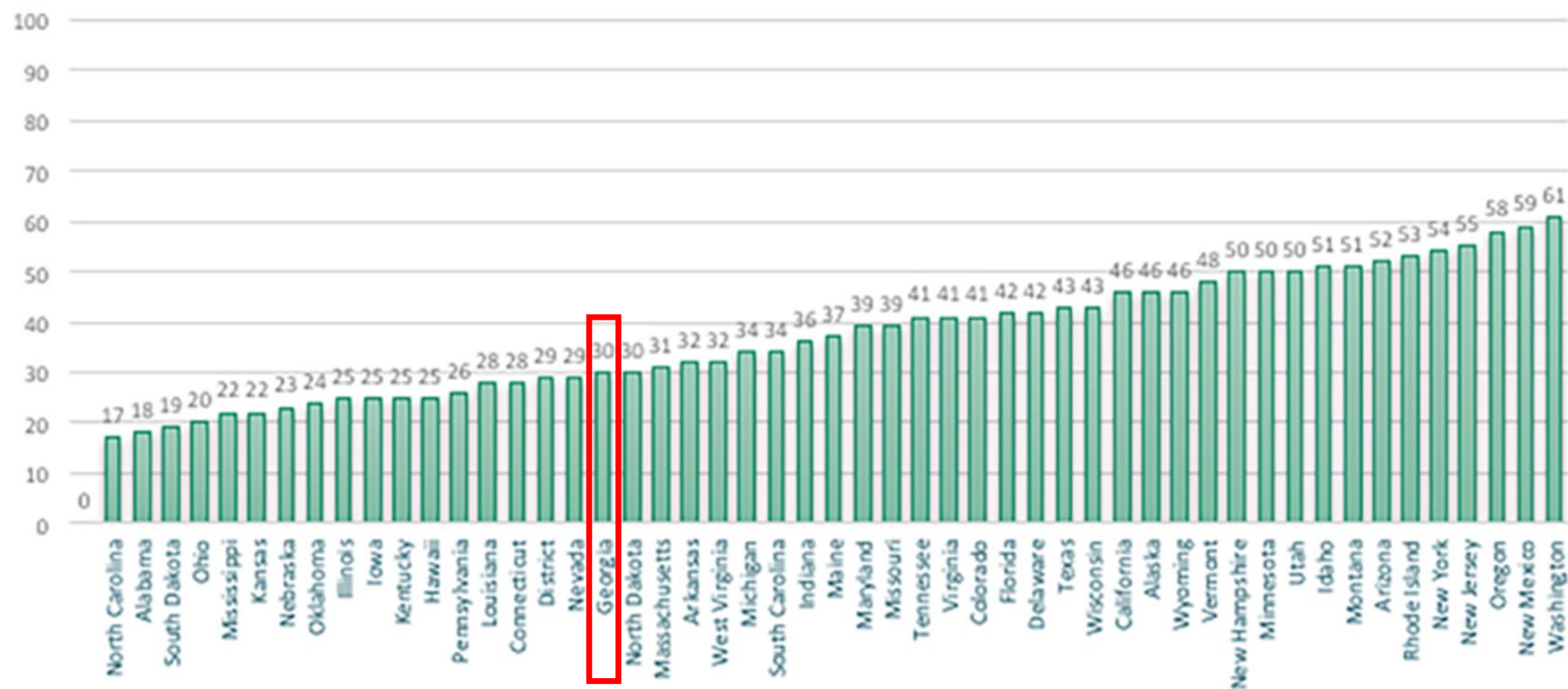


Fig 1. Rank-ordered integration scores for 50 states and Washington, DC (2014–2015).

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Table 5. Results from linear regression analysis, showing variations in outcomes that can be explained by % black births and MISS scores.

	Outcome	Variance explained by % black birth (R2)	Additional variance explained by MISS integration scores (R2)	Total variance explained
Model 1	Neonatal death	0.385	0.116*	0.501
Model 2	Cesarean section	0.427	0.006	0.433
Model 3	Preterm birth	0.371	0.081*	0.452
Model 4	Low Birth Weight	0.552	0.018	0.570
Model 5	Exclusive breastfeeding at birth	0.425	0.107*	0.532

*R square change significant (< 0.05).

Regression specifications: Hierarchical linear regression. The proportion of black births was entered in block 1 of the model and integration scores in the second block; outcomes were: Neonatal death, preterm birth, low birth weight, CS and breastfeeding at birth. For each model we found that the relationship between standardized predicted values and standardized residuals was linear and that the observed standardized residuals were normally distributed. A p value < 0.05 was deemed as significant.

Full Practice Authority in Georgia-- Implications...



Women's Health Issues
Volume 26, Issue 3, May–June 2016, Pages 262-267

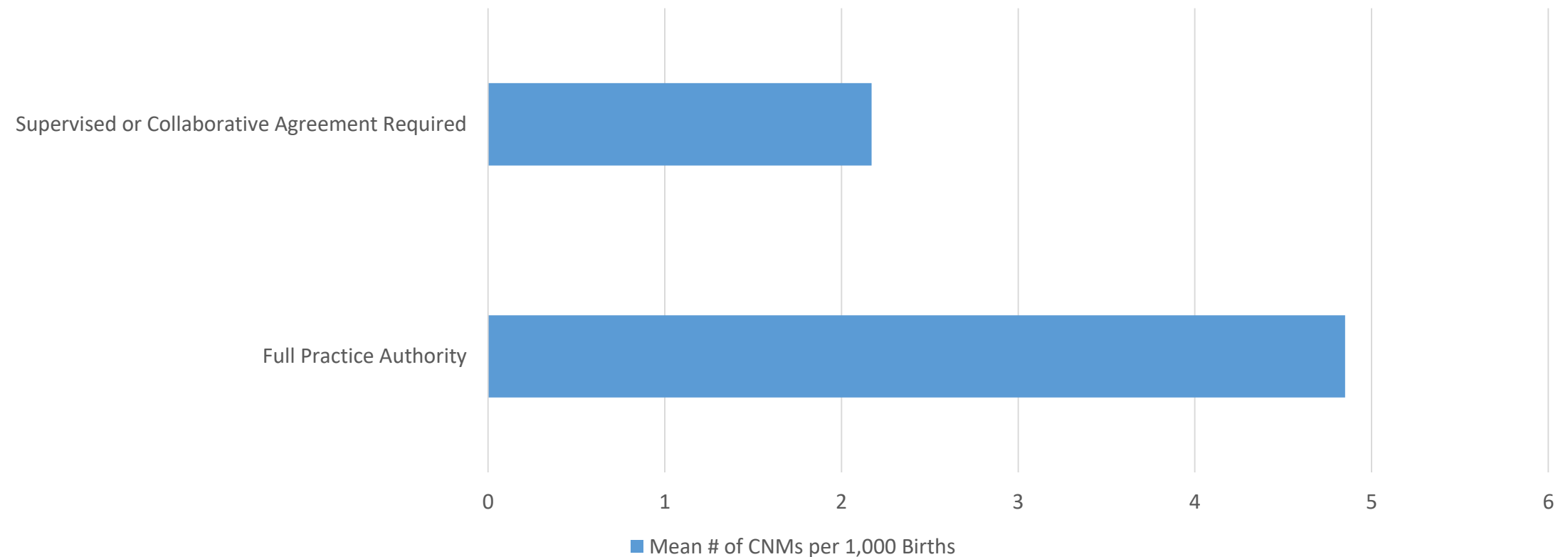


Policy Matters

State Scope of Practice Laws, Nurse-Midwifery Workforce, and Childbirth Procedures and Outcomes

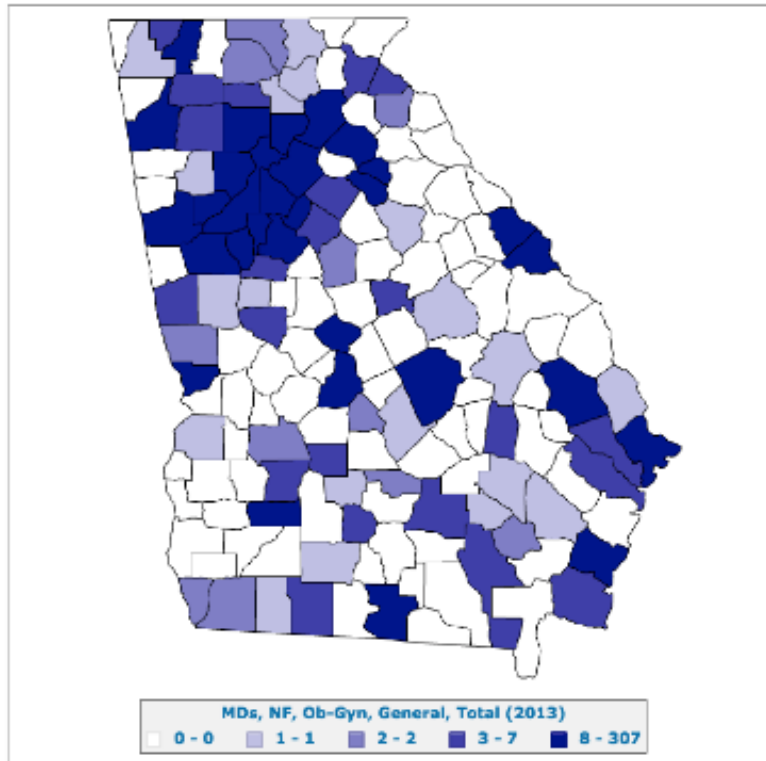
Y. Tony Yang ScD, LLM, MPH ^a ✉, Laura B. Attanasio MS ^b, Katy B. Kozhimannil PhD, MPA ^b

Mean # of CNMs per 1,000 Births

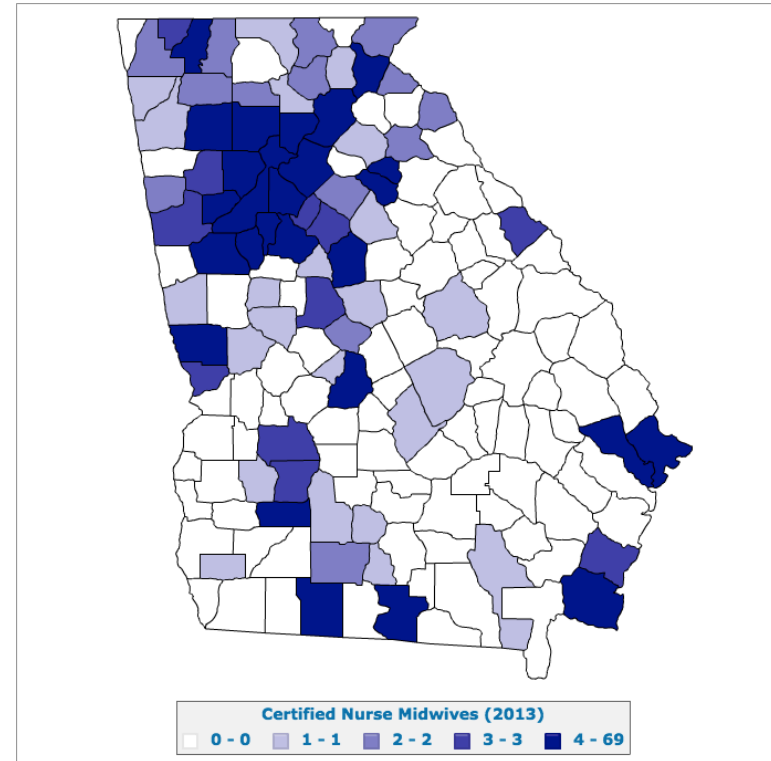


South Georgia Sparcity of CNMs

OB-GYNs in Georgia



CNMs in Georgia



Full Practice Authority in Georgia-- Health Care Implications...

For the GA Certified Nurse-Midwife

- The American College of Nurse-Midwives suggests that every practice have a written practice guideline which are “mutually agreed-upon [by CNM and physician] and specifically mandates...the parameters for consultation, collaboration, and referral...(but) do not require signed collaborative agreements with physicians.”

For the GA Physician

- Would work as collaborator or consultant for CNMs
- Less vicarious liability for actions taken by the CNM, as the CNM is not performing functions that are delegated to him/her by a physician.

Full Practice Authority in Georgia-- Health Care Implications...

For the GA Certified Nurse-Midwife

- CNMs would be able to work 11% more hours on average

For the GA Physician

- Physicians would be able to increase direct patient care time by 8% due to less time needed supervising CNMs.
- Physicians would not be forced to review charts and practice of CNMs who have proven their clinical knowledge in their board examinations.

•Traczynski, J., & Udalova, V. (2013). Nurse practitioner independence, health care utilization, and healthoutcomes. Paper presented at the Fourth Annual Midwest Health Economics Conference.

•Kleiner, M. M., Marier, A., Park, K. W., & Wing, C. (2014). Relaxing occupational licensing requirements: analyzing wages and prices for a medical service. National Bureau of Economic Research.

Full Practice Authority in Georgia-- Health Care Implications...

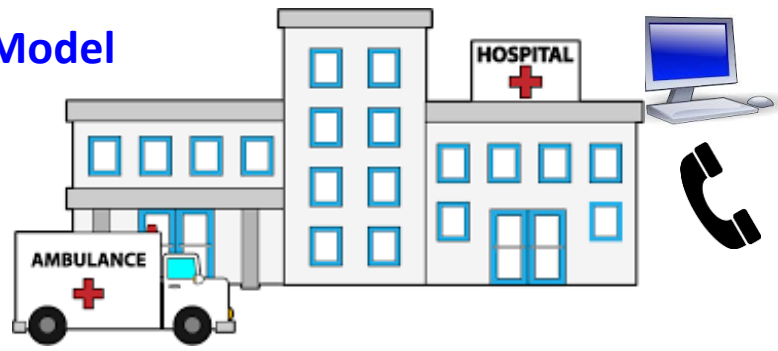
For the GA Certified Nurse-Midwife

- More CNMs would be drawn to working in GA
- It would be easier for CNMs to set up new practices in GA—especially in rural areas of the state

For the GA Physician

- Physicians would have more options for working with CNMs in the same practice, or in collaborating practices.
- Physicians would not be limited by the GA state protocol agreement to only working with a maximum of 4 CNMs.

Georgia Rural Maternity Care Model



Perinatologist at Regional Medical Center provides:

- High-risk consultation (tele-health, in person)
- Antepartum hospitalization

Physician Hospitalist provides:

- Cesarean delivery
- Consultation with midwives
- Higher-risk antepartum visits
- Ultrasounds



Nurse-Midwives from rural county clinics rotate to provide normal Labor & Delivery Care



Nurse-Midwives care for women within counties

Full Practice Authority for Nurse-Midwives in Georgia

- Improve outcomes for women & families
- Evidence-based
- Partnerships between nurse-midwives & physicians Replace unnecessary state-mandated supervision
- Strategic use of health care provider resources
- Value



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