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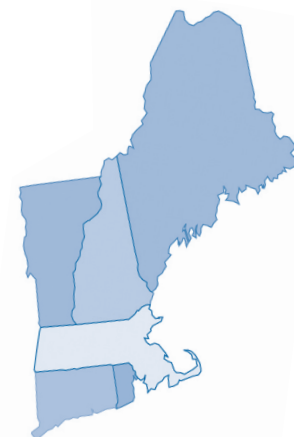


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Women's Health Disparities and Midwifery Care

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About This Fact Sheet

This fact sheet was developed for the roundtables project "Midwifery Care in New England: Addressing the Needs of Underserved and Diverse Communities of Women." Sponsored by the U.S. Department of Health and Human Services (HHS) Office on Women's Health (Region I), this initiative addresses the challenges and opportunities related to the provision of midwifery care to underserved and vulnerable populations of women. The project aims to increase our understanding of regional midwifery workforce needs in the context of ensuring that all women living in New England have access to timely, affordable, and high-quality health care.

The September 2010 roundtables were coordinated by the McCormack Graduate School's Center for Women in Politics & Public Policy at the University of Massachusetts Boston. UMass Boston hosted the southern New England session and the Center for Leadership and Improvement at The Dartmouth Institute for Health Policy and Clinical Practice hosted the northern New England session. For more information about this project, please visit: www.mccormack.umb.edu/centers/cwppp/care.php

Funding for this activity was made possible in part by HHS, Office on Women's Health. The views expressed in written materials or publications and by speakers and moderators at HHS-sponsored conferences do not necessarily reflect the official policies of the Department of Health and Human Services; nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Health Disparities and Women

Disparities in women's health refer to differences in the presence of disease, health outcomes, or access to health care that exist among specific population groups of women in the United States. Populations that experience disproportionately higher rates of illness, mortality, and chronic lack of access to health care can be defined by a broad range of social determinants including race and ethnicity, socioeconomic status, level of education, geographic distribution, and immigration status. Women often face multiple and complex factors that contribute to poor health conditions and outcomes. This is particularly true in the case of maternal and infant health outcomes.

As stated in a recent Amnesty International report, *Deadly Delivery: The Maternal Health Care Crisis in the USA*, "The way in which the health care system in the USA is organized and financed is failing to ensure that all women have access to affordable, timely and adequate maternal health care services. As a result, women, and in particular women of color, women living in poverty and immigrant women, are more likely to enter pregnancy with untreated or unmanaged health conditions; to receive little or no prenatal care because of delays in receiving coverage; to face crippling debt following labor and delivery; and to have limited access to postpartum care."¹

Women's Reproductive Health and Maternity Care

Reproductive health is central to women's overall health and well-being and requires maintenance throughout a woman's life, beginning at menarche and continuing through menopause. Reproductive and maternity health services are often an entry point into the health care system for both women and their children.

Why Midwives?

Midwives play a significant, yet often under-acknowledged, role in the United States health care system by providing high-quality maternity and, in the case of certified nurse-midwives (CNMs), primary care to women. Midwives are uniquely positioned to care for vulnerable and underserved women. In fact, seventy percent of women who receive care from CNMs are considered vulnerable to poor health outcomes by virtue of age, socioeconomic status, education, ethnicity, or location of residence.² In 2007, "CNM/CM-attended hospital births were most frequent among American Indian/Alaska Native women (17.2%), followed by Hispanic women (8.0%), non-Hispanic Black women (6.8%), non-Hispanic white women (6.8%), and Asian or Pacific Islander women (5.8%)."³

Midwife-led care is based upon the premise that pregnancy and birth are normal life events.⁴ Midwives see pregnancy and birth as existing within the context of a larger family and community. The care they provide is based upon mutual respect, open communication, and autonomy and empowerment of the woman and her family; instead of providing care *to* women, midwives provide care *with* women.⁵ In addition, midwifery care tends to be highly sensitive and responsive to the cultural needs and desires of patients and clients. This approach is an important aspect of the midwifery model and is critical in improving the present, and future, health care experiences of women from diverse backgrounds.⁶ The elimination of disparate outcomes among women is considered an important component of midwifery care. According to the American College of Nurse-Midwives, "there are several areas of health disparities that are of particular concern to midwives" including "infant mortality, preterm birth, low birth weight, sudden infant death syndrome (SIDS), maternal mortality, breast and cervical cancer, HIV/AIDS infection and heart disease among women."⁷

Women's Health: Key Indicators

Although women live longer than men, the prevalence of chronic disease is higher in women. Underserved populations are particularly vulnerable when it comes to chronic diseases. This is in part because the components required for successful management such as "individualized planning and delivery of services, long-term mutually respectful patient-provider relationships, consideration of patient values and culture, a medical home, and an interdisciplinary care team are often absent in the safety net care"⁸ utilized by underserved populations.

Heart Disease

Heart disease is the leading cause of death among women.⁹ Racial and ethnic minorities are particularly vulnerable to mortality from heart disease, as risk factors associated with heart disease, including obesity and diabetes, are also most prevalent in these populations.

Diabetes

Diabetes is the seventh-leading cause of death for all women. However, for African American, American Indian/Alaska Native, and Hispanic women it ranks as the fourth-leading cause of death.¹⁰ If not managed properly, the health implications of diabetes are far-reaching, leading to increased risk for heart disease, nerve damage, kidney damage, amputation, blindness, and even death.

HIV/AIDS

With continued advances in drug therapies, increased early detection, and improved access to regular care, AIDS has become a chronic disease and people are living longer after diagnosis.

- However, of all newly infected women, about two out of three are African American, and African American women are more than 21 times as likely to die from HIV/AIDS as non-Hispanic white women.¹¹

Breast Cancer

Breast cancer mortality rates have declined among women, reflecting progress in both early detection and treatment. Yet racial and ethnic disparities in mammography screening exist. Further, even though preventive screening has increased in most populations, major disparities exist in outcome after diagnosis for women.

- Breast cancer mortality rates among African American women remain 37% higher than for white women, despite lower incidence rates.¹²

Teenage Pregnancy

Teenage pregnancy is an important public health concern critically affecting racial/ethnic minority and low-income women. Infants born to teenagers are more likely to have lower birth weights, increased infant mortality, and an increased risk of some congenital malformations.¹³

- In 2007, the teenage pregnancy rate for black teens was more than twice as high as it was for non-Hispanic white teens.¹⁴

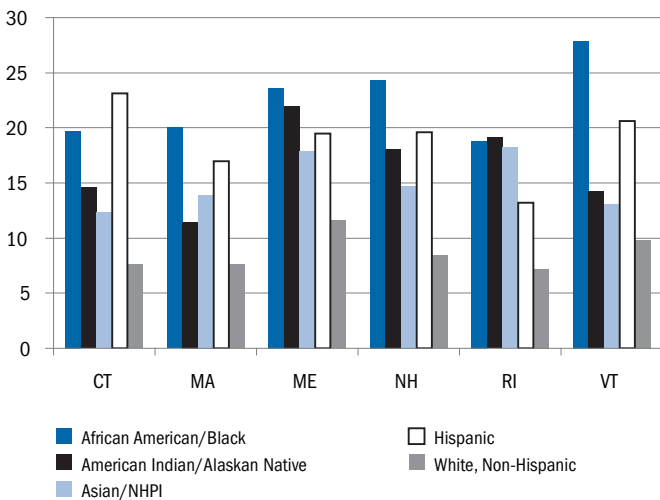
- In New England, while state total pregnancy rates are consistently less than half of the national average, significant disparities exist. Several states' rates for black and Hispanic women are as high as three times that of non-Hispanic white women (CT and RI).¹⁵
- In Rhode Island, the American Indian teen birth rate is extremely high (81 births per 1,000), over double the national average.¹⁶

Prenatal Care

Women who receive early, consistent prenatal care have lower infant mortality rates and are more likely to deliver babies of normal weight. Medicaid expansions have resulted in a low level of uninsurance for pregnant women, yet financial barriers are not the only obstacles to access to prenatal care, as many women still initiate prenatal care late or not at all. A lack of provider availability and language concordance also contribute to low rates of prenatal care service utilization for some populations. As Figure 1 shows, significant racial and ethnic disparities exist in the receipt of late prenatal care (only in the third trimester) or no prenatal care.

FIGURE 1

Percentage of Live Births with Late or No Prenatal Care, 2007



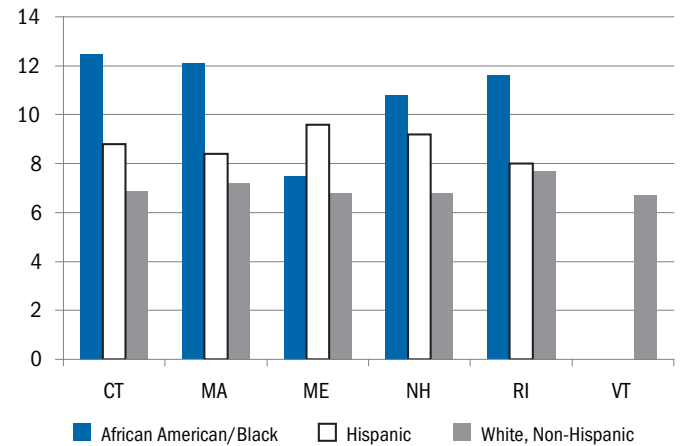
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Health, United States, 2007.

Low Birth Weight

As Figure 2 demonstrates, rates of low birth weight births were higher in African American and Hispanic populations than white populations in every New England state with available data in 2006.

FIGURE 2

Low Birth Weight Births as Percent of All Births by Race/Ethnicity, 2006



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, 2007.

The Health Care System

The factors that contribute to persistent, and in some cases increasing, health disparities among women are complex. Efforts to address disparities should be multifaceted and engage a diverse group of stakeholders. Some recommended components of improved caregiving to underserved and vulnerable populations of women include:

- Identifying a national consensus set of high-quality measures in maternity care that provide a more complete and accurate picture of health determinants;¹⁷
- Shifting the focus away from training in high-risk obstetrics to ensure an adequate supply of diverse providers of maternity and primary care;¹⁸ and
- Ensuring that an adequate number of health service facilities are available in all areas, with emphasis on medically underserved areas, which may include expanding community health care center programs.¹⁹

Health Care Reform 2010: Coverage, Midwifery Care, and Women's Health

Several provisions of the Patient Protection and Affordable Care Act (PPACA) will have an impact on coverage for and access to women's health services.

- Medicaid expansions will result in a significant increase in the number of women eligible for and receiving coverage through Medicaid (full expansion effective by 2014).
- Certified Nurse-Midwives will be reimbursed 100% for Part B services under Medicare - a significant increase over the current 65% reimbursement rate. Given that many Medicaid programs and private insurers follow Medicare rate structures, this provision could result in improved reimbursement for midwifery services (effective January 2011).²¹
- Services provided by freestanding birth centers will be covered under Medicaid (effective March 2010).²²
- Cost sharing for women's preventive health services will be eliminated (effective September 2010).²³
- A federally determined essential benefits package for state insurance exchange plans will include the following essential health benefits: ambulatory patient services, emergency services, hospitalization, maternity and newborn care. Yet grandfathered plans in those markets will not have to comply with the standard (effective 2014).²⁴

Limitations of PPACA

- Coverage for abortion services entails restrictions on the use of federal premium and cost-sharing subsidies. PPACA includes a restriction on the use of federal subsidies for abortion services. Therefore, women receiving subsidies from the federal government for their health care coverage must pay out-of-pocket for abortion services.²⁵
- Many of the lowest-income lawfully present immigrants will remain ineligible or be required to wait years to enroll in Medicaid. Undocumented immigrants, including children, are not provided any options for affordable health insurance through PPACA.²⁶

Federal Maternity Care Legislation

- Federal legislation known as "MOMS for the 21st Century" (Maximizing Optimal Maternity Services for the 21st Century) was recently filed by Congresswoman Lucille Roybal-Allard. This comprehensive legislation (HR 5807) aims to promote optimal maternity outcomes by making evidence-based maternity care a national priority.

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