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Women's Health Disparities and Midwifery Care: Spotlight on Maine

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Women's Health Disparities and Midwifery Care *Spotlight on Maine*

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Snapshot

With a large percentage of its population living in rural areas, Maine faces obstacles to providing adequate prenatal and maternity care to many women. The vast majority (96.2%) of Maine residents are non-Hispanic white, 1.2% are African American/black, 1.4% are Hispanic and 1.2% have other racial/ethnic backgrounds.

Reproductive, Maternal and Infant Health

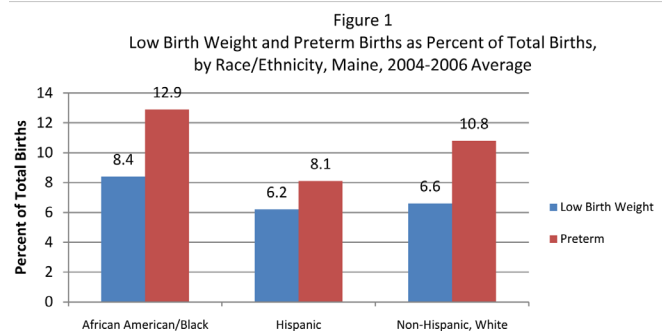
Prenatal Care

In 2006, 87.7% of Maine mothers received adequate prenatal care but racial and ethnic differences persist¹:

- 88.3% of non-Hispanic white mothers received adequate prenatal care;
- 69.8% of African American/black women received adequate prenatal care; and
- 82.5% of Hispanic women received adequate prenatal care.²

Preterm Birth

In 2006, 11.1% of infants (1,569 babies) were born preterm in Maine.³ Between 1996 and 2006, the rate of infants born preterm in Maine increased more than 26%. Figure 1 illustrates that significant racial/ethnic disparities exist for several key infant health outcomes, including preterm birth and birth weight.



Source: The Kaiser Family Foundation. (2007). Statehealthfacts.org. Accessed August 5, 2010.

Infant Mortality

In Maine, between 2004 and 2006, the average infant mortality rate for non-Hispanic white infants was 6.2 out of 1,000 births. During the same time period, the average infant mortality rate for African American/black infants was 7.8 out of 1,000 births.

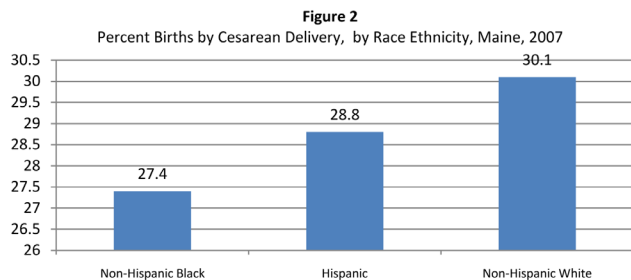
In 2006, the infant mortality rate was 6.3 per 1,000 live births (89 babies) in Maine. Between 1996 and 2006, the infant mortality rate in Maine increased more than 43%.⁴

Low Birth Weight

In 2006, 6.8% of infants (967 babies) were born with low birth weight in Maine. Between 1996 and 2006, the rate of infants born low birth weight in Maine increased more than 15%.⁵

Cesarean Birth

As shown in Figure 2, in 2007, the percent of births by Cesarean delivery was 30.1% for non-Hispanic white women, 27.4% for non-Hispanic black women and 28.8% for Hispanic women.



Source: Kaiser Family Foundation.(2006). Statehealthfacts.org. Retrieved August 13, 2010.

Health Insurance, Access and Providers

Among Maine women aged 19-64, 10.4% were uninsured in 2007. Nearly one-fifth (17.4%) of women aged 19-64 were covered by Medicaid in the same year.⁶

Maine currently has 77 health professional shortage areas for primary care.⁷ In September 2008, approximately 5.9% of the Maine population was deemed medically underserved.⁸ In 2003, 47% of all births in Maine were financed by Medicaid.⁹

Midwifery Care

There are currently 67 Certified Nurse-Midwives (CNMs) in Maine and 48 nurse-midwifery practices located throughout the state. In 2004, Maine CNMs attended approximately 1,966 births accounting for 19.6% of all Maine births for that year. Maine CNMs are regulated by the State Board of Nursing. In 1996, state legislation recognized CNMs as independent health care practitioners. Third-party reimbursement is mandated. CNMs are also reimbursed through Medicaid at 100% of physician rates. CNMs in Maine have had prescriptive privileges since 1980.¹⁰ Certified Professional Midwives (CPMs) are not licensed by the state of Maine, but are certified nationally by the North American Registry of Midwives.¹¹

Better Understanding Disparities

While there has been increased attention to health disparities over the past decade, there are still alarmingly significant gaps in disparities research specific to women's health. Most data are drawn from national sources and combine both sexes, making it difficult to address region-specific differences among subgroups of women. Also, much of the research to date emphasizes racial/ethnic and economic status. More subtle, and perhaps less documented, disparities based on immigration status, level of education, and rural/urban residence have more recently been brought into the spotlight.

Selected Resources, Programs and Initiatives

Rural Medical Access Program

In order to minimize disparities in access to prenatal care based on location, the Maine Bureau of Insurance has implemented the Rural Medical Access Program (RMAP). The purpose of the RMAP is to promote prenatal services in underserved areas in Maine. RMAP provides medical malpractice premium assistance to qualified eligible physicians who are licensed and practicing in Maine, who provide prenatal care and delivery services, and practice at least 50% in underserved areas of the state.

http://www.maine.gov/pfr/insurance/rural_medical.htm

Maine Tracking Network

Maine has implemented a sophisticated data tracking software, which is accessible to the public. Researchers can access data on birth outcomes and phenomena such as low birth weight births, premature births, and infant mortality.

<https://tracking.publichealth.maine.gov>

This fact sheet was developed for the September 2010 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).

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