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# Women's Health Disparities and Midwifery Care: Spotlight on Massachusetts

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# Fact Sheet

CENTER FOR WOMEN IN POLITICS AND PUBLIC POLICY

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## Women's Health Disparities and Midwifery Care Spotlight on Massachusetts

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### Snapshot

As a result of Massachusetts' 2006 health insurance coverage law, there has been a significant decrease in the uninsurance rate for women of color. Access to and use of health care for all women in the Commonwealth has also increased. Despite these coverage and access gains, major racial/ethnic disparities in health conditions and outcomes still exist among women, especially in the use and quality of prenatal care, the occurrence of preterm and low birth weight births, and infant mortality rates. The proportion of Massachusetts births that were cesarean deliveries in 2007 was 8% higher than the national rate.<sup>1</sup> Compared to other women in the country, Massachusetts women have particularly high rates of AIDS, lung cancer, and breast cancer.<sup>2</sup> In addition, there are critical shortages of primary care physicians and Ob-Gyns in several regions of the state. In 2005, 14.6% of the total Massachusetts population was foreign born.<sup>3</sup> The racial/ethnic breakdown of Massachusetts residents is: 6% African American/black, 8% Hispanic, 5% Asian, 0.2% American Indian and 80% non-Hispanic white.<sup>4</sup> Nearly 17% (16.9%) of women aged 19-64 are covered by Medicaid<sup>5</sup>

### Reproductive, Maternal, and Infant Health

#### Prenatal Care

There are persistent racial/ethnic discrepancies in the use and quality of prenatal care. In 2008, 76% of Hispanic and 76.5% of black mothers received adequate prenatal care, compared with 84.6% of white mothers.<sup>6</sup>

#### Low Birth Weight

In 2008, black infants continued to have the highest percentage of low birth weight births at 11%. Among maternal

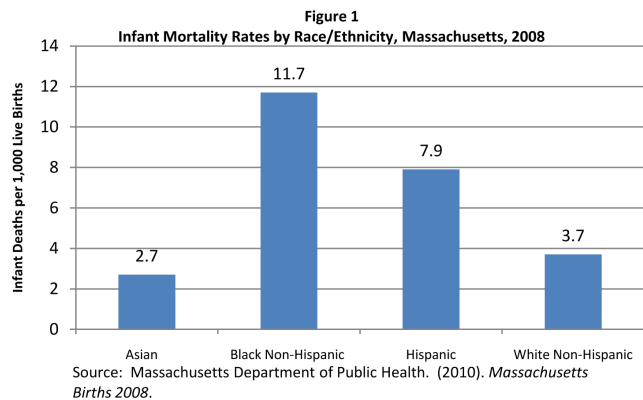
ancestry groups, African American (12.9%), Haitian (11.4%), Cambodian (10.9%), Cape Verdean (10.9%), Asian Indian (10.8%), and Puerto Rican (10.2%) mothers had higher rates than the state overall (7.8%).<sup>7</sup>

#### Cesarean Birth

In 2008, non-Hispanic white women and African American/black women had higher rates of cesarean birth (35.5% and 35.4% respectively) than Hispanic and Asian women (29.3% and 31.6% respectively).<sup>8</sup>

#### Infant Mortality

As Figure 1 demonstrates, 2008 data show significant racial and ethnic disparities in infant mortality. Non-Hispanic black infants were three times more likely to die before their first birthday than non-Hispanic white infants.<sup>9</sup>



#### Health Insurance, Access and Providers

Massachusetts' universal coverage law has minimized the disparities in health care coverage that previously existed among females of different income levels. It has also increased the percentage of Massachusetts women with usual sources of health care. In 2009, 93% of women had a place they usually went when they were sick or needed advice about their health, up from 90% in 2006.<sup>10</sup>

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Yet several regions of Massachusetts, especially those in the central and western parts of the state, are facing critical shortages of primary care providers (PCPs), limiting access to care for many Massachusetts residents. Just over 5% of the population lives in federally designated medically underserved areas.<sup>11</sup>

Paralleling the shortages of PCPs in parts of Massachusetts, residents' access to Ob-Gyn care is limited by physician shortages in several regions of the Commonwealth. In 2009, the average wait time to make an appointment or a routine "well-woman" gynecological exam with an Ob-Gyn in Boston was 70 days.<sup>12</sup>

## Midwifery Care

According to 2008 data, there are approximately 453 Certified Nurse-Midwives (CNMs) and 342 nurse-midwifery practice sites in Massachusetts. In 2004, CNMs attended 10,434 births or 19.3% of all births in Massachusetts. Nurse-midwifery practice in Massachusetts is regulated by the Board of Registration in Nursing under the Nurse Practice Act. CNMs have prescription writing authority and mandatory third-party reimbursement for their services.<sup>13</sup> In Massachusetts, Direct-Entry Midwives are legal by judicial interpretation or statutory inference.<sup>14</sup> Legislation to remove supervisory language for CNMs and for standardization of Certified Professional Midwife (CPM) licensure is expected to be considered in the 2011-12 legislative session.<sup>15</sup>

## Selected Resources, Programs and Initiatives

### Birth Sisters Program

Located at Boston Medical Center, the Birth Sisters Program is an innovative multi-cultural doula service that offers women "sister-like" support during pregnancy, childbirth and the postpartum period.

[www.bmc.org/obgyn/services/birthsisters.htm](http://www.bmc.org/obgyn/services/birthsisters.htm)

### Boston Association for Childbirth Education (BACE)

Founded in 1953, BACE is comprised of parents and professionals whose goal is to provide childbirth and breastfeeding education for families and those who support them.

[www.bace-nmc.org/index.htm](http://www.bace-nmc.org/index.htm)

### Boston Healthy Start Initiative (BHSI)

This federally funded program aims to eliminate disparities in perinatal health by ensuring that black pregnant women receive quality health care by funding case management, health education, interconceptional care, and maternal depression services.

[www.bphc.org/programs/cafh/mch/bhsi](http://www.bphc.org/programs/cafh/mch/bhsi)

### Healthy Baby/Healthy Child Program (HBHC)

This community-based program is designed to promote infant survival, positive birth outcomes, oral health, and family unity.

[www.bphc.org/programs/cafh/mch/hbhc](http://www.bphc.org/programs/cafh/mch/hbhc)

## Women's Health Policy and Advocacy Program, Mary Horrigan Connors Center for Women's Health and Gender Biology

A core component of the Connors Center for Women's Health and Gender Biology, this program's mission is to inform and advance policy at all levels – local, state and national – to promote the highest standard of health and health care for all women.

[www.brighamandwomens.org/ConnorsCenter](http://www.brighamandwomens.org/ConnorsCenter)

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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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