Women’s Health Disparities and Midwifery Care

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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 2807) aims to promote optimal maternity outcomes by making evidence-based maternity care a national priority.

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PPACA has two main health reform provisions that are expected to benefit women's health and reproductive health care: the health insurance exchanges and the Medicaid expansions. Well-funded and well-implemented exchanges will ensure that women have access to affordable health care, and the Medicaid expansions are expected to boost women's health in several ways. Both of these provisions are important, but the exchanges are expected to have a more immediate impact on women's health because Medicaid expansions are not expected to be implemented until 2014.

An important component of the exchanges is the health insurance exchanges. The exchanges are designed to allow individuals and small businesses to compare and purchase health coverage. They will also help individuals sign up for Medicaid and other public programs. The exchanges will allow people to select a range of health plans that are tailored to their needs and budget. The exchanges will also help people who receive subsidies under PPACA to enroll in health plans that provide comprehensive coverage.

The Medicaid expansions will also have a significant impact on women's health. The Medicaid program currently covers about 60% of all births in the United States. Under PPACA, Medicaid will be expanded to cover all adults up to 138% of the federal poverty level. This will result in a significant increase in the number of women who are covered by Medicaid, which will provide them with access to health care services.

The combination of the health insurance exchanges and the Medicaid expansions has the potential to improve women's health significantly. With access to health care, women will be able to receive preventive care, manage chronic conditions, and receive care when they need it. This will lead to improvements in health outcomes, such as reducing maternal mortality and improving birth outcomes.

For more information about this project, please visit: www.mccormack.umb.edu/centers/cwp/pure/index.php
Heart Disease
Heart disease is the leading cause of death among women.9 Racial and ethnic minorities are particularly vulnerable to mor-
tality 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 criti-
cally 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

Why Midwives?
Midwives play a significant, yet often under-acknowledged,
role in the United States health care system by providing high-
quality maternity care, in the case of certified nurse-midwives
(CNMs), primary care to women. Midwives are uniquely posi-
tioned 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. 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%).”

Midwife-led care is based upon the premise that pregnancy
and birth are normal life events.15 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 empower-
ment of the woman and her family; instead of providing care
to women, midwives provide care with women.16 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.17 The
elimination of disparate outcomes among women is consid-
ered 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.”

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 rela-
tionships, consideration of patient values and culture, a medi-
cal home, and an interdisciplinary care team are often absent
in the safety net care” utilized by underserved populations.

10
12
14
16
18
20
22
24
26
28
30

African American
Asian/Other
Hispanic
White, Non-Hispanic

0
5
10
15
20
25
30

CT
MA
ME
NH
RI
VT

FIGURE 1
Percentage of Live Births with Late or No Prenatal Care, 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 mea-
sures in maternity care that provide a more complete and
accurate picture of health determinants;18
• Shifting the focus away from training in high-risk
obstetrics to ensure an adequate supply of diverse
providers of maternity and primary care;19 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.20

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

Why Midwives?

Midwives play a significant, yet often under-acknowledged, role in the United States health care system by providing high-quality maternity care 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. 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%).”

Midwifery care is based upon the premise that pregnancy and birth are normal life events. 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. 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. 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.”

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 provider-patient relationships, consideration of patient values and culture, a medical home, and an interdisciplinary care team are often absent in the safety net care” utilized by underserved populations.

Heart Disease

Heart disease is the leading cause of death among women. 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/Alaskan Native, and Hispanic women it ranks as the fourth-leading cause of death. 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.

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

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).

- In Rhode Island, the American Indian teen birth rate is extremely high (81 births per 1,000), over double the national average.

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


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;

- Shifting the focus away from training in high-risk obstetrics to ensure an adequate supply of diverse providers of maternity and primary care;

- 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.
Many of the lowest-income lawfully present immigrants will be unable to access health care due to Medicaid expansion limitations. Federal legislation known as “MOMS for the 21st Century” (Federal Maternity Care Legislation) was recently filed by Congresswoman Lucille Roybal-Allard (D-CA) and 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).

Services provided by freestanding birth centers will be covered under Medicaid (effective March 2010).

Cost sharing for women’s preventive health services will be eliminated (effective September 2010).

A federally determined essential benefits package for state Medicaid programs 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).

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**About This Fact Sheet**

This fact sheet was developed for the rundates 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 rundates 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/cwppe/index.php

**Women’s Health Disparities and Women in Politics**

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 crumbling debt following labor and delivery; and to have limited access to postpartum care.”

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 care services are often an entry point into the health care system for both women and their children.

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**References**

- Hiersteiner, MPP Candidate, The Heller School for Social Policy and Management, Brandeis University, and Althea Swett, RN Candidate, Massachusetts General Hospital Institute of Health Professions.