As the COVID-19 pandemic progresses, home birth midwives across the country are being inundated. Families are desperate for our care, to avoid giving birth in unsafe hospitals. According to 2015 global statistics, the USA is the only developed nation with rising maternal mortality rates, and first-day neonatal mortality rates up to 4 times higher than other industrialized countries. Existing childbirth protocols and practices in hospitals produce poor results. Our maternity care system was already failing us, and amidst the current crisis outcomes may plummet further, unnecessarily. A shift from prioritizing the needs and choices of the medical system, to prioritizing those of mothers will immediately improve outcomes for mothers and babies. To do this, we need new laws, attitudes and practices. This includes creating smaller facilities dedicated to childbirth; recognizing and asserting birthing women’s right to safety and choice; and valuing, supporting and remunerating all certified midwives.

I am a community midwife of 40 years, the president of the Midwives Alliance of North America (MANA), and a practicing physician. I am watching the COVID-19 crisis dismantle the illusions that our healthcare system can cope with an overwhelming spontaneous event, or that the consumer has appropriate choices. This is the exact problem we see in our hospital-based maternity care system every day. To handle a high-volume of people using hospitals for a spontaneous event - like a pandemic or childbirth - the system must plan for enough beds, staff, and machines. Take the example of childbirth. To control the flow of birthing mothers through the hospital-as-business setting, we have turned this spontaneous event into one that can be scheduled and controlled. How did we get here? It is partly the result of a simple business concept employed in medical settings: plan, dictate flow, control clients in and clients out. Induction allows births to be scheduled. Without induction, birthing mothers may arrive at local hospitals randomly over any given 48-hour period. Unable to cope with this unpredictable volume, birthing mothers would be sent elsewhere. It would be devastating to business. This model is devastating consumers as medical professionals systematically coerce birthing mothers to make choices that they don’t want. The result is the rampant spread of non-medically necessary inductions, increased interventions, surgeries, traumatized families, and poor outcomes. To limit Coronavirus exposure, pregnant women across the country who may otherwise have wished for an non-medicated birth are choosing induction. They will have to accept the cascade of interventions and poor outcomes that frequently accompany it. The consumer continues to suffer to accommodate the limitations of large-scale medical systems. We are forced to see that our healthcare system is ill equipped and not designed to support and promote consumer choice. We urgently need to keep birthing mothers and their babies safe and together, able to make choices for their own wellbeing.

In response to the current national emergency, Certified Professional Midwives (CPM), including those formerly retired, are stepping up to help. They are also being arrested. Many people are unaware that there are different types of midwives. Certified Nurse Midwives (CNM) and Certified Midwives (CM) who are trained in hospital protocols and work mostly in that setting, and Certified Professional Midwives (CPM), who are specifically trained to work in community settings (birth centers or homes). Despite the high level of knowledge, skill and experience required to become a CPM, home birth midwifery is criminalized in many states. This criminal-
ORIZATION is a well-documented, concerted campaign to eliminate consumer options and normalize hospital birth. While this earns well for hospitals, there is no evidence that it is in the best interest of birthing mothers or their babies.

The MANA Statistics Project is one of the largest collections on community birth data existing today. Research based on that data has produced multiple peer reviewed studies that demonstrate the safety of planned community births under the care of a midwife. Low risk women experienced high rates of normal physiologic birth and successful lactation and low rates of operative birth and interventions, with no increase in adverse events.

There are clear steps we can take to prioritize good outcomes for families.

First, we need smaller facilities dedicated to childbirth, staffed by midwives. This would allow hospitals to focus on those who are ill, and would stop pregnant women exposing themselves to microbes just to get care. With sufficient numbers of community based maternity centers we can keep volume down, with less need to induce and control the birth process. Thus, producing better outcomes. To increase the workforce adequately, all hospital-based Certified Nurse Midwives (CNM) need full autonomy. In addition, hospital based direct-entry Certified Midwives (CM) need legal recognition expanded from the current six states that license them to all 50. Next, we need immediate, across the board legalization of home birth midwives with nationally recognized Certified Professional Midwife (CPM) credentials. This includes allowing access to necessary medications and equipment. Many practicing CPMs currently fear prosecution, yet they are the only maternity care provider specifically trained for out of hospital childbirth. Keeping their practices restricted and/or illegal is a flagrant disservice to families who need their care. We need these midwives, now.

Third, all certified midwives need payment for their professional services. At the current time, insurance companies rarely recognize CPMs as in-network providers. This renders them ineligible for third party reimbursement, often including Medicaid. This financial control has two key effects. It further restricts midwives from providing their skills, and it limits consumers’ options, keeping them in mainstream hospital environments whether they want to be or not.

Finally, we need to change the conversation about the physiological needs of the mother-baby unit, and recognize the value and importance of all midwives every day. Home birth and CPMs are not just band-aids to help get us through this crisis. As outlined in the Home Birth Summit Consensus statements created in 2011 by a multidisciplinary group of stakeholders: “All childbearing women, in all maternity care settings, should receive respectful, woman-centered care. This care should include opportunities for a shared decision-making process to help each woman make the choices that are right for her.”

Thank you for your commitment to improve the health of families in this difficult time.

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