UNIVERSITY OF MINNESOTA

Twin Cities Campus

Division of Health Policy and Management
School of Public Health

For U.S. Mail:
Mayo Mail Code 729
420 Delaware Street S.E.
Minneapolis, MN 55455

For Courier/Delivery Service:
516 Delaware Street S.E.
15-200 PWB
Minneapolis, MN 55455

612-624-6151
Fax: 612-624-2196
E-mail: hpm@umn.edu
http://www.hpm.umn.edu

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Senator Ron Latz
Chair, Judiciary and Public Safety Committee
Minnesota Senate
Via Electronic Delivery

RE: Support for SF 832 (MN Certified Midwife Practice Act)

Chair Latz and Members of the Committee:

We write to you today as reproductive health experts to express our support for Senate File 832 (Boldon), a bill to establish a new pathway to midwifery licensure in Minnesota. Our expertise comes from years of research centered on the health and dignity of birthing people and their babies. As a reproductive health equity researcher, Dr. Hardeman investigates the root causes of racial inequities in maternal-infant health outcomes and explores interventions to mitigate these preventable harms. As a maternal health policy researcher, Dr. Kozhimannil conducts research to inform the development, implementation, and evaluation of health policy that impacts health care delivery, quality, and outcomes during critical times in the lifecourse, including pregnancy and childbirth.

The United States has the highest maternal mortality rate and one of the highest infant mortality rates of all developed countries, and the cumulative disadvantages of structural racism cause BIPOC (Black, Indigenous, and people of color) to suffer the very worst outcomes across the nation and here in Minnesota.[1] Creating a pathway for certified midwife (CM) licensure presents an opportunity to expand access to quality, culturally-centered health care in our state, especially for BIPOC and rural birthing people. Minnesota should expand access to the midwifery profession through the policy change proposed in SF 832, for the reasons outlined below:

1. Midwifery care is evidence-based, cost saving, and associated with improved outcomes in low-risk pregnancies. Midwifery care is associated with lower rates of cesarean delivery and other invasive procedures, higher rates of breastfeeding, and improved patient satisfaction.[2,3] These outcomes may be related to enhanced patient-provider communication; our research has found that birthing people report better communication when their care is provided by midwives.[4] Furthermore, our work indicates that midwifery care presents an opportunity for significant cost savings to the health care system.[5]

2. State midwifery workforce laws have a meaningful impact on access to midwifery care and birth outcomes. For example, our research shows that states that permit midwives to practice autonomously have a larger proportion of midwife-attended births.[6,7] Notably, these states also have lower rates of cesarean delivery, preterm birth, and low birth weight compared to states with more restrictive midwifery scope of practice laws.[6,7] While SF 832 does not propose changing Minnesota's scope of practice, these findings demonstrate that state policy decisions result in real consequences for maternal and infant health.

3. Creating a new pathway for midwifery licensure could help increase the diversity of Minnesota's health care workforce and lead to better outcomes for BIPOC families. A growing

body of research shows that patients have better outcomes and report higher quality care when their clinicians share their race or cultural background.[8,9,10] Training more BIPOC maternity care providers is critical to addressing our state's unacceptable racial disparities in perinatal complications and deaths. In Minnesota, Black birthing people are 2.3 times more likely and Indigenous people are 4 times more likely to die during or after pregnancy than their white counterparts.[11] Reducing barriers to entering the midwifery profession, such as the cost of going to nursing school for those who already know they want to be midwives, could increase the ability of birthing people to access care from providers that look like them.[12,13]

4. Midwifery-led models of care can facilitate culturally-centered care, leading to better equity, value, and outcomes in childbirth. Minnesota's own Roots Community Birth Center, an African American-owned, midwife-led freestanding birth center in North Minneapolis, offers culturally-centered, community-based care and has demonstrated incredible outcomes. Over a four year period, Roots saw zero preterm births out of 284 families served in a community that experiences the largest racial inequities in birth outcomes in Minnesota.[14,15] Evaluations across the country have found similarly striking outcomes in community birth centers, many of which are midwife-led.[16]

5. Creating a Certified Midwife credential would help expand the maternity care workforce, especially in rural areas. Greater Minnesota communities are experiencing a dramatic decline in maternity care providers; at least 29 Minnesota counties no longer have hospitals that deliver babies.[17,18] Our research found rural birthing people are at 9% greater risk of suffering severe complications or death related to childbirth compared to urban residents.[18,19] Expanding the maternity workforce through midwives is a valuable tool for reversing this deadly trend, as shown in a recent Mayo Clinic study that described how midwives can be used to staff rural obstetric units that struggle to retain obstetricians.[20] With over 1 in 3 Certified Nurse Midwives (CNMs) in Minnesota being over the age of 54, an aging profession could further exacerbate these gaps as the current workforce begins to retire. Reducing barriers to the midwife profession is key to preventing a crisis from turning into a catastrophe.

To conclude, midwifery care is a prime example of the sought-after "Triple Aim" in health care: enhanced patient experience, improved population health outcomes, and systems-level cost savings.[21] Expanding access to diverse, culturally-centered midwifery care through the creation of the Certified Midwife (CM) credential is urgently needed to improve the health and wellbeing of Minnesota birthing people, infants, and families. As reproductive equity experts, we are proud to support this bill.

Sincerely,

Katy B. Kozhimannil, PhD, MPA
Professor, Division of Health Policy and Management
Director, University of Minnesota Rural Health Research Center
Director, University of Minnesota Rural Health Program

Rachel R. Hardeman, PhD, MPH
Associate Professor, Blue Cross Endowed Professor of Health and Racial Equity, Division of Health Policy and Management
Founding Director, Center for Antiracism Research for Health Equity

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