

Cost Effectiveness

“Obstetrical care in the United States is burdened by soaring costs and a paradoxical inability to bring rates of infant mortality in line with those of other developed countries. A look at the costs and outcomes of obstetrical care demonstrates that a greater reliance on the use of certified nurse-midwives (CNMs) could help solve these problems. Midwifery has a good track record with regard to quality of care, it represents a good value for health care dollars, and it rates high in client satisfaction.”
(Gabay and Wolfe, 1997, p. 112)

Health care payors have been interested in nurse-midwifery care because of evidence that it is cost-effective, or value-added, care. The lower costs associated with nurse-midwifery care are due to:

- lower rates of technological intervention
- shorter lengths of stay in hospitals
- lower payroll costs for staff model HMOs

Costs are lower in spite of, and partly because of, value-added care, including:

- longer office visits allowing for more client education
- continuous care during labor
- comprehensive postpartum follow-up

Costs are lowered even further when a birth center is used rather than a hospital. Preliminary data from a prospective cohort study that evaluated the Birth Place Model of care (CNMs in a birth center in collaboration with obstetricians) compared with traditional perinatal care (obstetricians in a hospital) (Jackson, 1998) found that “the midwife/birth center collaborative model cost the payor 21% or \$1,122 per birth less (\$4,432 vs. \$5,464) for pregnancy related services.”

Planned home births can eliminate hospital costs entirely. In one study the average uncomplicated vaginal birth cost 68% less in a home than in a hospital, and birth initiated in the home resulted in lower rates of intrapartum/neonatal mortality and cesarean delivery (Anderson & Anderson, 1999).

The cost-effectiveness of midwifery care was further documented in a National Center for Health Statistics study of over 3 million births (MacDorman & Singh 1998). After controlling for social and medical risk factors, this study found that births attended by Certified Nurse-Midwives demonstrated

- a 19% lower rate of infant mortality
- a 33% lower rate of neonatal (first month of life) mortality
- a 31% lower rate of low birth-weight newborns

The authors of the study attributed these outcomes to the continuity of care and client education that are hallmarks of midwifery care. The cost-effectiveness of such hallmarks was also supported by Turnbull & Holmes, et al. (1996). When comparing outcomes of low-risk women receiving midwifery-only care to those receiving Scotland’s standard “shared care” (alternating between OBs and midwives), they found that although the midwives used less technology, outcomes of midwifery-only care were as good or better, with a higher rate of patient satisfaction.

The following resource, available from the ACNM website at www.midwife.org, provide further description of the value-added care provided by Certified Nurse-Midwives and Certified Midwives:

- Nurse-Midwifery in 2008: Evidence-Based Practice (http://www.midwife.org/siteFiles/news/nurse_midwifery_in_2008.pdf)

References & Bibliography:

Anderson RE, Anderson DA. The cost-effectiveness of home birth. *J Nurse Midwifery* 1999; 44:30-35.

Dower CM, Miller JE, O'Neil EH and the Taskforce on Midwifery. *Charting a course for the 21st century: The future of midwifery*. San Francisco, CA: Pew Health Professions Commission and the UCSF Center for the Health Professions. 1999.

Ernst, EK. Midwifery, birth centers, and health care reform (Review). *J Obstet Gynecol Neonatal Nurs* 1996; Jun;25(5):433-9.

Gabay M, Wolfe SM. Nurse-midwifery: the beneficial alternative. *Public Health Reports* 1997; 112:386-395.

Jackson DJ, Lang J, et al. Results from the San Diego Birth Center Study. Presented at American Public Health Association meeting November 18, 1998.

Keleher KC. Collaborative practice: Characteristics, barriers, benefits, and implications for midwifery. *J Nurse Midwifery* 1998; Jan-Feb;43(1):8-11.

MacDorman MF, & Singh GK. Midwifery care, social and medical risk factors, and birth outcomes in the USA. *J Epidemiology and Community Health* 1998; 52:310-317.

National Association of Childbearing Centers. *The birth center experience: Birth centers lead cost containment efforts while providing quality care*. 1997. Perkiomenville, PA.

Oakley D, Murray ME, et al. Comparisons of outcomes of maternity care by obstetricians and certified nurse-midwives. *Obstet Gynecol* 1996; 88:823-829

Paine LL, Lang JM, et al. Nurse-midwife patient and visit characteristics, 1991. *Am J Pub Health* 1999; 89(5).

Turnbull D, Holmes A, et al. Randomised, controlled trial of efficacy of midwife-managed care. *Lancet*, 1996; 347(9022):213-218.

Pew Health Professions commission. *Recreating health professional practice for a new century*. San Francisco, CA: Pew Health Professions Commission. 1998.

Jackson DJ, Lang J, et al. Results from the San Diego Birth Center Study. Presented at APHA meeting November 18, 1998.

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