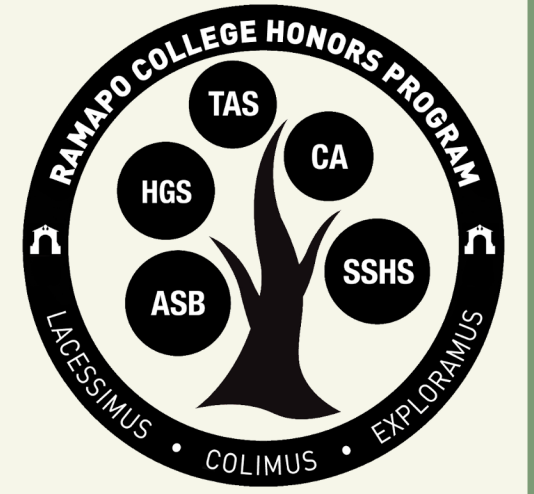




The Role of the Midwife: Improving Obstetric Healthcare in the United States



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INTRODUCTION

Healthy People 2030

- Birthing people in the U.S. are more likely than those in other high-income nations to die from childbirth or pregnancy-related problems
- Increase in maternal deaths/100,000 live births
 - 2018 - 17.4
 - 2020 - 23.8

(Office of Disease Prevention and Health Promotion [ODPHP], n.d.a, n.d.c)

OBJECTIVES

- Analyzing the role of the midwife and how greater utilization of this role can improve obstetric healthcare in the U.S.
 - Midwifery scope of practice
 - Childbirth interventions
 - Childbirth outcomes while
- Considering global implications in developed nations with prevalent midwifery data

RESULTS MIDWIFERY SCOPE OF PRACTICE

- Term differentiation
 - **Midwifery:** a holistic philosophy which views birth as a natural physiologic process
 - **Midwife:** a practitioner trained in the art and science of the philosophy of midwifery
 - Encourages application of the philosophy of midwifery across practitioner specialties
 - Recognizes midwives as autonomous healthcare providers (Jefford et al., 2019)
- Overlap between organizations that establish educational standards
 - American College of Nurse-Midwives
 - International Confederation of Midwives (2018)
 - Encourages midwives to shape philosophies going forward by
 - Pursuing ongoing formal learning
 - Educating and collaborating with colleagues intergenerationally

RESULTS CHILDBIRTH INTERVENTIONS

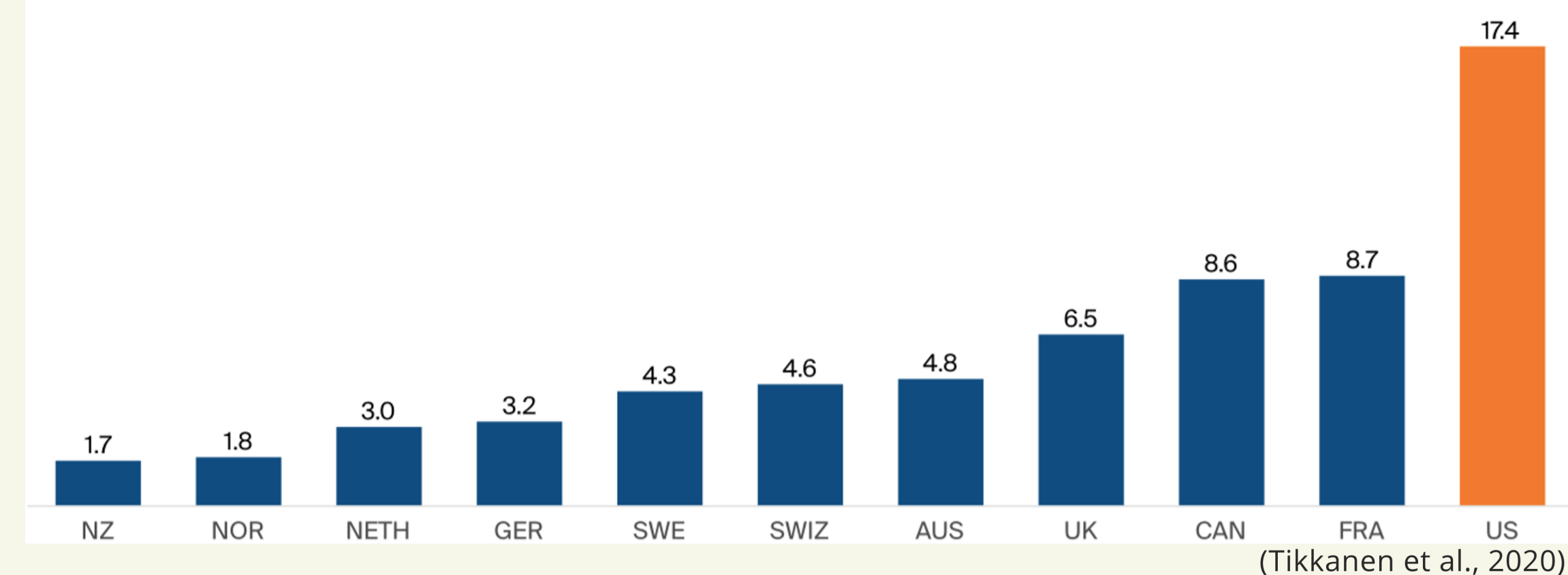
- **Childbirth intervention:** induces, augments, or manages the discomforts of labor
 - With or without pharmacologic use
- **Cascade of intervention:** medical interventions increasing the risk for further interventions
 - Disrupts physiologic labor and birth
 - Presents long-term health risks for both birthing people and their infants
 - Can result in instrumental vaginal or cesarean birth
 - Demonstrated by increased cesarean rates among people admitted to hospitals early on intrapartum
 - Early admission allows for greater intervention use and compounding effects (Dahan, 2021)
- Midwifery is an effective means of reducing unnecessary intervention
 - Safe intervention limitation
 - Emphasizes non-intervention without need (Declercq et al., 2020)

RESULTS CHILDBIRTH OUTCOMES

- Childbirth outcomes: direct results of interventions
 - Birth experiences
 - Newborn-specific outcomes
 - Maternal-specific outcomes
 - E.g. delivery type
 - International emphasis on cesarean section overuse
 - Healthy People 2030 aims to reduce cesarean rates among low-risk individuals who have not given birth previously
 - 2020 - 25.9%
 - 2030 - 23.6% (ODPHP, n.d.b)
- Potential for midwifery practice to reduce unnecessary cesarean sections
- Midwifery care is best suited for low-risk clientele (Mattison et al., 2020)

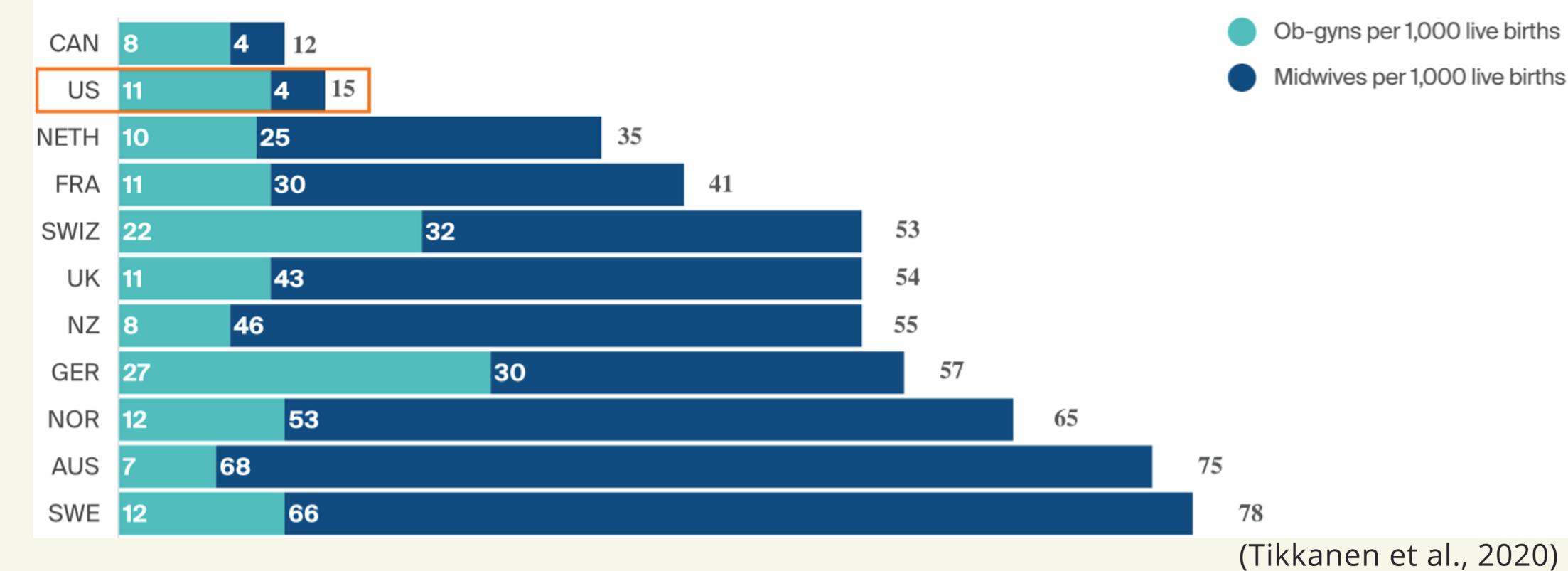
Maternal Mortality Ratios in Selected Countries, 2018 or Latest Year

Deaths per 100,000 live births



Maternal Care Workforce: Supply of Midwives and Ob-Gyns, 2018 or Latest Year

Number of providers (head counts) per 1,000 live births*



CONCLUSION GLOBAL IMPLICATIONS FOR PRACTICE

- U.S. political tradition favors physician, rather than midwife-provided, care
- Physician and hospital interest groups results in monopoly over sexual and reproductive healthcare
- Cultural shift from
 - Viewing birth as a state of illness to seeing the abilities of healthy physiology
 - A perspective of overmedicalization to understanding the capabilities of natural intervention
 - Required to
 - Influence the political foundations of healthcare systems
 - Actualize the goals of Healthy People 2030
- Recommendations for influencing legislation and capital spending through
 - Stakeholders educating low-risk clients on the benefits of midwifery care
 - Public discourse and engagement via political actions such as voting, lobbying, and campaigning (Mattison et al., 2020)

REFERENCES

