

RURAL IOWA
OBSTETRICS

Last Team
Standing

LOTS OF STORIES

<https://cbs2iowa.com/news/local/special-report-ob-gyn-care-disappearing-in-rural-iowa>

What has happened in rural Iowa likely reflects similar events and stories that occur nationwide.

Solutions to these challenges may vary from one place to another. We have had some degree of success. We would like to share.

Hey – We are still here!

A LITTLE HISTORY

30 years of Change

Most Family Dr.'s did OB

Partners

Solo

Short timers – limited scope

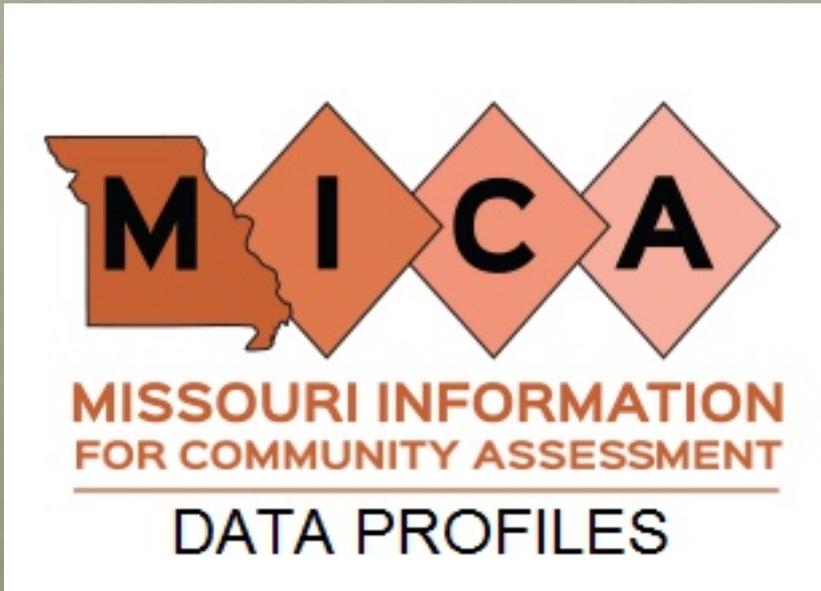
Something has to Change!

DATA

What do you need to know?

How do you find it?

Why is it important?



State Board of Education A-Z Index Calendar About Newsroom

Home Adult, Career and Community College PK-12 Data

IOWA
Department of Education

Home

Iowa Birth Rates by County 2001 to 2015

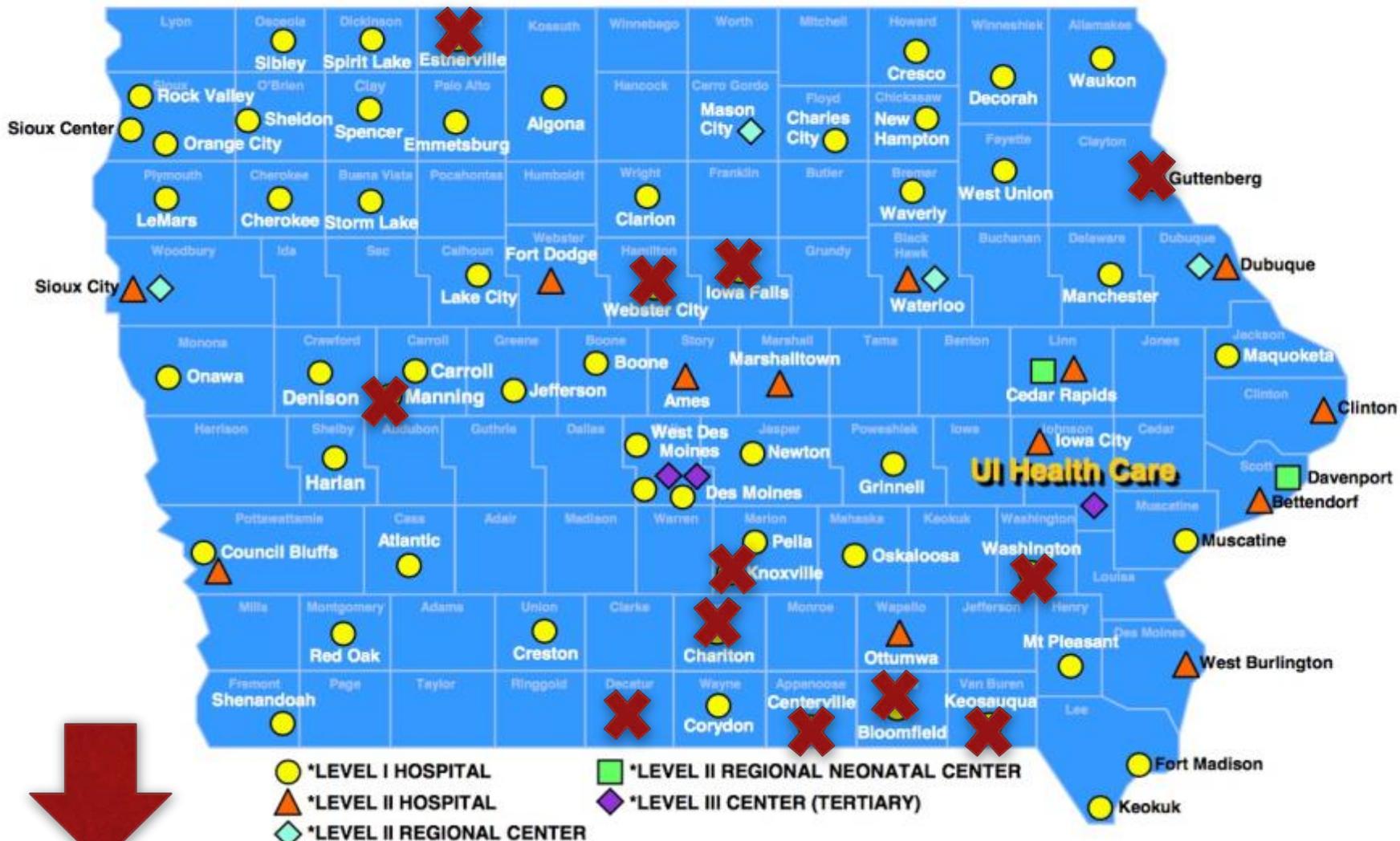
Document Type: [Enrollment Projections](#)

Date: Monday, May 15, 2017

[Iowa Birth Rates by County 2001 to 2015.xlsx](#)

IOWA'S STATEWIDE PERINATAL CARE PROGRAM

SUPPORTING IOWA'S REGIONALIZED SYSTEM OF PERINATAL HEALTH CARE
 IN COLLABORATION WITH THE IOWA DEPARTMENT OF PUBLIC HEALTH – BUREAU OF FAMILY HEALTH
 AND THE DEPARTMENTS OF PEDIATRICS AND OBSTETRICS & GYNECOLOGY



PLANNING TO GROW

695

70	100	80
90	 80	150

240

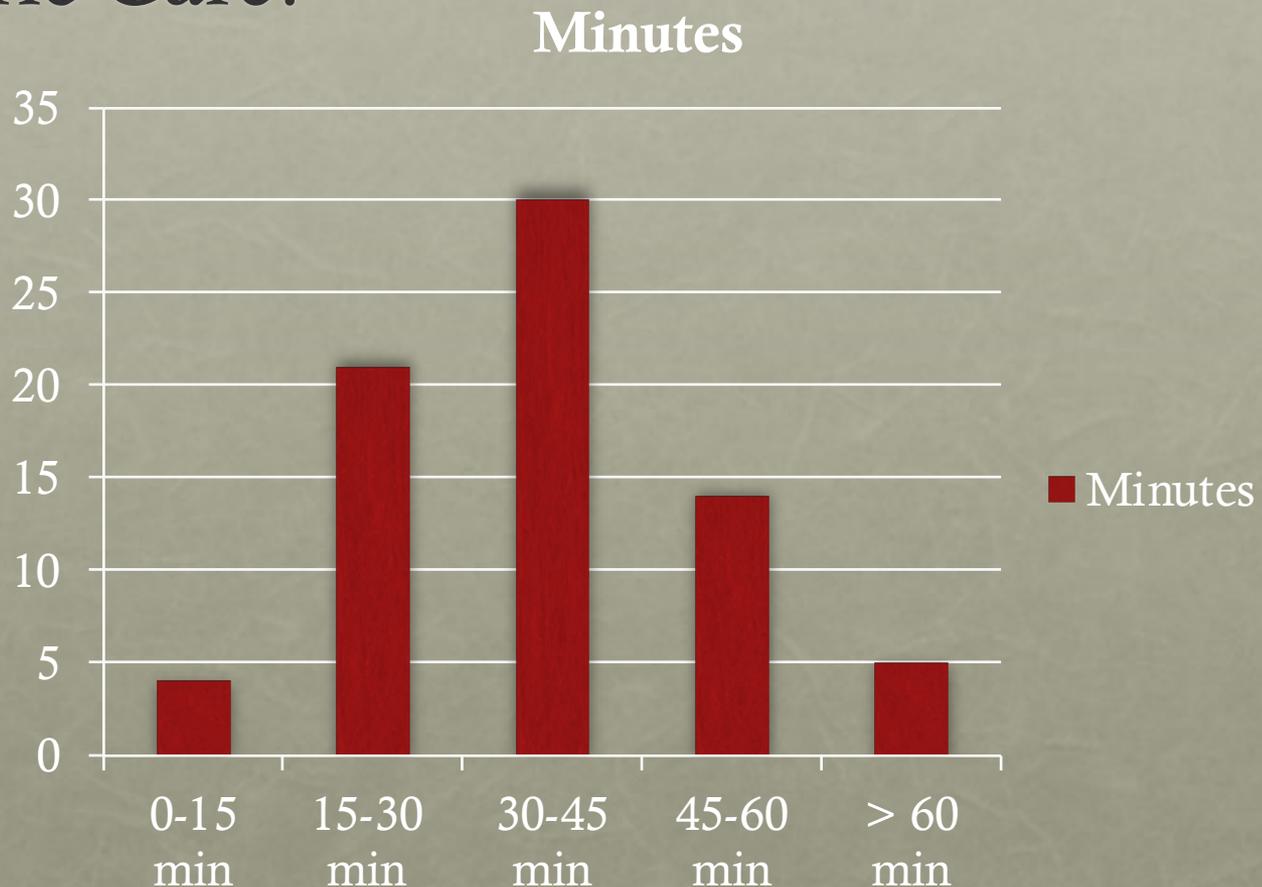
350

45	80
----	----

110

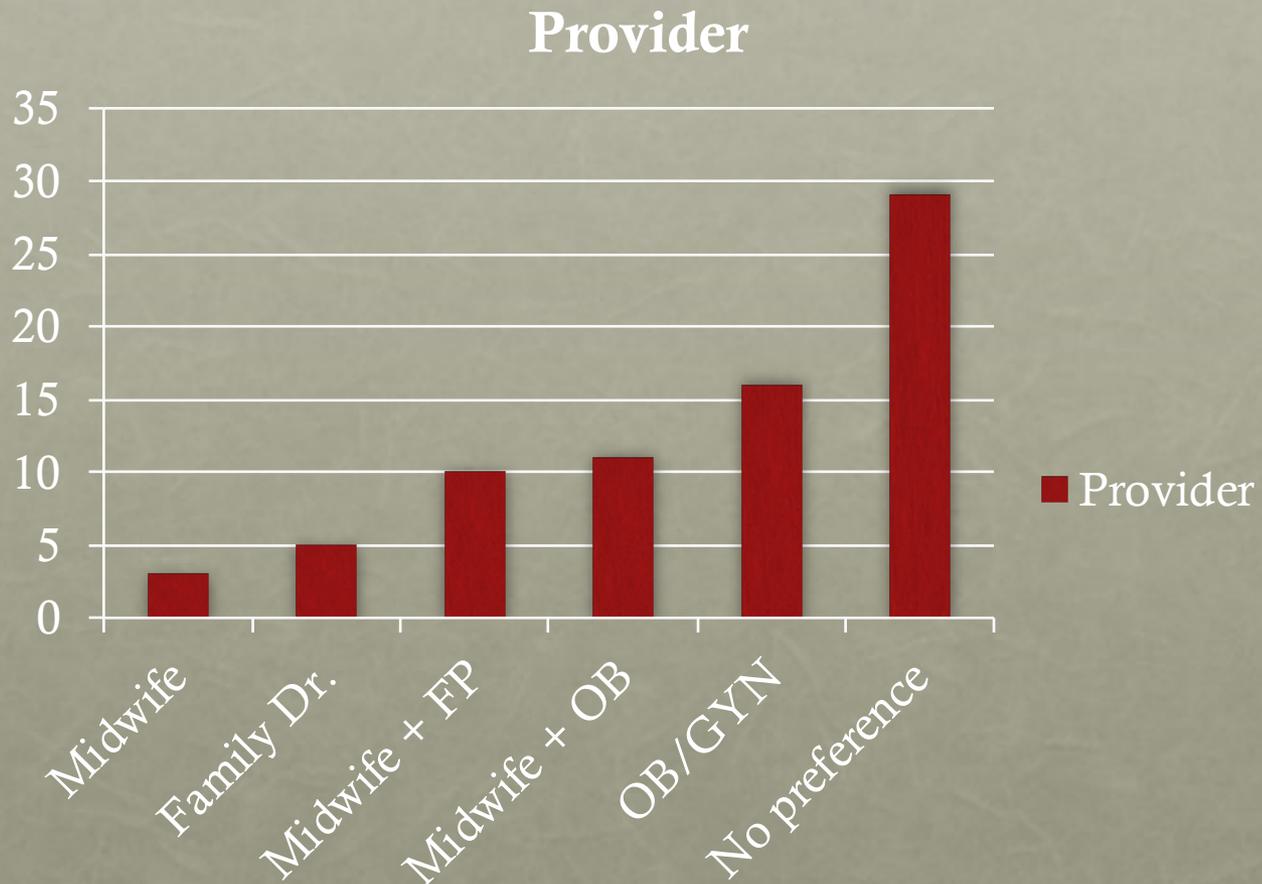
OUR PATIENTS

How far are you willing to travel for Obstetric Care?



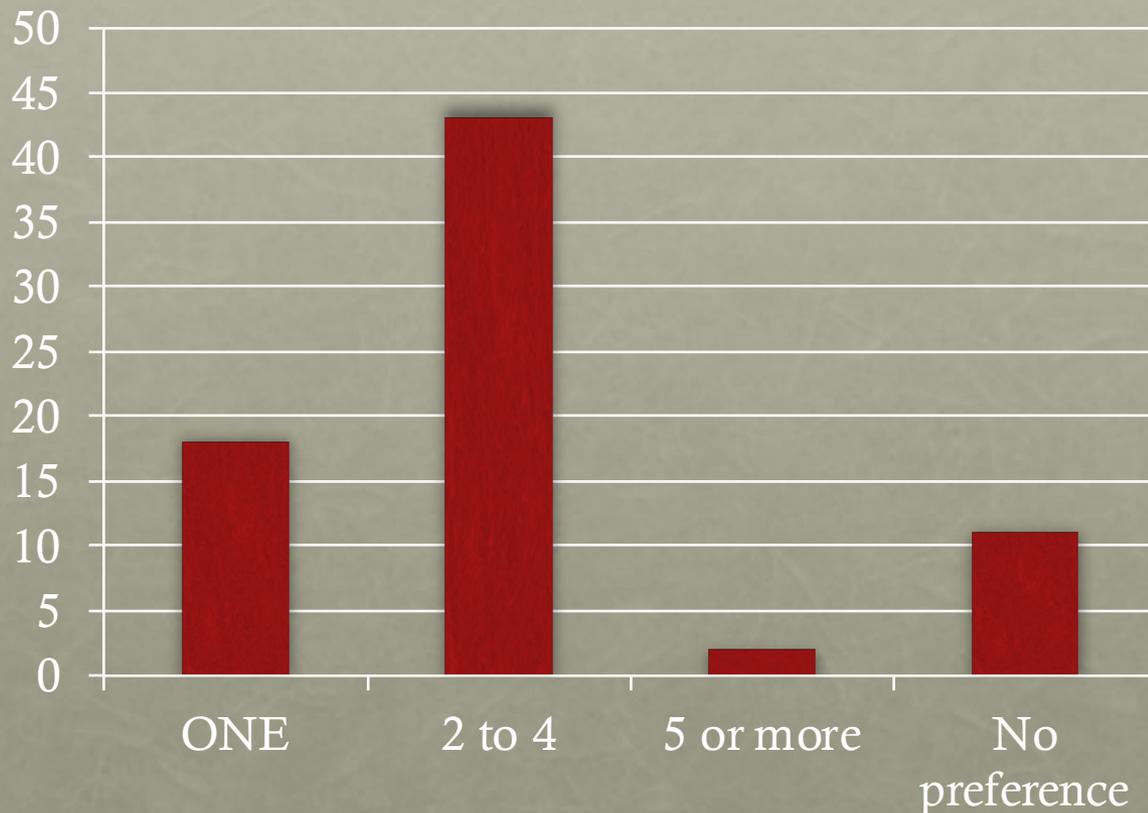
OUR PATIENTS

Which options would you prefer for OB care?



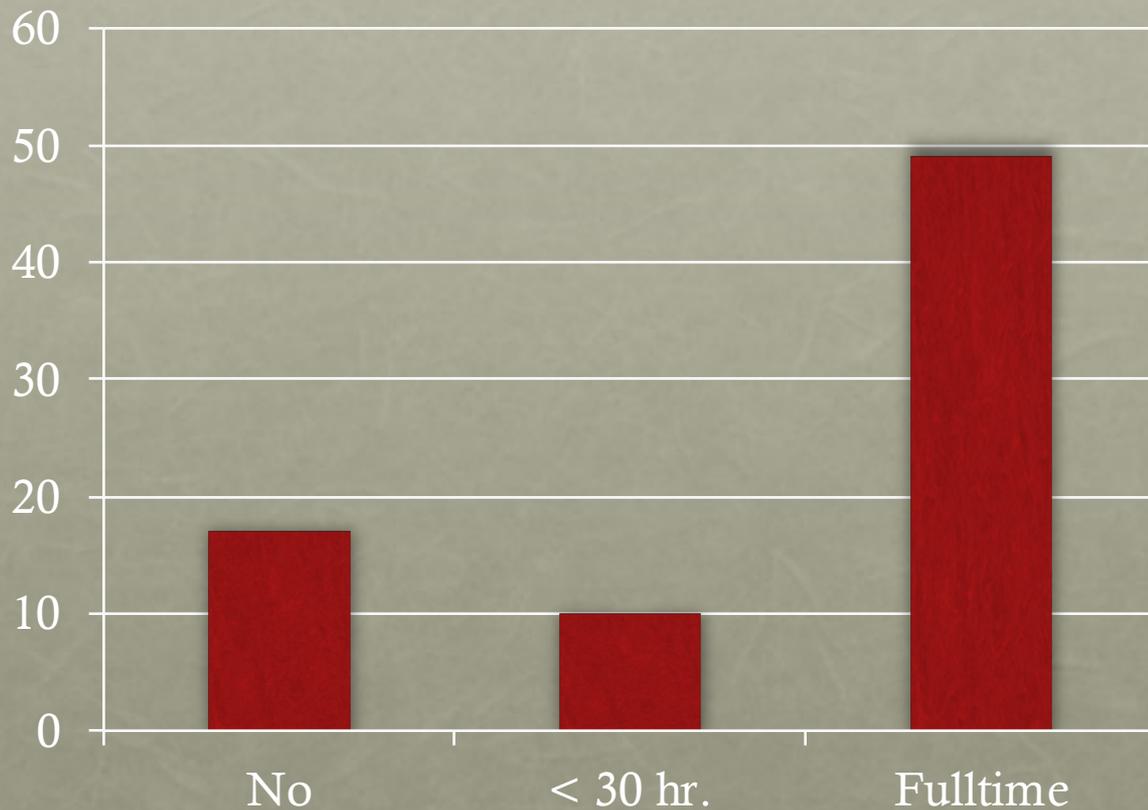
OUR PATIENTS

How many different providers are you comfortable seeing in your pregnancy?



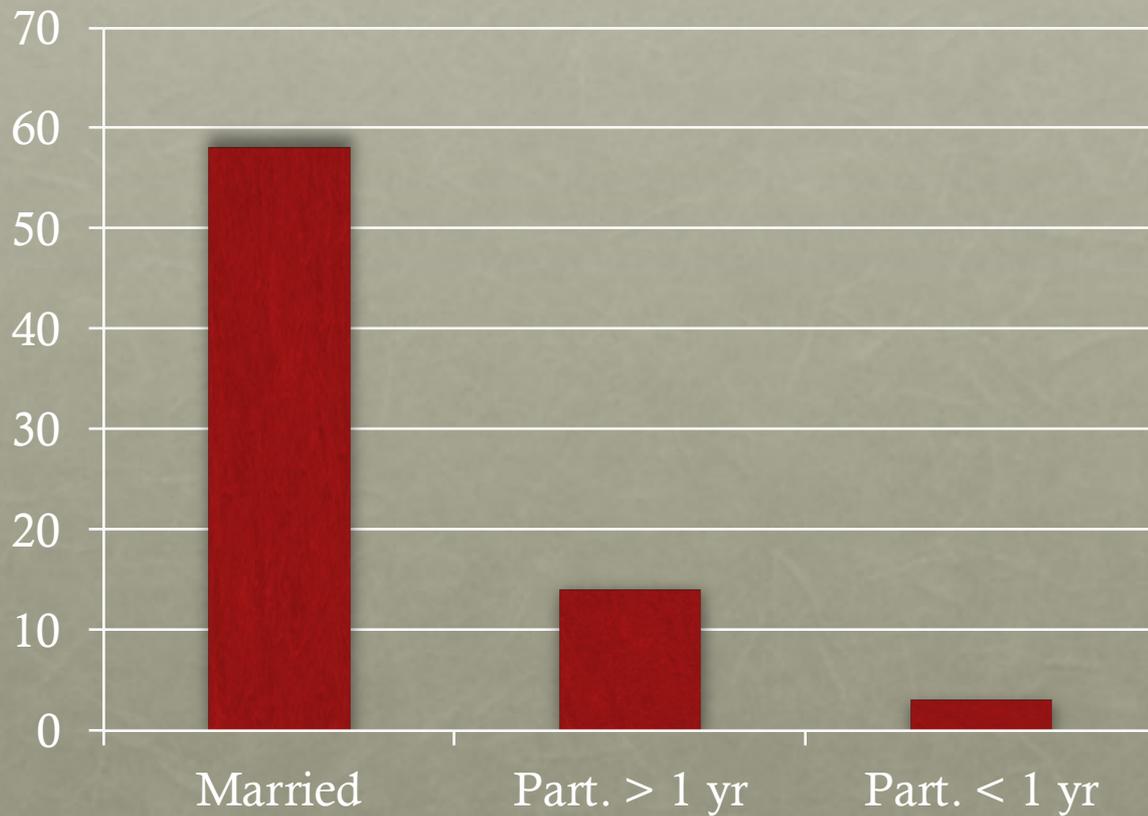
OUR PATIENTS

Are you employed?



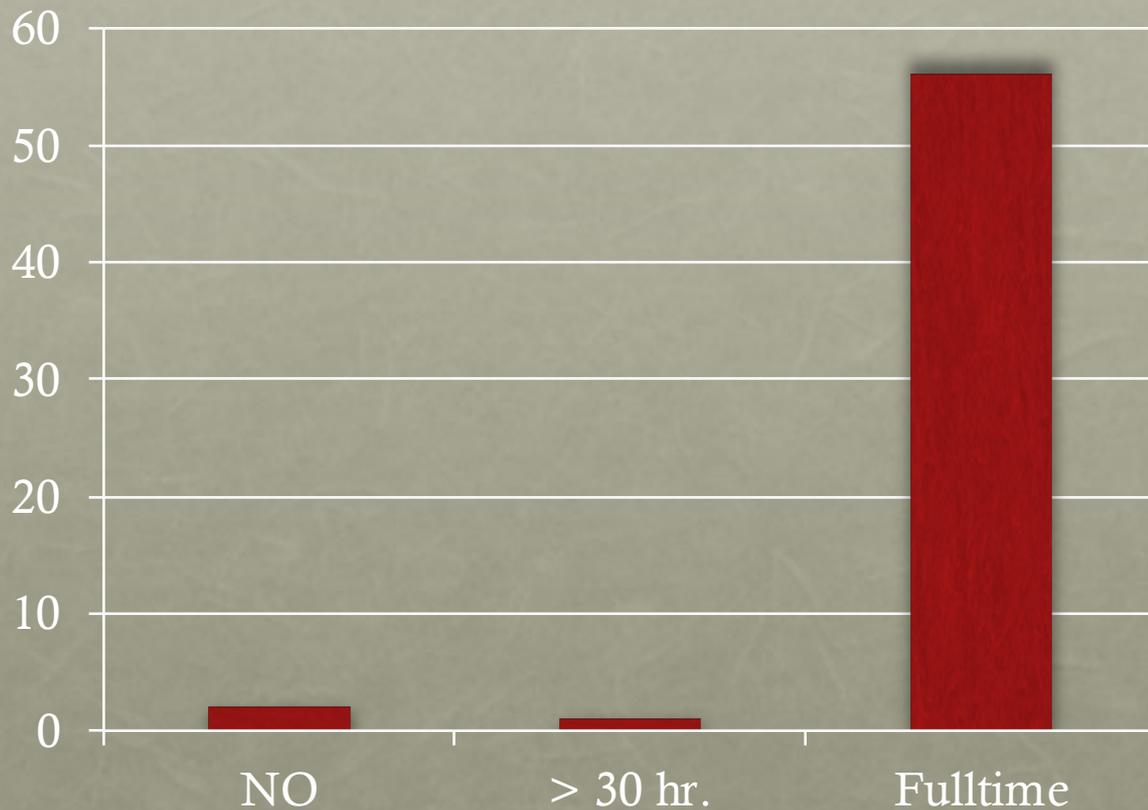
OUR PATIENTS

Partner status?



OUR PATIENTS

Is your partner employed?



OUR PATIENTS

Income Level?



SURGERY MATTERS

- Can be done or temporized by those that are always there.

SURGERY MATTERS



STUART IGLESIAS, MD, CANADA
BC RURAL SURGICAL AND
OBSTETRICAL NETWORKS

SUGERY MATTERS



JUDE KORNELSEN, PHD, UNIVERISTY OF BRITISH
COLUMBIA

SURGERY MATTERS

- Index Case: Emergency Cesarean Section

SURGERY MATTERS

**Patient-Centered
Family Practice**

SURGERY MATTERS

CRNA

**Patient-Centered
Family Practice**

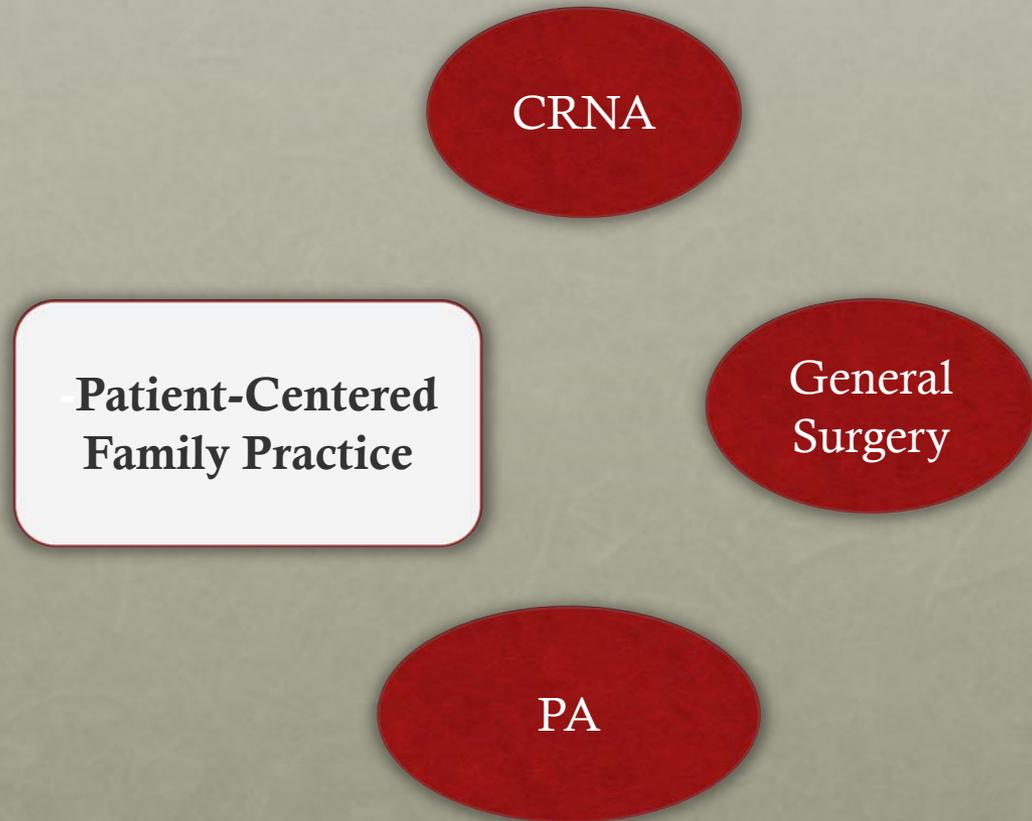
SURGERY MATTERS

CRNA

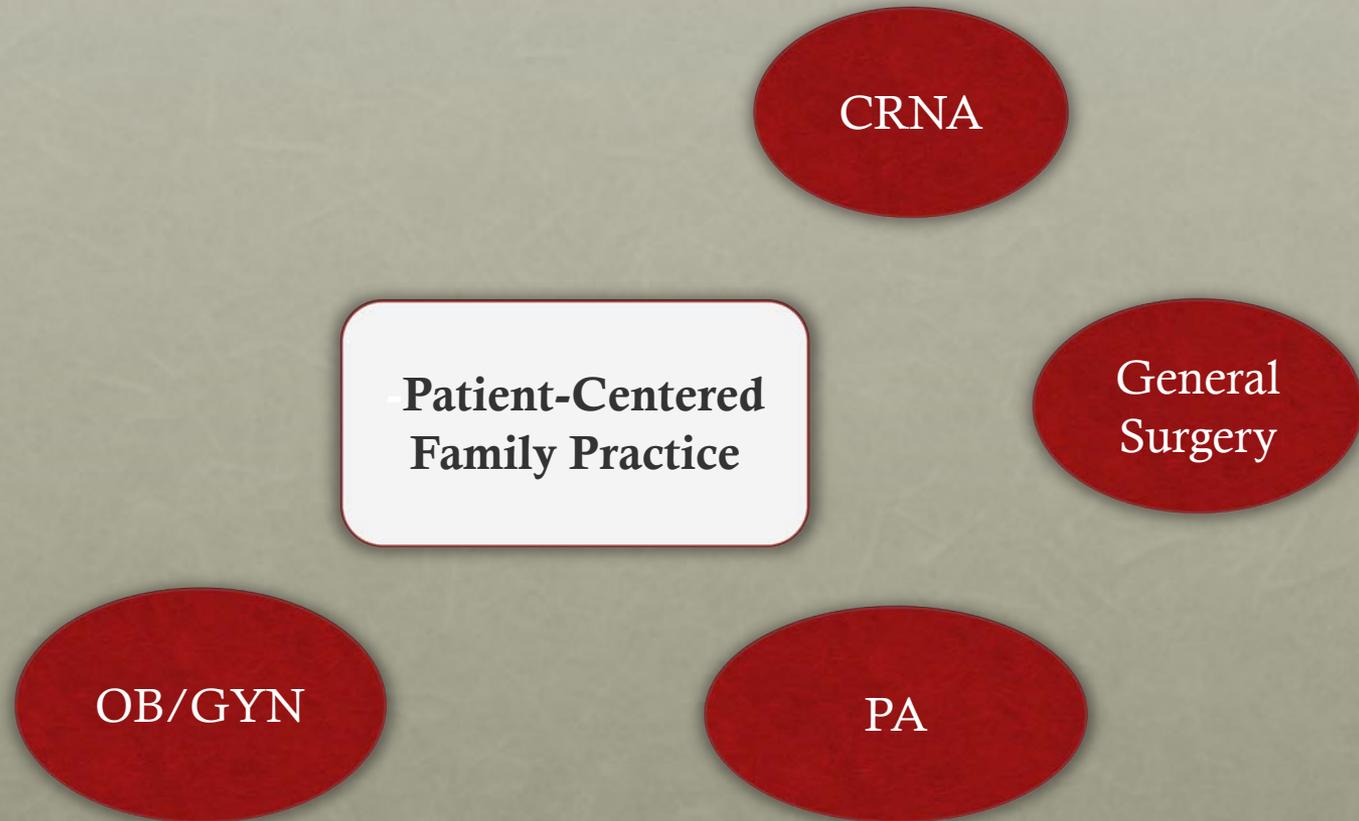
**Patient-Centered
Family Practice**

General
Surgery

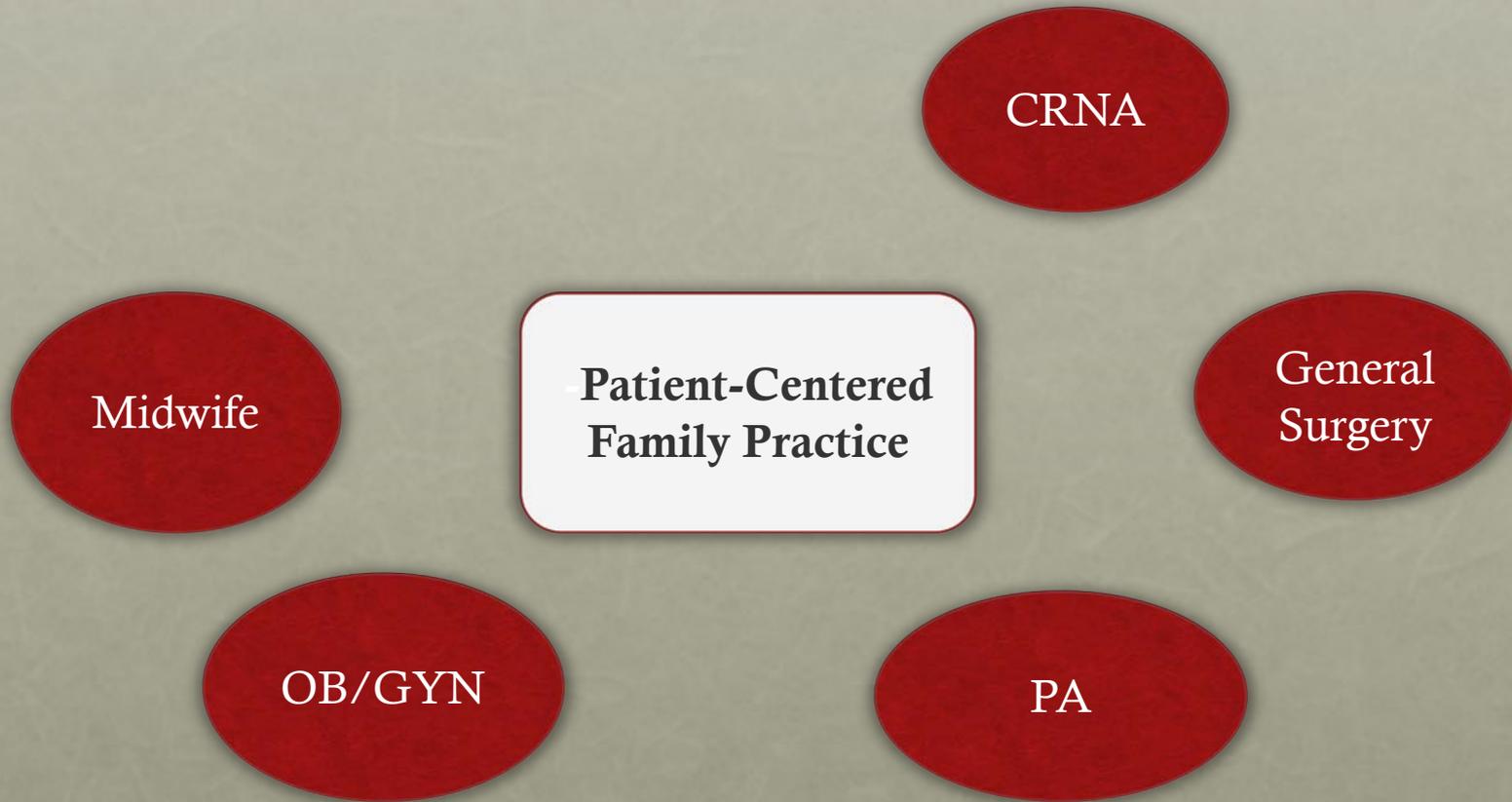
SURGERY MATTERS



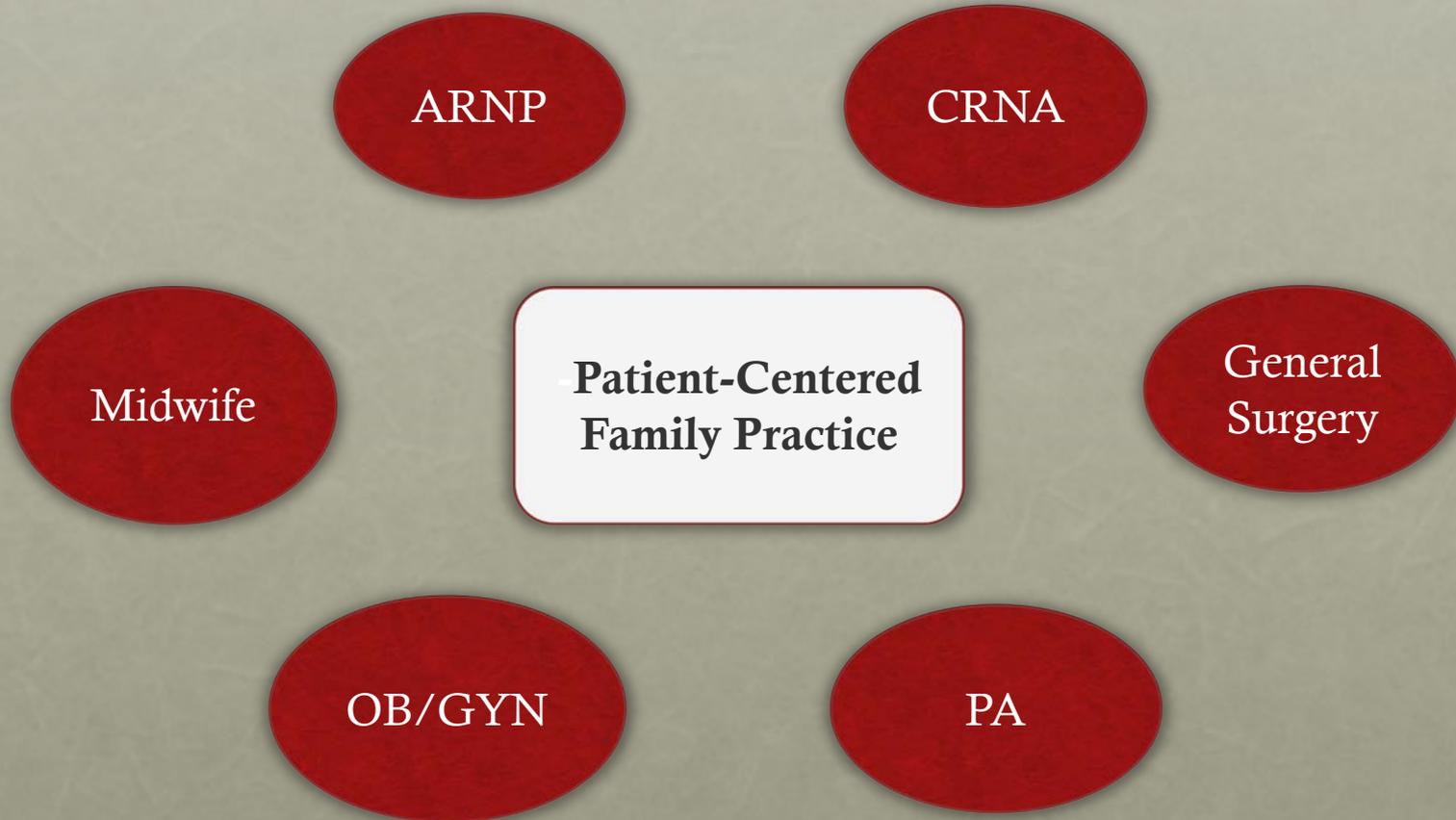
SURGERY MATTERS



SURGERY MATTERS



SURGERY MATTERS



SURGERY MATTERS

- Call schedule to cover OB

SURGERY MATTERS

- FP/Gen Surg/OB GYN/Mentorship and respective discipline quality assurance mechanism.



SURGERY MATTERS

- Rural Medical Generalism
 - Collaboration between FP/OB/Gen Surgery

CERTIFIED NURSE-MIDWIVES & CERTIFIED MIDWIVES

Emmy Davis, MSN,
CNM, CLC

MIDWIFERY PRACTICE-CERTIFIED NURSE-MIDWIVES (CNM)

- CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, the District of Columbia, American Samoa, Guam and Puerto Rico.
- CNMs are defined as primary care providers under federal law.

MIDWIFERY PRACTICE- CERTIFIED MIDWIVES (CM)

- CMs are also licensed, independent health care providers who have completed the same midwifery education as CNMs.
- CMs are authorized to practice in Delaware, Missouri, New Jersey, New York and Rhode Island.
- The first accredited CM education program began in 1996.
- The CM credential is not yet recognized in all states.

EDUCATION--CNM

- Certified nurse-midwives are registered nurses who have graduated from a nurse-midwifery education program accredited by the Accreditation Commission for Midwifery Education (AMCE) and have passed a national certification examination to receive the professional designation of certified nurse-midwife.
- Nurse-midwives have been practicing in the United States since the 1920s.

EDUCATION--CM

- Certified midwives are educated in the discipline of midwifery.
- CMs earn graduate degrees, meet health and science education requirements, complete a midwifery education program accredited by ACME, and pass the same national certification examination as CNMs to receive the professional designation of CM.
- Currently there are 39 ACME-accredited midwifery education programs in the United States.

EDUCATION

- Approximately 82% of CNMs have a master's degree.
- As of 2010, a graduate degree is required for entry into the midwifery practice as a CNM/CM.
- 4.8% of CNMs have doctoral degrees.

SCOPE OF PRACTICE

- Midwifery encompasses a full range of primary healthcare services for women from adolescence to beyond menopause.
- These services include:
 - Primary Care
 - Gynecologic and family planning services
 - Preconception care
 - Care during pregnancy, childbirth and the postpartum period
 - Care of the normal newborn during the first 28 days of life
 - Treatment of male partners for sexually transmitted infections

SCOPE OF PRACTICE

- These services are provided in diverse settings such as:
 - Ambulatory care clinics
 - Private offices
 - Community and public health systems
 - Homes
 - Hospitals
 - Birth centers

STATISTICS

- In 2014:
 - 94.2% of CNM/CM-attended births occurred in hospitals
 - 3% occurred in freestanding birth centers
 - 2.7% occurred in homes

According to the ACNM Core Data Survey of 2010, more than 50% of CNMs/CMs list physician practices or hospitals/medical centers as their principal employers.

According to AMCB, as of May 2015, there were 11,194 CNMs and 97 CMs in the United States.

STATISTICS

- The National Center for Health Statistics notes that in 2014:
 - CNMs/CMs attended 332,107 births
 - 91.3% of all midwife-attended births were attended by CNMs/CMs
 - 12.1% of all vaginal births
 - 8.3% of total US births

REIMBURSEMENT

- Medicaid reimbursement for CNM care is mandatory in all states.
- Medicare and most Medicaid programs reimburse CNMs/CMs at 100% of physician rates.
- The majority of states also mandate private insurance reimbursement for midwifery services.

QUALITY OF CARE AND OUTCOMES

- Women cared for by CNMs/CMs compared to women of the same risk status cared for by physicians had:
 - Lower rates of Cesarean birth
 - Lower rates of labor induction and augmentation
 - Significant reduction in the incidence of third and fourth degree perineal tears
 - Lower use of regional anesthesia
 - Higher rates of breast feeding

NATIONAL BENCHMARKING

- Women receiving care by CNMs/CMs had:
- Lower than the national average rate of episiotomy (3.6% compared to 25%)
- Lower than the national average rate for primary cesarean (9.9% compared to 32%)
- Higher than the national average rate for breastfeeding initiation (78.6% compared to 51%)