

Incorporating a Certified Nurse Midwifery Services into an Established Tertiary Care Facility; Challenges and Successes

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The University of Virginia Medical Center has offered the full spectrum of obstetrical care expected at a Level IV Perinatal Center, including care of women with low-risk pregnancies by specialists in obstetrics and gynecology (OB/GYN) as well as the care of women with complex maternal or fetal disorders under the direction of maternal-fetal medicine subspecialists. In October of 2015, a new certified nurse midwifery (CNM) service was added to complement the care options already offered by the department, to meet the needs of women in the community desiring low-tech/high-touch care during pregnancy, and to educate resident physicians and medical students about the midwifery model of care.

According to The National Center of Health Statistics, the number of births attended by certified nurse midwives has grown annually since 1989. In 2013, CNMs attended 320,983 births representing 12% of all births within the United States. Nearly 95% of these births took place within a hospital, and had a mean vaginal delivery rate of 87.2%. Medicaid covers CNM care in all 50 states, and private payers cover CNM services in almost all states. With an estimated 20 million additional adults gaining health insurance under the Affordable Care Act in 2016, midlevel providers such as CNMs will help to provide quality and cost effective care to this population.

The midwifery service at UVA launched as a 2.5 FTE service providing low-risk obstetric care and benign gynecologic preventive health care, growing to 4.5 FTE by July 2016. The initial patient population was women with uncomplicated pregnancies registering for care at our Medical Center, although most were not specifically seeking midwifery care. There were only 2 women who identified themselves as “midwife patients” in the last 3 months of 2015. As of June 2016, the midwives have 193 women identifying themselves as midwifery service patients. As of June 2016, the CNM group attended 73 deliveries, with 68 experiencing a vaginal delivery.

We will describe the challenges and successes encountered in the initiation of a new service in a large medical center, including assuring inpatient coverage for women specifically seeking midwifery care, marketing and public relations, integration with learners and staff, the development of collaborative practice agreements and assessing the proportion of new business attracted by this service and associated financial considerations. Providers and patients alike need education about the numerous types of midwives practicing in America (CNM, CM, CPM, LPM, lay midwives with variable education or training and the spectrum of care offered by CNM’s. The collective efforts of the midwives working within a supportive department including the department chair and division directors has led to early successes. The midwives have become active in staff education and grass roots organizations in the community, providing opportunities for the department to forge new partnerships and broadly enhance perinatal care.