



Mapping integration of midwives across the United States: Impact on access, equity, and outcomes

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We know that when there is a lack of coordination between care providers and across birth settings, and when women have trouble accessing care that mothers and babies have poorer health outcomes. This paper reviews state laws and incorporates information from state experts to describe the current maternity care system and options for care in each of the 50 states.

By gathering experts and using a formal decision making process, our team selected items to develop a scoring system: the Midwifery Integration State Scoring (MISS) system. Each state is given a score out of a maximum of 100, they range from lowest at 17 (North Carolina) to highest at 61 (Washington).

Higher scores are linked to higher rates of better outcomes for mothers and babies, including: spontaneous vaginal delivery, vaginal birth after cesarean, and breastfeeding, as well as lower rates of: cesarean, premature birth, low birth weight infants, and neonatal death.

States with more midwives per person and with access to care across birth settings also had higher MISS scores. The results in this paper also show that race is linked to newborn health outcomes by state, but higher levels of midwifery integration were linked to lower neonatal mortality, even after accounting for the proportion of black births in each state.

The research team has developed maps and accompanying State Report Cards that demonstrate the differences in available maternity care options and outcomes across the United States.

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