



RECOMMENDATIONS FOR PERINATAL CARE & COVID-19 PANDEMIC RESPONSE IN NEW YORK STATE

As the COVID-19 pandemic strains our hospitals and health care system far beyond capacity, the consequences of an overburdened system are felt by all those who need health care. Hospital usage by pregnant and childbearing people and newborns has thus far not played a tangential role in the core COVID-19 response planning. As key provisions have been put in place for patients with COVID-19, it is now time to turn increased attention to policies directed towards other segments of the population receiving essential health care services. **Maternity care for many healthy people and families can be safely moved out of hospitals, freeing much needed space and resources for those affected with COVID-19, while also protecting childbearing people and their families from exposure to infection.**

Prior to the COVID-19 crisis, nearly 1 in 4 hospital stays were related to childbirth, and newborn care, making it by far the leading cause of hospitalization in the U.S.¹ Childbirth also accounts for the largest category of hospital-based spending for Medicaid and most commercial insurers.² In New York State, there were over 220,000 births in 2018, nearly half of which were covered by Medicaid.³ New York City accounted for more than half of the state's births, 117,000 in 2017, and nearly 6 in 10 (68,000) were covered by Medicaid.⁴

The extraordinary demands on hospitals and their staff call for creative solutions. Every Mother Counts calls for the immediate establishment of Auxiliary Maternity Units to support pregnant, childbearing, and postpartum people during the COVID-19 pandemic; mobilizing to temporarily supplement and strengthen the midwifery workforce with midwives from out of state; and ensuring reimbursement of perinatal support workers such as community-based doulas, lactation counselors, childbirth educators, and other peer support persons.

During this unprecedented time, Governor Andrew Cuomo has led New York State in implementing bold, effective policies that promote the safety and well-being of childbearing families, including:

- Guidance that guarantees one support person of choice may accompany childbearing people throughout labor, delivery, and the immediate postpartum period,⁵
- Temporary suspension of regulations to allow midwives licensed and in good standing in other U.S. states or Canadian provinces to practice in New York State,⁶ and
- A statewide public-private hospital plan that promotes coordination among hospitals and health systems for a stronger collective statewide response.⁷

Every Mother Counts is grateful for Governor Cuomo's leadership, and appreciates the State's willingness to continue to listen to constituents, revise, refine and improve upon measures already put in place. Now is the time to build on these early measures to continue to improve health outcomes for COVID-19 patients, pregnant and childbearing people, newborns, and to address the significant issues facing the health care workforce.

Adopting the following recommendations would strengthen New York’s role as a model for uplifting critical perinatal and maternity care policies in COVID-19 response that can be used throughout the state as the virus spreads out from New York City, and in other states as the crisis continues to unfold nationally.

RECOMMENDATIONS

1. Relieve hospital systems by establishing Auxiliary Maternity Units and expanding access to existing birth centers to handle healthy, low-risk pregnancies.

Rationale: As labor and delivery floors are being used for COVID-19 patients, it is critically important to ensure appropriate birth settings for people with healthy, low-risk pregnancies. Care in birth centers or Auxiliary Maternity Units can lead to excellent health outcomes and keep hospitals available for those who need higher levels of care, while also resulting in health care cost savings.⁸

- **Establish auxiliary maternity units in accordance with guidance by the American Association of Birth Centers,**
- **Expand the capacity of existing birth centers already licensed by NY State,**
- **Provide immediate support for birth centers to prepare to address the COVID-19 crisis, including by expanding staff, increasing access to services, and emergency response preparation and education,**
- **Provide adequate personal protective equipment (PPE), used according to both manufacturers’ and standardized infection prevention and control guidelines, for midwives and personnel working in out-of-hospital birth settings, and**
- Support universal infection control procedures and precautions being followed in all birth centers and auxiliary maternity units, as aligned with guidance from World Health Organization, the Centers for Disease Control and Prevention, and the Commission for the Accreditation of Birth Centers,⁹
- Provide guidance for hospitals to meet best practice transfer protocols¹⁰ for patients who may need a higher level of care from community birth providers,
- Guarantee insurance coverage and reimbursement of birth center facility fees, and provider fees for both the mother and the newborn, and
- Increase facility fee reimbursement for birth centers;

2. Mobilize midwives immediately to help relieve pressure on the physician workforce, and strengthen the workforce of all obstetrician-gynecologists, midwives, and family physicians to ensure sufficient personnel are available to provide perinatal and primary care.

Rationale: Care provided by midwives has demonstrated numerous positive short-and long-term outcomes in varied contexts including among at-risk populations in urban and rural settings.¹¹

Systematic reviews, the most reliable type of study, have consistently found that midwifery care achieves outcomes that are as good as, or better than, the outcomes achieved by physicians. There are no measures for which midwifery care was found to result in worse outcomes than physician-led care.¹² A systematic review of maternity care in the United States comparing care managed by midwives with care managed by physicians identified the following findings: fewer cesareans, episiotomies, serious lacerations, and epidurals and other pain medication; increased breastfeeding initiation, positive experience of care, patient satisfaction, and sense of control and confidence; lower cost of care; and comparable outcomes for babies.¹³

- **Include midwives and obstetrician-gynecologists in the categories of providers who are being sought from other states to improve surge capacity,¹⁴**
- **Ensure that all providers and clinicians attending births have access to adequate and appropriate PPE used according to both manufacturers' and standardized infection prevention and control guidelines, reflecting the risk to providers of coronavirus infection caused by aerosolization of the virus during labor and childbirth,**
- Ensure that midwives are reimbursed at 100% of physician rates for identical services,
- Consider waiver of non-competency/practice-related requirements for health worker students so that completion of needed training to join the existing workforce can be prioritized,
- Innovate to fast track professional licensure processes to ensure graduated students can practice as quickly as possible;

3. Expand access to community-based doulas, peer childbirth educators, and peer counselors as perinatal support workers who can provide essential emotional and informational support to families during this time of crisis.

Rationale: In order to expand the capacity of clinicians, including physicians, midwives, and nurses, perinatal support workers can be called upon to provide the emotional, informational, systems navigation, childbirth and lactation education and support that childbearing families need during such an overwhelming time. Policies to support the provision of non-clinician maternity care support include:

- **Commit emergency funds to community-based perinatal health workers providing emotional and informational support, system navigation, childbirth and lactation education and support (telephonically and in person),**
- **Establish insurance and Medicaid coverage of the non-clinician workforce and the services they provide, by including community-based doulas, childbirth educators, and lactation counselors as eligible for reimbursement under Medicaid,**
- **Allow virtual visits and tele-visits to be considered the equivalent of services provided in-person,**

- Provide adequate funding, resources, and training for prenatal and postpartum home visits conducted virtually whenever possible and in-person for individuals with special social risks, such as individuals without a support network, and
- Provide resources for families, including technology, household items like diapers and baby wipes, and food to families receiving support from perinatal support workers.

¹ McDermott, K. W., Elixhauser, A, Sun, R. (2017, June). Trends in Hospital Inpatient Stays in the United States, 2005–2014. Retrieved 27 March 2020, from U.S. Department of Health and Human Services, Agency for Health Care Research and Quality, Healthcare Cost and Utilization Project Website: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb225-Inpatient-US-Stays-Trends.pdf>

² Podulka, J., Stranges, E., Steiner, C. (2011). Hospitalizations Related to Childbirth, 2008. *H-CUP Statistical Brief*, <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb110.jsp>.

³ National Center for Health Statistics. (2020). Natality 2016-2018 (expanded). *CDC Wonder*. Accessed 6 April 2020, from: <https://wonder.cdc.gov/natality.html>.

⁴ Li W et al. (2019). Summary of Vital Statistics, 2017. New York, NY: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics. Accessed 6 April 2020, from: <https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2017sum.pdf>

⁵ Cuomo, A.M. (2020, Mar.). Health Advisory: COVID-19 Guidance for Hospital Operators Regarding Visitation Updated Guidance regarding Obstetric and Pediatric Settings. *New York Department of Health*. Accessed 6 April 2020, from: https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh_covid19_obpedsvisitation_032720.pdf.

⁶ Cuomo, A.M. (2020, Mar.). No. 202.11: Continuing Temporary Suspension and Modification of Laws Relating to the Disaster Emergency. *New York State Executive Order*. Accessed 6 April 2020, from: <https://www.governor.ny.gov/news/no-20211-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>.

⁷ Cuomo, A.M. (2020, Mar.). Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces New Hospital Network Central Coordinating Team. *New York State*. Accessed 6 April 2020, from: <https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-new-hospital-network-central>.

⁸ Center for Medicare and Medicaid Innovation. (2018). Strong Start for Mothers and Newborns: Evaluation of Full Performance Period. <https://innovation.cms.gov/Files/reports/strongstart-prenatal-fg-finalevalrpt.pdf>.

⁹ Commission for the Accreditation of Birth Centers. (2020, Mar.). Coronavirus (COVID-19) – Guidance for CABC-Accredited Birth Centers. Accessed 6 April 2020, from: https://cdn.ymaws.com/www.birthcenters.org/resource/resmgr/covid_resources/CABC_COVID19Guidance_March20.pdf.

¹⁰ Birth Place Lab. Best Practice Guidelines for Transfer from Planned Home Birth to Hospital. <https://www.birthplacelab.org/best-practice-guidelines-for-transfer-and-collaboration/>

¹¹ Renfrew MJ, McFadden A, Bastos MH, et al. (2014, Sept.). Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *The Lancet*, 384(9948), 1129-45.

Raisler J, Kennedy H. (2005, Mar.). Midwifery care of poor and vulnerable women, 1925–2003. *Journal of Midwifery & Women's Health*, 50(2), 113-21. doi:10.1016/j.jmwh.2004.12.010.

¹² Sandall J, Soltani H, Gates S, Shennan A, Devane D. (2016). Midwife-led continuity models versus other models of care for childbearing women. *The Cochrane Library*.

Sutcliffe K et al. (2012, Nov.). Comparing midwife-led and doctor-led maternity care: a systematic review of reviews. *Journal of advanced nursing*, 68(11), 2376-86.

¹³ Newhouse RP, Stanik-Hutt J, White KM, et al. (2011, Sept.). Advanced practice nurse outcomes 1990-2008: a systematic review. *Nursing Economics*, 29(5), 230.

¹⁴ Cuomo, A.M. (2020, Mar.). Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces Federal Government is Deploying Approximately 1,000 Personnel to New York State. *New York State*. Accessed 6 April 2020, from: <https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-federal-government-deploying>.