

Midwives: Good for Missouri's

Budget!



Midwives save the state millions of dollars and improve the health of mothers and babies.

- Midwifery care costs less
- People pay out-of-pocket
- Lower rates of costly interventions
- Fewer cesareans
- Fewer premature and low-birthweight babies

Cost to the state:

\$0.00

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By Deborah Smithey

The current economic situation and resulting budget crunch are causing major cuts in Missouri's budget. With unemployment and underemployment rates climbing, people are looking for ways to save money without compromising quality. Missouri's midwives are already saving the state millions by attending low-risk homebirths, with excellent outcomes.

Midwives charge less than doctors and hospitals. Midwives' clients spend 70 to 90 percent less than they would spend for uncomplicated vaginal delivery in the hospital. Missouri saves money when parents who are eligible for Medicaid choose to pay for homebirth themselves. The passage of the new healthcare bill does not affect homebirth families in Missouri. As always, these parents carefully weigh their options; considering safety, cost, privacy, and personal preferences.

Missouri's population (5,800,310) is similar to Washington State (6,287,759). One percent of Missouri's babies and two percent of Washington's are born at home. Washington underwrites the expense of licensing and regulating midwives, and its Medicaid program pays for midwife-attended home birth.

Washington commissioned a study to determine the economic costs and benefits of its midwifery program. The two-year total savings was \$488,147.00 for Washington Medicaid and \$2,713,072.00 for all payors combined.¹ The study admits these numbers are significantly underestimated because they do not include associated costs, including differential intervention rates between planned home and hospital births.

Certified Professional Midwives (CPMs) have low rates of expensive medical interventions, including induction, epidural, anesthesia, IVs, forceps, vacuum delivery, and cesarean surgery. Only 3.7% of CPM clients transfer to the hospital for a c-section² while Missouri's statewide c-section rate was 30.2% in 2006.³

Babies born by c-section, premature babies and babies born with a low birth weight are more likely to be admitted to the Neonatal Intensive Care Unit (NICU). At an average of \$3,000 a day, care for infants in NICU accounts for 75 percent of all dollars spent for newborn care.⁴ Care for infants with a moderately low birth weight can cost 46 percent more than infants born at normal weight, and the cost to care for a baby born at 26 weeks can quickly rise to \$250,000 or more.⁵ These factors can be reduced by midwifery care. Preventing even one premature birth could save Medicaid over a quarter of a million dollars.

The CDC reports Missouri's homebirth rate was "significantly higher than the US average" from 1990-2006.⁶ Increased public awareness, media attention to the rising c-section rate, and women's desire for a better and safer birth experience fuels the increase. Because of this rise in homebirths, the savings to the state is climbing.

Missouri's midwifery law is working great for families and saving the state millions. Midwifery care costs less; has lower rates of costly intervention; lower rates of c-section, prematurity and low birth weight; reduces the number of newborns admitted to NICU; and costs the state nothing to implement. Midwives in Missouri are helping improve the health of mothers and babies. The number of CPMs in Missouri is rapidly increasing, as is the percentage of homebirths. That's good for families and Missouri's bottom line.

References:

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