

Changing the American paradigm

How one Vermont hospital is improving birth outcomes and increasing health access with 24/7 midwifery-led care

By Katie Moritz

In rural communities, access to health care – especially health care that empowers patients and helps prevent compounding medical interventions – is important. It is especially important when it comes to birth. Research repeatedly shows that when Certified Nurse Midwives (CNMs) are providing care, there is a decrease in interventions and cesareans and an increase in patient satisfaction.

According to an American Journal of Obstetrics & Gynecology 2023 “Expert Review” by Yale faculty members Holly Powell Kennedy, PhD, MSN, CNM and Joan Combellick, PhD, MPH, MSN, CNM, midwifery care can improve childbirth outcomes by 56 different measures. For example, having a midwife as part of your care team means a lower chance of death for mothers and newborns, fewer babies born early, and fewer babies born underweight.

Where midwifery is standard in other countries – typically wealthy European nations – women have as much as seven times the access to midwives as they do in the United States. However, several rural Vermont facilities are changing the American paradigm and offering 24/7 midwifery-led care. Among them is Northeastern Vermont Regional Hospital (NVRH).

What does this kind of care look like, and what does it look like at NVRH, a hospital located in Vermont’s Northeast Kingdom, a region known for its socio-economic struggles?

Physicians and midwives partner to improve outcomes

Round the clock midwifery-led care means a midwife *and* an OB/GYN physician are on-call *together*. It means, at NVRH, most individuals have the choice between primarily seeing a midwife or primarily seeing a physician. And it means, because all major insurance policies and Medicaid cover midwifery care for maternity care, gynecological care, and family planning, improved access to better health all around.

“Choice in health care is a priority for our maternity service, and choice is a cornerstone of midwifery philosophy,” NVRH Certified Nurse Midwife Jade Kaplan said. “Sometimes a pregnant person has additional health concerns and requires a physician to handle their care, midwives can still play a part in their care because both midwives and physicians collaborate.”

Kaplan, who has been a midwife for 32 years, works closely with two other Certified Nurse Midwives and three OB/GYN physicians. And she does more than assist in birth. She, along with two other midwives, assists during cesareans, provides family planning and gynecological care outside of the maternity cycle.

Collaboration, trust, and relationship building = success

“Birth becomes the peak of the emotional experience for birthing people and their families,” Kaplan said. “But actually most of my time is spent on patient education, prenatal visits, family planning, routine healthcare, and getting to know families so they feel comfortable with me. That way, when we get to that moment when baby is coming, there’s trust. There’s relationship there.”

Although midwives assist in nearly 13% of births in the U.S., in Vermont, 30% of babies are delivered by midwives. And approximately 65-70% of pregnancies and deliveries at NVRH are supported by Midwifery Services. Besides patient choice and autonomy, midwives prioritize supporting the normal physiologic processes of pregnancy, labor and delivery, and work to encourage birthing persons to develop confidence in themselves and their ability to give birth.

Midwives in the U.S. generally care for lower risk pregnancies and, according to national statistics, maintain cesarean section rates well under 20%. This is true for the midwifery services at NVRH as well. Breastfeeding success is over 90%. Patient satisfaction with their birth experience is also high, as most times pregnant people are able to make choices about giving birth that suit their individuality, including staying *out of* bed, using the deep tub, taking long showers, or changing positions often, even if they have an epidural.

On top of frequently collaborating with OB/GYN colleagues, including meeting weekly to discuss concerns or patient situations, midwives also communicate regularly with lab personnel, radiology staff, primary care providers, behavioral and mental health professionals, and the anesthesia department.

Working together creates healthier babies and powerful outcomes

NVRH OB/GYN provider Lisa Baclawski, MD worked with midwives before choosing to move to Vermont to work at NVRH. She says the strong midwifery service at NVRH is one of the things that drew her to this hospital.

“When midwives and doctors share their areas of expertise and work together, with the pregnant person included and empowered, we are better able to provide strong, patient-centered care,” Kaplan said. “And that is really powerful.”