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HOUSE OF REPRESENTATIVES
COMMONWEALTH *of* PENNSYLVANIA

House Democratic Policy Committee Hearing

Midwifery Modernization and Maternal Health Deserts

Tuesday, April 15, 2025 | 10:00 a.m.

PA Black Maternal Health Caucus

OPENING REMARKS
10:00 a.m. Rep. Gina Curry, D-Delaware
Rep. La'Tasha D. Mayes, D-Allegheny
Rep. Morgan Cephas, D-Philadelphia

PANEL ONE
10:10 a.m. Tica Nickson, Founder and Executive Director
BirthRoot Community Doula Alliance

Nia Howze, Patient
Erie, PA

Q & A with Legislators

PANEL TWO
10:40 a.m. Margaret Larkins-Pettigrew, MD, OBGYN
Allegheny Health Network

Annetra Taylor, MSN, CSM, Midwife
The Midwife Center for Birth and Women's Health

Q & A with Legislators

Remarks and Testimony can be found by scanning the QR Code below:

Name: Annetra Taylor MSN, CNM

Regarding: Joint Policy Hearing on Midwifery Modernization and Maternal Health Deserts
Date: 4.15.25

Introduction

My name is Annetra Taylor, I am a licensed and practicing midwife at The Midwife Center in Pittsburgh. I am grateful to highlight some current concerns around the maternal health deserts in this state and touch on the Midwifery Modernization Act, Senate Bill 507. During this testimony, I want to explain the vital role that certified nurse-midwives (CNMs) and certified midwives (CMs) play in maternal healthcare and how you all as legislators can continue and expand on making midwifery available and accessible to communities that are in dire need of high-quality healthcare.

First off I want to begin by discussing the basics which is what are certified nurse-midwives and certified midwives. These two types of midwives receive education from accredited midwifery programs after or during the process of receiving a bachelor's degree, a master's or doctoral degree. They are then eligible for national certification by the American Midwifery Certification Board (AMCB) and then qualify for state licensure. These two types of midwives are licensed and trained in sexual and reproductive healthcare.

In the state of Pennsylvania, midwives work in a range of settings including freestanding birth centers, large academic institutions, rural community hospitals, community clinics, private GYN practices, as well as patient's homes. In 2023, midwives delivered 16% of the babies in Pennsylvania. In addition to providing perinatal care, midwives also function as primary care and GYN providers across the lifespan as well as patient advocates, researchers, scholars, program directors, global healthcare leaders, and more.

Issues

Title X freezing:

In recent weeks, the Trump administration announced that it would withhold millions of dollars in funds earmarked for Title X, a decades-long program that funds critical reproductive health services in low-income communities. Title X was created in 1970 under President Richard Nixon's administration. Since its enactment, it has helped nearly 195 million Americans with access to essential health services.

Title X funding has supported a range of services including pregnancy testing, infertility services, testing and treatment for sexually transmitted infections, breast and cervical cancer screenings, HPV vaccinations, and the provision of birth control and HIV pre-exposure prophylaxis. It can also provide support for mental health, intimate partner violence, and related health concerns.

This program is the country's only dedicated family planning safety net program offering vital family planning and preventative care for low-income and marginalized communities. According to the Center for Reproductive Rights, funding has historically sustained an estimated 4,000 clinics and in 2023 it supplied 2.3 million people with essential care including birth control, cancer screenings, and STI testing. Many times Title X clinics are the sole source of healthcare for communities. With this sudden freezing, it has caused a devastating loss for healthcare services especially for low-income, rural, and minority communities. Taking away this funding will only exacerbate the current concern of maternity care deserts.

Maternity Care Deserts:

The definition of maternity care deserts are US counties where there is a complete lack of maternity care resources. That means no maternity-care providers, midwife or physician, who provides care in the hospital, birth center, or community setting . According to a recent March of Dimes report, 7.6% of Pennsylvania counties are classified as maternity care deserts, and unfortunately, that number is growing. The multifaceted issues facing health care entities providing maternity care including abysmal maternity care reimbursement are leading to closures on a nearly monthly basis.

Areas of our country where there is low or no access affect up to 6.9 million women and almost 500,000 births across the United States. In Pennsylvania, 15.6% of birthing people receive inadequate prenatal care compared to 14.8% of women in the general population. A quarter of all Pennsylvania counties do not have access to the full array of maternity care, affecting close to 200,000 families who need care a year. The state's geographical size and large rural areas present many unique challenges for families as distance to maternity care has been shown as a critical access issue affecting outcomes of mothers and babies, with families living farther from birthing hospitals suffering worse outcomes. In our state, 12.4% of women had no birthing facility within 30 minutes of their home, compared to 9.7% of women in the general US population. One study found that from 2004 to 2014, 9% of rural counties lost hospital-based obstetric services, and we know that this problem has only intensified in the last decade.

Maternal mortality:

The United States faces an ongoing maternal mortality crisis, with morbidity and mortality continuing to rise at rates significantly higher than in other developed countries, particularly for African American women. In 2023, the overall rate was 18.6 deaths per 100,000 births, though the rate for African American women is 50.3. Yet, African American women only make up 13.9% of the United States population.

According to the CDC, Black Americans are approximately 3 times more likely to die before, during, or after birth compared to women of other races. Pennsylvania is no exception to this crisis, with our Black citizens dying or suffering harm at significantly greater rates compared to white families. For example, Allegheny County ranks among the worst in the country in terms of outcomes in the first year of life for both Black moms and babies. The reason for this ongoing

disparity, as demonstrated in the research, points to systemic racism and implicit bias of health care providers.

A conclusion seen from the PA Maternal Mortality Review Committee noted that a rising number of perinatal deaths are due to opioid overdose. Acknowledging that many Pennsylvania mothers are dying as a result of substance use disorder, we also want to highlight a report from the Center for Rural Pennsylvania, which shows that there exists a lack of MAT providers in the eastern and central portions of our state, with an even more significant lack of providers along the northern and southern areas of the state.

All of these issues are separate, yet as discussed above interconnected.

Solutions

Midwives in the United States, especially in Pennsylvania, are willing and ready to assist with the current access issues facing many families in our country.

More recent data indicates that midwifery care is gaining prominence. In 2023, midwives attended about 12% of births nationwide, but attended over 16% of the births in the Commonwealth. These rates suggest an increasing national trend in the growth in midwife-attended births nationally and within our state. Research shows that there are many benefits to midwifery-led models of care including fewer medical interventions like cesarean sections, episiotomies, use of forceps and vacuums; reduced use of pain medications leading to quicker recovery times and fewer complications; emphasis on wellness; lower rates of preterm births; lower maternal and neonatal mortality; improved breastfeeding initiation; lower health care costs; reduced need for long hospital stays; and stronger community ties. Midwifery is affordable, accessible, and sustainable.

Midwifery-led birth centers are an option for combating the lack of maternity care access, especially in rural communities with a lack of hospital labor and delivery services.. A Center for Medicare and Medicaid Innovation project demonstrated the benefits of the birth center model with midwifery-led care, which includes lower rates of preterm birth, delivery of low birth weight infants, and Cesarean birth across racial and geographical demographics, as well as an over $2,000 cost savings per mother-baby dyad, compared to those care for in maternity care homes or who experienced in-group prenatal care models. Increasing access to integrated freestanding birth centers is a realistic option for increasing access to high-quality accessible maternity care. Because midwifery-led care often results in fewer interventions, shorter hospital stays, and a more straightforward approach, it can be more cost-effective than traditional hospital births, especially for low-risk pregnancies.

Growing the midwifery workforce has the potential to assist the ever-growing needs of our communities. Midwives often build strong relationships with the families they serve, offering continuous support and understanding throughout the pregnancy, birth, and postpartum periods. In community-based midwifery settings, there’s a greater sense of connection and trust in the

local care system. People who choose midwifery-led care often report higher satisfaction with their birth experience and overall client satisfaction. They appreciate the respect for their birth plans, less rushed visits, and feeling empowered in their choices and decision-making. While midwives currently attend around12% of all births in the US, they attend over 30% of deliveries in rural hospitals. With over 3.6 million live births in the US for 2023, at least 22,000 midwives are needed in the midwifery workforce to meet the World Health Organization's goal of a minimum of 6 midwives per 1,000 live births. Currently, there are about 14,000 midwives in the U.S., including those not in clinical practice, resulting in a gap of at least 8,200 midwives. Even with 6 midwives per 1,000 births, the U.S. will have a smaller midwifery workforce than other high-income countries with better outcomes.

Midwifery education is less expensive than medical school, and midwives can be educated and certified at a higher rate than our physician colleagues while maintaining safety and high levels of quality of care. OB-GYNs and certified midwives have collegial relationships throughout the state. Educating more midwives would allow our physician colleagues to focus on more acute levels of care, such as complex GYN care/surgeries and high-risk pregnancies.

Through work with the Health Equity and Anti-Racism (HEAR) committee of the Pennsylvania Affiliate of the American College of Nurse-Midwives, Pennsylvania midwives are active in acknowledging the presence of racism and implicit bias in maternity care and have been actively working on growing more Black midwives and other midwives of color through outreach and scholarship opportunities.

Midwives and their connection with families have been demonstrated to improve outcomes for families affected by substance use. Pregnancy is an opportunity to reach people affected by substances and help them get healthy for their babies and themselves. Midwives have been recognized federally as appropriate providers of medication assisted treatment with midwives in other states already participating in the prescription of medication assisted treatment, and increasing the number of medication assisted treatment providers in PA will increase access to this critical service.

Senate Bill 507 introduced by Senator Rosemary Brown, is currently in the Senate Consumer Protection & Professional licensure committee and addresses many of the ways current midwifery regulations hinder midwifery's impact on the aforementioned issues.. Swift passing of this bipartisan-supported bill out of committee and through the Senate is crucial to move midwifery forward in the Commonwealth. Continuing to integrate midwives into the health system and working on policies to increase the midwifery workforce should be a critical focus for all stakeholders who desire to change the tide of lack of access and poor outcomes for families in our state.

Conclusion

The citizens and residents of Pennsylvania deserve better and there is much that we can do. The time is now. Midwifery is the answer. The Pennsylvania affiliate of ACNM has been working tirelessly on legislation in order to more fully integrate midwives into Pennsylvania health systems and allow midwives to be active participants in improving maternal and neonatal outcomes and access to high-quality maternity care.

I hope today's testimony was eye-opening and will encourage all of you to continue to see midwifery as an integral part of the solution for improving the health of families in the Commonwealth. Thank you very much to the Black Maternal Health Caucus for hosting this event, and to the other representatives, stakeholders, and citizens here today for your time and attention on this vital issue.

Written testimony in support of Black Maternal Health Week and the Midwifery Modernization Act (Senate Bill 507)
By. Jatolloa M. Davis, MSN, CNM, WHNP-BC

Opening Remarks
My name is Jatolloa M. Davis and I am a Certified Nurse Midwife (CNM). I have practiced full scope midwifery (gynecology, pregnancy care, labor and birth) for over 10 years in multiple care settings including a Philadelphia health center, birth center, and hospital. My care for women and birthing people has spanned Pennsylvania, noting the beginning of my career in Pittsburgh at The Midwife Center and currently in Philadelphia at Thomas Jefferson University Hospital. Thank you for allowing me to share my experience as a midwife and discussion about the state of midwifery, why it is important that there are more midwives and solutions.

Body
Midwives are experts at normal birth and gynecology. We care for women from menses to and through menopause. Our main philosophy of care is always patient centered. When we care for patients, we not only care for their pregnancy but we also try to identify what other barriers they may be experiencing in achieving optimal health. Oftentimes, pregnancy is the only time that patients access care. Midwives are critical in connecting patients with resources that can be used beyond pregnancy. The relationship we build during pregnancy allows for a foundation of trust. This trust is then used to connect patients to other providers like primary care. Having a primary care provider helps to continue care beyond the six week postpartum visit. Our state of Pennsylvania has identified that over half of the negative maternal outcomes happen after that 6 week visit.

We are here today because we have acknowledged that there is a crisis within maternity care. We are all acknowledging that this crisis is fueled by maternity care desserts and lack of providers. Midwives are experts at collaboration and can be used to bridge the gap in maternity care desserts. We are excellent at anticipatory guidance- ensuring that our patients are aware of the risks as well as signs and symptoms that should prompt them to reach out to their provider. Seeking accessible care at the right time is key to healthy pregnancies, births and beyond.

When working in Pittsburgh, patients would travel up to two hours to receive care. There were often discussions about what to do if the baby tried to be born before the patient arrived at the birth center. I've even had to talk a partner through catching their baby as they just "couldn't make it in." With more labor and delivery options staffed by midwives, this becomes less of a reality. Women and birthing people simply want a safe accessible patient centered place to birth.

As highlighted before, midwives could be the providers that bridge the gap in access to maternity care. One challenge is that we need more midwives. The midwifery modernization act will increase options to becoming a midwife. We not only hope to create an option for more midwives but also to diversify our profession. When we discuss the maternity care crisis, we acknowledge that certain women are affected more than others. We also know that when your

care is provided by someone who identifies in a similar way, one feels seen, safe and centered. Simply put, race concordant care matters to patients especially during one of the most vulnerable times like pregnancy and birth.

I would like to share an example of a recent patient I cared for. When we first met she said, " I am here because of you." This was not the first time I had heard a similar statement but I often ask patients to explain. This patient goes on to explain that she had witnessed, mostly through social media, the mistreatment of Black women during birth and the poor outcomes. "I didn't want to die," she said. As her care progressed, she received all of the testing and monitoring necessary during pregnancy. She attended all of her visits and even signed up for classes. After one ultrasound, she found out her baby might be smaller than expected. She then met with the high risk doctors to review her options, they provided her with recommendations and said if she did not follow their recommendations her baby would die.

When this patient returned to my care for her next prenatal visit she was in tears. She felt like she understood what they were saying, and that she did not want her baby to die. But because she was not familiar with them and did not feel centered or respected she declined their recommendations and wanted to transfer her care to a different hospital altogether. I was able to review the high risk recommendations. Explain why they were being recommended and what she should expect for birth as well as for her postpartum care . It was the relationship that we built. It was the trust that she had in her midwife that kept her and her baby safe.

Conclusion

Thank you for taking the time to read this testimony. I witness both the joys and challenges of birthing people on a daily basis. I have heard stories about what access to patient centered care means and how it benefits pregnant people beyond their birth. I know that more midwives is one of the answers to this ever growing crisis in maternity care. We just need to answer the call.

I implore you to consider Bill 507 to increase access to midwifery care, diversify the midwifery workforce and save birthing people.

April 12, 2025

I am Michele LaMarr-Suggs, Certified Nurse Midwife from Philadelphia at the nation's first hospital and the largest obstetric center in the city, where over 1/3 off all babies in our city born, and where over 8,000 women receive obstetric and gynecological care each year. With that said, I am not speaking from a small framework but today provide a broad prospective with over 15 years in women's health serving in our region. I've been blessed to have over 1,300 babies pass through my hands as they take their first breaths of life. Every day, I have committed my life to serve my patients with wisdom, skill, dignity, and integrity that ultimately saves their lives. Working on the frontlines, I literally care for some of the sickest and most vulnerable populations in our region and am an advocate for those whose voices can't be heard and their stories often go untold. While being a midwife provides some of my greatest joys, it is challenged by having to navigate through restrictive covenants that prevent me from practicing to the fullest extent of my training and professional abilities.

While individuals in this room may have differing perspectives on the causes of the current state of maternal health, we can all agree that there is an overwhelming obvious crisis in our nation and in our commonwealth that grossly affects women that we can no longer turn a blind eye or deaf ear to. Certified Nurse Midwives in our Commonwealth who are being placed under unfair restrictive covenants limiting our ability to provide services in which we are trained, qualified, and licensed to do, the lack of recognition of the value of Certified Midwives who are not able to practice although they meet the same core competencies, take the same board certification exam, and have identical scopes of practice including prescriptive privileges as Certified Nurse Midwives, an attack against reproductive rights and freedoms, a crisis in the state of maternal health as it relates to maternal health care deserts, black women who are 3-4 times at higher risk than their white counterparts to die in and around childbirth despite socioeconomic, educational, and health status, and mental health and substance use disorder which continue to be the number one cause of maternal deaths in our state. There is a cure to this crisis for which America faces, but more specifically that our Commonwealth has overlooked that has centuries of evidence to prove its success not only locally, but globally. The solution to this crisis and addressing these disparities is the integration of midwifery care at a broader level. In every other industrialized nation where the maternal and infant morbidity and mortality rates are the lowest, midwives attend up to 75% of all births. In stark contrast in America, midwives only attend approximately 12% of all births and our maternal morbidity and mortality rates continue to be ranked among the worst in the world. States that have well-integrated midwifery care systems which include all routes to midwifery and where midwives are integrated into the healthcare system regardless of birth setting, tend to see the best outcomes. States like Washington, California, Oregon, and New Mexico that understand and have fought to have regulations that support midwifery practice and allow for greater professional autonomy, scope of practice, and access across different birth settings have some of the best maternal and infant outcomes. Conversely, states with more restrictive midwife laws and practices, such as Alabama, Mississippi, and Ohio, tend to have poorer outcomes. Midwife led care is associated with overall better health outcomes for both moms and babies, with significantly lower rates of c-sections, preterm births, use of regional anesthesia, significantly lower induction of labor rates, greater cost savings, lower lengths of stay in hospitals in turn decreasing morbidity, increased

breastfeeding rates, overall greater satisfaction with care, and the list goes on. While midwifery led care is overall associated with positive outcomes, we can't ignore away the fact that addressing socioeconomic disparities, institutional and systemic racism in healthcare, and access to quality prenatal care is crucial for improving maternal and infant health outcomes.

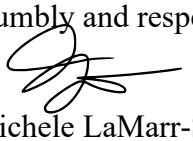
Historically since the mid 20th century, midwives in America have continued to face exclusion from maternal health systems and faced harsher licensure requirements all aimed to eradicate our profession despite our proven efficacy. As Pennsylvania loses more and more rural and suburban medical facilities, midwives can fill the gaps in these maternal care deserts. There is absolutely no reason families have to travel more than 10-20 miles to the nearest care facility or travel by bus sometimes more than 1 hour to receive care that often still is substandard. Support of the Midwifery Modernization Bill would libertate midwifery in several ways including providing licensure for Certified Midwives and Certified Nurse Midwives and allow us to practice under less restrictive covenants and continue to open paths for more people to enter and help diversify the profession as a whole. This would modernize prescription regulations for drug addiction treatment and mental health which are the number one cause of maternal deaths in our state in which we are trained and equipped to do. The Midwifery Modernization Act will ensure that amendments are made to the Medical Practice Act of 1985, which is has not updated in 40 years! YES, 40 years!!! It's demoralizing that as licensed professionals on the frontlines that we are qualified to perform life saving measures every single day, prescribe pain medication amongst other classes of medications, BUT under the current Medical Practice Act of 1985, we can't prescribe physical therapy care, or prescribe medication for postpartum depression beyond 30 days although other advanced practice providers such as nurse practitioners and physician assistants can. Modifications to this bill would allow midwives to prescribe for medication-assisted treatment for opioid disorder which is amongst the leading causes of maternal deaths in our state. Additionally, it would address the critical needs of maternal care deserts by providing alternative modalities ensuring opportunities for free standing birth centers to thrive. This legislative update will expand access to maternal care, increase patient choice, and improve health outcomes for all families across the state, especially disenfranchised populations. The more midwives we have working to the full extent of our education and certification translates to increasing the number of highly qualified professionals delivering high quality care that Pennsylvanians deserve. Every year Pennsylvania continues to lose large numbers of highly qualified Certified Nurse Midwives and Certified Midwives to surrounding states such as Delaware, Maryland, New Jersey, New York and the District of Columbia who have less restrictive covenants. We can't afford to have this happen for the sake of all Pennsylvanians.

As public health professionals, we have spent decades proving and validating our outcomes. We don't need more evidence to be convinced of disastrous effects of this crisis by hearing more grueling statistics affecting women surrounding birth. What we have to do is to DO something about what we know and has been proven. We have been trying to fix the symptoms of this crisis but have turned a blind eye the root. The roots of RACISM, CLASSISM, and GENDER OPPRESSION which includes limiting the full scope of midwives. Unless we agree that systems are broken and use our power and recognize our RESPONSIBILITY, we can never fully optimally function. We MUST assure optimal birth outcomes for ALL people with a willingness to address racial and social inequities and abolish restrictive covenants within healthcare in a sustained manner. There must be equitable distribution of money, power, and

resources at national and local levels – with our must vulnerable populations being made priority.

My account today is not just what I have perceived or heard, but what I survived as a black mother, what I experience as a Certified Nurse Midwife in our state, what I advocate for every day as the founder of Royal Generation Inc, a non-profit organization aimed at improving social determinants of health by providing things women need to THRIVE not just SURVIVE, as a committee member of the Philadelphia Maternal Mortality Review Committee, pastor of a local church in Philadelphia, and simply as a HUMAN. I have committed to use my life and my position, and my power to change lives and I beseech each of you as legislators to do the same. My question to you is what is your responsibility as legislators? Simply defined responsibility is your RESPONSE TO YOUR ABILITY! Your ability to ensure that birthing people in our commonwealth aren't dying because of inaction and failure to provide laws and policies that could save their lives. It's your ability to ensure that there are no maternal health care deserts in our state and that birthing people who are at highest risk are not dying in childbirth because the closet birth center or hospital is over an hour away from where they reside. It's your ability to make sure that all midwives in our state have the ability to be licensed and practice in greater independence without limitations that restrict and hinder our ability to deliver high quality care. It's the ability to go come to the table together despite political differences for the common good of those you have taken an oath before your peers and God to protect and to serve. We so proudly refer to this great state as the COMMONWEALTH of Pennsylvania. In retrospect, is this really a commonwealth? A Commonwealth indicates and reflects the idea that the state or territory was founded on and upholds the ideology that we are for the common good of ALL people. Unfortunately, this has not held true if there are not shared resources, values, opportunities and benefits for ALL people in our state. You have the ability to make a difference and to bring about change ONCE and for ALL. We often quote the words to the *Pledge of Allegiance* which so poetically ends with the words **"with liberty and justice for ALL."** We have conveniently glazed over these words and the oath to which we have sworn to act righteously not for the sake of some but for the sake of ALL. I urge you today to make a decision and recommit yourselves to doing what is right and fair for everyone because you have the ability to make needed changes ONCE AND FOR ALL.

Humbly and respectfully submitted,



Michele LaMarr-Suggs, MSN, CNM
Certified Nurse Midwife
Royal Generation, Founder and CEO