

Last year in the United States, we spent **\$2.4 trillion dollars** on health care ...

Now, in 2006, the bill for our maternity care \$86 billion dollars—nearly half of which was picked up by us, the taxpayers.

Six of the 15 most frequent hospital procedures billed to private insurers and Medicaid are maternity-related.

Yet despite this enormous spending, we have the second worst newborn death rate in the developed world, and we have one of the highest maternal mortality rates among all industrialized countries.

The cesarean surgery rate in the U.S. has risen by 50% from just a decade ago, and this increase has done nothing to improve infant- or maternal-mortality statistics.

Last week in fact, the CDC reported that the c-section rate hit an all-time high in 2007 of 31.8%. This marks the 11th consecutive year of increase.

The costs, both human and financial, are not the only aspects of our hospital-based maternity care system that are so disturbing.

What happens when our hospitals cannot be used? Another Katrina, another Greensburg, Kansas, a flu epidemic. These are the kinds of emergencies that make hospital care inaccessible. And what do we tell our mothers then? How do we provide them care?

Without fetal monitors, intravenous lines, infusion pumps, epidurals, pitocin—all so readily available within our nation's hospital-based maternity care system, hospital providers are helpless and unskilled to provide the kind of informed human support and wise guidance that a laboring woman needs while the normal process of labor and birth unfolds.

A quote*: “To pretend that a normal healthy woman cannot give birth safely without the trappings of a U.S. hospital is not only audacious but also uninformed.”

To contrive a U.S. maternity care system that produces inferior results at premium costs, and that does not fully support access to out-of-hospital maternity care—home birth and freestanding birth center birth—is unconscionable.

The good news today is that we know what to do. We don't need to conduct more research or wait for some ground-breaking technology to chart our course.

Mothers, like me, are envisioning a new model of U.S. maternity care, which is solidly built on expanding access to out-of-hospital maternity care and—very importantly—to Certified Professional Midwives, or CPMs, who provide affordable, quality, community-based care.

The evidence consistently shows that low-risk women who plan out-of-hospital births under the care of CPMs experience outcomes equal to low-risk women who give birth in the hospital, but with far fewer costly and preventable interventions.

In addition, babies born to women under the care of CPMs experience a factor of 5 reduction in cesarean section, as well as significantly reduced rates of preterm birth and low birth weight—two of the primary contributing factors to infant mortality, racial and ethnic disparities in birth outcomes and the costs associated with long-term care.

The Obama administration could save the country billions of dollars by overhauling the American way of birth, and endorsing the significant value that access to legal and regulated CPMs brings.

The state of Washington has reported a savings of \$3.1 million dollars over a period of two years to the state Medicaid system when women experiencing healthy, low-risk pregnancies give birth with licensed midwives instead of in the hospital.

The recent Milbank report conservatively estimates savings of \$2.5 billion dollars a year if the cesarean surgery rate is brought down to 15%.

This is attention-getting.

Now you may ask yourself, “If the writing is so clearly on the wall, then why on earth are not CPMs fully integrated into the health care systems of our states?”

The only reason why CPMs are not being utilized in all 50 states to their maximum effect is because a special interest lobby—organized medicine—has been fighting them every step of the way, by its own admission using “hardball tactics” because, again by their own admission, they can’t win on the merits. They can’t change the evidence.

So now that a new era has been ushered in, one in which special interests will no longer be dictating policy, it is time for policymakers to base their decisions on the evidence and to recognize CPMs.

President Obama's pledge to stop lobbyists from running the show gives me, and tens of thousands of mothers and families across the nation great hope. My name is Steff Hedenkamp, and I am here today on behalf of the 84% of American women who will carry a pregnancy to term and give birth in their lifetimes.

We have a voice, and it is growing louder in its chorus for increasing birthing options available to the women of this country. I have a thumb-drive here, full of letters from across the nation written by mothers.

They tell us clearly what federal government can do:

- Medicaid reimbursement for CPMs
- Encouraging policies that would increase the utilization of midwives in general
- Inclusion of CPMs as mandated providers in the Federal Employees Health Benefit Plan and Tricare
- Funding for education of CPMs, as well as inclusion of CPMs as eligible providers within the National Health Service Corps
- Requiring Homeland Security to work with and include CPMs, within any and all disaster planning – local, regional, national

Not everyone will choose this solution of CPMs for their maternity care, but enough women will so that we can dramatically reduce costs, and begin to turn our health care system around ... which will in turn greatly aid our country's serious economic troubles.

The U.S. maternity care system is a microcosm of what is so desperately wrong with health care today.

We live in a country founded on the ideals of individual liberty and freedom, and yet those ideals are trampled when lobbyists are at the helm.

Please, help us stand up to this Goliath of organized medicine.

Help us to shine the light on evidence-based maternity care and how it can benefit our citizens.

Help us to use every resource to its optimum, to provide health care to everyone possible at the lowest cost possible.

Please, include CPMs in federal health care reform.

Thank you very much.

*Nancy K. Lowe, <http://www3.interscience.wiley.com/cgi-bin/fulltext/121645508/PDFSTART?CRETRY=1&SRETRY=0>