



MANA Statement | Implications of COVID-19 in Midwife-led Care of Childbearing Families

Background:

Midwives Alliance of North America joins organizations and agencies around the world monitoring the progression of the novel coronavirus global pandemic, COVID-19. While data and research on the general diagnosis and management of the disease grows on an hourly basis, the evidence of risks to pregnant women and their newborns is limited at best.

National and international health agencies have provided guidance on COVID-19, and the [World Health Organization](#) (WHO), [Centers for Disease Control and Prevention](#) (CDC), and the [United Nations Population Fund](#) (UNFPA) have all issued statements specific to COVID-19 and pregnancy/breastfeeding, as have the [International Federation of Gynecology and Obstetrics](#) (FIGO) and the [American College of Obstetricians and Gynecologists](#) (ACOG). Worldwide concerns over the implementation of non-evidence based protocols in the management of maternity care has led the International Confederation of Midwives (ICM) to release a [statement](#) expressing concern over the human rights violations of childbearing families, including specific recommendations for midwives and pregnant people.

Due to the extreme strain placed upon medical institutions, policies are being implemented nationwide without the foundations of evidence, which place undue burdens on childbearing people and their families, including limiting support persons during childbirth. A number of hospitals in New York City briefly banned all support persons until the policies were overruled by the [executive order](#) of the Governor of New York. There are anecdotal reports of inappropriate use of medical interventions on obstetric units in an attempt to decrease exposure for birthing families, and midwives around the US report numerous calls from pregnant people seeking to transfer their care to community midwives in order to avoid the hospital setting. The difficulties and possible unintended consequences of such requests were detailed in an [open letter](#) from the New York Home Birth Collective; community midwives around the country are grappling with the best way to deal with these issues.

In late March 2020, Department of Health and Human Services (HHS) Secretary Alex Azar sent a [letter](#) to US governors, along with a guidance document, encouraging them to scale up their healthcare workforce to address the COVID-19 pandemic. Specific action requests from HHS include, but are not limited to:

- *Provider Licensure Exceptions: Waive restrictions, on a temporary basis (during the emergency period), on health providers licensed, registered, or certified in good standing with another state. We also encourage states to consider ways to process these waivers on a rapid basis.*
- *Telemedicine Modality and Practice Standard Waivers: To the extent permissible, waive statutes and regulations mandating telehealth modalities and/or practice standards not necessary for the applicable standard of care to establish a patient-provider relationship, diagnose, and deliver treatment recommen-*



dations utilizing telehealth technologies.

- *Waivers of Scope of Practice Requirements: Temporarily suspend any requirements for written agreements to meet supervision or collaboration requirements, in order to avoid significant delays in the provision of services. States should also expand allowable provider activities for certain health care professionals, such as NPs, other registered nurses, PAs, emergency medical technicians (EMTs), and paramedics, and remove all restrictions on where these types of professionals can furnish care. States should also encourage their State Boards of Medicine, Nursing, and **other health professions** to put in place an enforcement moratorium, for the length of the public health emergency, for scope of practice violations to ensure all practitioners can deliver needed care during the crisis. This moratorium should apply to all services for which providers are licensed.*
- *Rapid Certification/Licensure and Recertification/Relicensure: Allow for rapid certification/licensure of new health care professionals and recertification/relicensure of certain retired health care professionals (physicians, NPs, other registered nurses, PAs) to allow them to reenter the workforce to provide care during the COVID emergency, and waive any applicable fees.*

Midwives Alliance is **concerned** the global pandemic will further weaken the human rights of childbearing families, and **worsen** the existing health care disparities that result in women of color being [three to four times](#) more likely to experience a pregnancy related death than white women.

We **recognize** the diversity of the [midwifery workforce](#) must be expanded to best address these disparities.

We **believe** the pandemic will increase the incidence of [obstetric violence](#), through the use of unnecessary, non-evidence based medical interventions, and are **concerned** hospital exposure will increase the risk of COVID-19 transmission to mothers and babies.

We **recognize** that low risk, COVID 19 negative women are likely safer giving birth at home or in a community midwife-led center with a qualified midwife in attendance. Policy makers must [involve community midwives](#) for the most effective pandemic planning regarding maternity care.

In light of the above, with the request of HHS and in accordance with the MANA [Reproductive Health Statements](#), Midwives Alliance makes the following recommendations.



MANA recommends:

- For states that do not recognize the certified professional midwife (CPM) and certified midwife (CM), we advise rapid licensure of all nationally board-certified health care providers, particularly CPMs and CMs.
- States immediately implement the HHS recommendations for expanding the workforce by waiving licensure restrictions, suspending/relaxing supervision requirements and collaborative agreements, and allowing all board-certified providers to practice to the top of their scope.
- States allow board-certified providers to practice across state lines, as well as provide telehealth visits across state lines.
- States authorize and rapidly stand up local midwifery centers to provide midwife-led care to low risk COVID-19 negative childbearing families.
- States provide support, supplies and PPE for qualified midwives providing care in the community, and ensure safe mechanisms for consultation, collaboration and referral of pregnant people to the acute care setting as needed.
- Midwife-led continuity of care models of maternity care, provided outside of institutional settings, become standard.
- Midwives in all settings be recognized as essential health workers assuring the best outcomes for childbearing families, and therefore must remain in their crucial roles without risk of transfer to work in unrelated health care areas.
- The immediate passage of the Midwives for MOMS Act, which will address the growing maternity care provider shortage by funding midwifery education and by focusing resources on students from minority or disadvantaged communities.

Respectfully submitted,

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