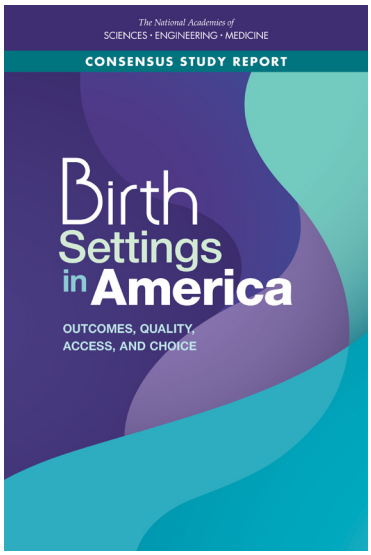
# Birth Settings in America: Outcomes, Quality, Access, and Choice

## HIGHLIGHTS FOR MATERNITY CARE PROVIDERS

Childbirth services play a critical role in the provision of American health care. But the United States has worse outcomes than other high-resource nations in terms of maternal and infant deaths, illness, and injury. Some women in the United States feel there is a gap in the care they expect and want and the care they receive in the current system. These negative outcomes are more frequent for Black and Native American individuals and their newborns.




*Birth Settings in America: Outcomes, Quality, Access, and Choice* (2020), a report from the National Academies of Sciences, Engineering, and Medicine, examines one crucial component of U.S. maternity care: the settings in which childbirth occurs. The National Academies appointed a committee of midwives, nurses, physicians, statisticians, anthropologists, and public policy and financing experts to examine the evidence on these issues. Their report identifies ways to improve childbirth services in hospital settings—where the vast majority of pregnant people[1] in the United States experience childbirth—and in birth centers and for home births. Improving integration across birth settings and investing in the maternity care workforce can also make giving birth safer than it is today.

This highlights discusses the role of the maternity care workforce in improving outcomes through respectful treatment, ongoing risk assessment and facilitating informed choice, and delivering the right amount of care at the right time. It also highlights the report's conclusions about how to strengthen the workforce through greater collaboration, increased diversity, and promotion of interprofessional education and training.

### RESPECTFUL TREATMENT

Disrespect and mistreatment in maternity care has been documented across lines of race and ethnicity, nativity, ability, and socioeconomic status. Black and Native American individuals, immigrants, and other individuals from marginalized groups face both structural racism and interpersonal bias within the health system, which likely contribute to documented disparities in pregnancy outcomes. Racism frequently manifests in differences in care provided. As a result of inequitable treatment, chronic stressors, "weathering" caused by the wear and tear of exposure to chronic stress, intergenerational trauma, and inequitable distribution of resources, childbearing people of color enter into their reproductive lives, and ultimately their pregnancies, at greater risk for adverse pregnancy outcomes.

The report envisions a transformed maternal and newborn care system that places pregnant people and their infants at the center. To do so means providers listen to informed choices, provide

[1]Intersex people and people of various gender identities, including transgender, nonbinary, and cisgender individuals, give birth and receive maternity care. Thus, we use the terms "pregnant prople" or "pregnant individuals" in place of "pregnant women."

culturally sensitive care, and take into consideration all aspects of an individual's life in determining appropriate care. Specifically, respectful care in all birth settings includes

- listening to pregnant people and responding appropriately;
- providing risk information in understandable language;
- providing culturally and linguistically appropriate care;
- discussing informed choices around care and interventions, and respecting those choices; and
- communicating clear and supportive information.

## RISK ASSESSMENT, INFORMED CHOICE, AND SHARED DECISION MAKING

Informed choice requires a set of real options with accurate information about the risks and benefits of those options. Because risk is not static and can change rapidly during pregnancy and labor, risk assessment must be continuous. Ensuring that individuals are effectively matched to risk-appropriate care contributes to quality and safety throughout the maternity care system. Decision making with respect to birth setting and maternity care provider requires explicitly eliciting a woman's values, preferences, fears, and concerns regarding her hoped-for birth experience. Risk communication for pregnant individuals needs to:

- be appropriate for a variety of literacy levels,
- be culturally and linguistically concordant, and
- incorporate decision aids and tools.

## RIGHT AMOUNT OF CARE AT THE RIGHT TIME

Maternal and newborn serious injury and death have been linked to care during childbirth described as "too much too soon" (TMTS) and "too little too late"(TLTL). TMTS happens when care systems routinely overuse interventions for healthy, uncomplicated pregnancies and births. TLTL occurs when care systems typically have inadequate staffing, training, infrastructure, supplies, and medications, which result in poor outcomes for pregnant people and newborns. In systems like the United States, where inequality is present, these extremes often coexist in the same care system. Thus, offering the "right amount of care at the right time" is core to a framework for improving birth outcomes across settings. In such a system, available care is matched to the physical, emotional and social goals, preferences, needs, and life circumstances of the pregnant person and fetus/infant. The pregnant person and newborn are matched to appropriate care, including type and intensity of services with continuous risk assessment to determine changes in care needs. Rigorous attention to the best available evidence limits overuse of unneeded care and underuse of beneficial care.

## STRENGTHENING THE MATERNITY CARE WORKFORCE

The maternity care workforce includes many types of providers such as community health workers, doulas, maternity nurses, nurse practitioners, physicians' assistants, midwives, and obstetricians. These recommended efforts can strengthen this workforce and are also critical to improving outcomes.

### Foster Greater Collaboration Across Maternity Care Providers

A highly integrated maternity and newborn care system requires the existence of respectful, collaborative relationships across settings and types of providers. Written plans for discussion, consultation, and referral across providers at all birth settings may help to alleviate barriers to access and choice in birth settings for pregnant individuals and foster seamless transfer across settings and levels of care.

### Increase Diversity of the Maternity Care Workforce

To address racial/ethnic inequities in quality of care and improve safety, attention is needed to ensure that the workforce resembles the ethnic composition of the population, as well as its cultural and geographic diversity. Such efforts are important to providing culturally appropriate care, fostering trust in providers, and achieving optimal birth outcomes. To strengthen the diversity of the workforce, investments are needed to enable and support maternity care providers from historically underrepresented groups to enroll in qualified education programs.

### Promote Interprofessional Education and Training

Interprofessional education and training across provider types is also key to fostering collaboration across birth settings. Examples of interprofessional education and training include shared learning and teaching activities that impart understanding and respect for the roles and competencies of various team members and opportunities for trainees to work with and learn about the roles and expertise of other members of the care team. Professional organizations and educational institutions could facilitate collaborative undergraduate and graduate training and continuing education programs across types of providers.


***Birth Settings in America: Outcomes, Quality, Access, and Choice* (2020)**

Available:
https://nationalacademies.org/birthsettings

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**For More Information . . .** This Highlights for Maternity Care Providers was prepared by the Board on Children, Youth, and Families based on the Consensus Study Report, *Birth Settings in America: Outcomes, Quality, Access, and Choice* (2020). The study was sponsored by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project. Copies of the Consensus Study Report are available from the National Academies Press, (800) 624-6242; http://www.nationalacademies.org/birthsettings.

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