**Medicaid Cost Savings in 2022 for Midwives (CPM/CDM) in the State of Alaska**

Cost Savings

Total vaginal deliveries attended by CPM/CDMs 567

Percentage paid by Medicaid (DKC) 38%

Total Medicaid births by CPM/CDMs for 2022 215

Medicaid payment per birth for CPM/CDMs $982.74

Birth Center Facility Fee for CPM/CDMs $2603.19

Medicaid payment for NSVD OB/GYN $1130.15

Hospital Facility Fee for Vaginal Delivery $26,659.

(Does not include professional or physician fees, pediatrician visits, newborn fees)

Total for Home Birth = $982.74

Total for Birth Center Birth = $ 3585.93

Total for OB Hospital Birth = $27,789.15

**Cost savings for a home birth vs a hospital birth for 215 births**

$982.74 x 215 births = $211, 289.10 vs $27, 789.15 x 215 births = $ 5,974,667.25

**Saving Medicaid $5,763,378.15\***

**Cost savings for a birth center vs a hospital birth for 215 births**

$3585.93 x 215 births = $813,289.10 vs $27,789.15 x 215 births = $5.974,667.25

**Saving Medicaid $5, 161,378.15\***

**Midwives (CPM/CDMs) saved Medicaid over $5 million dollars in 2022 in just birth fees.**

Keep in mind that $5 million is only 6% of the births in Alaska. \*This does not include the savings for prenatal care and postpartum care.

Sources: Medicaid Alaska Vital Statistics Annual Report, Medicaid Fee Schedules, Providence Hospital online insurance estimates for care.

The savings are similar every year I investigated starting in 2020.

**2023 MAA (Midwives Association of Alaska) Stats Summary Report**

528 Births

64 Antenatal Transfers

57 Intrapartum Transfers Non-Emergent

5 Intrapartum Transfers Emergent

7 Neonatal Transfers Non-Emergent

5 Neonatal Transfers Emergent

1 Neonatal Death

8 Maternal Postpartum Transfers Non-Emergent

5 Maternal Postpartum Transfers Emergent

0 Maternal Deaths

11% Transferred out of care during pregnancy due to risk factors.

12% Intrapartum Transfer Rate

92% Intrapartum Transfers were non emergent.

2% Neonatal Transfer Rate

0.02% Neonatal Mortality Rate

3% Postpartum maternal transfer rate

17% of the mother/baby dyad who enter labor under the care of CDMs transferred from the community setting into the hospital

6% Cesarean Rate

99.6% Breastfeeding Initiation Rate

99% Breastfeeding rate at 6 weeks postpartum

Alaskan Midwives

Cost Savings with CPM/CDM Care Demonstrated by Alaska State Data:

* **Total Savings to Alaska Medicaid are approximately $5.4 million per year**. This estimate is based on low risk, vaginal birth and facility fees only.
* **Midwife (CDM/CPM) cesarean rate is on average 6%** vs the Alaska Hospital rate of 23%
* Cesarean sections are substantially more expensive than a low-risk birth, so **Midwives (CDM/CPMs) saved the Alaska Medicaid millions more when this is factored in.**
* According to the 2022 Legislative Audit, **the Midwifery Board Total Expenditures for FY2021 was $28,242, which was paid by our Boards incoming revenues from license fees and left the Board ending cumulative SURPLUS of $67,329.**
* **Cost savings to the State of Alaska** from the care of CDM/CPMs is approximately **192 times the cost of administrating the State Board of Certified Direct Entry Midwives.**
* **Cost savings achieved** with CDM/CPMs attending **6% of the births in Alaska**.

Improved Outcomes for Women and Infants with CDM/CPM Care Demonstrated:

* **Significantly lower cesarean section rates** with the care of CDM/CPMs. (**6% vs 23%**)
* **CDM/CPMs have had 0 Maternal Deaths** vs the Hospital rates of 6-20 per year. (see Pregnancy – Associated Mortality in Alaska pdf)
* Significantly **fewer low birth weight babies and babies born prematurely** with the care of CDM/CPMs, all indicators for improved outcomes, especially for vulnerable populations.
* Significantly **higher breastfeeding rates (99% at birth and 99% at 6 weeks postpartum**) with the care of CDM/CPMs, with the accompanying demonstrated health benefits for mother and infants extending throughout lifetimes.
* **Higher rates of intact perineum** (without a tear or episiotomy); Lower rates of episiotomy.
* Lower unneeded medical interventions such as induced labor, continuous electronic fetal monitoring, and cesarean birth.
* **Better experiences with community birth with CDM/CPMs**. **Lower postpartum depression rates** due to being **more satisfied with the personalization of their care, their care environment, quality of their relationship with their midwife, their ability to have a physiologic birth.**