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Econ. 756 Paper Proposal

1. Aims

This paper will investigate the relationship between birth attendant (i.e. doctor vs. midwife) and infant mortality. Analyzing birth records from the New Mexico between 1995-2002 using propensity score matching will constitute the first in-depth look into the efficacy of midwife services in the New Mexico.

1. Relevance
   1. Introduction

One of the main goals of the Affordable Care Act was to lower healthcare costs for Americans by encouraging individuals to get covered by health insurance, expanding Medicaid, and encouraging hospitals to lower healthcare cost while maintaining healthcare quality (citation). Labor and delivery should be foremost in hospitals and policy-makers’ minds. Not only does the U.S. have one of the highest infant mortality rates in the developed world (cia factbook), but the cost of child birth in the U.S. is much higher than other Western countries as well (ny times). One significant difference between giving birth in the U.S. and other developed countries is the percentage of births that are attended by a midwife. In the U.S. only eight percent of deliveries are attended by a midwife as compared to 45 and 68 percent in the Netherlands and Britain, respectively. Although increasing the number of births attended by a midwife may indeed lower costs, because the child-bearing population in the U.S. may look much different than the populations in Europe and other parts of the world, it is important to investigate how birth outcomes in the U.S. vary based on birth attendant.

* 1. Literature Review

Berglund, Lindberg, Nystrom and LindMark show that there is no adverse effects on risk assessment when Swedish women’s risk level is assessed only by a midwife as compared to a midwife and doctor in sequence (2007).

Black, Mitchell, and Danielian demonstrate that for one training hospital in the U.K. midwifes have no worse outcomes than doctors when perform instrument assisted births.

Jena, Prasad, Goldman and Romley demonstrate that patients treated for AMI and heart-failure at major teaching hospitals during two national conferences for Cardiologists had mortality outcomes no worse than those treated during non-conference periods.

* 1. Next

1. Methods
2. References:

Tracy, S. K., Hartz, D. L., Tracy, M. B., Allen, J., Forti, A., Hall, B., . . . Kildea, S. (2013). Caseload midwifery care versus standard maternity care for women of any risk: M@NGO, a randomised controlled trial. *The Lancet, 382*(9906), 1723-32. doi:http://dx.doi.org/10.1016/S0140-6736(13)61406-3

<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>

<https://www.washingtonpost.com/news/wonk/wp/2014/09/29/our-infant-mortality-rate-is-a-national-embarrassment/>

http://www.nytimes.com/2013/07/01/health/american-way-of-birth-costliest-in-the-world.html?src=me&ref=general