

The Midwife charges too much... I can't afford to pay her fee!

REALLY? Is charging **\$3500** for her professional midwifery fee an awful lot of money for a midwife to make for essentially a week's work per client? It's been said that "**midwives must make a lot of money**"... just do the math: multiply the midwife's fee (\$3500) by 52 weeks (assuming she does one birth every week of the year) and the gross income is **\$182,000**. Well... not really. The midwife is likely taking **half the clients** (26 or so) and actually collecting about \$3000/birth = grossing about **\$78,000**.

Consider the COSTS of running a midwifery business:

- First of all, the midwife isn't likely to attend 52 births each year and if she does, she is likely to share the income from that many clients with another midwife partner or employee. Some weeks or months may be "slow" with no "due clients" on them. She may have to turn down births some months if she's already got 4 clients signed on that month, and there may be other months where she doesn't have a full schedule;
- The midwife is regularly reading and taking continuing education coursework to keep up with her profession. Trade magazines, text & reference books, online courses, workshops & conferences (registration fees & travel expenses) all cost money;
- She revises and updates her practice protocols, handouts, teaching materials, and website to reflect the most current information for her clients. Her time is money;
- And midwives deserve a vacation now & then (that takes money and earning NONE while away!);
- Labors can sometimes last for days, which is draining on the midwife and doesn't even take into account the additional stresses of transporting into the hospital for those labors/births that become complicated (she doesn't go home, she stays with her client until the client and her baby are safely delivered);
- In addition to the approximately **40 hours** or so of her professional time that goes into direct client contact over the course of each client's care, the midwife also spends several hours on the phone/email/text messaging with each client, and spends additional time maintaining client's charts, reviewing lab results, consulting with doctors about client's course of care, etc;
- Many clients are offered early-bird discounts to complete payment early, saving the client \$300-\$500, but thus reducing the midwife's fee to \$3000-\$3200;
- Office rent/maintenance (depending on the community), \$700-\$1200/month;
- Office furnishings, paper goods, lab equipment, art work, linens, toys, etc;
- Computer equipment, computer peripherals, electronic & communications equipment (routers, cell phone, land line phone, television, DVD player, CD player, etc);
- Maintaining lending library (purchasing new books and replacing those that are not returned);
- Communications costs run close to \$200/month: Cell phone, office phone line, internet access, etc;
- Professional association, organization, and licensure & certification fees: \$500+/year;
- Midwife Assistant's fees vary: \$300-\$1000/birth;
- Paying her own health insurance, paying self-employment taxes and social security, PTO, etc);
- Reliable automobile: auto payment, auto insurance, regular maintenance (oil changes, tires, etc.);
- Maintaining birth bag supplies, replacing medications, herbs, Chinese & homeopathic remedies; purchasing new equipment as needed, replacing disposable supplies;
- Renter's, business, and professional liability insurance, if she carries them;
- Insurance billing service fees (8% of reimbursements);
- Printing costs: chart forms, handouts, brochures, business cards, signs, all printed materials;
- Marketing & Advertising costs: monthly and yearly website & directory fees, printed advertisements, vendors fee for community events, travel costs to deliver marketing materials in service area;
- Etc... etc... etc...



NOW... Consider what the client GETS for paying the midwife's \$3000-\$3500 fee:

- a specially-trained home birth attendant and her assistant(s);
- personal, private pregnancy, childbirth, breastfeeding & newborn education;
- nutrition, supplementation, fitness, and complementary modality education;
- self-determination (her birth ~ her way);
- water laboring and water birth if she desires;
- true informed consent on all areas of her and her baby's care;
- approximately 11, one-hour prenatal visits;
- on-going postpartum, breastfeeding & newborn support for 6 weeks;
- daddy intimately involved in labor support & helping catch baby if he desires;
- no strangers, no intrusions, no interruptions;
- anyone & everyone that she desires to attend her labor;
- plenty of one-on-one, continuous labor support;
- no unnecessary interventions;
- freedom to move and choose her positions as she wishes;
- freedom to eat and drink whatever she wants;
- freedom to birth in the position of her choice;
- her children, family and friends helping her, according to her wishes;
- immediate skin-to-skin uninterrupted contact with her baby;
- delayed cord clamping;
- lotus birth if she desires;
- immediate breastfeeding;
- the option to keep her placenta, to do with as she desires;
- midwives at her beckon call, 24/7;
- resources... resources... resources!



Do people REALLY understand WHAT they are "getting" for the deductible and co-pay they PAY to the doctor and the hospital?

Consider the costs of hiring an OB/Gyn to conduct a delivery and the costs associated with hospital birth:
Doctor's fee: **\$3000** + Hospital fees: **\$6000+** (if vaginal, uneventful, with few interventions.)

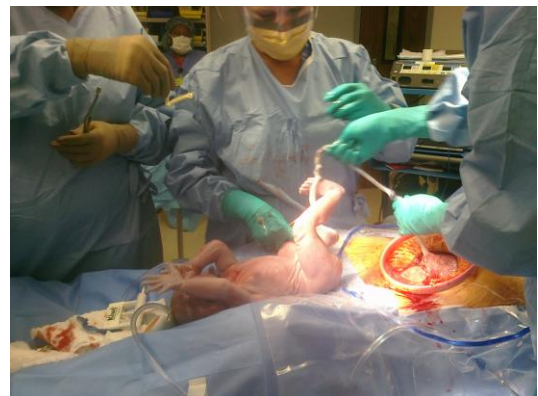
Minimum Cost: \$9000+

Consider this: The cesarean rate for most doctors and hospitals is OVER 30% and that infant mortality and morbidity rates (death & health problems immediately after birth) put the US in the **BOTTOM of the list of industrialized countries...**

So... "normal," uncomplicated birth in the hospital runs about **\$10,000** [for doctor & facility fee] ...

This, however, **DOES NOT** include additional costs that come from medical management and complications of normal, vaginal birth:

- ◆ additional laboratory & diagnostic (ultrasound) fees;
- ◆ anesthesia/medication (mother);
- ◆ disposable and other supplies (IV tubing, catheter, oxygen tubing, etc);
- ◆ medications (newborn);
- ◆ newborn care (when mother cannot room-in);
- ◆ breastfeeding consultation fee;
- ◆ resuscitation supplies;
- ◆ additional doctor's fee (Cesarean section);
- ◆ anesthesiologist fee (Cesarean section);
- ◆ operating room fee (Cesarean section);
- ◆ recovery room fee (Cesarean section);
- ◆ extended stay postpartum room fee;
- ◆ extended stay nursery fees;
- ◆ neonatologist fees (NICU stay);
- ◆ NICU fees



Insurance pays a percentage of “scheduled benefits” after the patient’s deductible and co-insurance are met. Not to mention the “allowable” amount they will consider paying, and the charges that they will deny. Now, suppose the patient’s Deductible @ \$500 & Co-insurance @ 20%...

Patient Responsibility: \$2500 AT LEAST. ADD additional costs that are almost inevitable and the patient responsibility goes UP!

Now... COMPARE the home birth midwife/small-business woman...

Consider this: Home birth midwives have a hospital transfer rate of ~10% and a cesarean rate of 3-4%. Studies show that the risk of infant death at home or hospital is the same (for low-risk, term women).

Midwifery clients have:

- ♥ higher satisfaction ratings about their birth experience,
- ♥ breastfeeding success rates that are higher,
- ♥ babies with less jaundice and treatment thereof,
- ♥ circumcision rates that are lower.

The study below indicates that an uncomplicated, vaginal birth at home costs 68% LESS than a hospital birth.

[The cost-effectiveness of home birth](#)

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Abstract

As health care costs increase and a growing number of women are without insurance, the one health service that every family needs deserves further attention. Even for the 40% of births covered by Medicaid, safe birthing alternatives that permit a reduction in the \$150 billion Medicaid burden would allow the United States to devote more resources to other urgent priorities. Informed birthing decisions cannot be made without information on costs, success rates, and any necessary tradeoffs between the two. This article provides the relevant information for hospital, home, and birth center births. The average uncomplicated vaginal birth costs 68% less in a home than in a hospital, and births initiated in the home offer a lower combined rate of intrapartum and neonatal mortality and a lower incidence of cesarean delivery.

In conclusion: If birth at home costs 68% LESS than a hospital birth... then,

What is 32% of the \$10,000 total fee above? \$3200 !! Most clients pay their midwife about \$3000. And there you are... Midwifery and home birth are a huge financial savings to women and their families!

You REALLY do GET what you PAY for!

