

Addressing the Maternal Health Crisis

This country is facing a triple crisis of escalating costs, poor outcomes, and growing provider shortages in its maternity care system:

- The United States spends more than double per capita on childbirth than other industrialized countries. Maternity care is a major component of U.S. escalating health care costs, and Medicaid is the largest single payer of pregnancy-related services, financing approximately 45% of all U.S. births. (Forbes 2020; KFF 2024; National Partnership for Women and Families 2024)
- Despite the high costs of maternity care, childbirth continues to carry significant risks for mothers and babies in this country, and the United States' maternal mortality, severe maternal morbidity, preterm birth, infant mortality, and low birth weight all remain the highest among high-resource nations. (CDC 2024; National Partnership for Women and Families 2020)
- The United States is experiencing an increasingly severe shortage of trained maternity care providers, including OB-GYNs, family physicians providing full-scope or outpatient maternity services, and midwives. Over 35% of U.S. counties are considered Maternity Care Deserts because they have no maternity care provider. (ACOG 2017; HRSA 2021; MOD 2024)

Midwives and birth centers have been widely cited as major solutions to this threefold problem in U.S. maternity care, but currently we are underutilizing midwives in our maternity care system compared to other developed nations.

- Decades of research have shown that women cared for by midwives have excellent birth outcomes, including lower episiotomy, cesarean birth, and preterm birth rates. Additionally, a 2018 study found that states with a higher density of midwives, and a higher proportion of midwife-attended births, had higher rates of birth outcomes such as vaginal births and breastfeeding rates; and lower rates of cesarean deliveries, preterm births, and neonatal deaths. (Birthplace Lab 2018; MOD 2024, Journal of Midwifery and Women's Health 2020)
- Studies have repeatedly shown that midwifery-led birth center care results in significant reductions in preterm and low birth weight births, reductions in disparities in outcomes, and lower cesarean rates as well as significant cost savings to Medicaid programs. (CMS Strong Start Study 2019)
- Despite these compelling statistics, midwives currently attend 12 percent of all births in the United States, compared to countries like Great Britain where midwives deliver half of all babies, and Sweden, Norway, and France where midwives oversee the majority of expectant and new mothers. All these countries have much lower rates of maternal and infant mortality than we do in the U.S. (ACNM 2023; GAO 2023; ProPublica 2018)
- Seventy percent of U.S. counties do not have a single certified nurse-midwife or certified midwife. (AMCB 2023)

Midwives for MOMS Act - H.R. 3768 / S. 1851 (118th Congress)

This legislation will increase access to evidence-based and culturally congruent maternity care as provided by certified professional midwives (CPMs), certified nurse-midwives (CNMs), and certified midwives (CMs) by establishing two new funding streams for midwifery education:

- one in the Title VII Health Professions Training Programs, and
- one in the Title VIII Nursing Workforce Development Programs. Additionally, the bill will prioritize students from minority or disadvantaged backgrounds.

Midwives for MOMS Act is supported by over 35 national organizations including the Association of Maternal and Child Health Programs (AMCHP), National Partnership for Women and Families, March for Moms, Every Mother Counts, Maternal Mental Health Leadership Alliance, American College of Nurse-Midwives (ACNM), National Association of Certified Professional Midwives (NACPM), American Association of Birth Centers (AABC), Birth Center Equity (BCE), Policy Institute for Community Birth and Midwifery (PICBM), American Association of Colleges of Nursing (AACN), and the American Nurses Association (ANA).

MIDWIVES for Service Members Act - H.R. 9335 (118th Congress)

This bill will increase access to maternity care for servicemembers and their spouses by extending TRICARE coverage to additional nationally certified midwives through a five- year pilot program. Military hospitals in some areas are closing their maternity units, forcing active-duty service members and their spouses/partners to seek care at other facilities. This necessitates driving long distances for care in some areas. Currently only CNMs are authorized as midwifery providers for TRICARE. Adding CPMs and CMS as authorized providers will increase access to birth centers and midwifery care. Expanding midwives who can provide care under TRICARE will improve readiness and retention for our military families.

BABIES Act - S. 5262 (118th Congress)

This legislation will increase access to high quality birth center care by establishing a demonstration in six states of a prospective payment model for the birth center facility and professional services for Medicaid clients. These birth centers would be located in areas with existing lack of access and poor outcomes and would help address the challenges of maternity care deserts.

The BABIES Act will also provide grants administered by HRSA for start-up funding for birth centers. This funding could be used toward costs for renovation or construction of buildings, equipment purchase, or costs related to accreditation or licensure. Increasing the numbers of birth centers and the sustainability of existing birth centers will serve to improve access to high quality care at a time when the U.S is experiencing growing shortages of maternal health care facilities and providers.

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