



## Expanding Access to Midwives to Combat the Maternal Health Crisis

### **Midwives and Medicaid are key to reversing rising mortality rates.<sup>1</sup>**

States are battling a nationwide maternal health crisis, with escalating maternal mortality rates not seen since the 1960s. Maternal mortality rates increased by nearly 38% from 2020 to 2021, and nearly doubled from 2018 to 2021.<sup>2</sup> Poor maternal health outcomes are driven by a variety of factors, including social drivers of health, such as maternity care deserts, workplace challenges, unstable access to food and housing, and racism. Significant disparities in maternal health outcomes persist as Black women are nearly three times more likely than white women to die during pregnancy or childbirth.<sup>3</sup>

### **Midwifery care results in safer births and healthier moms.**

Midwifery care improves maternal health outcomes by increasing access to more health care providers, reducing preterm birth rates and unnecessary medical interventions, and improving infant health outcomes. Expanding access to midwives through Medicaid presents states with an enormous opportunity to combat the maternal health crisis as Medicaid covers 42% of all births nationwide.<sup>4</sup>

**MIDWIVES SAVE COSTS BY:**

Reducing the occurrence  
of Pre-term births



Reducing the  
occurrence of C-sections



Improving infant  
health outcomes

**States need to license all qualified midwives and allow them to participate in Medicaid.**

To ensure families have sufficient access to midwives, states must eliminate unnecessary red tape that prevents well-qualified and experienced midwives from practicing to the full scope of their training and expertise, and excludes certain midwives from participating in Medicaid. This means states must license certified nurse-midwives, certified professional midwives and direct-entry midwives, and allow all licensed midwives to participate in Medicaid.

For more information, please contact Ben Anderson, deputy senior director of policy, Families USA, at [banderson@familiesusa.org](mailto:banderson@familiesusa.org).

## Endnotes

<sup>1</sup> Families USA supports the interests and experiences of all individuals, including those who identify as transgender or nonbinary, and embraces inclusive language to describe the experience of all birthing people. We also recognize that many birthing people identify with the terms “woman,” “mother,” “moms,” and “maternal” and that embracing more inclusive language does not mean abandoning these terms. Some of the data and research cited in this report also assumes cisgender identity, and the data and research are described using gender labels that cannot be changed without misrepresenting the data.

<sup>2</sup> Donna L. Hoyert, “Maternal Mortality Rates in the United States, 2021,” *Health E-Stats*, National Center for Health Statistics, Centers for Disease Control and Prevention, March 2023, <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>.

<sup>3</sup> Ben Anderson et al., *Investing in Our Moms: Three Ways State Medicaid Programs Can Improve Maternal Health* (Washington, DC: Families USA, May 2023), [https://familiesusa.org/wp-content/uploads/2023/05/MCH-2023-28\\_State-Policy-Lever-Paper.pdf](https://familiesusa.org/wp-content/uploads/2023/05/MCH-2023-28_State-Policy-Lever-Paper.pdf).

<sup>4</sup> Ben Anderson et al., *Investing in Our Moms*.

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