

April 1, 2024

The Honorable Tammy Baldwin  
Chair  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
United States Senate  
Committee on Appropriations  
Washington, D.C. 20510

The Honorable Robert Aderholt  
Chair  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
United States House of Representative  
Committee on Appropriations  
Washington, D.C. 20515

The Honorable Shelley Moore Capito  
Ranking Member  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
United States Senate  
Committee on Appropriations  
Washington, D.C. 20510

The Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
United States House of Representative  
Committee on Appropriations  
Washington, D.C. 20515

Dear Chair Baldwin, Chair Aderholt, Ranking Member Capito, and Ranking Member DeLauro:

On behalf of the undersigned organizations representing a cross section of maternal health care professionals, leaders in women's and public health, those providing care to underserved and rural populations, consumers, and mothers from across the nation, we write in support of maintaining existing funding levels for accredited midwifery education programs in the Fiscal Year 2025 Labor, HHS and Education appropriations legislation.

The United States spends significantly more per capita on childbirth than any other industrialized nation, and yet despite this investment, America continues to rank behind almost all other developed countries in birth outcomes for both mothers and babies. We have unacceptably high rates of maternal and infant mortality, preterm births, and severe complications of pregnancy, and these tragedies disproportionately impact communities of color and rural and underserved areas. Compounding these statistics is a shortage of both maternity care providers (e.g., midwives, nurses, and OB/GYNs) and hospital birthing units, creating "maternity care deserts" that impact almost a third of all counties across the United States, and leave a growing number of rural and underserved communities with no access to maternity care.

Midwives and midwifery-led care are widely cited as a critical part of the solution to addressing many of the problems in our nation's maternity care system.

- Up to 50% of maternal deaths could be prevented based on quality-of-care improvements at the patient, system, and provider levels.<sup>1</sup> A scaling up of midwifery-led care can lead to a significant improvement in birth outcomes.<sup>2</sup>
- Decades of research have shown that women cared for by midwives have excellent birth outcomes, higher levels of satisfaction, and lower costs due to fewer unnecessary interventions.<sup>3</sup>
- Multiple studies have demonstrated improved outcomes from midwifery-led care in birth centers when compared to outcomes with usual care.<sup>4</sup>

- The Strong Start Initiative was a multi-year CMS-funded project to determine whether different models of prenatal care could reduce rates of preterm birth and other complications of pregnancy. The national evaluation led by the Urban Institute showed improved outcomes for mothers and babies, reduction of preterm birth and NICU admissions, and cost savings of \$2000 for every mother baby pair due to the decreased necessity of medical interventions.<sup>5</sup>

Despite this compelling research supporting midwives as viable and cost-effective solutions to this nation's maternity care crises, midwives are underutilized in this country. Midwives currently attend less than 10 percent of all births in the US, compared to countries like Great Britain, Sweden, Norway, and France where midwives oversee more than half of all maternity care.<sup>6</sup>

Targeting federal funding opportunities to increase capacity within the nation's midwifery workforce is a cost-effective and evidence-based solution to ensure better birth outcomes in the US. Federal dollars to expand existing accredited education programs and develop new ones, provide essential student scholarship support, and build and sustain the preceptor workforce, will ensure a robust midwifery workforce that is prepared to meet the needs of the childbearing population in the US.

In order to expand access to both midwives and midwifery-led care in this country and improve outcomes for mothers and babies in all communities, we ask that you support the following funding requests:

- Continue the **\$5 million set-aside for midwife training**, within the total funding for the Title VII Scholarships for Disadvantaged Students, to educate midwives to address the national shortage of maternity care providers and the lack of diversity in the maternity care workforce. During the current grant cycle, four midwifery programs were awardees of funding to provide for current and prospective midwifery students.
- Continue the **\$8 million to increase and diversify the number of Certified Nurse-Midwives (CNMs)**, within the Title VIII Advanced Nursing Education Maternity Care Nursing Workforce Expansion (MatCare) Program. The MatCare program funds accredited nurse-midwifery programs to award scholarships to students and registered nurses, with a focus on practitioners working in rural and underserved communities, to cover the total cost of tuition for the duration of the nurse-midwifery program. The program will also support the planning and development of new midwife training programs. During the current grant cycle, 10 nurse-midwifery programs were awarded funding to provide for current and prospective midwifery students.

The United States has the highest burden of maternal and neonatal death among high-income countries, and yet midwives remain underused as a proven strategies to improve outcomes and increase access to care. To improve maternal health and infant care outcomes, lower costs, and increase access to the full spectrum of qualified maternity care providers in all communities across the United States, we respectfully ask that House and Senate Appropriators continue to

invest in midwives by supporting level funding for accredited midwifery education programs in the Fiscal Year 2025 Labor, HHS and Education appropriations legislation.

Sincerely,

American Association of Birth Centers  
American College of Nurse-Midwives  
National Association of Certified Professional Midwives  
Policy Institute for Community Birth and Midwifery  
Accreditation Commission for Midwifery Education  
American Association of Colleges of Nursing  
American Midwifery Certification Board  
American Nurses Association  
Association of Maternal & Child Health Programs  
Bay State Birth Coalition  
Black Mamas Matter Alliance, Inc.  
Black Midwifery Collective, NFP  
Centering Healthcare Institute  
Department of Midwifery at Bastyr University  
Elephant Circle  
Every Mother Counts  
Grow Midwives, LLC  
Healthy Start, Inc. Pittsburgh  
HealthyWomen  
Holistic Birth Collective  
In Our Own Voice: National Black Women's Reproductive Justice Agenda  
International Cesarean Awareness Network  
Just Us Women Productions  
March for Moms  
Maternal Mental Health Leadership Alliance  
Midwives College of Utah  
Mom Congress  
MomsRising  
National Association of Nurse Practitioners in Women's Health  
National Midwifery Institute  
National Partnership for Women & Families  
National Rural Health Association  
North American Registry of Midwives  
Our Bodies Ourselves  
Policy Center for Maternal Mental Health  
Postpartum Support International  
Purchaser Business Group on Health  
The Commission for the Accreditation of Birth Centers

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<sup>1</sup> Howell EA, Zeitlin J. Improving hospital quality to reduce disparities in severe maternal morbidity and mortality. *Semin Perinatal*. Aug 2017;41(5):266-272.

<sup>2</sup> <https://www.marchofdimes.org/materials/Final%20midwifery%20position%20statement%20August%2029%202019.pdf>

<sup>3</sup> Vedam et al., 2018; Sandall et al., 2016, NASEM, 2020

<sup>4</sup> Rooks et al., Stapleton et al., Jolles, 2016, Jolles, 2022

<sup>5</sup> CMS, 2019; Dubay et al., 2020; Alliman et al., 2019

<sup>6</sup> <https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf>