

January 8, 2024

The Honorable Tammy Baldwin  
Chairwoman  
Senate Labor, Health and Human Services,  
Education, and Related Agencies  
Appropriations Subcommittee  
Washington, DC 20510

The Honorable Robert Aderholt  
Chairman  
House Labor, Health and Human Services,  
Education, and Related Agencies  
Appropriations Subcommittee  
Washington, DC 20515

The Honorable Shelley Moore Capito  
Ranking Member  
Senate Labor, Health and Human Services,  
Education, and Related Agencies  
Appropriations Subcommittee  
Washington, DC 20510

The Honorable Rosa DeLauro  
Ranking Member  
House Labor, Health and Human Services,  
Education, and Related Agencies  
Appropriations Subcommittee  
Washington, DC 20515

Dear Chairwoman Baldwin, Ranking Member Capito, Chairman Aderholt, and Ranking Member DeLauro,

On behalf of the 44 undersigned organizations representing a cross section of maternal health care professionals, providers, educators, advocates, and consumers, we would like to express our sincere gratitude to House Appropriators for the inclusion of the continued set-aside funding of \$5 million for midwifery education in the Title VII Scholarships for Disadvantaged Students account; and to the Senate Appropriators for the continued set-aside funding of \$8 million for nurse-midwifery education in the Title VIII Advanced Nursing Education Workforce account. Thank you for recognizing maternity care in this country is facing a triple crisis of escalating costs, poor outcomes, and a mounting shortage of both providers and birthing units to care for childbearing families. ***We therefore respectfully ask that as you negotiate a final FY24 LHHS bill, you maintain both the House set-aside funding level of \$5 million for midwifery education in the SDS account, as well as the Senate set-aside funding level of \$8 million for nurse-midwifery education in the ANEW account. Together, these investments will help to educate the midwifery workforce, which is essential to improving outcomes for mothers and babies in all communities in this country.***

The United States spends significantly more per capita on childbirth than any other industrialized nation, and yet despite this investment, America continues to rank far behind almost all other high resource 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 all disproportionately impact communities of color and rural and underserved

areas. Compounding these dire statistics is a mounting shortage of both maternity care providers and hospital birthing units, creating “maternity care deserts” that impact almost a third of all US counties and leave a growing number of rural and underserved communities with no access to maternity care.

Midwives and midwifery-led birth centers 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.[i] Scaling up of midwifery-led care can lead to a significant improvement in birth outcomes.[ii]
- 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.[iii]
- Multiple studies have demonstrated improved outcomes from midwifery-led care in birth centers when compared to outcomes with usual care.[iv]
- 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 that Midwives and Birth Centers improved outcomes for mothers and babies, with a 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.[v]

Despite this compelling research supporting midwives and midwifery-led birth centers as viable and cost-effective solutions to this nation’s maternity care crises, both midwives and midwifery-led birth centers 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.[vi]

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. ***This is why we respectfully request that you maintain the midwifery education funding levels in your draft bills as you move forward to a final conference bill. Specifically, we ask that you:***

- ***Maintain the House level-funded \$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.***
- ***Maintain the Senate level-funded \$8 million to increase and diversify the number of Certified Nurse-Midwives (CNMs) within the Title VIII Advanced Nursing Education***

***Workforce Program. The program will fund accredited nurse-midwifery programs to award scholarships to students and registered nurses, with a focus on practitioners working in rural and underserved communities.***

We can no longer accept as status quo the crises facing mothers and babies in our maternity care system. We look forward to partnering with you to advance solutions, such as these midwifery education investments, that improve maternity outcomes for all our nation's mothers and their children. Thank you for your time and consideration of our request.

American Association of Birth Centers  
American College of Nurse-Midwives  
National Association of Certified Professional Midwives  
Policy Institute for Community Birth & Midwifery  
American Association of Colleges of Nursing  
American College of Nurse-Midwives, Michigan Affiliate  
American Nurses Association  
Ancient Song  
Association of Maternal & Child Health Programs  
Bastyr University, Department of Midwifery  
Black Mamas Matter  
Bold Futures NM  
Centering Healthcare Institute  
Changing Woman Initiative  
East Carolina University  
Elephant Circle  
Every Mother Counts  
Fairfield University  
Frontier Nursing University  
Health Start, Inc.  
Improving Birth  
International Cesarean Awareness Network  
Just Us Women Productions, LLC  
Louisiana Affiliate of the ACNM  
March for Moms  
Maternal Mental Health Leadership Alliance  
Mom Congress  
Moms Rising  
National Partnership for Women & Families  
National Rural Health Association  
North American Registry of Midwives

Policy Center for Maternal Mental Health  
Purchaser Business Group on Health  
Reproductive Health Impact: The Collaborative for Equity and Justice  
The Commission for the Accreditation of Birth Centers  
The Doula Network  
The National Association of Nurse Practitioners in Women's Health  
University of Michigan School of Nursing Midwifery Graduate Program  
University of Minnesota School of Nursing  
University of Tennessee Health Science Center  
University of Washington  
Women's Law Project  
WV Affiliate of the American College of Nurse-Midwives  
Yale University School of Nursing

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

[ii]

<https://www.marchofdimes.org/materials/Final%20midwifery%20position%20statement%20August%202029%202019.pdf>

[iii] Vedam et al., 2018; Sandall et al., 2016, NASEM, 2020

[iv] Rooks et al., Stapleton et al., Jolles, 2016, Jolles, 2022

[v] CMS, 2019; Dubay et al., 2020; Alliman et al., 2019

[vi] <https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf>