April 1, 2024

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

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

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.¹ A scaling up of midwifery-led care can lead to a significant improvement in birth outcomes.²
- 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.³
- Multiple studies have demonstrated improved outcomes from midwifery-led care in birth centers when compared to outcomes with usual care.⁴
• 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.5

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.6

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
2 https://www.marchofdimes.org/materials/Final%20midwifery%20position%20statement%20August%202019%202019.pdf
3 Vedam et al., 2018; Sandall et al., 2016, NASEM, 2020
4 Rooks et al., Stapleton et al., Jolles, 2016, Jolles, 2022
5 CMS, 2019; Dubay et al., 2020; Alliman et al., 2019
6 https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf