

February 17, 2026

The Honorable Ashley Hinson
U.S. House of Representatives
2548 Rayburn House Office Building
Washington, DC 20515

The Honorable Ben Ray Luján
U.S. Senate
498 Russell Senate Office Building
Washington, DC 20510

The Honorable Adam Gray
U.S. House of Representatives
1230 Longworth House Office Building
Washington, DC 20510

The Honorable Lisa Murkowski
U.S. Senate
522 Hart Senate Office Building
Washington, DC 20510

Dear Representatives Hinson and Gray, and Senators Luján and Murkowski:

We, the undersigned organizations, thank you for introducing and championing the *Midwives for Maximizing Optimal Maternity Service (MOMS) Act (H. 6394/S. 1599)*. We represent 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. Through expanding scholarship opportunities for student midwives enrolled in accredited midwifery education programs, the *Midwives for MOMS Act* will increase access to high-quality, evidence-based, and equitable maternity care as provided by Certified Nurse-Midwives (CNMs), Certified Midwives (CMs), and Certified Professional Midwives (CPMs). We view this legislation as integral to policy discussions around strategies to reduce maternal mortality and eliminate racial disparities in maternal and infant health outcomes.

Numerous studies show that better integration of midwives practicing to the full extent of their accredited education, clinical training, and national certification within a team-based care model can help reduce maternal and neonatal mortality, rates of stillbirth, perineal trauma, instrumental births, intrapartum analgesia use, rates of severe blood loss, preterm birth, low birth weight, and neonatal hypothermia.[i] While midwifery care has been associated with more efficient use of resources and improved outcomes, including increased rates of spontaneous labor, vaginal birth, and breastfeeding, midwives remain drastically underutilized in health systems within the United States.[ii] Midwives who are educated and qualified to international standards can provide 87% of services needed by mothers and newborns; however, midwives only attend approximately 12% of total US births.[iii] [iv] There are several reasons for this, including the narrow workforce pipeline.

The *Midwives for MOMS Act* seeks to grow the maternal health workforce and improve access to full-scope maternity care provided by midwives in addition to alleviating significant pressures communities and health systems are experiencing. Many women lack access to maternity care services. Maternal mortality is higher in rural and other underserved areas of the U.S., and

postpartum hemorrhage rates are higher in rural hospitals. Of U.S. counties, 36% have no maternity care services and an additional 11% have limited access.[v] We must do better to increase access to the broad spectrum of high-quality perinatal providers and services.

Policy efforts around improving access to maternity care and maternal health outcomes across the care continuum should include unfettered access to midwives and federal investment in accredited midwifery education. Now more than ever, it is critical to center evidence-based practice and increase access to maternal health care providers and services. The *Midwives for MOMS Act* is an important step toward increasing access to and improving health outcomes across the United States. We are proud to endorse *the Midwives for MOMS Act (H. 6394/S. 1599)*, and look forward to working with Congress and the broader maternal health community on its passage.

Sincerely,

American Association of Birth Centers
American College of Nurse-Midwives
Birth Center Equity
National Association of Certified Professional Midwives
Policy Institute for Community Birth and Midwifery
American Association of Colleges of Nursing
Birth Justice Bar
Black Midwifery Collective
Black Women's Health Imperative
BMMA, Inc. (Black Mamas Matter Alliance)
Centering Healthcare Institute
Cihuapactli Collective
Coalition on Human Need
Elephant Circle
Every Mother Counts
HealthConnect One
Indigenous Birth
International Cesarean Awareness Network
Mamatoto Village
March of Dimes
Midwives College of Utah
MomsRising
National Black Midwives Alliance
National Perinatal Task Force
Our Bodies Ourselves
The Commission for the Accreditation of Birth Centers

The National Partnership for Women and Families
U.S. Breastfeeding Committee
United Church of Christ
African American Breastfeeding Network
Arizona Chapter of the American Association of Birth Centers
Commonsense Childbirth Inc.
Diversity Uplifts, Inc.
Maine Women's Lobby
MODABA
Moon + Crow Collaborative
New York State Birth Center Association
Open Arms Perinatal Services
PA Chapter of the American Association of Birth Centers
SisterWeb
Southern Birth Justice Network
The Florida School of Traditional Midwifery
Washington Association of Birth Centers
Wichita Falls Birth and Wellness Center

[i] <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192523>

[ii] https://www.cochrane.org/CD004667/PREG_midwife-led-continuity-models-care-compared-other-models-care-women-during-pregnancy-birth-and-early

[iii] Farb, J. (2023). Midwives: Information on Births, Workforce, and Midwifery Education. Report to Congressional Requesters. GAO-23-105861. *US Government Accountability Office*. <https://www.gao.gov/products/gao-23-105861>

[iv] United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2019, on CDC WONDER Online Database, October 2020.

[v] https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000008249/MIDWIVES%20FOR%20MOMS_Policy%20Brief.pdf

