



MIDWIFERY COMPENDIUM

SUMMARY OF RECENT MIDWIFERY AND MATERNAL HEALTH REPORTS AND RESOURCES



MIDWIFERY REPORTS AT A GLANCE

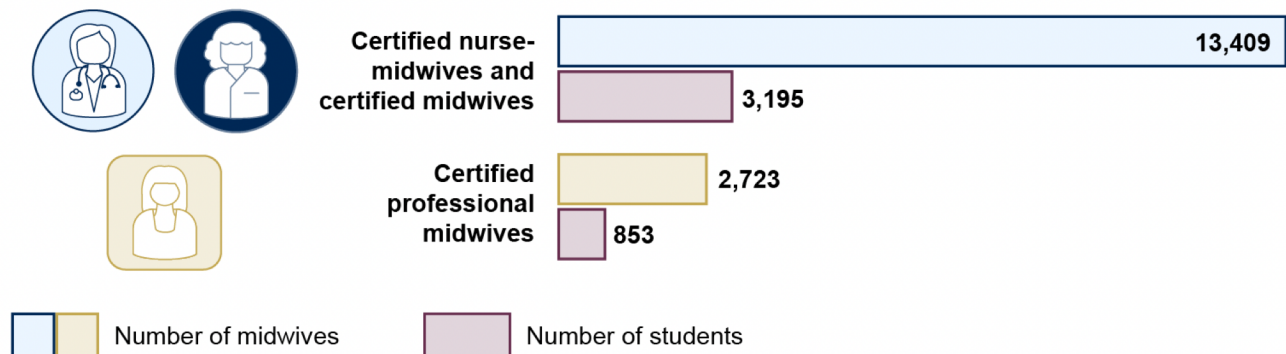
	REPORT TITLE & DATE	ORGANIZATION & LINK
NEW	Midwives: Information on Births, Workforce, and Midwifery Education April 2023	U.S. Government Accountability Office Click here
NEW	Midwife Medicaid Reimbursement Policies by State April 28, 2023	National Academy for State Health Policy Click here
NEW	Access to Maternity Providers: Midwives and Birth Centers May 2023	Medicaid and CHIP Payment and Access Commission Click here
NEW	How Expanding the Role of Midwives in U.S. Health Care Could Help Address the Maternal Health Crisis May 5, 2023	The Commonwealth Fund Click here
NEW	Medicaid Financing of Midwifery Services: A 50-State Analysis May 10, 2023	National Academy for State Health Policy Click here
NEW	Safe In A Midwife's Hands: Birthing Traditions from Africa to the American South June 2023	Author: Linda Janet Holmes Click here
NEW	Constructing the Modern American Midwife: White Supremacy and White Feminism Collide October 20, 2020	Authors: P. Mimi Niles, and Michelle Drew Click here
NEW	Delivering Better Care: Midwifery Practice in New Jersey June 2022	New Jersey Health Care Quality Institute & The Burke Foundation Click here

MIDWIVES: INFORMATION ON BIRTHS, WORKFORCE, AND MIDWIFERY EDUCATION ORGANIZATION: U.S. GOVERNMENT ACCOUNTABILITY OFFICE

April 2023

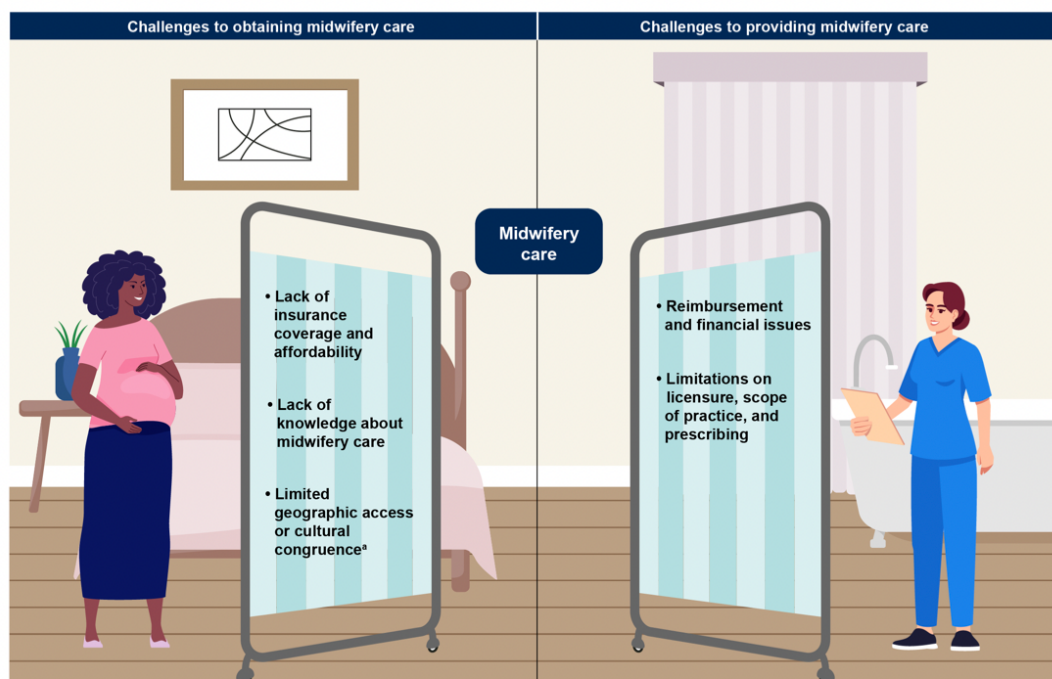
► "Data shows that in 2021, 12 percent of all births were attended by a midwife, and the number of births attended by midwives and the number of practicing midwives have increased in recent years. However, stakeholders GAO interviewed and research reports GAO reviewed identified various challenges to obtaining and providing midwifery care." - [National Academy for State Health Policy](#)

Number of Midwives and Midwifery Students by Type of Midwife in 2021



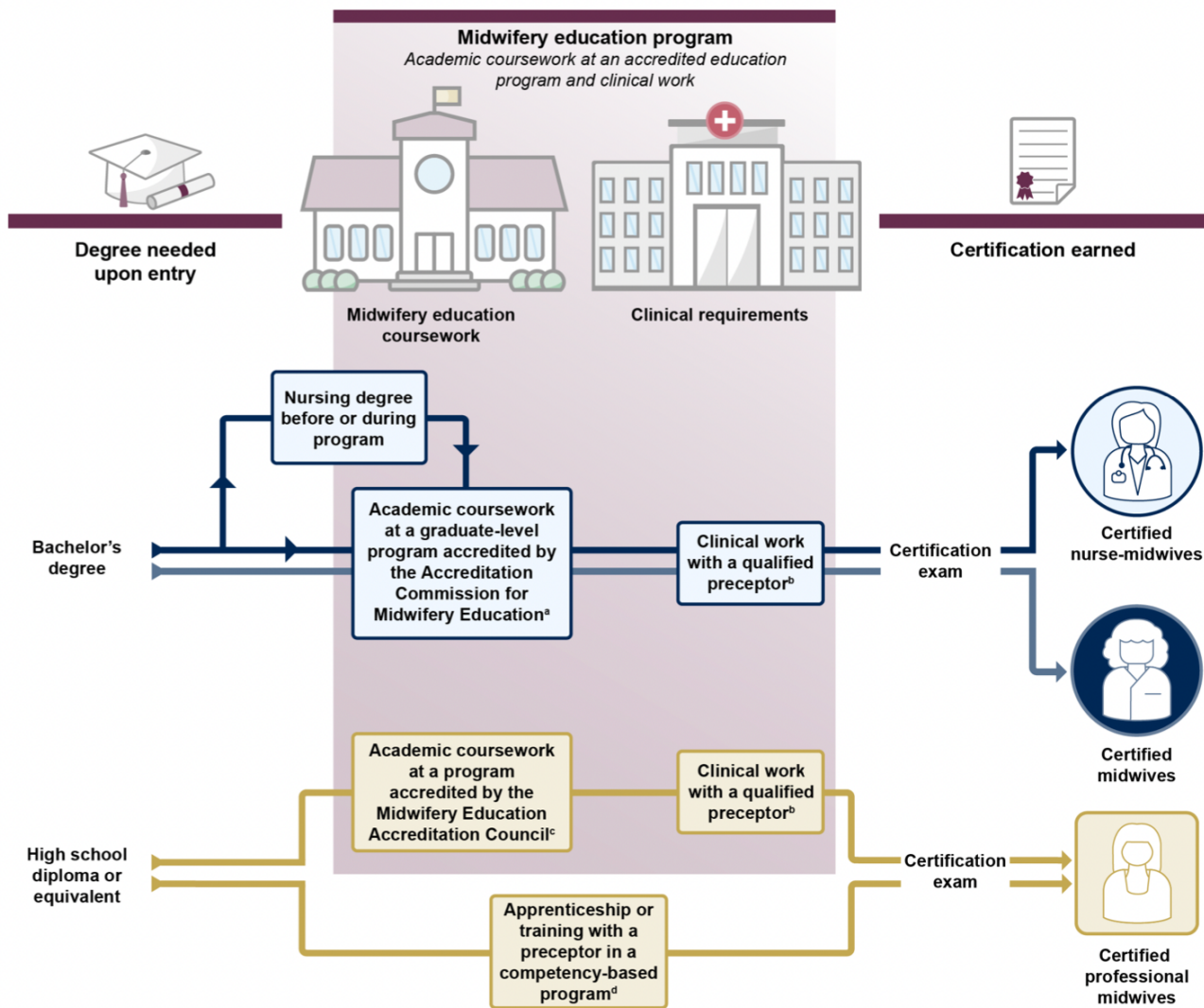
Source: GAO analysis of data from American Midwifery Certification Board, North American Registry of Midwives, Accreditation Commission for Midwifery Education, and Midwifery Education Accreditation Council (data); GAO (icons). | GAO-23-105861

Figure 8: Examples of Challenges to Obtaining or Providing Midwifery Care



Source: GAO analysis of expert stakeholder interviews and relevant research (data); GAO (background images); charactervectorart/bsd studio/stock.adobe.com (character images). | GAO-23-105861

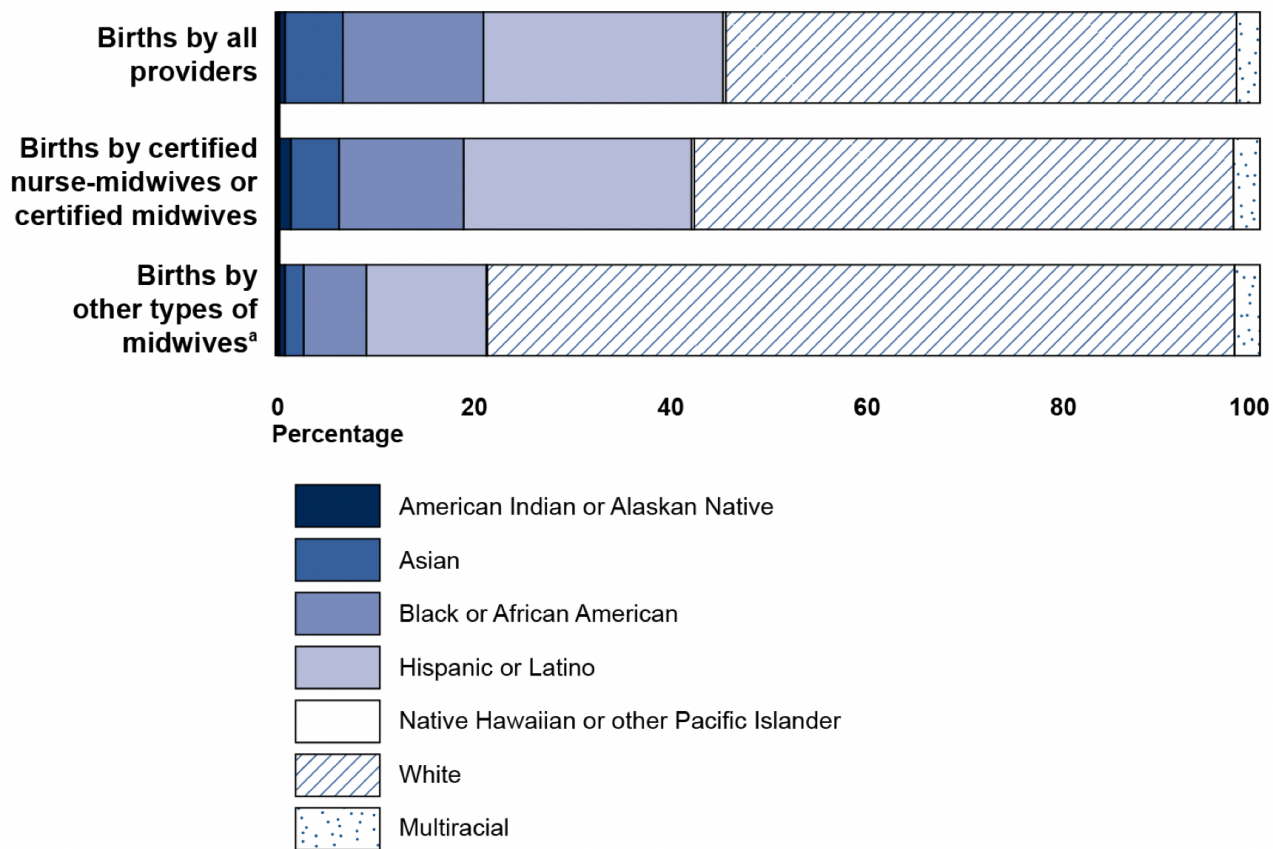
Figure 2: Pathways for Midwifery Education and Certification, by Type of Midwife



Source: GAO analysis of information from the American College of Nurse-Midwives and North American Registry of Midwives (data); GAO (images). | GAO-105861

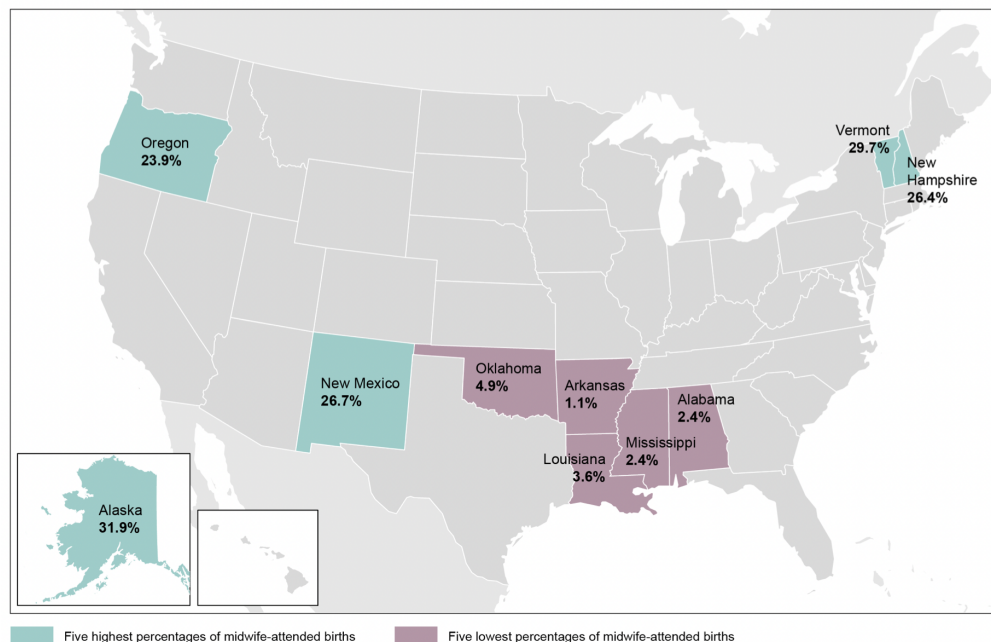
^aAccording to an official from the Accreditation Commission for Midwifery Education, as of January 2023, there are 43 midwifery education programs accredited by the Accreditation Commission for

Figure 6: Race and Ethnicity of Pregnant People with Births Attended by All Providers Compared with Midwives, 2021



Source: GAO analysis of Centers for Disease Control and Prevention, National Center for Health Statistics data. | GAO-23-105861

Figure 4: States with the Five Highest and Five Lowest Percentages of Midwife-Attended Births, 2021



Source: GAO analysis of Centers for Disease Control and Prevention, National Center for Health Statistics data (data); MapResources (map). | GAO-23-105861

MIDWIFE MEDICAID REIMBURSEMENT POLICIES BY STATE

ORGANIZATION BY: NATIONAL ACADEMY FOR STATE HEALTH POLICY

► On April 28, 2023: “Access to maternity care is key to addressing the maternal mortality crisis. Midwife services can bridge gaps in health care, reduce health disparities, and support maternal and neonatal well-being.

This interactive map summarizes state Medicaid reimbursement policies for all types of midwives including certified nurse-midwives (CNMs) and midwives who pursue alternative pathways to licensure, often referred to as certified professional midwives (CPMs), certified midwives (CMs), or direct entry midwives depending on state regulations.

The accompanying tables provide a detailed description of individual state midwife policies, including licensure for some midwives. You can also download the charts on [Certified Nurse-Midwife State Medicaid Reimbursement Policy](#) and [Midwife Licensure and State Medicaid Reimbursement Policy.](#)” - [National Academy for State Health Policy](#)



Certified Nurse-Midwife State Medicaid Reimbursement Policies

State	Independent or Collaborative Practice	Medicaid Payment and Delivery					
		CNM Medicaid Reimbursement	CNMs Can Serve as PCP in Medicaid	Global Maternity Payment Includes CNM Services	Expanded CNM Services Reimbursed	Specific CNM Fee Schedule	CNMs Included as Eligible Providers in Medicaid Payment Reform Initiatives
Alabama	Collaborative	Y (80% of physician rate)	Y	Y	Y	N	Y
Alaska*	Independent	Y (85% of physician rate)	Y	N	-	N	-
Arizona*	Independent	Y (90% of physician rate)	Y	Y	-	N	Y
Arkansas*	Collaborative	Y (80% of physician rate)	N	N	-	Y	-
California	Independent	Y (100% of physician rate)	Y	Y	Y	Y	Y
Colorado*	Independent	Y (100% of physician rate)	N	-	-	N	Y
Connecticut	Collaborative	Y (100% of physician rate)	N	Y	Y	N	Y
Delaware*	Collaborative	Y (100% of physician rate)	N	-	-	N	-
District of Columbia	Independent	Y (100% of physician rate)	Y	N	N	N	N



Midwife Licensing and State Medicaid Reimbursement Policies

State	Type of Midwife	Licensing Board/ Licensure Requirements	Medicaid Payment and Delivery					
			Midwife Medicaid Reimbursement	Provider Requirements	Global Maternity Payment includes Midwifery Services	Expanded Midwifery Services Reimbursed	Midwife-Specific Fee Schedule	Midwives Included as Eligible Providers in Medicaid Payment Reform Initiatives
Alaska*	Direct Entry Midwife	State Board of Certified Direct-Entry Midwives Requirements	Y	-	Y	-	Y	-
Arizona*	Licensed Midwife	Bureau of Special Licensure, Arizona Department of Health Services Requirements	Y	-	N	-	Y	N
California	Licensed Midwife	Medical Board of CA Requirements	Y	Enrollment requirements	N	Y	N(Fall under Non Physician Medical Practitioner)	N
District of Columbia*	Certified Professional Midwife	Advisory Committee on Certified Professional Midwives Requirements	Y	-	-	-	-	-

HOW EXPANDING THE ROLE OF MIDWIVES IN U.S. HEALTH CARE COULD HELP ADDRESS THE MATERNAL HEALTH CRISIS ORGANIZATION BY: THE COMMONWEALTH FUND

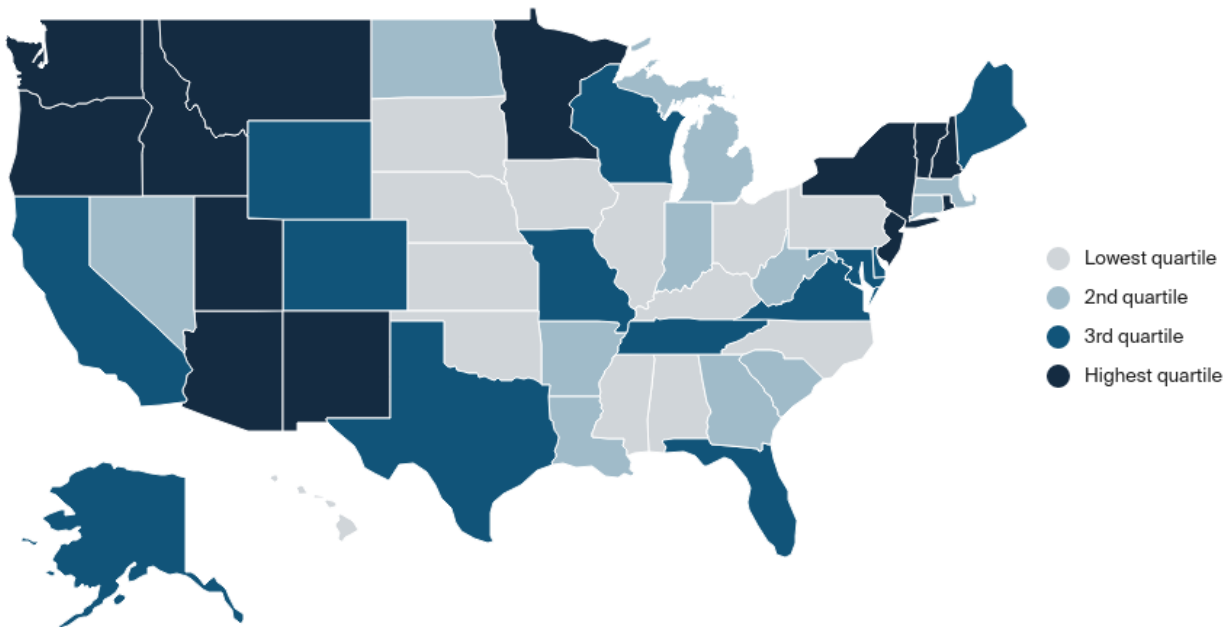
May 5, 2023

► “Midwives, incorporated fully into U.S. maternity care systems, could reduce perinatal health disparities and help address provider workforce shortages.

The integration of midwifery care as a standard feature of maternity care services varies dramatically across states; outcomes for mothers and infants tend to be better in states with high levels of integration.

Although the demand for midwives is growing — especially racially and ethnically diverse midwives — it remains largely unmet. Black childbearing people experience the biggest gap between demand and access.” - [The Commonwealth Fund](#)

Midwifery Integration Across the United States



Note: Levels of integration are displayed by quartiles of Midwifery Integration Scoring System scores. Darker shades represent higher integration of midwives and lighter shades represent lower integration.

Data: Saraswathi Vedam et al., "Mapping Integration of Midwives Across the United States: Impact on Access, Equity, and Outcomes," *PLoS ONE* 13, no. 2 (Feb. 21, 2018): e0192523, Figure 2.

Source: Source: P. Mimi Niles and Laurie Zephyrin, *How Expanding the Role of Midwives in U.S. Health Care Could Help Address the Maternal Health Crisis* (Commonwealth Fund, May 2023). <https://doi.org/10.26099/3qm1-3914>

MEDICAID FINANCING OF MIDWIFERY SERVICES: A 50-STATE ANALYSIS BY NATIONAL ACADEMY FOR STATE HEALTH POLICY

May 10, 2023

- ▶ "Midwives may practice in hospitals under physician supervision, or independently in a home setting or in freestanding birth centers.

Depending on certification and licensure, midwives can provide an array of services, including gynecological examinations, contraceptive counseling, and labor and delivery care. All states and Washington, DC, allow CNMs to provide reproductive health services in addition to labor and delivery care to pregnant and postpartum people. For example, California allows CNMs to be reimbursed for medication abortion care services. Other states, such as Oregon, allow midwives without a nursing degree to be reimbursed for family planning services, including intrauterine device placement.

Over two-thirds of states (36 states) allow CNMs to be reimbursed for services beyond traditional maternity care, as allowable under their state licensure requirements, to include services such as care coordination, substance use disorder (SUD) screening, behavioral health screening, well-woman exams, and smoking cessation.[3] Thirty-one states include CNMs as primary care providers in state Medicaid reimbursement policies. For example, Missouri allows CNMs to be reimbursed for care of newborns up to two years old. Other states, such as Mississippi, allow reimbursement for home visiting services provided by CNMs.

Integration of midwifery care with the provision of behavioral health and substance use treatment services is another trend some states are pursuing to support pregnant and parenting people. For example, Michigan allows CNMs to be reimbursed for providing medication assisted treatment (MAT). Indiana and Michigan allow CNMs to provide and be reimbursed for SUD screening and treatment and other needed behavioral health screening and treatment." - [National Academy for State Health Policy](#).

Key Findings at a Glance

50

States +DC

reimburse CNMs in their Medicaid programs.

18

States +DC

reimburse midwives without a nursing degree under Medicaid.

36

States

reimburse CNMs for services beyond traditional maternity care in their Medicaid programs.

31

States

allow CNMs to be identified as a patient's primary care provider in their Medicaid programs.

25

States

include CNMs or midwives in Medicaid payment reform efforts.



SAFE IN A MIDWIFE'S HANDS: BIRTHING TRADITIONS FROM AFRICA TO THE AMERICAN SOUTH BY: LINDA JANET HOLMES

June 2023

► "After a less-than-positive experience giving birth as a Black woman in the 1970s, Linda Janet Holmes launched a lifetime of work as an activist dedicated to learning about and honoring alternative birth traditions and the Black women behind them.

Safe in a Midwife's Hands brings together what Holmes has gleaned from the countless midwives who have shared with her their experiences, at a time when their knowledge and holistic approaches are essential counterbalances to a medical system that routinely fails Black mothers and babies.

Building on work she began in the 1980s, when she interviewed traditional Black midwives in Alabama and Virginia, Holmes traveled to Ghana, Ethiopia, and Kenya to visit midwives there. In detailing their work, from massage to the uses of medicinal plants to naming ceremonies, she links their voices to those of midwives and doulas in the US.

She thus illuminates parallels between birthing traditions that have survived hundreds of years of colonialism, enslavement, Jim Crow, and ongoing medical racism to persist as vital cultural practices that promote healthy outcomes for mothers and babies during pregnancy, birth, and beyond." - *Safe in a Midwife's Hands*, by [Linda Janet Holmes](#).

CONSTRUCTING THE MODERN AMERICAN MIDWIFE: WHITE SUPREMACY AND WHITE FEMINISM COLLIDE BY: P. MIMI NILES, AND MICHELLE DREW

October 2020

► "US exceptionalism in maternity care is marked by the lack of midwives as primary providers. Out of 100 births, only 10 to 12 will be attended by a midwife – and 9 out of 10 of these midwives are white. Yet globally, most childbearing women are attended to by midwives, only turning to an obstetrician if serious complications arise.

According to WHO and The Lancet, midwives could help avert roughly two-thirds of all maternal and newborn deaths, while providing 87% of all essential sexual, reproductive, and maternal health services. Midwifery is one of the most ancient of traditions and professions in the world, with roots that can be traced back to the healing traditions of

Babylonia, Egypt, Ancient Greece, Vedic India, and the Aztecs. How has this essential role been so obliterated with barely a peep from feminists claiming reproductive liberation and rejecting male domination, pink pussy hats and all? How did we lose our way in this long-standing battle to keep the patriarchy out of our pregnant uteruses? And why is American midwifery so white?

So the question in a country whose foundations remain rooted in white supremacy is whether midwives are ready for a reckoning. Can midwifery uproot themselves from its ties to misogyny and white supremacy in a workforce that currently identifies as 90% white, in a population that has increased from only 150 in 1955 to 12,000 today? If midwifery is to thrive into another century in the United States – in the midst of a deeply racialized maternal health crisis, where Black women are three to four times more likely to die in a childbearing complication – then we need to start looking for a way to invest and support the growth of Black, Indigenous, and immigrant midwives of color to reclaim the legacy of midwifery that existed well before Mary and Florence.” - [Nursing Clio](#)

DELIVERING BETTER CARE: MIDWIFERY PRACTICE IN NEW JERSEY ORGANIZATIONS BY: NEW JERSEY HEALTH CARE QUALITY INSTITUTE & THE BURKE FOUNDATION

June 2022

▶ "With some of the worst maternal health outcomes in the nation, the need to deliver better care has never been more critical to the health and wellbeing of New Jersey communities. The midwifery model of care has been identified as a major lever of change for maternal health outcomes, yet this support remains inaccessible to the majority of those giving birth across the state, particularly those facing the highest risk of poor maternal health outcomes. The Delivering Better Care: Midwifery Practice in New Jersey report offers an entry point to unlocking the potential of midwifery practice by providing a detailed overview of the current state of midwifery in New Jersey and proposing state-specific recommendations for further exploration.

New Jersey ranks 47th in the United States for maternal health outcomes and is characterized by extraordinary racial disparities; a Black woman in New Jersey is seven times more likely to die than a white woman. As we look to improve these outcomes, midwives have been highlighted as key maternal health stakeholders in efforts to deliver better care through key initiatives such as the Nurture NJ initiative, launched by First Lady Tammy Murphy in 2019.¹ Through the Nurture NJ Strategic Plan, the state is pursuing action-driven, systemic change following an ecosystem roadmap where all birthing people are surrounded by environments that support their health and wellbeing." - [New Jersey Health Care Quality Institute and The Burke Foundation](#)