

Advancing Maternity Care in New Jersey: The Case for Investing in Midwifery

Midwifery Care is Impactful but Underutilized

Midwives provide holistic, evidence-based care across the reproductive and perinatal continuum. The midwifery model of care emphasizes patient-centered care, cultural humility, and building trusting relationships with pregnant patients. The United States has the worst maternal health outcomes among peer nations.¹ Although no single solution exists, midwifery-led care is recognized as a key strategy to improve maternal health and close gaps in outcomes.

Midwifery Landscape in New Jersey:

New Jersey licenses and supports three types of midwives:

- Certified Nurse-Midwives (CNMs)
- Certified Midwives (CMs)
- Certified Professional Midwives (CPMs)



Certified Nurse-Midwife (CNM)
Minimum Degree Required for Certification: Graduate Degree 
Minimum Education Requirements for Admission to Midwifery Education Program: Bachelor's Degree or higher from an accredited college or university AND Earn RN license prior to or within midwifery education program
Minimum Education Requirements for Admission to Midwifery Education Program: Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education
Clinical Experience Requirements: Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education

Certified Nurse-Midwife (CNM)
Minimum Degree Required for Certification: Graduate Degree 
Minimum Education Requirements for Admission to Midwifery Education Program: Bachelor's Degree or higher from an accredited college or university AND Earn RN license prior to or within midwifery education program
Minimum Education Requirements for Admission to Midwifery Education Program: Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education
Clinical Experience Requirements: Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education

Certified Nurse-Midwife (CNM)
Certification does not require an academic but is based on: Demonstrated competency in specified areas in knowledge & skills
Minimum Education Requirements for Admission to Midwifery Education Program: High School Diploma or equivalent
Minimum Education Requirements for Admission to Midwifery Education Program: Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education
Clinical Experience Requirements: Attainment of knowledge and skills, identified in the periodic job analysis conducted by NARM


Advancing Maternity Care in New Jersey: The Case for Investing in Midwifery

Midwives practice in various settings. CNMs and CMs practice in all settings including hospitals, homes, and birth centers.² CPMs practice in community settings, including the home and birth centers.²

In New Jersey:

- There are approximately 409 practicing midwives.³
- Over 90% of midwives in the workforce are certified nurse midwives.³
- New Jersey Medicaid reimbursement rates for midwives vary by Managed Care Organization. Most birth centers, where many midwives attend births, do not accept Medicaid due to low reimbursement rates.³
- New Jersey Medicaid does not reimburse midwifery services for home births.³

Despite strong outcomes, New Jersey's midwifery workforce is hindered due to outdated regulations, inconsistent reimbursement practices, fragmented credentialing systems, and limited education and training opportunities.



In New Jersey, licensed Certified Nurse Midwives (CNMs) and Certified Midwives (CMs) attend only 11% of all births, **highlighting a critical shortage in a workforce that plays a vital role in expanding access to maternity care**, especially in under-resourced communities.³

Cost-Effective: The Economic Case for Midwifery

Midwifery care yields substantial cost savings and improved outcomes.

National and international research shows that midwives contribute to lower intervention rates, healthier births, and improved maternal experience—all while reducing system-wide costs.

Impact of Midwifery Care:

- Increasing midwife-led care to 20% of births over the next 10 years could save \$4 billion per year, 30,000 fewer preterm births, and 120,000 fewer episiotomies for our health care system.⁴

Advancing Maternity Care in New Jersey: The Case for Investing in Midwifery

- Midwifery-led care is associated with **significantly lower costs per birth episode**, including a **22% lower total cost** for births without complications compared to physician-led care.⁵ Midwifery-attended births have significantly lower rates of cesarean section and preterm birth, particularly in hospitals with strong midwife-physician integration.¹
- Increasing access to midwifery in the U.S. may not only improve quality, but also **reduce Medicaid and private insurer expenditures** on maternity care by an estimated **\$1,300 to \$2,500 per birth**.⁶

Increasing access to midwifery-led care could yield up to **\$1.9 billion** in annual savings to the U.S. health system, largely by reducing cesarean deliveries, episiotomies, and preterm births.⁴

Unlocking Midwifery's Full Potential in New Jersey:

To sustain these cost-efficient health outcomes, New Jersey must create an environment that attracts more midwives to practice in the State. New Jersey can modernize the profession through the following reforms:

- Establish an independent midwifery board to set licensing standards to govern and support evidence-based regulation of midwifery.
- Require reimbursement parity across Medicaid and commercial payers, so that midwives are fairly compensated for the high-quality, cost-effective care they provide.
- Include midwives in value-based and team-based care models, so that their services are fully integrated into coordinated systems of care.
- End New Jersey's prohibition of autonomous practice to allow midwives to practice to the full extent of their licensure and training without mandating physician supervision.

These investments and policy changes are essential—not only to improve outcomes, but also to expand cost-effective care for future generations.

¹ Schaler-Haynes, M. (2024, April). Approaches for Modernizing the Midwifery Profession: New Jersey's Regulatory and Licensing Structure. <https://www.njhqci.org/wp-content/uploads/2024/04/Approaches-for-Modernizing-the-Midwifery-Profession-New-Jerseys-Regulatory-and-Licensing-Structure-Final-4.23.24.pdf>

² Comparison of Certified Nurse Midwives, Certified Midwives, and Certified Professional Midwives. <https://midwife.org/wp-content/uploads/2024/10/CNM-CM-CPM-Comparison-Chart.pdf>

³ Delivering Better Care: Midwifery Practice in New Jersey. (2022, June). <https://www.njhqci.org/wp-content/uploads/2022/06/Delivering-Better-Care-Midwifery-Practice-in-New-Jersey-Report-2022.pdf>

⁴ Kozhimannil, K. B., Hardeman, R. R., & Alman, C. (2019). More Midwife-Led Care Could Generate Cost Savings and Health Improvements. University of Minnesota Policy Brief. Retrieved from <https://www.sph.umn.edu/sph/wp-content/uploads/docs/policy-brief-midwife-led-care-nov-2019.pdf>

⁵ Attanasio LB, Alarid-Escudero F, Kozhimannil KB. Midwife-led care and obstetrician-led care for low-risk pregnancies: A cost comparison. Birth. 2020; 47: 57–66. <https://doi.org/10.1111/birt.12464>

⁶ Estimating the Financial Impact of Reducing Primary Cesareans. <https://doi.org/10.1111/jmwh.13010>