

March 27, 2023

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

The Honorable Robert Aderholt
Chair
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
United States House of Representative
Committee on Appropriations
Washington, D.C. 20515

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

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
United States House of Representative
Committee on Appropriations
Washington, D.C. 20515

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 level funding for accredited midwifery education programs and birth center expansion in the Fiscal Year 2024 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 far 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 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 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.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 and birth centers as viable and cost-effective solutions to this nation's maternity care crises, midwives and 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.⁶ Furthermore, while the number of birth center births have increased by 17.5% since 2019, only 255 of 3143 US counties currently have birth centers.⁷

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.

Birth centers are health care facilities that are often small woman-owned businesses or small nonprofits. Rarely are they owned by health care networks or larger systems, and therefore access to funding for start-up is often a barrier. There are currently 400 birth centers in the US with 75 in development. Availability of grants for start-up funding would speed the process of expanding the numbers of birth centers in underserved and rural communities.

In order to expand access to both midwives and birth centers 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.
- Continue the **\$8 million to increase and diversify the number of Certified Nurse-Midwives (CNMs)**, within the Title VIII Advanced Nursing Education 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, 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.

- Include a new **\$2 million set-aside within the Title V Maternal and Child Health Block Grant, Community Integrated Service Systems (CISS) grant program, to fund birth center start up grants.** These grants will support renovation and equipment purchase to assist in the development of birth centers in underserved or rural communities.

The United States has the highest burden of maternal and neonatal death among high-income countries, and yet midwives and birth centers remain underused as a proven strategies to improve outcomes and increase access to care. In order to improve maternal health and infant care outcomes, lower costs, and increase access to the full spectrum of qualified maternity care providers and birth settings in all communities across the United States, we respectfully ask that House and Senate Appropriators continue to invest in midwives and birth centers by supporting level funding for accredited midwifery education programs and birth center expansion in the Fiscal Year 2024 Labor, HHS and Education appropriations legislation.

Sincerely,

2020 Mom

Accreditation Commission for Midwifery Education

Agrotterra Birth

Alaska Chapter of Postpartum Support International

America College of Nurse-Midwives

American Association of Birth Centers

American Association of Colleges of Nursing

American Midwifery Certification Board

American Nurses Association

Arizona Chapter of Postpartum Support International

Association of Maternal & Child Health Programs

Bastyr University, Department of Midwifery

Circle Women's Psychiatry

Every Mother Counts

Flourish Care

HealthyWomen

Heart and Hands Midwifery and Family Healthcare

ImprovingBirth, Inc

Just Us Women Productions, LLC

March for Moms

Maternal Mental Health Leadership Alliance

Melanated Midwives

Midwives College of Utah

Minnesota Chapter of the National Association of Certified Professional Midwives

Mom2Mom DuPage

National Association of Certified Professional Midwives
National Black Midwives Alliance
National Rural Health Association
New Mama Village, LLC
Nevada Chapter of the National Association of Certified Professional Midwives
Northwestern University
Our Bodies Ourselves
Perinatal Health Equity Initiative
Policy Institute for Community Birth and Midwifery
Postpartum Support International
Pregnancy Birth and Parenting Co.
Roots on the Road, Perinatal Mental Health Support Services
Sister Friends Tallahassee
Speaking Of Birth
The Women and Girls Foundation
UCare
UHS

¹ Howell EA, Zeitlin J. Improving hospital quality to reduce disparities in severe maternal morbidity and mortality. *Semin Perinatal*. Aug 2017;41(5):266-272.

² <https://www.marchofdimes.org/materials/Final%20midwifery%20position%20statement%20August%2029%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>

⁷ March of Dimes, 2022).