

Overview

[The Global Health Education and Learning Incubator at Harvard University](#) (GHELI) supports interdisciplinary education about world health through the production, curation, and dissemination of educational public goods. This exemplar work was a project for “Maternal and Reproductive Health and Health Policy: What Do We Know? How Do We Know It? What Are We Doing About It?,” a General Education course at Harvard College taught by Professor Jessica Cohen. For this creative assessment designed with support from GHELI, students combine narrative with academic research to illuminate a maternal or reproductive health issue they care about and create a “real world” product intended to influence policy or motivate change.

Abstract

A poster exploring the benefits of midwives and the policy challenges impacting access to midwives in the United States.

Artist

Asher Montgomery (2026)

Caption

Maternal mortality rates are significantly higher in the United States than any other high-income and developed country. While there is no one cause or solution, access to midwives during birth has been shown to improve birthing outcomes and maternal satisfaction while also reducing unnecessary medical interventions. However, access to midwifery care in the United States is markedly lower than in most other developed countries, with approximately 10 percent of U.S. births attended by midwives compared to 50–75 percent in other high-resource countries. This poster explores midwifery in the United States and varying state policies that impact women's access to midwives.

Artist Lens

This poster centers on the narrative of Jennie Joseph, a Certified Professional Midwife who opened the Birth Center in West Florida providing care to mostly low-income women. Her story showed both the benefits that having access to a midwife can provide to low-income women in providing consistent and quality perinatal, labor, and postnatal care as well as the struggles with insurance and restrictive policies that work against midwives. The research included on the poster compares midwives' presence at births in the U.S., which is around 10 percent of births, to other high income and developed countries where midwives are present at between 50 percent to 70 percent of births. The poster also describes the midwife certifications offered in the U.S. and their scope of practice, as well as the benefits of midwife presence in a community. The poster looks at the restrictive policies that reduce the autonomy of midwives and limit the incentives to becoming midwives that cause the shortages in many states in the U.S. This same study developed a "Midwife Integration Scores System" to assign scores to all the states in the U.S. to find associations with markers of maternal health. Higher MISS scores, which signified higher midwife integration (less restrictive policies, more autonomy, more insurance reimbursement options, etc.), were associated with lower rates of cesarean section and preterm

births and higher rates of spontaneous vaginal delivery, vaginal birth after cesarean, and breastfeeding at birth and six months. Lower MISS scores were correlated with higher rates of neonatal mortality. These are correlation relationships, not causal, but they support further research into the impacts of improving midwife access on both lowering medical costs, reducing maternal mortality rates and increasing birth satisfaction.

Media

Digital

Midwife Shortage Across the US

By Asher Montgomery for GHHP 20

Maternal mortality rates are significantly higher in the United States than any other high-income and developed country. In many states across the US, particularly in the South, maternal mortality and morbidity rates are similar to that of developing and low income countries. While there is no one cause or solution, midwives have shown to improve birthing outcomes and maternal satisfaction while also reducing unnecessary medical interventions. However and not surprisingly, access to midwifery care in the United States is markedly lower than in most other developed countries, with approximately 10% of US births attended by midwives compared to 50-75% in other high-resource countries.

"In contrast to other developed countries where midwives attend most births, only 11.4 % of U.S. births in 2023 were attended by midwives."

Policies aimed at increasing access to midwives for American mothers has potential to reduce existing disparities in maternal health across racial and socioeconomic lines. A Lancet analysis of maternal health policy showed that countries with a consistent and sustained 20-year decrease in maternal mortality had targeted investment in midwifery services in order to increase country-wide access to health care. Increasing the number of midwives has shown to tackle both the "too little too late" consequences of scarce health services as well as the "too much too soon" problems experienced by the highly medicalized birthing process of high income countries — improving cost effectiveness and patient advocacy.

In particular, many Black and Latina women giving birth in low-performing hospitals experience poor patient-provider communication, trauma, and difficulties in obtaining appropriate prenatal and postpartum care according to several studies focused on maternal health in the US. Having access to a midwife would reduce these incidents with designated, maternal-choice-centered perinatal care.

Midwifery in The US

There are three professional designations for midwives in the United States: Certified Nurse-Midwife (CNM), Certified Midwife (CM) and Certified Professional Midwife (CPM). The CNM/CM training pathway general requires a four year university based nursing program, then a masters degree in midwifery. CM and CPM programs are direct-entry credentials without prior nursing credentials and are usually three years of education.

CMs are currently licensed in 5 states, while CPMs can currently obtain licensure in 30 states. They provide antepartum, intrapartum, and postpartum/newborn care in community based settings, but typically cannot obtain hospital practice privileges and often have difficulty establishing reliable systems for referral and collaborative care.

In states where CNMs have greater professional autonomy (i.e. physician supervision not required), there were lower rates of surgical birth, preterm birth and low birth weight, even when adjusted for maternal age, parity, race, education, marital status, cigarette use and prenatal care utilization.

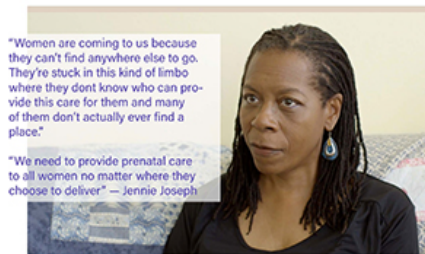
American midwives face multiple challenges to practice, including numerous regulatory barriers and inability to secure third party reimbursement. As a result, women in many states cannot access midwives because of legal or payor restrictions.

Initiatives From Florida

There are 17 million uninsured women in the US, and many of those who are insured do not receive coverage for pregnancy care. For a period of time in Florida, Medicaid services were not offered for pregnancy care and if they were, the HMO and MCO's did not cover birthing centers, only hospital visits. On top of that, there were very few providers.

The *Giving Birth in the US* spotlight on Florida follows the stories of mothers receiving care

from Certified Professional Midwife Jennie Joseph, The Executive director of Commonsense Childbirth and founder of the Birth Center, only of its kind on the west side of Florida. Her goal is to provide perinatal care for every woman no matter where she chooses to give birth. Joseph's narrative and the stories of the women she serves shows the essential role midwives play in providing choice-centered and quality alternative care for low income mothers.



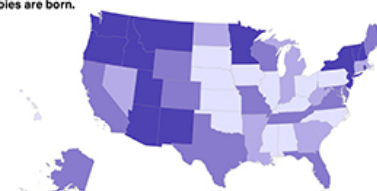
The benefits of midwifery care range from improved outcomes, including lower rates of Cesarean sections, instrumental deliveries, and episiotomies, to more frequent reports of satisfaction and better overall birth experiences

Midwifery Integration Scores

A recent study developed a Midwifery Integration Scoring (MISS) system based on practice, autonomy, governance, and prescriptive authority of midwives as well as restrictions that can affect patient safety, quality, and access to maternity providers across birth settings. Higher scores indicate greater integration of midwives across all settings. The study ranked states by MISS scores and using CDC Vital Statistics Database, calculated correlation coefficients between MISS scores and maternal-newborn outcomes by state, as well as state density of midwives and place of birth. They used a hierarchical linear regression analysis to control for confounding effects of race.

Higher MISS scores, and improved access to midwives in all settings, were associated with significantly higher rates of spontaneous vaginal delivery, vaginal birth after cesarean (VBAC), and breastfeeding at birth and at six months; and significantly lower rates of cesarean section (CS), preterm (PTB), and low birth weight (LBW) infants

Lower MISS scores were associated with significantly higher rates of neonatal mortality among Hispanic, black and white babies when examining race-specific outcomes. Density of midwives and access to midwives across birth settings were also significantly lower in states where more black babies are born.



Map of midwifery integration across the United States. Levels of integration displayed by quartiles of MISS scores. Deeper shades of purple represent higher integration and lighter shades represent lower integration of midwives.

Source: Vidler, Sorensen et al. "Mapping integration of midwives across the United States: Impact on access, equity and outcomes." *PLoS one* vol. 132 e0192523. 21 Feb. 2019. doi:10.1371/journal.pone.0192523

Policy Solutions

State regulatory environments that supported greater integration of midwives into the health system was associated with a greater number of midwives and midwife-attended births in a state.

Simple actions would drastically improve midwife access and supply in states across the US. For instance, removing restrictive midwifery licensing requirements that prevent midwives from opening practices in communities without obstetricians and require a physician co-signature for hospital midwifery care that in their current state disincentivize hospitals and physicians from hiring midwives. While Medicaid is required to cover CNM services in all 50 states, CM and CPM services are only covered in 18 states. Expanding coverage for these services would drastically improve access as 42 percent of births are covered by Medicaid.