Suggested Topics for Discussion with State Medicaid Agencies re: Midwifery

**Pillar I. Access, Infrastructure, and Workforce**

**Remove financial barriers to accessing midwifery and birth center care**
- Reimbursement parity for all licensed midwives at the same rate as physicians
- Reimbursement parity for birth centers at same rate as hospitals for all pregnancy/birth/newborn charges
- Reimbursement for birth centers for all aspects of care, including newborn care, intrapartum transfers, birth assistants

**Infrastructure**
- Funding for birth center startup and sustainability costs, with focus on marginalized communities and BIPOC-led birth centers

**Workforce**
- Funding for midwifery education programs and student clinical placements
  - Goal being # of midwifery programs should equal or exceed # of OB-GYN residencies
- Support licensure for Certified Professional Midwives and Certified Midwives (Details of different pathways found [here](#))

**Pillar II. Quality Improvement and Safety**
- Provide incentives to hospitals and medical centers to add midwifery services. Starting with “Birthing Friendly” designation requires midwife on medical staff
  - However, work towards quality metrics ex) minimum % births attended by a midwife, 24/7 access to midwifery care
  - Will require midwives to have privileges and equitable reimbursement
- Implement ACNM’s “Reducing Primary Cesarean Section” models
- Invest in development and implementation of of high quality tools for pregnancy decision making ex) [https://www.partnertodecide.org/decisionaids](https://www.partnertodecide.org/decisionaids)

**Pillar III. Whole-Person Care Delivery**
- Investment in postpartum home/curbside care
  - Explore different models with midwives, nurses, doulas
- Investment in prenatal/postpartum care navigators
- Increased reimbursements and incentives for group perinatal care