

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 high quality tools for pregnancy decision making ex) <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