Nurse-Midwives of America — NMOA

POLICY BRIEF
Cost and quality

High-Quality Care, Lower Cost

U.S. research links nurse-midwifery care for low-risk pregnancies with fewer cesarean births and other interventions, strong newborn outcomes, and lower maternity spending.

$2,010
lower Medicaid spending per mother and baby in birth center care

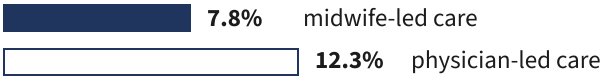
$2,262
lower cost per low-risk birth with midwife-led care (national model)

42%
of U.S. births are paid for by Medicaid

31 states
pay midwives the same Medicaid rate as physicians

Fewer cesareans, strong outcomes

Cesarean birth, low-risk hospital births



No increase in newborn complications (Northwest U.S. hospitals).

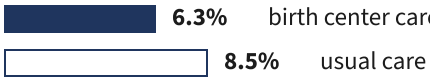
MILITARY HEALTH SYSTEM

Across 136,848 births, low-risk patients cared for by nurse-midwives had lower odds of cesarean birth, labor induction, and birth complications, and higher odds of breastfeeding and vaginal birth after cesarean.

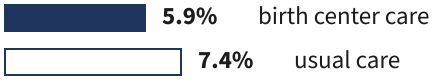
Better results on Medicaid

The federal Strong Start initiative compared Medicaid patients in midwifery-led birth center care with similar patients in usual care.

Preterm birth



Low birth weight



Birth center patients also had fewer cesareans, and Medicaid spent $2,010 less per mother and baby through the baby's first year.

WHERE THE SAVINGS COME FROM

In a hospital study of 1,441 low-risk births, care led by certified nurse-midwives used fewer interventions and hospital resources and had lower total direct costs, with comparable outcomes. A national study of more than 85,000 births in midwifery-based birth centers found cesarean rates 12.2 points lower and NICU admissions 5.5 points lower than similar hospital births.

OUR ASK

Pay nurse-midwives the same Medicaid rate as physicians for the same services, and sustain the birth centers and hospital midwifery services that keep care high in quality and lower in cost.

© 2026 Nurse-Midwives of America. May be shared in full; may not be altered.

Sources: Carlson et al., Birth 2023; Hamlin et al., Policy Polit Nurs Pract 2021; Dubay et al., Health Affairs 2020 (Strong Start); CMS Strong Start evaluation (2018); Altman et al., Women's Health Issues 2017; Attanasio et al., Birth 2020 (modeled estimate); Wallace et al., Health Serv Res 2024; MacDorman & Declercq, Birth 2019; ACNM National Chartbook (2023 state policies).