



## MORE MIDWIFE-LED CARE COULD GENERATE COST SAVINGS AND HEALTH IMPROVEMENTS

### AUTHORS AND AFFILIATIONS

Katy B. Kozhimannil, PhD  
University of Minnesota School  
of Public Health

Laura Attanasio, PhD  
University of Massachusetts  
Amherst

Fernando Alarid-Escudero, PhD  
Drug Policy Program, Center  
for Research and Teaching  
in Economics - CONACYT,  
Aguascalientes, Mexico

### KEY FINDINGS

Increasing the percentage of pregnancies with midwife-led care from the current level of 8.9% to 20% over the next 10 years could result in:

- \$4 billion in cost savings
- 30,000 fewer preterm births
- 120,000 fewer episiotomies

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### PURPOSE

The purpose of this policy brief is to describe the potential cost savings that could result from a shift toward greater use of midwifery-led care for low-risk pregnancies in the United States.

### BACKGROUND AND POLICY CONTEXT

Childbirth is the most common and most costly reason for hospitalization in the U.S.<sup>1</sup> Improving quality and value of maternity care is a high policy priority, especially since nearly half of U.S. births are funded through state Medicaid programs.<sup>2</sup>

In the U.S., maternal morbidity and mortality have increased over the last several decades, and use of obstetric procedures, including labor induction and cesarean delivery, has also increased, beyond levels that are generally considered medically necessary.<sup>3-7</sup> After several years of small decreases in the cesarean delivery rate, provisional data indicate that the cesarean rate increased between 2016 and 2017.<sup>8</sup> Preterm births have been on the rise since 2015, reversing the trend in several years of declines from 2007 to 2014.<sup>8</sup> Overuse of medical procedures and poor outcomes indicate low quality of care and contribute to high costs.<sup>9</sup> There is an urgent need to improve value in U.S. maternity care.

Currently, more than 90% of births in the U.S. are attended by physicians, and midwives attend only about 9% of births.<sup>6</sup> Evidence shows that low-risk pregnant women who are cared for by midwives have similar outcomes to those cared for by physicians, but are less likely to experience unnecessary obstetric procedures.<sup>10-12</sup> Additionally, physician shortages in obstetrics contribute to problems of limited access to care during pregnancy.<sup>13</sup> This policy brief draws upon published research to describe the cost and policy implications of increasing the number of pregnancies cared for by midwives in the U.S.

### APPROACH

We used previously published estimates of clinical outcomes and costs associated with midwife-led vs obstetrician-led care to calculate projected changes in costs, procedures and outcomes if midwife-attended births were incrementally increased from the current level of 8.9% to 20% by 2027.<sup>12,14</sup> That is, we modeled the