

FACT SHEET



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Expand Access to Midwives for Virginia Moms

Problem: Currently, all midwives licensed in the state of Virginia (CNM/CM, CPM) are eligible for Medicaid reimbursement under Fee for Service Medicaid. However, the vast majority of Medicaid recipients are placed into Managed Care Organizations (MCOs), which offer more comprehensive wrap-around services. Contracting with individual MCO's is a major barrier for lower volume community practices. Most private midwifery practices do not accept Medicaid.

For the few midwifery practices that do accept Medicaid reimbursement under Fee For Service, the process for patients and providers is daunting. Patients must contact their individual MCO, have themselves removed from coverage and go back into Fee For Service Medicaid. This process can take months, requires a high level of health literacy and is resource heavy for patients, providers and the Virginia Department of Medical Assistance Services (DMAS).

Once removed from their MCO, patients lose the valuable services provided by their MCOs such as access to doulas, diapers, breast pump reimbursement, lactation and mental health services.

Research shows that integrating midwives into the maternity care system (including comprehensive insurance coverage) improves outcomes.¹ This is especially critical in rural areas experiencing obstetric service closures where a midwife might be the only option. Maternal mortality rates are higher in maternity care deserts.²

Policy solution: DMAS and the Virginia Department of Health (VDH) should convene a work group that brings stakeholders together to study barriers that prevent Virginia moms on Medicaid from accessing Cardinal Care with all midwives that are licensed by the state upon entry into care. VDH is included in the workgroup because midwives are a public health solution. **Include the voices of parents that struggle to access this care and midwives who serve impacted families in the work to expand coverage.**

Costs: None. Pregnant women are already covered by Cardinal Care. Integrating midwives lowers costs by improving outcomes and reducing cesarean section rates. This quality-improvement focused work should be a part of DMAS and VDH budget. Virginia's 2026 Budget must support a fully-functioning VDH and DMAS as integral to keep Virginia healthy.

Who benefits: When patients are unable to access care via their provider of choice and midwifery providers are unable to receive reimbursement due to credentialing and eligibility barriers, everyone loses. When midwives are able to receive reimbursement for services offered in the communities they live and serve, the midwifery workforce will grow.

¹ How Expanding the Role of Midwives in U.S. Health Care Could Help Address the Maternal Health Crisis, May 5, 2023. <https://www.commonwealthfund.org/publications/issue-briefs/2023/may/expanding-role-midwives-address-maternal-health-crisis>

² Atwani, Rula MD; Robbins, Lindsay MD, MPH; Saade, George MD; Kawakita, Tetsuya MD, MS. Association of Maternity Care Deserts With Maternal and Pregnancy-Related Mortality. *Obstetrics &*

Gynecology 146(2):p 181-188, August 2025. | DOI: 10.1097/AOG.0000000000005976
https://journals.lww.com/greenjournal/fulltext/2025/08000/association_of_maternity_care_deserts_with.2.aspx

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