



Birth Justice Collaborative

An American Indian & African American led coalition advancing maternal health and birth justice in our communities

The Problem:

Communities in Greater Minnesota have watched their labor and delivery units close, forcing pregnant people to drive hours to seek perinatal care.

Quality perinatal care is expensive—low Medicaid reimbursement rates and professional fees cause hospitals to limit their services and forces community birth workers to either work pro-bono, or limit the number of Medicaid clients they care for.

Without prenatal care, both the baby and the pregnant person are more likely to experience life-threatening complications that requires more expensive care.

Evidence shows home births are a safe option for low-risk pregnancies and when attended by a trained midwife, produce healthier outcomes for pregnant people and their babies.

Select sources.

Anderson, D. A., & Gilkison, G. M. (2021). The Cost of Home Birth in the United States. *International journal of environmental research and public health*, 18(19), 10361. <https://doi.org/10.3390/ijerph181910361>

Armstrong E. M. (2010). Home birth matters-for all women. *The Journal of perinatal education*, 19(1), 8–11. <https://doi.org/10.1624/105812410X482329>

Home Birth Reimbursement

Evidence shows home births are a safe option for low-risk pregnancies and when attended by a trained midwife, produce **healthier outcomes** for pregnant people and their babies.

Homebirth providers offer prenatal, delivery, postpartum and newborn care build **trusted relationships** with their clients over the course of the pregnancy.

Expanding billing opportunities for home birth providers allows skilled birth workers to **serve more Medicaid clients** who choose to give birth in their homes.

On average, low-risk home births **cost 65.7% less than hospital births**—investing in quality, personalized care presents a significant cost-savings opportunity for government, families, and employers.

The National Academy for State Health Policy (known as NASHP), recommends **prioritizing policies that increase access to midwifery care**, to help address the maternal health crisis.

Increasing labor and delivery professional fees for all birth workers is critical to support and sustain **Minnesota's perinatal workforce**.

COALITION PARTNERS



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