



morganhealth

OCTOBER 2025

Bridging the Gap: Enhancing Midwifery Adoption in Employer- Sponsored Insurance

JPMorganChase

One of every 6 dollars employers spend on inpatient care goes toward maternity services, yet outcomes remain poor. [Morgan Health research](#) indicates that individuals with employer-sponsored insurance (ESI) are more likely to have unnecessary c-sections than those on Medicaid, with significant disparities by race. When not medically necessary, c-sections significantly raise the cost of childbirth and can lead to poor clinical outcomes for birthing individuals and babies. Midwifery care has been shown to reduce childbirth costs and improve outcomes across all insurance types, races, and risk levels. Despite their benefits, midwives remain underutilized in the commercial sector.

To understand consumer needs about maternal health care, Morgan Health fielded a survey of 2,500 people in March of 2025 – roughly 2,000 with ESI covered births, and 500 covered by Medicaid – to reflect on their recent birthing experiences and share their perspective. **While only 1 in 5 people with ESI had a midwife as part of their care team for their last pregnancy, 66% of individuals are interested in midwifery for future pregnancies.** Below, we unpack these and other key findings; for more information, read our [full report](#).

FINDING 01

Consumers deliberately choose midwives, viewing them as a solution to more compatible, comprehensive maternal care.

Fewer than 1 in 5 people with ESI coverage had a midwife in their care team during their last pregnancy. However, those who did were engaged consumers, conducting extensive research and consulting providers, family, friends, employers, and community groups. These individuals intentionally chose midwifery and often relied on their midwives as a source of information. Midwifery users also had more trust in their provider compared to individuals without a midwifery provider. These individuals typically had previous children, higher incomes, advanced education, and lived in urban areas. Most notably, midwifery users generally had better outcomes, further encouraging adoption of these models.

FINDING 02

Midwife utilization was associated with better outcomes, underscoring the promise of embedding them into standard maternal care practices.

Individuals who had a midwife as their sole maternity care provider were 30% less likely to have a c-section. They were also more aware of and proactive about their postpartum mental health needs, knowing where to seek out care and how to use resources available to them. When evaluating maternal health care benefits, employers and carriers may want to consider midwives for improved outcomes and quality.

FINDING 03

There’s high interest in using midwifery care, regardless of previous utilization, but information and education gaps remain a barrier.

66% of individuals are interested in midwifery care but may need supplemental education or baseline knowledge to help them solidify their decision. 23% are not interested in midwifery due to pre-existing conditions or health problems that may make it difficult for them to use midwifery care or preclude use of midwives altogether. Regardless of interest, gaps in knowledge exist across income and education levels, as well as races, demonstrating clear opportunity to educate other populations on the benefits of midwives and help expand adoption of midwifery care.

Market Breakdown: Familiarity, Interest, and Barriers to Midwifery Care Among Non-Users

Market Segment	Main Barrier	Other Barriers
49% Would-be users Familiar + interested	Insurance coverage (29%) 	Needed a doctor / c-section, assigned to OBGYN, availability
17% Likely users Unfamiliar + interested	Lack of knowledge (55%) 	Insurance coverage, needed a doctor / c-section, hospital policy
11% Less-likely users Unfamiliar + uninterested	Lack of knowledge (58%) 	Insurance coverage, needed a doctor / c-section, health problems
23% Non-users Familiar + uninterested	Health problems (32%) 	Needed a doctor / c-section, lack of knowledge, insurance coverage

The pathway to more accessible, reliable midwifery care

Midwifery models have been shown to reduce c-section rates, improve birthing experiences, and empower patients to advocate for their needs throughout pregnancy. The ESI market shows strong interest in midwifery care, but we must build a more resilient, accessible workforce, bridge gaps in education and insurance coverage, and improve care navigation to connect birthing individuals to care.

To bridge these gaps, employers, carriers, and providers should:



Clarify and expand insurance coverage for midwifery care and make it easy for consumers to access this information and locate a high-quality provider.



Educate birthing individuals on midwifery care, including how midwives work with OB/GYNs, their role in complex deliveries, and their ability to manage other health conditions.



Improve navigation to midwifery providers, hospitals, and birthing centers.



Expand access to midwifery care by broadening existing networks, promote the implementation of integrated care teams, and connect individuals to midwifery care companies like Diana Health, Oula, and Pomelo Care.



Improve payment models and reimbursement rates to make midwifery a more sustainable, attractive career path.