Skyline FOUNDATION

EXECUTIVE SUMMARY

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BIRTH JUSTICE PROGRAM

Advancing Midwifery Care in the United States

TEN YEARS OF PROGRESS • 2015–2025

JULY 2026

Executive Summary Contents

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Introduction

The current maternity care system is not consistently organized around the needs, autonomy, dignity, or well-being of the people giving birth. Skyline Foundation's Birth Justice program began with a question: could philanthropic support to the underinvested field of midwifery help improve the experience of childbirth? This report provides encouraging markers of progress on that path and outlines the challenges ahead.

Over the past ten years, Skyline has made $33.6 million in grants to **39 organizations** working to advance birth justice by expanding the integration of midwifery-led care into our health system. We've seen remarkable progress in the field during that time, due to the leadership, hard work, and deep commitment of a small but mighty group of organizations and advocates. Interest and support on the part of other funders is gaining momentum.

We've witnessed something remarkable:

A field that was long fragmented and underfunded has grown more coordinated and more powerful.

Integrating midwifery care has the power to directly address the system's biggest failures simultaneously; in fact, it is the rare intervention that's been proven to improve quality, reduce disparities, expand access to providers, and strengthen outcomes. Midwives hold the deepest professional expertise on physiologic birth, yet our system has pushed them to the margins. When midwives are integrated, with full practice authority, into collaborative health care settings, outcomes improve–including lower intervention rates, higher breastfeeding rates, and often lower costs.

This brief summarizes the key highlights of our **Ten Year Progress Report**: what we have learned along the way, what the field has achieved, and why the moment demands greater philanthropic investment to protect and accelerate the progress. This work draws heavily upon the experts–our grantee partners. They have generously shared their input and candid feedback over the past year, and their leadership continues to not only drive our strategy but inspire us.

The Context of Our Work

Maternal mortality, severe morbidity, infant outcomes, and racial disparities are the most visible signs of a maternity care system in crisis, but they reflect deeper structural failures in how the US health care system approaches birth. They demonstrate whose autonomy is respected, who can access care, what kind of care is treated as high quality, and whose well-being is valued:

Autonomy + Choice

Too many people enter pregnancy assuming they will have meaningful choices in childbirth, only to find that many of those choices have already been constrained by insurance coverage, institutional policies and incentives, geography, and race or socioeconomics. Birth is one of the clearest examples of how gender inequity is embedded in US systems.

Access

Access to maternity care is increasingly unequal and, in many communities, increasingly fragile. Rural hospital closures, workforce shortages, Medicaid instability, and uneven state policy have created large gaps in access to pregnancy, birth, and postpartum care.

Quality of Care

Access alone is not enough if the care available is not evidence-based, respectful, and centered on

the person giving birth. The US maternity care system routinely applies interventions to low-risk births that are not always clinically necessary, with practices varying widely by hospital and geography.

Well-Being

Birth is not simply something to survive; it is a major life transition with lasting physical, emotional, social, and economic consequences for parents, babies, and families. Respect, agency, emotional safety, joy, recovery, bonding, and financial stability should all be understood as part of quality maternity care.

Racial Disparities

Racial disparities in maternal health are among the clearest signs that the current system is failing. Black and Indigenous birthing people face significantly higher risks of maternal mortality, severe morbidity, mistreatment, dismissal, and lack of agency, with inequities that persist across income, education, and insurance status.

Skyline's Birth Justice program is grounded in the belief that everyone deserves a healthy and empowering birth, and that midwives are essential to achieving this goal. We work to create a system in which people can meaningfully participate in decisions about their pregnancy, birth, and postpartum care, and ensure that access is equitable across communities.

To us, it means people are able to move through pregnancy, birth, and the postpartum period with dignity, agency, and the kind of care that fits their needs. This includes not only clinical excellence, but also continuity, respect, and support for the well-being of those giving birth, their babies, and their families.

Ten Years of Grantmaking 2015–2025

$33.6M	39	101	83%	48%
Total granted	Grantees *(29 active)*	Grants made	Multi-year grants	BIPOC-led grantees

Skyline supports the field infrastructure, policy conditions, and workforce capacity that determine whether people giving birth have agency and dignity during one of the most consequential experiences of their lives. We fund organizations advancing one or more of the following four strategic priorities:

1 Data, Quality, and Accountability Systems

Build the data infrastructure needed to measure outcomes across birth settings, demonstrate the value of midwifery-led care, and hold systems accountable for safety, equity, and respectful treatment.

2 Education, Organizing, and Evidence-Building

Build awareness, advocacy capacity, and the evidence base for the midwifery model of care.

3 Payment Reform, Legislation, and Policy

Reform the payment, policy, and regulatory environment to address the financial and regulatory barriers to access and integrate midwifery into the healthcare system.

4 Workforce Expansion and Diversification

Expand the number and diversity of midwives to meet demand and reflect the communities served, ensuring improved health outcomes across all populations.

We recognize that there are powerful economic and political forces determining the conditions under which babies are born. Our systems-change approach requires both long-term organizational support and targeted investment in high-leverage opportunities. We support general operating support and project grants, with an increasing emphasis on flexible, multi-year funding. This reflects our understanding that field-building requires resources for stability, trust, adaptation, and the capacity to respond to changing political and policy conditions.

Long-term relationships have been central to our trust-based philanthropy approach. Most organizations that have received grants remain in the portfolio–providing core support that has enabled growth. Organizations in the portfolio for more than three years have seen a median increase of 200% in operating budgets, with smaller and young organizations experiencing the most rapid growth, suggesting that our early-stage and sustained support may have helped to position them to attract additional funding.

Progress in the Field

Over the past decade, Skyline's grantee partners have worked to shift policy at the state and federal levels, build needed infrastructure to support the profession, and remove structural barriers to midwifery. They are advancing payment reform, licensure, birth center sustainability, data systems, workforce expansion, public education, research, and advocacy. They are working to integrate midwives, including birth centers and home birth midwives, into the mainstream of US maternity care.

"We now have countless examples of hospitals and midwives working together in a collaborative way.

We regularly hear providers say 'I've been in this a long time, and this once felt impossible.'"

—Skyline Grantee

Today, the field looks meaningfully different. With relatively modest philanthropic investment by a small but committed group of funders, the organizations working in birth justice have generated remarkable progress including:

Increased Receptivity and Demand for Midwifery Care

Demand for midwifery rose over the decade, with midwife-attended births increasing from 9.3% (2015) to 13% (2024) and home births up 60% (2015–2021).

Growing Recognition, Integration, and Access to the Midwifery Model of Care

Over the past decade, midwifery has moved closer to the mainstream of US maternity care, with increased public demand, systems for hospital-community birth collaboration, and greater recognition of midwives and birth centers as essential parts of safe, equitable, integrated care.

Advances in Federal and State Legislation, Policy, and Litigation

Federal and state momentum has expanded midwifery recognition, with 12 states creating CPM licensure from 2016–2024, 6 states expanding CNM practice authority from 2016–2025, and litigation increasingly challenging restrictive laws that limit access to midwifery care.

Emergence of a Coordinated Ecosystem

The field became more aligned and collaborative, with organizations increasingly coordinating around shared agendas on policy, Medicaid/payment strategy, data and quality, and cross-credential collaboration rather than operating in silos.

Increased Philanthropic Investment in Midwifery

Funders have increasingly recognized midwifery integration as essential health system infrastructure, with more funders supporting multi-year initiatives, funder learning communities, pooled strategies, and new financing efforts to expand midwifery through policy, payment, workforce, data, and care delivery change.

Challenges, Headwinds, and What's Needed Next

Our grantees are clear-eyed about the setbacks, missed opportunities, and remaining barriers to advancing midwifery. In our interviews with grantee partners recently, we heard key themes:

"As a midwife you have to be hopeful; We're far enough along that we're not stopping."

—Skyline Grantee

"We are still in a fragile ecosystem."

—Skyline Grantee

Payment Structures, Rates, and Regulation Prevent Birth Center Growth

Inequitable and inadequate reimbursement and uneven licensure rules keep birth centers financially precarious and limit expansion.

Division Slows Collective Advocacy

Credential and regulatory splits dilute messaging, confuse policymakers and payers, and weaken shared reform efforts.

Doula Expansion May Displace Deeper Systems Work

Doula coverage has grown, but it has diverted focus from payment reform, licensure, and community birth infrastructure.

Structural Barriers Prevent Workforce Growth Where It Is Most Needed

High training costs, limited educational pathways and clinical placements, and federal underfunding constrain the pipeline, especially in underserved areas.

Underinvestment in Field Infrastructure

Without the necessary staffing or capacity, birth centers struggle to capture philanthropic and public funding when opportunities arise.

Limited Access to Meaningful Data

Under-resourced data systems hinder quality improvement, research capacity, and accountability.

It's important to acknowledge that the progress in the field that our grantees and their allies have made over the past ten years is precarious. The emerging ecosystem exists within the most challenging environments for gender, reproductive, and birth justice in a generation. Drastic changes to the Medicaid program (which financed 41% of all births in 2024) and restrictions on abortion access (for miscarriages and pregnancy complications) pose significant threats to improving maternal health.

Our grantees are navigating severe headwinds, yet through that they see opportunity not only to push back but to rethink and redesign systems that meet everyone's needs. They are very clear about what is needed to sustain and advance their momentum:

Create Financial Conditions and Infrastructure for Midwives and Birth Centers to Thrive

Make midwifery practice financially viable by reforming reimbursement and birth center facility payments, and investing in the professional infrastructure and data collection systems so community birth models can sustain and expand.

Focus on States as the Primary Arenas for Change

Prioritize state-level policy and implementation work, since Medicaid rate-setting, managed care contracting, licensure, enforcement, and quality measurement decisions at the state level largely determine whether midwifery access grows or contracts.

Bolster the Workforce Pipeline

Expand and diversify the midwifery workforce by increasing training programs, preceptorship capacity, and accessible pathways into practice, while aligning competencies and supporting practice environments that retain midwives where need is greatest.

Use All Levers

Advance payment reform, enabling policy, workforce development, the quality and data infrastructure, and public education in parallel, recognizing that progress in any one area is fragile without the others and that coordinated, multi-lever action is required to sustain change.

> "None of these things can happen before the other, or we will arrive without the things we need...
>
> We have to move them all forward at approximately the same time."
>
> *—Skyline Grantee*

> "People are so ready for a change."
>
> *—Skyline Grantee*

Our grantees remind us that change is possible, even when it comes slowly, and that the work required to transform maternity care is often the steady, unglamorous work of building infrastructure, relationships, trust, and power over time. For funders, the path forward is not only to resource promising projects, but to stay with the field long enough for systems to shift and provide flexible, long-term support that allows leaders to adapt, learn, and build durable change.

Philanthropy also has a unique role to play as a convener and bridge-builder, helping align organizations, funders, policymakers, and movements around a shared vision for birth justice. At this moment, funders have an opportunity to support not just incremental improvements within the current system, but the reimagining of what maternity care can be: a system rooted in dignity, autonomy, equity, community power, and the expectation that every person deserves to give birth with safety, respect, and joy.

Our Strategic Commitments

Skyline is committed to shifting midwifery from the margins to the mainstream and reshaping how our nation approaches and supports birth. We aim to remove structural barriers to equitable care by addressing payment, policy, workforce, and systems infrastructures that determine whether midwifery can take root and be sustainable.

Our Approach

A decade of partnership with grantees informs not only what we fund, but also how we approach our work going forward. Skyline will:

- Provide multi-year, flexible funding grounded in trust-based grantmaking practices, recognizing that field-building work requires stability, organizational strength, and resources to learn from setbacks as well as wins
- Support catalytic work where grantee efforts and collective progress exceed what any individual grant could achieve by focusing on the four strategic priorities that anchor our approach and grantmaking
- Prioritize the sustainability and strength of current grantee partners' initiatives, amplifying their accomplishments, and creating opportunities for convening, shared learning, and field alignment
- Welcome new grantee partners, including individual birth centers, who value collaboration across midwifery and the maternity care system, as well as building the next generation of midwives who can meet the needs of all pregnant people
- Seek opportunities to co-fund or align our efforts with peer funders to maximize impact through coordination that frees grantees to focus more fully on their work
- Partner with other funders to support the entire birth justice ecosystem through funder education, organization, and collaboration
- Deepen our understanding of how philanthropy can shift narratives and norms around knowledge, rights, and expectations during pregnancy, birth, and postpartum recovery, recognizing the role that culture plays in women's power during this time

In 2026, Skyline will make the largest single-year investment in its portfolio—giving more than $7 million in grants to advance Birth Justice and midwifery.

Our Vision

We stand alongside our grantees in working toward a future in which:

- Every state has a pathway to midwifery licensure.
- Midwives are able to practice the midwifery model of care to their full scope.
- Midwives are respected and compensated equitably—through pay and reimbursement rates that reflect their clinical responsibility and the value of the care they provide, comparable to other maternity care clinicians (including physicians).
- Standardized and seamless systems are in place for consultation, collaboration, and transfer of care between community midwives, physicians and hospitals.
- Universal data collection and reporting of birth outcomes data is established across all birth settings.

Collaboration is a throughline of midwifery and birth justice. We're always learning. We welcome opportunities to share more about our grantees and find ways to partner with other areas of philanthropy. We invite other funders to **contact us** to learn more about our grantees and our work ahead.

Authors

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Valerie Lewis is a philanthropic advisor and strategist who helps funders and organizations advance women's health, power, and self-determination. Drawing on a background in public health, policy, and Medicaid, Valerie is dedicated to shifting resources toward communities most impacted by systemic racism and discrimination, with a particular focus on maternal and reproductive health. She led Skyline Foundation's birth justice work from its inception in 2015 until 2022. She holds a Master of Public Health and a Master of Public Administration from Columbia University. Valerie is also the mother of two daughters, and her own experiences with the failures of the maternity care system continue to inform her commitment to birth justice.

Tanya Khemet Taiwo

A social justice activist, researcher, and midwife with over twenty-five years of experience, Tanya is dedicated to eliminating the disparities in maternal and infant health outcomes, expanding access to the midwifery model of care, and the field's ability to successfully reach those who need support most. Since 2022, Tanya has been the program lead for Skyline's Birth Justice program. She is a Certified Professional Midwife (CPM) and holds a Master of Public Health from San Jose State University and a PhD in Epidemiology from UC Davis. Born in Kingston, Jamaica, Tanya is the descendant of at least two generations of midwives and the mother of three beautiful daughters who were born at home into the hands of midwives.

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