MIDWIFERY SURVEY - KEY INSIGHTS

Aaru Lumen – Healthy Moms, Healthy Babies America

OCTOBER 2026

High-Level Overview of Key Takeaways

Respondents in this simulation are broadly receptive toward midwives, though many have not yet formed a strong opinion. Public support for midwifery care is most impacted by facts about safety and medical credentials, and a supermajority of respondents support the policy proposals outlined in this survey. Figures below are for the national audience (US adults) unless noted.

1. **Favorable but not yet firm:** 63% have a favorable impression of midwives, but only 19% are very favorable, and 27% have no opinion. Only 16% say they're very familiar with what midwives do. Most respondents (71%) link midwives to "care for mothers and babies," but they also link them to home births (42%) and natural birth (35%) more than to licensed providers (33%) or hospitals (25%).
2. **Safety is the main barrier to support, not image:** The top concerns about having a midwife as a primary medical provider are "a midwife could not handle an emergency" (27.9%) and "not enough medical training" (19.0%). Insurance coverage is next at 11.3%. "Old-fashioned" is a minor concern (3.5%).
3. **Credentials raise comfort levels:** Comfort with a midwife as the main birth provider starts at 51.1%. After respondents learn that midwives are licensed, board-certified and work alongside OB-GYNs, it rises to 64.0%, and discomfort falls from 35.6% to 26.3%. 61% would also consider a midwife for routine women's health care.
4. **Respondents find outcomes more persuasive than cost or international comparisons:**
    a. Learning about the US maternal death rate makes 61% more supportive, compared with 55% for learning that the safest countries use midwives.
    b. Fewer C-sections and preterm births is the top reason respondents give for making midwives standard care (42.2%), followed by OB-GYN shortages and birth unit closures (35.6%). Saving billions is last at 10%.
    c. A lower C-section rate is also what respondents would most often drive farther for (25%), just ahead of one team caring for mom and baby together (23%).
5. **Respondents trust doctors most; public figures far less:** 75% would trust OB-GYNs and other doctors to say whether a midwife is a good choice, compared with 54% for midwives and 50% for nurses. Celebrities, influencers and elected officials each get under 5%. Hearing from their own doctor is also the top confidence-builder (32%), followed by facts and data (26%).

6. **Strong support for policy changes:**

Proposal	Support	Oppose
State funding to train more midwives (rural focus)	75%	11%
Easier access to midwife care under state law	73.3%	12.7%
Midwives can practice without doctor supervision for healthy pregnancies	73%	15%
Equal pay rates from Medicaid and private insurance	68%	18%

7. **The 10 state audiences closely match the national results:** Favorability for midwifery care falls within about three points of the national figure in every state, from 60% in Oklahoma to 65% in Minnesota. Support for easier access ranges from about 71% (Missouri and Oklahoma) to 75% (Minnesota).

Crosstab Overview

Impressions of midwives are mostly favorable, and opposition stays low in every group. What really separates groups is whether respondents have an opinion at all, and that tends to track with life stage: respondents aged 25–44 are strongly favorable toward midwives. Across all 11 named audiences combined (the 10 states plus the national audience), 62% are favorable (18% very, 44% somewhat), 10% are unfavorable and 28% have no opinion. The 63% favorability figure on page 1 is for the national audience alone.

Key crosstab findings

- **Parents are favorable, and opposition is rare:** Nationally, 65% of parents view midwives favorably, and 90% are either favorable or have no opinion. Just 10% are unfavorable. Non-parents are similar, though somewhat more likely to be undecided: 60% are favorable and 30% have no opinion. Across both groups, the main barrier isn't opposition; many simply have yet to form a view.
- **Age follows an arc that peaks in the childbearing years:** Favorability is 84% among 25–34s and 86% among 35–44s, with about a third "very favorable." It drops to 53% among 55–64s and 28% among 65+, where 54% have no opinion. Respondents aged 65+ also have the highest unfavorable share (18%). The 18–24 group is mostly favorable (61%) but also has a large "no opinion" share (36%).
- **Younger adults worry about insurance, older adults about safety:** Emergency readiness is the most common single concern. Insurance coverage is the top concern among 18–24s (28.0%) and 25–34s (21.4%), but only 1.2% of those 65+ pick it. Emergency handling goes the other way, from 13.5% at 18–24 to 35.5% at 65+. Among those 65+, medical training (35.8%)

narrowly overtakes emergency handling as the top concern. "Not sure" is the second most common answer among 18–24s (20.4%).

- **Income is a factor:** Favorability is 84% at household incomes above $170K and 37% under $40K, where 48% have no opinion.

Expanded Executive Summary

Americans become more comfortable with midwives when they learn how modern midwifery works, but emergency readiness is the most common single concern.

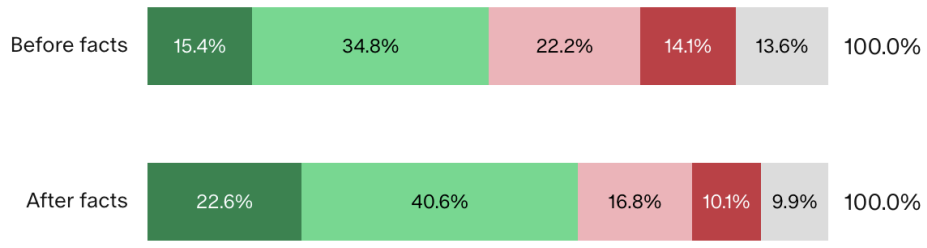
Public views of midwifery care reflect a lack of information rather than broad rejection. Baseline impressions lean favorable, while many adults know little about what midwives do. After a concise explanation of licensing, hospital practice, pain medication and physician backup, comfort with a midwife as the main pregnancy and birth provider rises from about half of respondents (50.1%) to a clear majority (63.2%) across all audiences combined.

Clinical facts move midwife comfort from about half of respondents to a clear majority

When respondents are provided with facts about midwifery care, there is a 13.1-percentage-point increase (all audiences combined) in reported comfort with midwives as a primary provider of care. Comfort rises across the national audience and selected states, although acceptance remains uneven by age.

Exhibit 1

Clinical facts lift midwife comfort from about half to nearly two-thirds



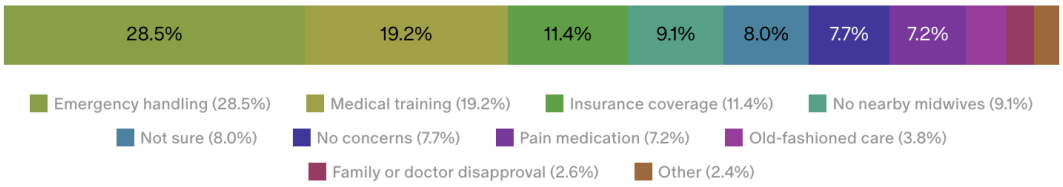
The same respondents were asked parallel comfort questions before and after receiving the factual description. The shift shows that specific information can change stated comfort. Exhibit 1 shows all 11 audiences combined. Its figures are rounded, so segments may not add exactly to the totals cited in the text.

Acceptance depends on answering the emergency question

Adults do not primarily reject midwives because the model feels old-fashioned. Their hesitation concentrates on whether a midwife can manage complications and whether midwives have enough medical training. Concerns about insurance and local availability matter, but each trails the clinical safety questions.

Exhibit 2

Emergency readiness is the most common single concern about midwife care



Emergency handling (28.5%) · Medical training (19.2%) · Insurance coverage (11.4%) · No nearby midwives (9.1%) · Not sure (8.0%) · No concerns (7.7%) · Pain medication (7.2%) · Old-fashioned care (3.8%) · Family or doctor disapproval (2.6%) · Other (2.4%)

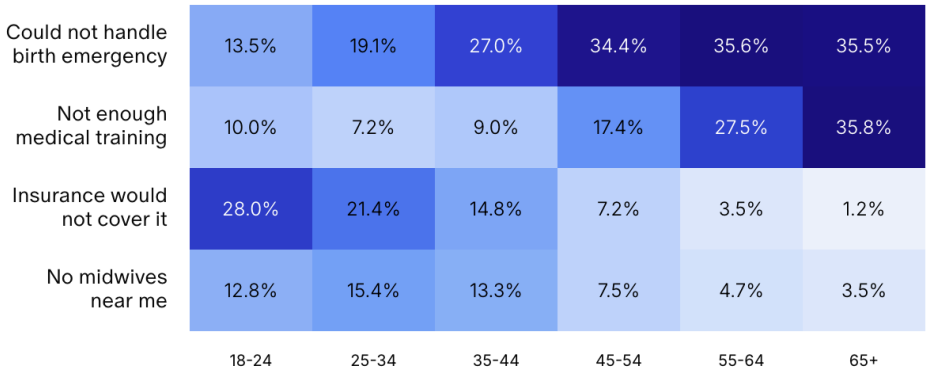
Source: All respondents selected their single biggest concern if they or a family member were considering a midwife.

Clinical capability occupies the first two positions: respondents most often prioritize whether a midwife could manage an emergency, followed by whether midwives have enough medical training. Insurance and nearby availability follow as practical concerns, though only narrowly ahead of "Not sure," "No concerns" and pain-medication responses. Because respondents named only one issue, the distribution ranks which concern takes precedence rather than measuring every concern each person holds. Exhibit 2 shows all 11 audiences combined.

Age changes that order. Younger adults place insurance and availability ahead of training, while adults in later life concentrate much more heavily on emergency handling and medical preparation. Concerns about affordability, proximity and clinical readiness therefore vary considerably by age.

Four leading pooled concerns, shown by age group

Insurance becomes the leading single concern among adults under 35

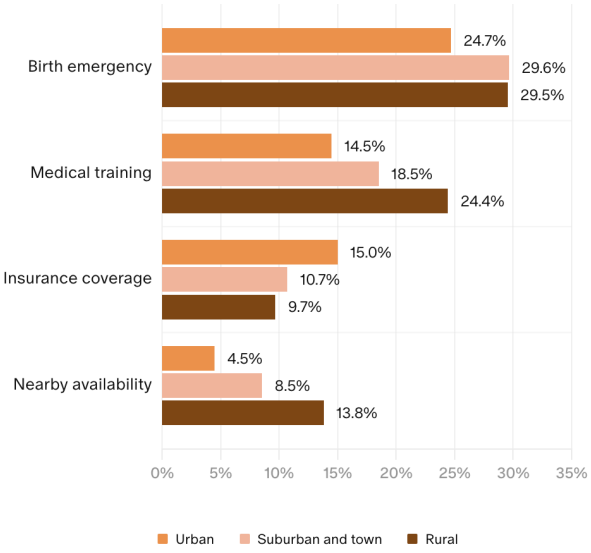


Source: Biggest-concern selections among all 25,000 respondents, split by six adult age groups; the empty under-18 bucket is omitted and each respondent selected one concern

Insurance coverage leads among adults ages 18-24 and 25-34, then falls sharply as age increases. Emergency handling leads among adults ages 35-64, while medical training narrowly takes first place among those age 65 and older. Among adults ages 18-24, "Not sure" (20.4%) is the second most common answer, ahead of every clinical concern; it is not shown in the chart. These age groups pool all audiences, and every respondent contributed one selection.

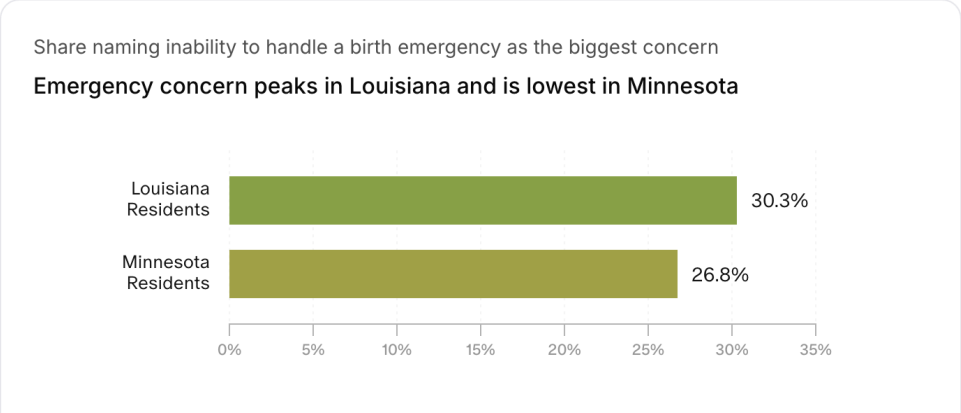
Leading concerns by location density

Rural respondents add nearby availability to safety concerns



Source: Biggest-concern selections among all respondents, split across urban, suburban and town, and rural

Rural respondents place more weight on both medical training and the absence of nearby midwives. Urban respondents are more likely to elevate insurance coverage, while nearby availability is less prominent for them. The buckets pool respondents across all audiences and retain the one-response denominator.



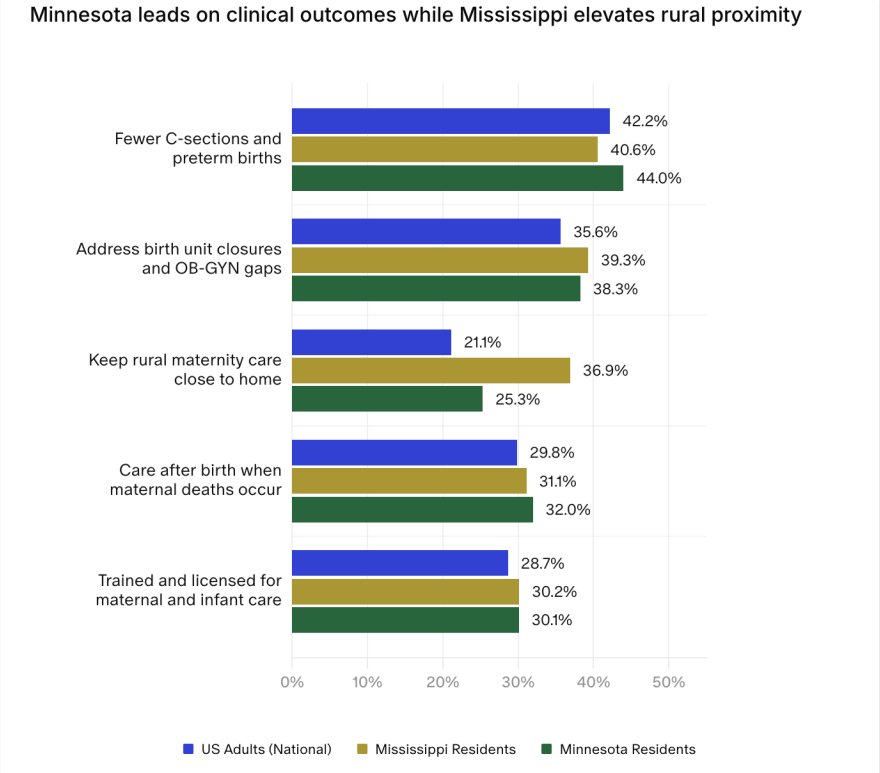
Louisiana residents record the highest emergency-concern share among the 11 named audiences (the 10 states plus the national audience), narrowly ahead of Mississippi, while Minnesota residents record the lowest. Emergency handling still ranks first in both audiences, so the state difference changes the intensity of the concern rather than the identity of the leading barrier. The comparison excludes the national audience and the other state results from the visual.

Clinicians are the most trusted sources

Adults most often say they would trust obstetricians and other doctors to judge whether a midwife is a good choice, with nurses and midwives forming the next tier. Learning from a doctor or another healthcare professional is also the leading way to improve confidence. Public figures and social media creators draw little trust for this decision.

Clinical outcomes lead as a reason to make midwives standard care, while rural access resonates more in Mississippi

Nationally, the reason respondents most often choose is that midwife patients have fewer C-sections and preterm births. Mississippi residents give substantially more weight than the national audience to keeping maternity care close to home in rural areas, while differing less on the broader concern about birth unit closures and counties without an obstetrician-gynecologist. Cost savings ranks last among the reasons tested.



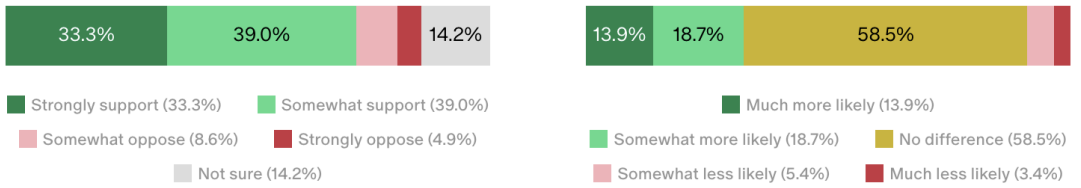
Improved clinical outcomes are the reason cited most often across most audiences. Minnesota residents select fewer C-sections and preterm births most often among the three groups shown and stay closest to the national pattern. Because respondents could select several reasons, each percentage represents the share choosing that specific reason, and the categories should not be added as parts of a whole.

General public support for making midwifery care easier to access is stronger than electoral motivation

Adults broadly support changing state law to make midwife care easier to obtain, and support extends across the national and state audiences. Support for the policy does not necessarily translate into voting behavior, however: most respondents say a supportive candidate would make no difference to their vote. Exhibit 3 shows all 11 audiences combined.

Exhibit 3

Policy support is broad, but most respondents say a supportive candidate would make no difference to their vote

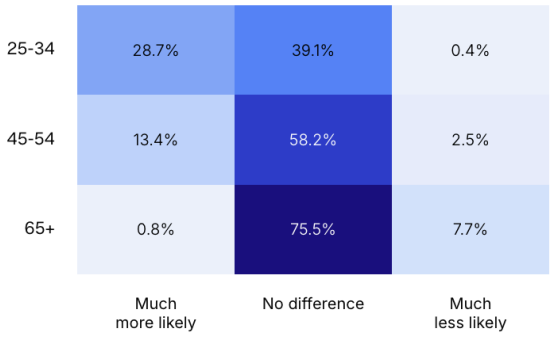


Source: All respondents indicated support for state laws that make midwife care easier to obtain. Only voting-eligible respondents reported whether a candidate supporting standard midwifery care would change their vote likelihood.

Age makes a difference here. Younger respondents are more likely to say a candidate's support for midwifery care would affect their vote, while indifference is strongest among adults 65 and older.

Selected response shares among respondents

Electoral neutrality expands sharply with age



Taken together, the results show broad but still-forming support for midwifery care. Respondents become more comfortable once they learn how midwives are trained and work alongside physicians, improved clinical outcomes are the reason they cite most often, and doctors are the sources they trust most.

Methodology

Aaru is an AI behavioral simulation platform that builds synthetic populations ("agents") designed to mirror the demographic and behavioral makeup of a target audience. These populations draw on sources such as U.S. Census Bureau microdata and licensed behavioral data. Each agent answers the full questionnaire as a whole, so its answers stay consistent with one another and are not influenced by question order. Throughout this report, "respondents" refers to these simulated agents. Aaru reports that in its latest validation study, which covered nearly 3,000 questions across 186 published studies, its results correlated at 0.97 with published results.

This simulation was conducted in October 2026 for Healthy Moms, Healthy Babies America. It modeled 25,000 agents across 11 audiences: a national audience of 5,000 U.S. adults and 2,000 residents each of Arkansas, Indiana, Kansas, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Oklahoma and Tennessee. The 24-question instrument covered familiarity with and impressions of midwives, concerns, reactions to factual information, trusted sources, and support for policy changes and candidates. National figures reflect the 5,000-agent national audience. Figures labeled "all audiences combined" pool all 25,000 agents, so they lean toward the profile of the ten states rather than the nation as a whole.