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Midwives as abortion care providers: Evidence from a National Survey of Early Career U.S. Midwives☆,☆☆

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ABSTRACT

Objectives: To examine early-career U.S. midwives' involvement in abortion care provision.
Study design: We analyzed data from a 2024 national survey of certified nurse-midwives and certified midwives within five years of certification, assessing self-reported abortion care provision.
Results: Overall, 18.8% of respondents reported providing abortion care; among those practicing in states where abortion is legal and permitted under licensure, 26.0% reported providing abortion care. Provision varied by policy context and provider characteristics.
Conclusions: Early-career midwives contribute to abortion care in the United States.
Implications: Findings inform understanding of the abortion care workforce.
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1. Introduction

Abortion care provided by midwives, who were among the first abortion providers in the United States [1], is safe and effective [2] and supported by major professional organizations and the National Academies of Science, Engineering, and Medicine. [2–4] However, legislative mandates can restrict this practice and have produced a patchwork of states across the US where certified nurse-midwives (CNMs) and certified midwives (CMs) can legally provide abortion care. In 25 of the 33 states (including Washington, D.C.) where abortion remains legal after six weeks post-Dobbs, CNMs/CMs are explicitly authorized, or not explicitly prohibited, from providing abortion care within their professional scope of practice; in two of these states this authorization is limited to medication abortion (Fig. 1). [5–7] Even where CNM/CMs are authorized to provide abortion care, their specific contributions remain largely invisible in national abortion surveillance systems and research.

National surveillance efforts have generally focused on high-volume providers, dedicated clinic settings, or privately insured care [8,9], likely underestimating midwifery care in hospitals, private practices, or at lower volumes. Further, across settings, there has been limited attention to the profession of those providing abortion care, with research primarily focusing on the role of physicians or advanced practice clinicians generally. [10–12] A 2020 scoping review of the role of CNMs/CMs in abortion care found few US-based studies. [13] Studies that specifically identify CNMs/CMs' involvement in abortion care have been generally limited to individual states or health care settings.

Accurate data on the role of CNMs/CMs as abortion providers is essential for characterizing the landscape of abortion provision in the US. Examining CNMs/CMs as a distinct provider group provides a clearer picture of their role in abortion care and offers critical insights into how scope of practice laws, institutional practice contexts, and provider characteristics may shape access to abortion care. To address this gap, this study presents the first national examination of CNMs/CMs' involvement in abortion care, focusing on the experiences of early-career CNMs/CMs.

2. Materials and methods

In 2024, we conducted a national, cross-sectional, online survey of CNMs/CMs who received their American Midwifery Certification Board (AMCB) certification between 2019 and 2024 ($n = 4117$). The Strategies to Improve Midwifery Preceptorship & Learning Experiences (SIMPLE) Survey was designed to study recent clinical education experiences among early career midwives and aspects of their current practice. The protocol was approved by the AMCB and

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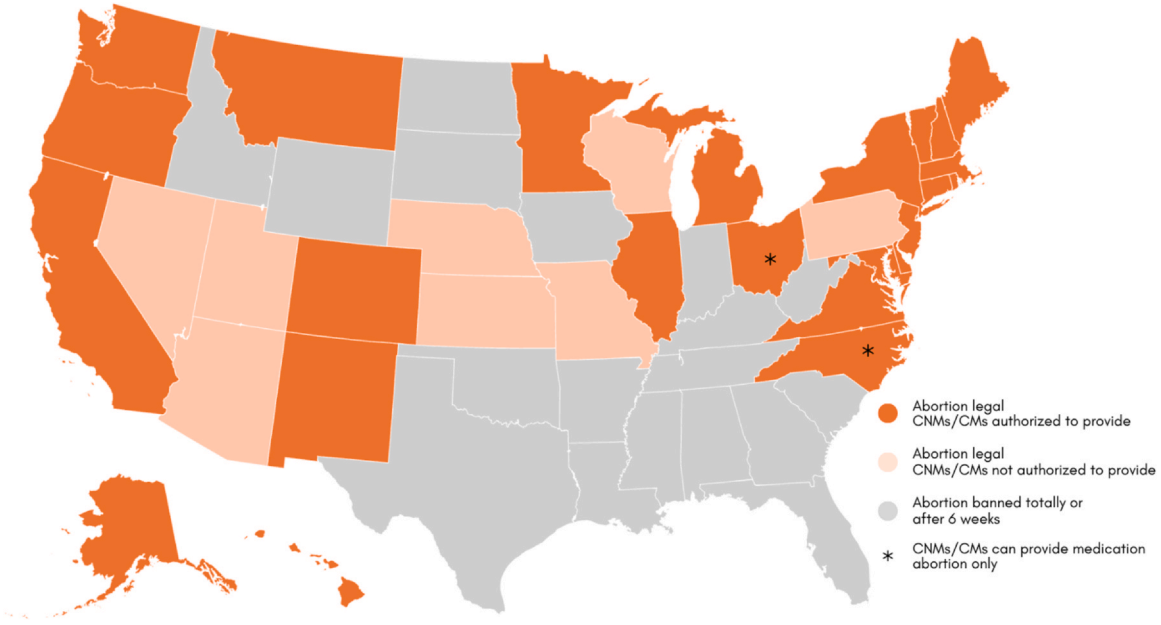


Fig. 1. State Laws Governing Provision of Abortion by Certified Nurse-Midwives or Certified Midwives, by State Abortion Legality, 2026.

required written consent. Data collection yielded 640 complete surveys (response rate: 16%). Respondents selected applicable clinical domains; "abortion care" (self-defined) was the primary outcome (analytic $n = 634$).

We estimated the proportion of CNMs/CMs providing abortion care provision overall and specifically among the 400 CNMs/CMs practicing in the 24 states and Washington, D.C., where CNMs/CMs are licensed to provide abortion. Within this subgroup, we examined variation in abortion care across practice characteristics and individual sociodemographic factors. We identified states where CNMs/CMs have independent practice and prescriptive authority and assessed variation in abortion care across policy environments.

Analyses included descriptive statistics and bivariate comparisons. Each outcome was calculated using all applicable available responses. Analytic sample sizes, therefore, differ across estimates. The study was approved by the Rutgers University Institutional Review Board.

3. Results

Overall, 18.8% of early-career CNMs/CMs ($n = 119$ of 634 respondents) reported providing abortion care. (See Table 1). Among those practicing in states where abortion is legal and permitted under CNMs/CMs' licensure, 26.0% ($n = 104/400$) reported providing abortion care. Provision varied significantly by state policy context; CNMs/CMs in states with independent practice and prescriptive authority were more likely to provide abortion care than those in more restrictive states (32.2% vs. 14.8%, $p < .001$).

Provider identity also shaped provision. Early career CNMs/CMs identifying as straight were slightly less than half as likely to provide

Table 1
Percentage of early career midwives providing abortion care, by state policy and provider characteristics, Strategies to Improve Midwifery Preceptorship & Learning Experiences Survey, 2024

	n	% Providing Abortion Care	95% CI	
Overall ($N = 634$)	119	18.8	(15.9–22.0)	
24 +DC legal states ($N = 400$)	104	26.0	(21.9–30.5)	
Provision of Abortion Care in States where Abortion is Legal and Midwives can Provide Abortions ($N = 400$)				
	n	% Providing Abortion Care	95% CI	Chi-Square
State Policies: Independent Practice and Prescriptive Authority ($n = 400$)				$p < 0.001$
Yes	83	32.2	(26.7–38.1)	
No	21	14.8	(9.8–21.6)	
Sexual Orientation ($n = 396$)				$p < 0.001$
Straight	65	21.4	(17.1–26.4)	
Not Straight	39	42.4	(32.7–52.7)	
Religion ($n = 399$)				$p < 0.001$
Christian	23	13.5	(9.1–19.4)	
None or Other	81	35.5	(29.6–42.0)	
Race/Ethnicity ($n = 397$)				0.798
Non-Hispanic White	78	26.5	(21.8–31.9)	
Hispanic/Black/Other	26	25.2	(17.8–34.5)	
Age (n = 399)				0.590
< 35	46	25.3	(19.5–32.1)	
35–44	43	28.7	(22.0–36.4)	
45 +	15	22.4	(14.0–33.9)	

abortion care as those reporting other sexual identities (21.4% vs. 42.4%, $p < .001$). CNMs/CMs identifying as Christian were significantly less likely to provide abortion care than those reporting other or no religious affiliation (13.5% vs. 35.5%, $p < .001$). No differences were observed by race, ethnicity, or age.

Most early-career CNMs/CMs providing abortion care did so outside traditional family planning clinics: only 7.8% practiced in dedicated family planning clinics, compared with 56.3% practiced in hospitals, 28.2% in private practices, and 7.8% in community health centers(results not shown).

4. Discussion

This study provides new insight into CNMs/CMs' participation in abortion care and the multi-level factors influencing their involvement. Abortion provision by early career CNMs/CMs varies by policy environment, practice setting, and provider identity, highlighting both structural and individual-level barriers and facilitators shaping midwifery involvement in abortion care. There are 8 states with physician-only abortion laws that do not ban abortion after 6 weeks; liberalizing these practice restrictions could expand access by allowing CNMs/CMs and other advanced practice clinicians to provide evidence-based abortion care. Ongoing professional, advocacy, and training efforts may further expand the abortion care workforce. [14] To ensure accurate surveillance and workforce planning, national data collection could make more sustained efforts to accurately capture the full range of providers, especially in hospitals and private practice, where CNMs/CMs are most likely to provide this care.

Several limitations should be considered when interpreting these findings. First, the term "abortion care" lacks a standardized definition and may have been interpreted to include counseling, referrals, miscarriage management, or follow-up care in addition to direct provision, underscoring the need for future research that disaggregates direct abortion provision from other abortion-related care. Second, abortion care is self-reported and may be biased, depending on institutional culture, legal context, or personal comfort with disclosure. Third, the unweighted sample raises the possibility of selection bias, limiting the generalizability of findings beyond survey respondents. Fourth, we did not measure abortion volume, limiting estimates of CNMs/CMs' national contribution. Finally, since the survey is limited to early-career CNMs/CMs by design, it may not represent the full range of practice patterns across the profession.

Further research is needed using consistent and more detailed definitions of abortion care, broader samples across career stages and legal contexts, and service-volume measures. Despite these constraints, this study provides the first systematic assessment of U.S. CNMs/CMs' contributions to abortion care and establishes a critical foundation for subsequent research. Early-career CNMs/CMs represent the future abortion care workforce. Interventions and policy changes that address scope-of-practice laws, institutional constraints, and abortion stigma during training and early employment may greatly enhance their ability and willingness to provide this care.

CRediT authorship contribution statement

Julie Blumenfeld: Writing – review and editing, Methodology, Funding acquisition, Conceptualization. **Lindberg Laura:** Writing – original draft, Visualization, Methodology, Formal analysis, Conceptualization. **Amy Alspaugh:** Writing – review and editing, Visualization, Methodology, Conceptualization.

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References

[1] Ross LJ. African-American women and abortion: a neglected history. J Health Care Poor Underserved 1992;3:274–84. https://doi.org/10.1353/hpu.2010.0241
[2] National Academies of Sciences E and M, Division H and M, Services B on HC, et al. The Safety and Quality of Abortion Care in the United States. Washington, D.C: National Academies Press; 2018.
[3] Issue Brief: Advanced Practice Clinicians and Abortion Care Provision n.d. https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-advanced-practice-clinicians-and-abortion-care-provision (accessed December 2, 2025).
[4] American College of Nurse-Midwives. Access to Comprehensive Sexual and Reproductive Health Care Services 2023.
[5] Advancing Scope of Practice to Include Abortion Care. AP Toolkit n.d. https://aptoolkit.org/advancing-scope-of-practice-to-include-abortion-care/ (accessed November 17, 2025).
[6] Guttmacher Institute. Interactive Map: US Abortion Policies and Access After Roe n.d. https://states.guttmacher.org/policies/ (accessed April 7, 2026).
[7] Kan. Stat. Ann. § 65-28b10 (Independent Practice of Midwifery Act) (2017).
[8] Jones RK, Kirstein M, Philbin J. Abortion incidence and service availability in the United States, 2020. Perspect Sex Reprod Health 2022;54:128–41. https://doi.org/10.1363/psrh.12215
[9] Strasser J, Schenk E, Das K, et al. Workforce Providing Abortion Care and Management of Pregnancy Loss in the US. JAMA Intern Med 2022;182:558–9. https://doi.org/10.1001/jamainternmed.2022.0223
[10] Jones RK, Ingerick M, Jerman J. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. Womens Health Issues 2018;28:212–8. https://doi.org/10.1016/j.whi.2017.12.003
[11] Sagar K, Rego E, Malhotra R, et al. Abortion providers in the United States: expanding beyond obstetrics and gynecology. AJOG Glob Rep 2023;3:100186. https://doi.org/10.1016/j.xagr.2023.100186
[12] Desai S, Jones RK, Castle K. Estimating abortion provision and abortion referrals among United States obstetrician-gynecologists in private practice. Contraception 2018;97:297–302. https://doi.org/10.1016/j.contraception.2017.11.004
[13] Mainey L, O'Mullan C, Reid-Searl K, et al. The role of nurses and midwives in the provision of abortion care: a scoping review. J Clin Nurs 2020;29:1513–26. https://doi.org/10.1111/jocn.15218
[14] Quinones N, Auerbach S, Lanshaw N, et al. Educating Midwives as Abortion Providers: Implementing Innovative Models for Standardized Training in Abortion Care. J Midwifery Womens Health 2026;71:255–63. https://doi.org/10.1111/jmwh.70043