AMERICAN COLLEGE of NURSE-MIDWIVES

POSITION STATEMENT

Social Justice in Midwifery Care

Introduction

Social justice is a foundational principle of midwifery care. As midwives, we are called to care for individuals and address the broader social, political, economic, and environmental conditions that shape their health and well-being. This requires confronting systemic injustices and embracing a holistic approach to care that honors diverse identities and lived experiences.
The American College of Nurse-Midwives (ACNM) affirms the following:

- ACNM supports the human rights and dignity of all people by respecting their civil rights and providing support for individual choices and decision-making.
- Structural racism is a root cause of health disparities, and the effects of racism, coupled with the inherent benefits of white privilege, must be addressed in midwifery education and practice.
- To reduce health disparities, actions must be centered on the identified needs and desires of affected community members.
- Midwifery is a profession that promotes activism and supports opportunities for collective social action.
- Clean air, safe water, livable housing, access to health care and climate-resilient infrastructure are essential human rights rooted in justice and dignity.

Commitment to Social Justice

ACNM upholds the dignity and worth of every individual, supporting their right to make informed choices about their health, including reproductive and family planning decisions. ACNM acknowledges that racism, ethnic discrimination, and religious bias, both past and present, have profoundly impacted health outcomes.[1] These inequities are further intensified by white privilege and the predominance of Eurocentric models in health care systems. Structural racism—defined as the interaction of social forces, institutions, ideologies, and processes reinforcing inequities—is a root cause of health disparities.[2,3] Recognizing the intersectionality of identity, we are committed to addressing the complex realities that affect individuals who live at the intersection of multiple identities, including race, gender, sexuality, socioeconomic status, disability, immigration status, age, religion, and geographic location. Centering the voices and leadership of communities that have been historically excluded is vital to achieving meaningful equity.

Background

Social justice is a concept that involves the equitable distribution of resources, enabling all individuals to be physically, emotionally, and psychologically secure.[4] However, this vision is far from realized. Racism and ethnic discrimination continue to drive stark disparities in perinatal outcomes in the United States, especially among Black and Indigenous people.[2] Religious minorities are often subjected to bias in health care, and individuals who are transgender or gender-expansive encounter invalidation and harm in clinical settings. Disabled people face inaccessibility and systemic neglect, while immigrants may avoid care due to fear and discrimination. Economic injustice restricts access to essential services, including health care, housing, and food, particularly in rural areas. Incarcerated people, especially women of color, are subjected to reproductive coercion and inadequate care. These forms of oppression are not just contemporary; they stem from legacies of slavery, colonization, forced sterilization, and systemic neglect. Addressing these intergenerational wounds requires collective, community-informed healing and a commitment to accountability.

Midwifery's Role in Advancing Social Justice

Midwives recognize that structural forces fundamentally shape the well-being of families in their care. Through a social justice lens, midwives are positioned to offer trauma-informed, culturally respectful care that supports birth equity, challenges implicit bias, and builds trust with marginalized communities. Midwifery inherently encompasses advocacy, education, and activism aimed at dismantling inequitable systems. It calls for engaging with community wisdom, addressing institutional barriers, and promoting policies that uphold the principles of healing justice. This approach aligns with ACNM's Philosophy of Midwifery, which affirms that every person has a right to equitable, ethical, and accessible health care that promotes healing and health, and respects human dignity, individuality, and diversity.[5]

Environmental Injustice and Maternal Health: A Call for Social Justice

Environmental injustice and climate disruption are not merely ecological crises but urgent social justice issues that profoundly affect maternal health. Communities of color, Indigenous populations, low-income families, rural residents, and those in climate-vulnerable areas bear disproportionate exposure to environmental hazards, such as polluted air, contaminated water, substandard housing, and extreme heat, rooted in structural racism, redlining, and policy neglect.[6,7] These compounded exposures contribute to higher rates of preterm birth, low birth weight, stillbirth, and pregnancy-related complications. Even moderate heat exposure during pregnancy is associated with an increased risk of stillbirth and other obstetric complications. In contrast, extreme heat significantly elevates the likelihood of maternal hospitalizations and

severe morbidity and mortality, with Black women experiencing nearly double the risk during late-pregnancy heat exposure.[8,9]

Moreover, climate-related stressors, such as natural disasters, wildfires, and extreme weather events, interfere with access to prenatal and postpartum care, worsen perinatal mental health, and weaken fragile systems in maternity care deserts. Wildfire smoke exposure during pregnancy has been directly linked to preterm birth, low birth weight, and stillbirth, while extreme heat increases risks of dehydration, hypertensive disorders, and birth anomalies. [10,11,12]
This intersection of environmental and reproductive injustice underscores how social hierarchies systematically devalue marginalized lives. Realizing maternal health equity demands recognizing that clean air, safe water, livable housing, and climate-resilient infrastructure are not optional; they are essential human rights rooted in justice and dignity.[13]

Conclusion

Social justice is not a static goal but a lifelong practice of equity, compassion, and transformation. ACNM is dedicated to dismantling structural oppression, amplifying the voices of marginalized individuals, and fostering a health care system that empowers all individuals and communities to thrive. We invite midwives, health care professionals, and partner institutions to join us in this commitment, ensuring that midwifery remains a force for justice, dignity, empowerment, and healing.

REFERENCES

1. Gee GC, Morey BN, Bacong AM, Doan TT, Penaia CS. Considerations of racism and data equity among Asian Americans, Native Hawaiians, and Pacific Islanders in the context of COVID-19. *Curr Epidemiol Rep*. 2022;9(2):77-86. doi:10.1007/s40471-022-00283-y

2. Hailu EM, Maddali SR, Snowden JM, Carmichael SL, Mujahid MS. Structural racism and adverse maternal health outcomes: A systematic review. *Health Place*. 2022;78:102923. doi:10.1016/j.healthplace.2022.102923

3. Minehart RD, Bryant AS, Jackson J, Daly JL. Racial/ethnic inequities in pregnancy-related morbidity and mortality. *Obstet Gynecol Clin North Am*. 2021;48(1):31-51. doi:10.1016/j.ogc.2020.11.005

4. Adams M, Bell LA. *Teaching for Diversity and Social Justice*. 4th ed. Routledge; 2023.

5. American College of Nurse-Midwives. Philosophy of midwifery. 2023. https://midwife.org/wp-content/uploads/2024/10/American-College-of-Nurse-Midwives-Philosophy-of-Midwifery.pdf Accessed July 2025.

6. American Public Health Association. *Addressing Environmental Justice to Achieve Maternal and Child Health Equity*. APHA; 2021.

7. Donley N, Johnston J, Hathaway S, Roberts JR. Environmental injustice and maternal and child health in the United States. *Environ Health*. 2022;21(1):21. doi:10.1186/s12940-022-00852-5

8. Bekkar B, Pacheco S, Basu R, DeNicola N. Association of air pollution and heat exposure with preterm birth, low birth weight, and stillbirth in the US: A systematic review. *JAMA Netw Open*. 2020;3(6):e208243. doi:10.1001/jamanetworkopen.2020.8243

9. Van Zutphen AR, Lin S, Fletcher BA, Hwang S-A. The association between extreme heat and adverse birth outcomes in a large, diverse U.S. cohort. *Environ Health Perspect*. 2021;129(4):047002. doi:10.1289/EHP8890

10. Climate Central. *Climate Change Is Increasing Pregnancy Heat-Risk Days*. Climate Central; 2025.

11. DeNicola N. Extreme heat threatens unborn babies. *Wired*. August 2024.

12. Rudolph L, Gould S, Berko J, Brunkard J. *Climate Change, Health, and Equity: A Guide for Local Health Departments*. Public Health Institute and American Public Health Association; 2018.

13. American Public Health Association; World Health Organization. *Ready, set, implement: Addressing the Impacts of Climate Change on Maternal, Newborn, and Child Health*. APHA; 2025.

Note: Midwifery and midwives as used throughout this document refer to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

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