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CHIP Title: Improving birth outcomes through Midwife workforce expansion.

Project Description:

The aim of this project was to assess the strengths and limitations of student teaching for midwife-led clinical practices in California through an anonymous survey. Decades of research shows that midwives dramatically decrease maternal and fetal morbidity and mortality in labor and postpartum. As of 2020, in the US there are approximately 4 midwives per every 1,000 live births. According to the American College of Nurse Midwives, to be on par with other high-income countries with better outcomes, we need to aim for a minimum of 25 midwives per 1000 live births, a gap of 80,000 midwife providers. Unfortunately, expansion is bottlenecked by the small number of clinical sites and trained midwives who teach/ precept midwifery students. Advanced practice providers, in particular midwives, can help bridge the care gap by providing gynecological care through the lifetime and obstetrical care to birthing persons. The survey aimed to identify strategic ways to address the preceptor shortage and understand the tools that midwives are already utilizing in teaching future generations of midwives.

Key Findings and Lessons Learned:

The Qualtrics survey was sent out in May 2023 to 76 midwifery practice leaders in California. A total of 22 persons completed the survey; of these, 17 sites provided clinical training for midwifery students in the prior year. The mean number of midwives at a clinical site was 11.35 and 47% of the sites took between 0-3 students per year. Only 2 sites (12%) took 9-12 students per year. Strengths listed by the sites included diverse client population, commitment to midwifery diversity, site support for the midwifery care model and the promotion of a teaching culture. Top barriers were lack of reimbursement, demanding clinical schedule and the requirement that midwives teach medical residents (thus reducing their capacity to teach midwives). The compiled data supports a well-known issue: there is no state or federal funding to support training of advanced level nursing providers. Midwives who teach receive no additional time or monetary compensation for this work – it is a labor of love, but like much female labor, not recognized or compensated.

Next Steps:

Of the 22 participants, 15 volunteered to do follow-up interviews. I will collaborate with the California Nurse Midwives Association and California State University East Bay to interview those volunteers as well as recruit additional preceptors throughout the state for interviews. We are currently undergoing the IRB approval process before starting the interviews. We plan to complete interviews by September 2024 and subsequently publish. This body of work can help us advocate for increased funding for nurse midwifery education on a state and federal level.