



# Building a Maternal Workforce that Serves our Communities

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# Topics of discussion

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- Current Status of Midwifery in California
- Midwifery and Maternal Outcomes in California
- Advancing the Midwifery workforce



# Current Status of Midwifery in California

- A midwife is a primary health care professional who specializes in care of women from puberty through postmenopausal years, with particular focus on women's reproductive health, prenatal, childbirth, postpartum, and newborn care.
- Different pathways to becoming a midwife –
  - Certified nurse midwives (CNM)
  - Certified midwives (CM)
  - Licensed midwives (LM)
  - Certified professional midwife (CPM)

# Current Status of Midwifery in California

- **Certified Nurse Midwives** – nursing background, master's or doctorate prepared, certified by American Midwifery Certification Board (AMCB), governed by the American college nurse Midwives (ACNM), licensing by the board of registered nursing (BRN)
- **Certified Midwives** – no nursing background, master's or doctorate prepared, certified by AMCB, governed by the ACNM, licensing by the BRN
- **Certified Professional Midwives** – education at Midwifery Education Accreditation Council (MEAC). Certification by North American Registry of Midwives (NARM).
- **Licensed Midwives** – 3-year program of supervised midwifery clinical training at approved midwifery school. Licensing by the medical board.
- CNMs and CMs can have hospital privileges, while CPMs and LMs deliver outside the hospital (free standing birth centers and home)



# Role of Midwives



- Midwifery emphasizes a holistic approach to care, addressing physical, psychological, and social aspects of maternity care; collaborating with the woman, her family, her community and other health care professionals to provide comprehensive care.
- Midwives provide essential prenatal care, monitoring the health of mothers and babies throughout pregnancy.
- Midwifery care involves assisting women during labor and birth process, ensuring a safe and supportive environment for both mother and baby.
- Midwives provide postnatal care, supporting mothers and providing newborn care after childbirth.
- Midwives provide personalized support and education tailored to the needs of each mother, promoting informed decision-making and comfort.
- Midwives are trained to recognize and manage complications, ensuring the safety of both the mother and child.

# Current Status of Midwifery in California<sup>6</sup>

- There are 458 LMs and 1160 NMs in California
- Majority of midwives in California are White. Approximately 12% of LMs and 10% on NMs are Latin/x, while 4% of LMs and 6% of NMs are black.
- Approximately 78.6% of LMs and 75.8% of NMs are currently practicing midwifery.
- In total there are approximately 1,225 practicing midwives in California (30 midwives per 10,000 births)
- 91% of births are attended by physicians, 8% by NMs, and <1% by LMs
- While midwives can attend births in multiple settings (hospitals, birth centers and homes), 80% of births attended by midwives occur in the hospital setting

The number of midwives per  
10,000 births varies by region

Northern Sierra 83.8

Greater Bay area 54.9

Central Coast 42.6

Sacramento 31.7

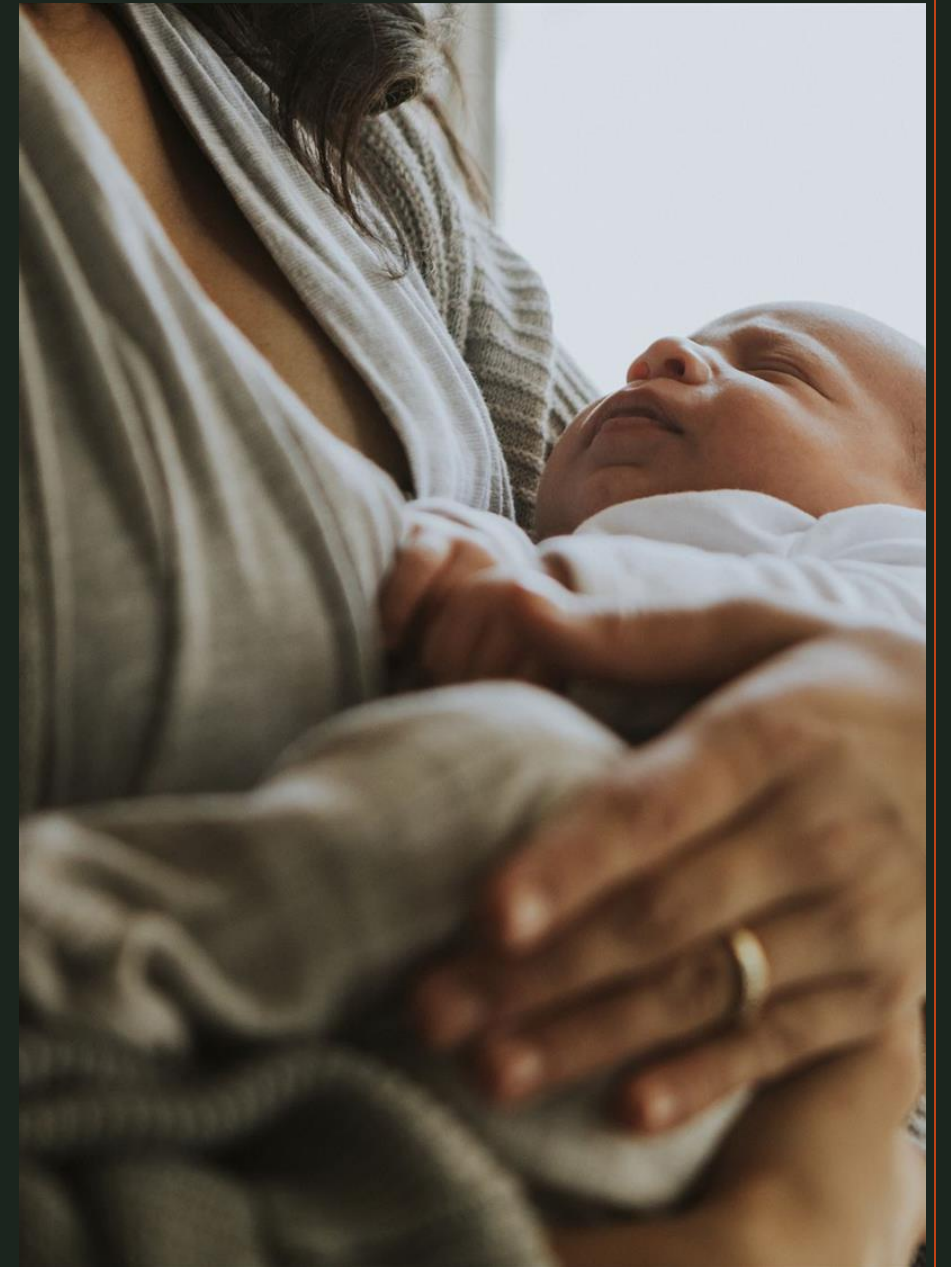
Orange County 32.6

San Diego 36.4

San Joaquin Valley 11.3

Los Angeles County 17.6

Inland Empire 11.3



# Birth Outcomes

- Birth outcomes encompass the health results of mothers and babies during critical periods of late pregnancy, labor, and delivery.
- Birth outcome measures include:
  - Maternal death
  - Neonatal death
  - Cesarean section
  - NTSV Cesarean birth
  - VBAC rates
  - Unexpected fetal complications
  - Preterm birth/low birth weight
  - Maternal morbidity – PPH, Pre-Eclampsia



# Birth Outcomes

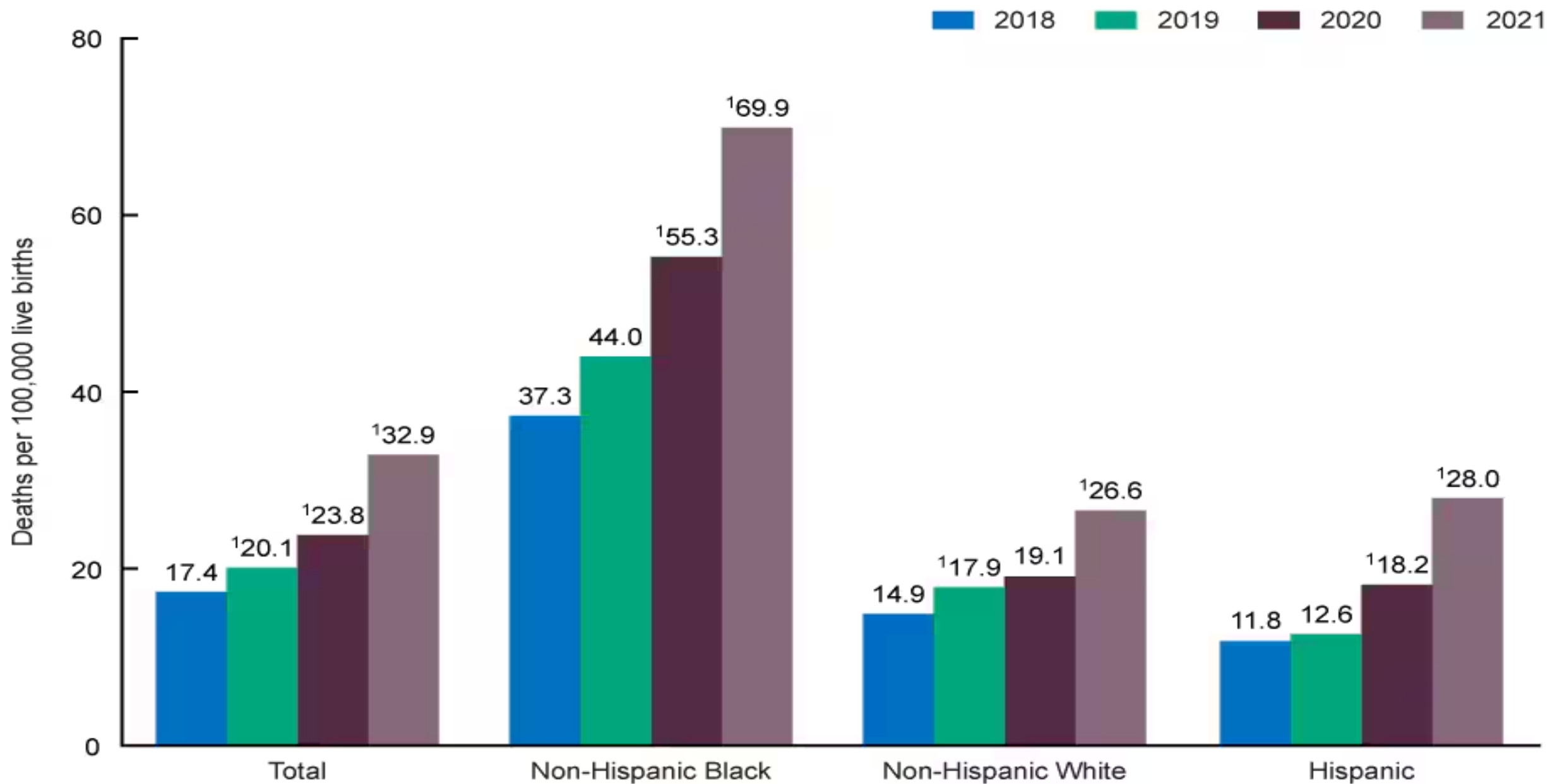
- There are significant disparities in birth outcomes between ethnic minority women and their White counterparts, especially African American women

According to the CDPH...

- Black mothers are nearly 4 times more likely than White mothers to die from pregnancy-related causes.
- Black women are at a 1.7 times higher risk of having a preterm birth when compared to White women.
- Black babies are 2 times more likely than White babies to die before their first birthday

# Factors that contribute to disparities in birth outcomes include:

- Health of the mother significantly impacts perinatal outcomes, affecting both the mother and baby during and after birth.
- Socioeconomic status influences access to resources and healthcare, impacting the overall health of both mother and child.
- Access to quality prenatal and postnatal care is crucial for positive perinatal outcomes, ensuring proper support and resources.
- The type of healthcare provider can affect the care experience.
- Midwives provide personalized care and continuous support. Midwifery care has been associated with better birth outcomes (Fikre, Gubbels, Teklesilasie & Gerards , 2023)



<sup>1</sup>Statistically significant increase from previous year ( $p < 0.05$ ).

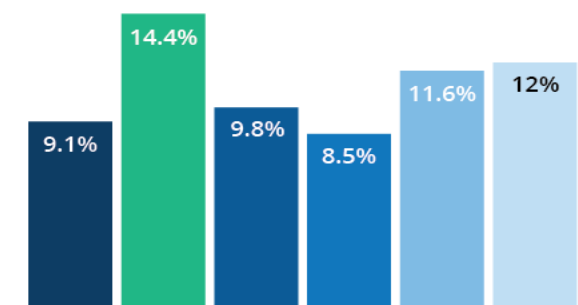
NOTE: Race groups are single race.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality

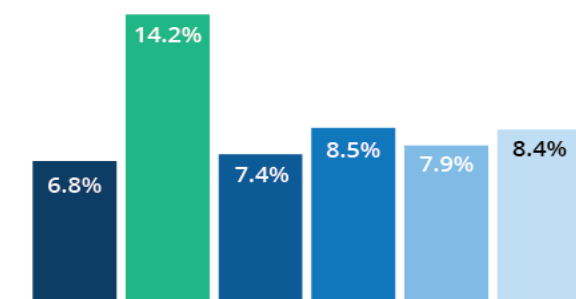
# A Look at Key Maternal and Infant Health Disparities Among Black People

● White ● Black ● Hispanic ● Asian ● AIAN ● NHOPI

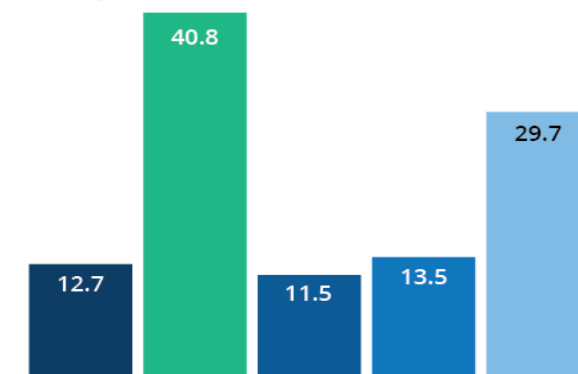
Preterm Births, 2020



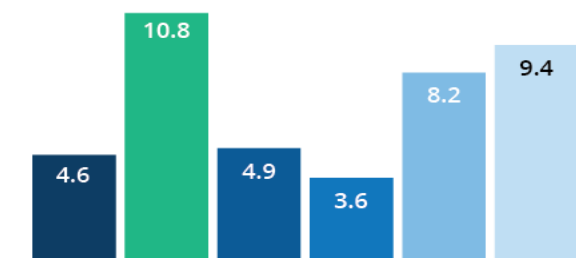
Babies Born Low Birthweight, 2020



Pregnancy-Related Mortality  
(per 100,000 births), 2007-2016



Infant Mortality (per 1,000 live births), 2018

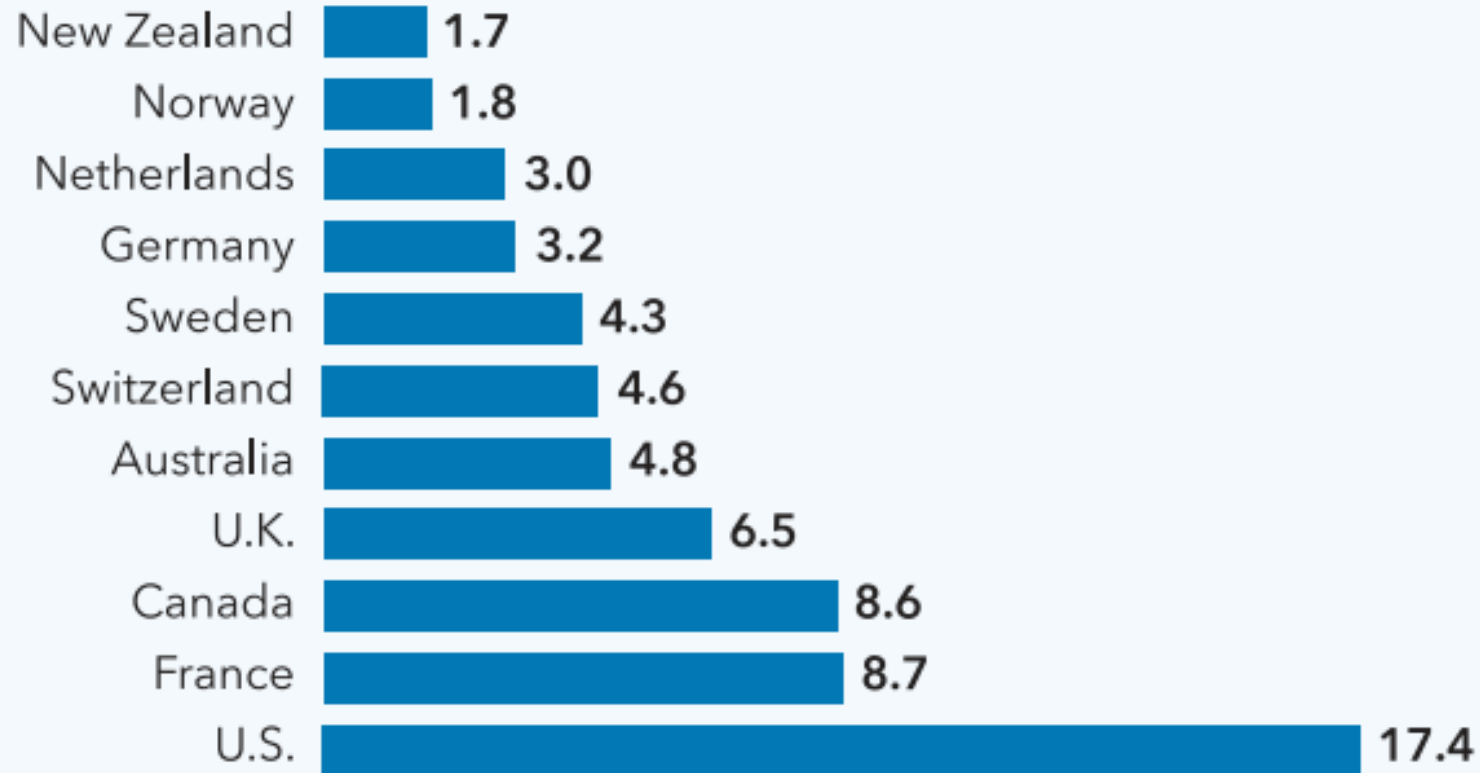


NOTE: AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander.

SOURCE: Original source information and data available at [www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-health-status-outcomes-and-behaviors/](https://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-health-status-outcomes-and-behaviors/)

**KFF**

## U.S. Maternal Mortality Rate vs. Other High-Income Countries, Per 100,000\*

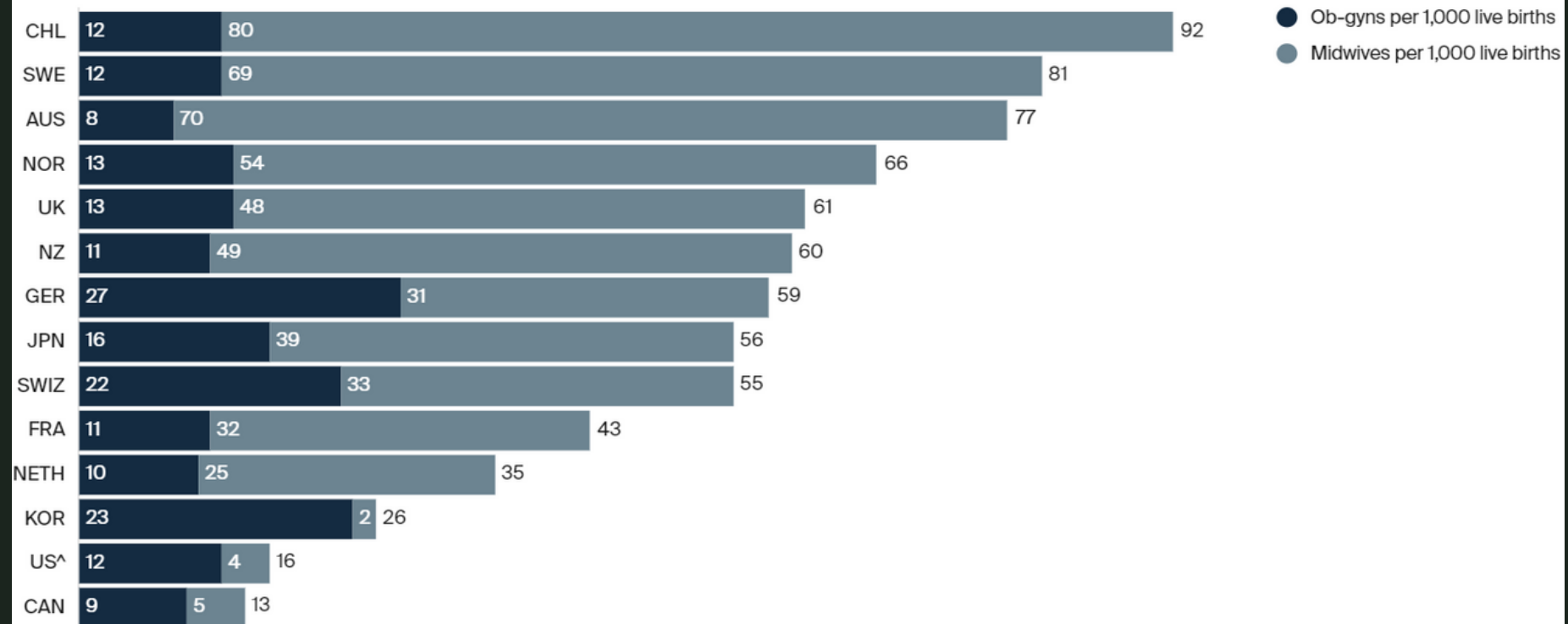


\*2020 Commonwealth analysis, 2018 or latest year



# The U.S. and Canada continue to have the lowest supplies of midwives and ob-gyns.

Number of providers (head counts) per 1,000 live births\*



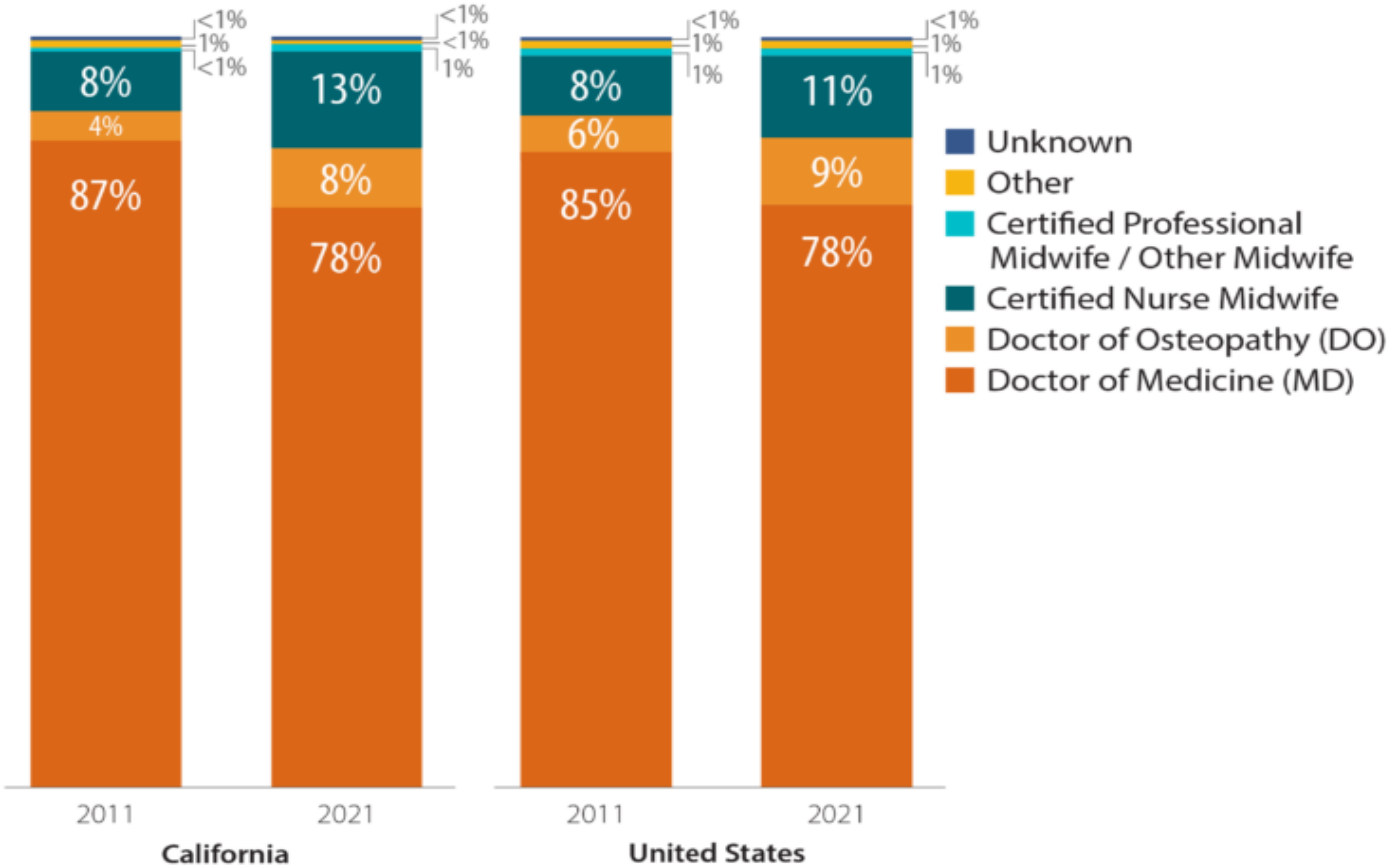
Notes: \* The sum figures shown to the right of the horizontal bars do not reflect the total maternity care workforce, since primary care physicians/family practitioners also deliver some care in many countries (not shown here). Each sum may not reflect the arithmetic sum of figures shown for ob-gyn and midwife providers because calculations were performed on exact figures, while the graph presents rounded figures.

Data: OECD Health Statistics 2023 data extracted on February 29, 2024, representing “practicing midwives” for all countries except CAN, CHL, and US, where data reflect midwives “licensed to practice.” Data for professionals “licensed to practice” tend to be higher than data for “professionally active,” while numbers of “practicing” professionals tend to be the lowest. 2021 data for FRA, GER, NETH, NZ, NOR, SWIZ, and US (ob-gyns); 2020 data for AUS, CAN, CHL, JPN, KOR (ob-gyns), SWE, and UK; 2016 for US (midwives); 2015 for KOR (midwives).

Source: Munira Z. Gunja et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison* (Commonwealth Fund, June 2024). <https://doi.org/10.26099/cthn-st75>

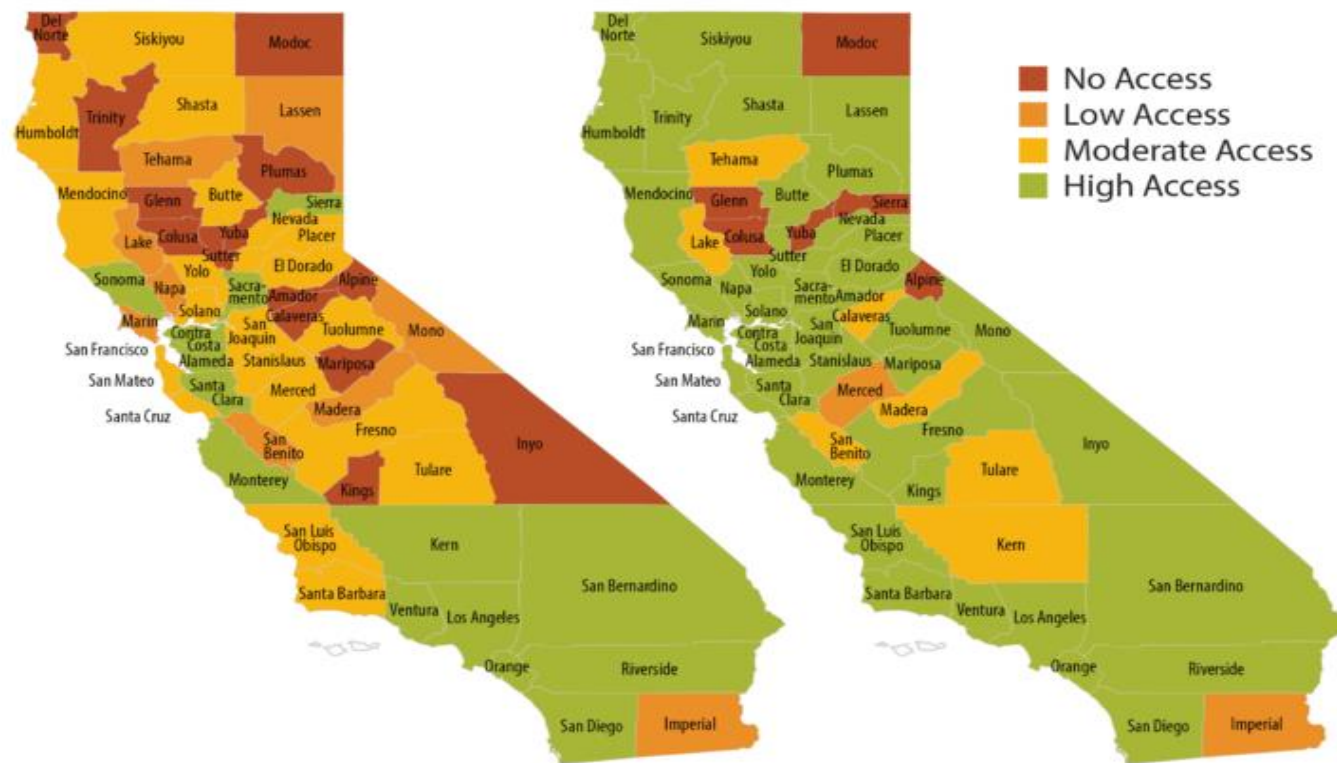
# Births, by Attendant

California vs. United States, 2011 and 2021



# Access to Maternity Care Providers

## California, 2022

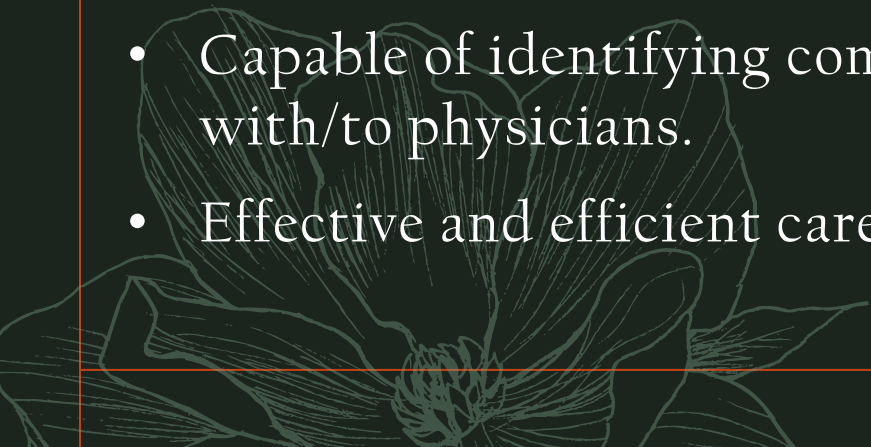


Access to Hospital with  
Obstetrics Care or Birth Center

Access to Obstetric Provider

# Midwifery as a strategy improve birth outcomes

- The midwifery model of care is individualized, patient-centered (relationship based, builds trust, empowers women, and promotes autonomy)
- Provide holistic care – consider biological, physiological, social, and cultural influences on health
- Provide comprehensive reproductive and well-woman care throughout the life span, from adolescence to post-menopause (primary/pre-conception care, prenatal, intrapartum, postpartum, contraceptive and gynecologic care)
- Protect and promote undisturbed, physiological labor and birth, intervening only when necessary.
- Capable of identifying complications, managing, and/or consulting/referring with/to physicians.
- Effective and efficient care







- “When midwifery integration scores and health outcomes were compared, higher integration scores were associated with significantly higher rates of spontaneous vaginal delivery, VBAC, breastfeeding, significantly lower rates of cesarean delivery, preterm birth, low birthweight infants, neonatal death, lower rates of race-specific outcomes” (Combellick et al., 2023)



# Barriers to midwifery practice in California?

- Lack of midwifery training programs
- Limited health care organizations incorporate midwifery care
- Restriction of midwifery scope of practice
- Demonization of midwifery care, especially OOH midwifery practice
- Complex contract process with health care plans
- Poor re-imbursement for midwifery care
- State regulations hostile to midwifery practice



# Advancing Midwifery Workforce



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Increase  
access to  
midwifery

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Promote integration of midwifery into mainstream OB and women's health care, promote affordability (improve insurance coverage and reimbursement)

Improve  
midwifery  
education

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Invest in midwifery education  
Incentivize clinical sites and preceptors

Diversify  
midwifery  
workforce

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Recruit and support aspiring midwives from diverse (underrepresented) communities. Scholarship/grants and mentorship

Advocacy

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Include midwife representatives in women's health policy conversations. Promote policies that advance midwifery

Collaboration

Intra/inter-professional collaboration



MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL



# Martin Luther King Community Hospital, Los Angeles

- Midwifery-led care
- Physician/midwife dyad
- Full scope OB care
- Staff who have the same goals
- Patient centered/individualized care
- Promote patient autonomy
- Promote physiologic birth
- Interprofessional care
- Trusting relationships
- Patient satisfaction
- Trusting relationship with community midwives
- Safer transfers
- Perinatal outcome measures better than State and national standards
- Staff satisfaction

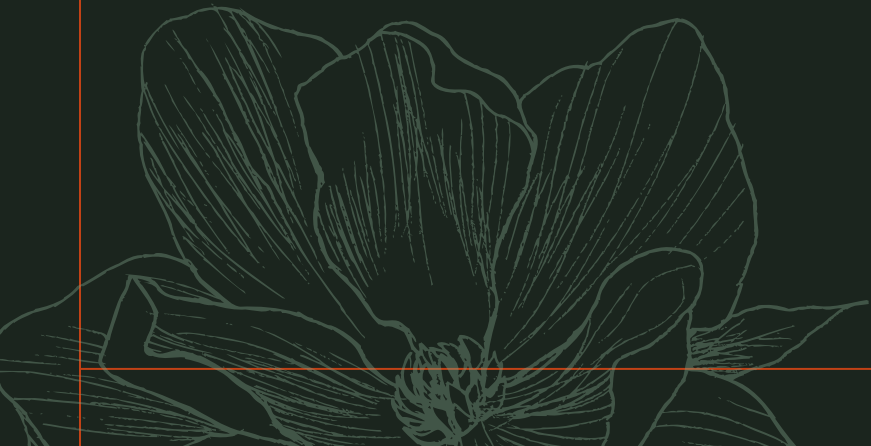






# CSUF Midwifery Education Program

- Holistic admission
- Grants and scholarships
- Diverse and experienced faculty with expansive clinical experience
- Mentorship
- State-of-the-art Sim lab
- Clinical placements
- 100% pass rate
- Graduates practice in diverse birth settings







# Thank you

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