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# Direct-entry Midwifery: An Overview of the Issues, Challenges, & Opportunities for the Field – A Focus on Access & Equity

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# Purpose & Outline

- ▶ The **purpose** of this webinar is to provide an overview of current issues and challenges facing the Direct-Entry Midwifery (DEM) field, and the status of the profession's efforts to improve equity & access.

- ▶ **Outline**

- ▶ Direct-entry Midwifery (DEM) Profession: fast facts
- ▶ Perinatal health inequities and contributing factors
- ▶ Challenges around race, access, and equity in the field
- ▶ Allied Midwifery Organizations (AMOs) actions to advance equity and access
- ▶ Future directions and opportunities
- ▶ Discussion with Q&A



# Direct-entry Midwifery (DEM)

- ▶ DEMs bypass nursing school and go directly into midwifery training.
- ▶ National certifying credential: Certified Professional Midwife (CPM)
- ▶ DEMs primarily work in community birth settings
  - ▶ Homebirth
  - ▶ Birth Centers
- ▶ DEMs are guided by the Midwives Model of Care™ (Citizens for Midwifery, CFM)





ABOUT  
MIDWIVES

- ▶ The MMOC is based on the fact that pregnancy & birth are normal life processes.
- ▶ The MMOC includes:
  - ▶ Monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle
  - ▶ Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support
  - ▶ Minimizing technological interventions
  - ▶ Identifying and referring individuals who require obstetrical attention
  - ▶ The application of this client-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

# Licensure for Certified Professional Midwives: State Trends



Certified Professional Midwives NOW



- In 2017, add SD
- In 2016, add ME & MI
- In 2015, add MD
- In 2014, add RI
- In 2013, add IN
- By 2010, add VT, NJ, TN, UT, VA, WI, MO, ME, ID, WY

**JUST Added Alabama too!**



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# Perinatal Health Care Crises



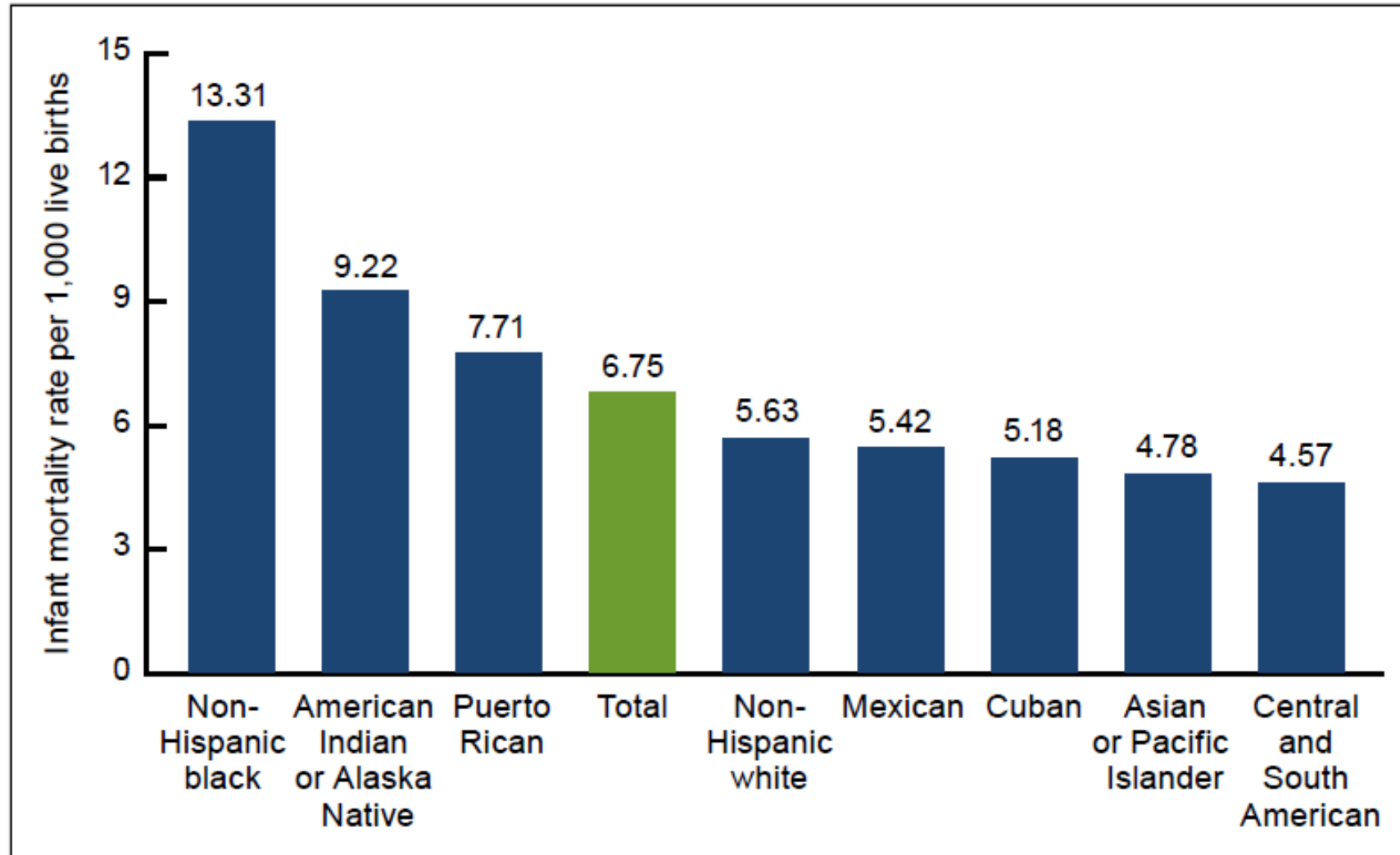
- ❖ 33<sup>rd</sup> on the 2015 Mother's Index (Save the Children)
- ❖ 57<sup>th</sup> for infant mortality (CIA, 2015)
- ❖ Inequities by: race/ethnicity, age, socioeconomic status, gender identification, sexual orientation, etc.
- ❖ High spending w/no concurrent improvement in outcomes

# Perinatal Health Inequities

2015 national data	CESAREAN	PRETERM	LOW BIRTH WEIGHT	INITIAL BREASTFEEDING
<b>TOTAL</b>	<b>32.0</b>	<b>9.6</b>	<b>8.1</b>	<b>74.2</b>
NON-HISPANIC WHITE	31.1	8.9	6.9	77.4
NON-HISPANIC BLACK	<b>35.5</b>	<b>13.4</b>	<b>13.3</b>	<b>56.4</b>
AMERICAN INDIAN/ALASKA NATIVE	28.3	10.5	7.5	ND
ASIAN OR PACIFIC ISLANDER	33.0	8.6	8.4	ND
HISPANIC	31.7	9.1	7.2	70.4

# U.S. infant mortality rates vary greatly by race and ethnicity.

Figure 1. Infant mortality rates, by race and Hispanic origin of mother: United States, 2007



SOURCE: CDC/NCHS, linked birth/infant death data set, 2007.



# But what about confounding factors?

- ▶ Could the increased rates be due to:
  - ▶ Underlying genetic differences?
  - ▶ Maternal smoking?
  - ▶ Inadequate prenatal care?
  - ▶ Socioeconomic status?
  - ▶ Multiple risk factors combined?

Even when accounting for known risk factors (e.g., smoking, obesity, etc.) and confounding factors (e.g., educational level, income, etc.), the INEQUITIES by race/ethnicity PERSIST.

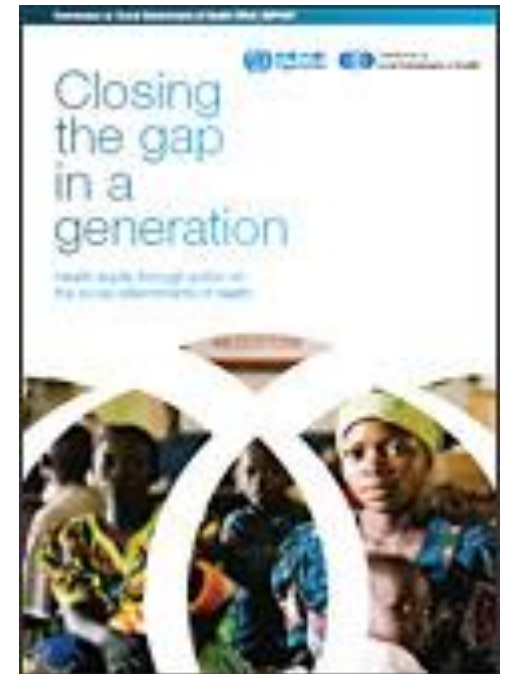
# Social Determinants of Health (SDoH)



Figure 1. Healthy People 2020

**WHO concludes:**  
“Social justice is a matter of life and death.”

*From: Closing the gap in a generation: Health equity through action on the social determinants of health (report)*

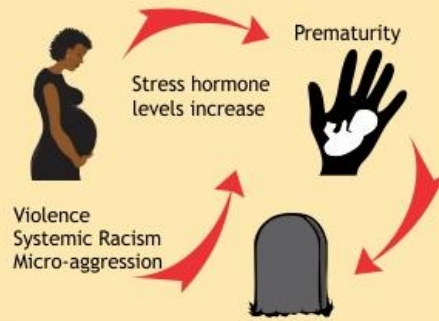


# Saving our babies Securing our future

Black women experience greater exposure to violence, systemic racism, and micro-aggression. During these experiences Cortisol and other stress hormone levels remain elevated. This contributes to preterm birth, low birth weight, and infant mortality.



## The Cycle of Stress and Poor Birth Outcomes



To read the executive summary go to...

[elephantcircle.net/wp-content/uploads/2015/08/ExecutiveSummary-Race-2015.pdf](http://elephantcircle.net/wp-content/uploads/2015/08/ExecutiveSummary-Race-2015.pdf)

## Exposure to Stressors



The disruption of maternal hypothalamic-pituitary–adrenal-axis increases production of cortisol, increasing the chances of preterm birth threefold.



Being born too small or preterm increases the infant mortality rate and morbidity. If babies survive they risk developing diabetes, poor brain development, or cardiovascular disease.



"...extended inflammatory responses [due to stress] may [cause] increased risk of adverse birth outcomes such as preterm birth" (Christian 2013, p. 10).



"Elevated Corticotrophin-releasing hormone levels at 33 weeks gestation increased relative risk [of] fetal growth restriction 3.6 fold" (Wadhwa 2004, p. 1063).

## Solutions



Mothers can learn the signs of premature labor and prevention strategies.



Create a pregnancy plan that includes the midwifery model of care and breastfeeding supports. Evidence shows that midwifery care and breastfeeding can reduce infant morbidity. (Gruber, K. J., Cupito, S. H., & Dobson, C. F., 2013).



Get matched with a doula and/or a midwife from your community who respects your wishes and supports physiologic birth.



Long-term breastfeeding (minimum of 12 months) enhances mother-infant bonding, newborn health, and the postpartum experience for mothers. (www.icmidwives.org)

## Impact on African American Families

Research has found that African American women who are pregnant, in comparison to White women expecting, are...

**4x's more** likely to die from pregnancy related complications (Tucker et. al., 2007).

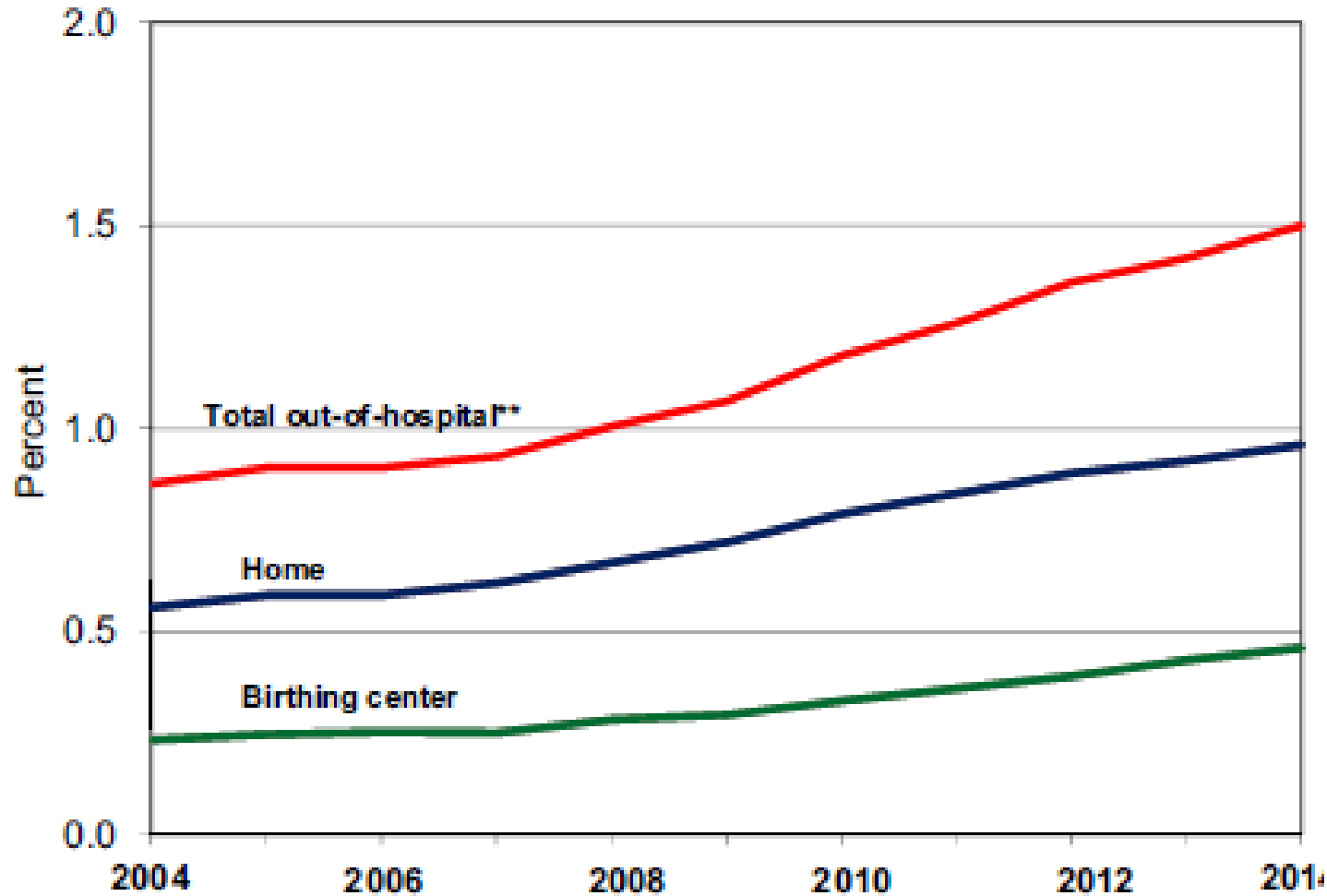
**2x's more** likely to experience preterm birth (Collins, J. W., David, R. J., Handler, A., Wall, S., & Andes, S., 2004).

**3x's more** likely to give birth to a low birth weight infant (Collins, J. W., David, R. J., Handler, A., Wall, S., & Andes, S., 2004).



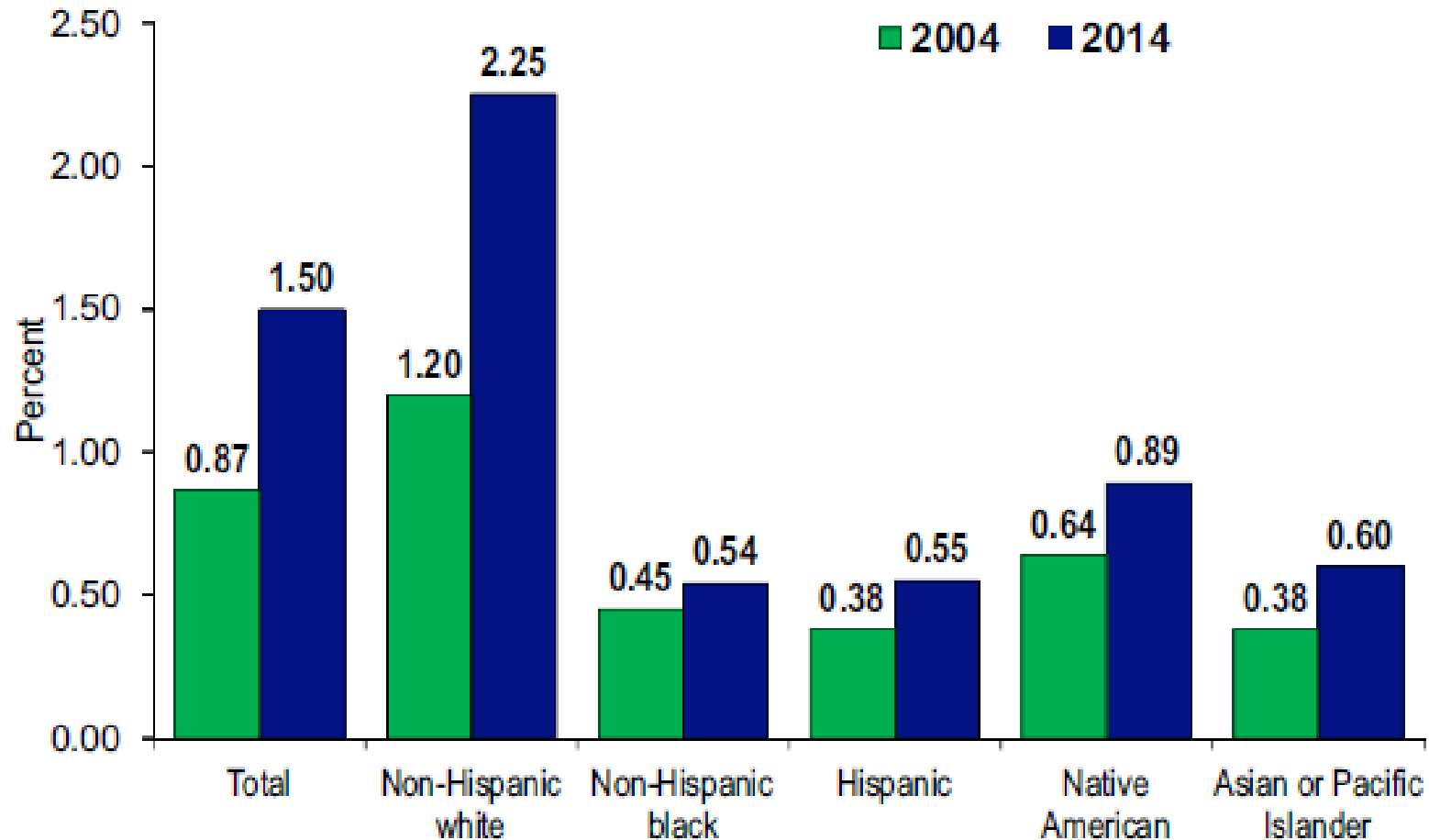
Figure 3. Molnar, 2015

# Midwifery care: Who gets served?



- **Between 2004 to 2014:**
  - **Up 72%**
- **1.50% OOH births in 2014**
  - **Compared to 0.87% in 2004**

# Midwifery care: Who gets served?



# Challenges around race, access, & equity

- ▶ **Systemic oppression in the midwifery profession**

- ▶ Privilege, microaggressions, underrepresentation

- ▶ **Access to care barriers**

- ▶ Insurance barriers, Underrepresentation, Interprofessional chasms, Legal

- ▶ **SDOH:**

- ▶ Lifetime of exposure – must look at midwifery care in wider context

- ▶ **Let's be real: Not everyone agrees**

- ▶ In AMOs, Among aspiring midwives (students/apprentices), Among practicing midwives

- ▶ **Perceived competing priorities**

- ▶ “But how can we tackle this when we have \_\_\_\_\_ that are *more pressing?!*”



Image courtesy of: TutorialsPoint

# AMOs taking action to make change

- ▶ Allied Midwifery Organizations (AMOs): coalition of midwifery organizations working together to advance the profession and address pressing issues (like equity/access!)





- ▶ Strategic, **outward commitment** to this work
  - ▶ “NACPM’s Strategic Intention to Address Racism and Racial Disparities in U.S Maternity Care”
- ▶ Thoughtful efforts to **expand representation** and **shared power** in leadership
  - ▶ Cross-racial co-presidency
- ▶ **Systems-level change**: both within organization, and on national level (policy, etc.)
  - ▶ NACPM Board Team: Anti-Racism and Anti-Oppression In Midwifery (AROM)
- ▶ **Professional development** for midwives
  - ▶ Webinar series on equity, race and access
- ▶ Recognition of **Community of Color led initiatives** to eliminate inequities
  - ▶ E.g., Grand Challenge Scholarship Fund





## ▶ **Education & Practice integration**

- ▶ Core Competencies for entry-level midwifery
  - ▶ Focus on SDOH, non-discrimination and culturally appropriate care, etc.
  - ▶ Also: gender inclusive language throughout

## ▶ **Professional development** for midwives

- ▶ Annual Meeting (Conference)
  - ▶ Requirements for submissions around cultural critical competence
  - ▶ Programming focus and integration

## ▶ **Systems-level change:** within organization, external (e.g., outreach initiatives, research)

- ▶ MANA Division of Access & Equity
- ▶ MANA Division of Research



Image courtesy of: MANA



- ▶ **Infusing access and equity** into midwifery education (knowledge & structure)
  - ▶ Standards: e.g., equity in recruitment, admissions, and student support services; non-discrimination and inclusivity in faculty hiring; professional development of faculty/staff
  - ▶ Competencies: e.g., SDOH, culturally appropriate care, non-discrimination
  
- ▶ **Midwifery Institutions & Programs**
  - ▶ Incorporation anti-racism and cultural competency into the **Curriculum**
    - ▶ E.g., Bastyr University Department of Midwifery
  - ▶ **Ecosystemic approach** to equity and access in education
    - ▶ E.g., Midwives College of Utah

# Incorporating Antiracism Coursework into a Cultural Competency Curriculum

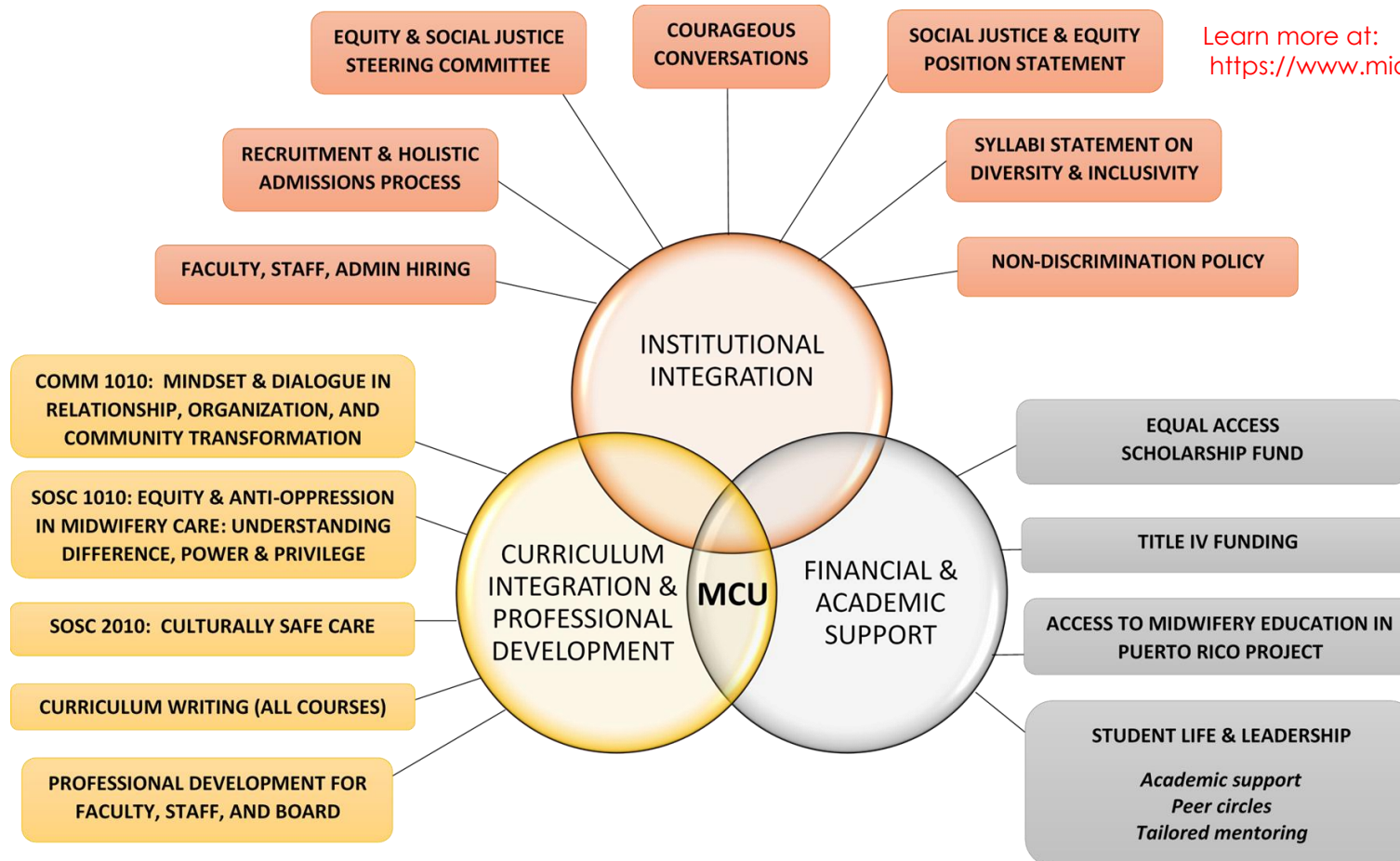


<https://www.ncbi.nlm.nih.gov/pubmed/27860251>



<https://www.youtube.com/watch?v=xF2-VJrpmH8>

Learn more at:  
<https://www.midwifery.edu/equity-and-social-justice/>





- ▶ **Professional Development** for midwifery educators
  - ▶ Digital Chalk
  
- ▶ Organizational **systemic changes & strategic partnerships**
  - ▶ Re-envisioning approach to collaborations
  
- ▶ **Resources** for educators and administrators
  - ▶ Clinical and academic



Image courtesy of: AME



- ▶ Based on MANA **Competencies for entry-level midwife**
  - ▶ Focus on SDOH, non-discrimination and culturally appropriate care, etc.
- ▶ Required **Competencies for current practitioners**
  - ▶ Cultural Competency as part of re-certification
- ▶ MEAC & NARM **collaborations**
  - ▶ Ensuring collaboration in equity issues for MEAC entry-level applicants
- ▶ **Bridge Certificate** for increasing recognition and interprofessionalism
  - ▶ Category 3 topics



- ▶ **“Healthy Babies are *Everyone’s* Business”**
- ▶ Vision: **Birth equity for all**. Mission: to **eliminate the effects of systemic racism** on birth and breastfeeding outcomes
- ▶ **Only national organization** that brings together midwives of color **regardless of professional affiliation**
- ▶ Impactful work: on-the-ground **community change** (i.e. insurance reimbursement for doulas in Oregon)
- ▶ Newest member of US MERA. Highlights the **critical** need for **diversification of the midwifery workforce**

# Future Directions & Opportunities

- ▶ Infusing further competencies during Standards Revisions (MEAC)
- ▶ Coalition: Equity in Midwifery Education project
- ▶ Midwifery programs in community colleges
- ▶ CPM 2018 Symposium
- ▶ Homebirth Summit
- ▶ Rising attention to perinatal health inequities, nationally
  - ▶ Giving Voice to Mothers of Color, Mapping Integration, Etc.
- ▶ Funding for larger collaborative projects
- ▶ Partnerships with grassroots organizations
- ▶ US MERA



Many thanks!

## Questions & Discussion

- ❖ What issues and opportunities of access and equity are you grappling with in your respective disciplines?
- ❖ How can the integrative health disciplines work together to further advance systems-wide change?



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