



How to Recruit and Retain More Midwives of Color

Midwives can help the United States reverse a maternal health care crisis. But the country needs more midwives, particularly more midwives of color.

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Executive Summary

The maternal death rate is higher in the United States than in any other high-income country, and Black women in the United States are three times more likely to die from pregnancy-related causes than White women.

This is a maternal health crisis, and midwives could be a central part of the solution.

But there are not enough midwives in the United States, and the current midwifery workforce doesn't match the US population. People with the worst maternal outcomes are severely underrepresented in the profession.

The United States needs more midwives, especially midwives of color.

Patients prefer to receive care from people from similar communities or who share their life experiences. Studies have shown that race-concordant care eases communication, strengthens relationships, and results in better outcomes.^{1,2,3}

The American College of Nurse-Midwives (ACNM) studied the landscape of midwifery education and spoke to students and recent graduates of color, faculty, and clinical educators. Based on their combined lived experiences, we learned that:

- **Many Black midwives joined the profession because they experienced negative racialized health care experiences.**⁴
- **Racism and discrimination continuously occur in midwifery education and clinical practices—and it's hurting people of color and the profession.**⁵
- **Faculty and administration need to incorporate diversity, equity, inclusion, and belonging (DEIB) into midwifery education to improve the experiences of Black and Brown students and to enrich the student body overall.**⁶

Students of color, faculty, and preceptors also told us how to improve classroom and clinical practices in midwifery education. This research provides data and strategic recommendations to increase equity in the midwifery workforce and improve maternal health outcomes.



There Is a Maternal Health Crisis in the United States

Most maternal deaths are preventable, yet they've been rising in the United States since 2000. In fact, the United States has the highest maternal mortality rate of any high-income country.⁷



The situation becomes worse when it's examined by race. In the United States, Black women are three times more likely to die from pregnancy-related causes than White women.⁸ Women who are American Indian, Indigenous, and Pacific Islanders are twice as likely to die from a maternal health issue.

Midwives could be a central part of the solution.

Globally, midwifery is connected to good health outcomes, and midwives provide intimate, patient-centered care before, during, and after childbirth.^{9,10,11} According to the World Health Organization (WHO), midwives can provide 87% of the sexual and reproductive care that a population needs.¹¹

There are not enough midwives in the United States.

However, midwives are underutilized in the United States compared to other countries—and despite a massive shortage of health care workers.^{7,12,13} WHO recommends employing at least six midwives per every 1,000 live births.¹⁴

On average, other high-income countries have 52 health care providers available per 1,000 live births, and their care teams are predominated by midwives.¹⁰ On average, other countries have 40 midwives available per 1,000 live births. In the United States, there are four.¹⁰

Meanwhile, more than 100 million citizens live in areas where there aren't enough health care professionals. The United States needs more than 17,000 additional primary care practitioners to fill the gap.¹³

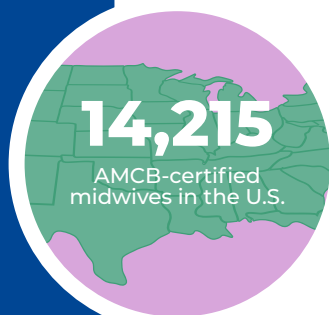
The current midwifery workforce doesn't match the US population.

According to the American Midwifery Certification Board, there are 14,215 certified midwives in the United States.¹⁵ Of those, 85% identify as White. The next-largest racial group of midwives—less than 8%—identify as Black or African American.¹⁵

In contrast, nearly 14% of the US population identifies as Black.¹⁶

Race-concordant care can improve communication and birth outcomes.^{1,2,3} But in the United States, women with the worst maternal outcomes are severely underrepresented in the midwifery workforce.

The United States needs more midwives. And it needs more midwives of color.



A Diverse Midwifery Workforce Could Help Solve the Maternal Health Crisis

There are 46 accredited or pre-accredited midwifery education programs for certified nurse-midwives (CNMs) and certified midwives (CMs) across the United States. Very few institutions with midwifery education programs prioritize marginalized populations.

In the 2021 program year, there were about 3,195 midwifery students. Based on data provided by the Accreditation Commission for Midwifery Education's (ACME's) executive director, Angela Smith, nearly 15.7% of midwifery students that year identified as Black. That means there's greater parity in midwifery education programs than currently exists in the field. If programs retain and graduate these Black students, they can shift the care dynamic and improve outcomes for more patients.

So, how do we ensure that Black and Brown midwifery students finish their education? And how do we increase their participation in and advancement of the profession over time?

With support from the Johnson & Johnson Our Race to Health Equity initiative, we conducted a landscape analysis to understand the experiences of midwifery students of color, faculty, and preceptors. After a literature review, we conducted surveys, interviewed current students and recent graduates of color, and spoke with faculty members and preceptors (clinical supervisors). All participants were affiliated with programs that are accredited by ACME.

This is what we learned.



What We Learned

- 1.** Students of color experience discrimination from faculty, preceptors, patients, and other students. Racism is common in classrooms and clinical settings.
- 2.** Students endure mistreatment in clinical sites because there aren't enough sites available to ensure a safe experience. This makes it difficult for students to complete their training.
- 3.** Students of color don't have enough racially concordant mentors because the majority of midwifery faculty are White. Faculty of color are overwhelmed because they don't have enough peers to share the task of mentorship.
- 4.** Most students balance their training and education with parenting, other family obligations, and work. Midwifery programs are not designed for students with full lives.
- 5.** Many midwifery education programs lack leadership, financial support, and diverse faculty that are needed to build a culture of belonging.
- 6.** Midwifery curricula do not consistently or thoroughly examine the role of racism in health inequities.
- 7.** Policies about racism are either inconsistent or nonexistent in midwifery education programs.

Finding 1:

Students of color experience discrimination from faculty, preceptors, patients, and other students. Racism is common in classrooms and clinical settings.

"I had a racist issue happen at my clinical site, directed at my preceptor. I spoke up in her defense but felt angry that her peers did not—nor did they recognize what happened was wrong.

*"I was **frustrated** with those in power, **hurt** that my preceptor didn't have the support of her boss, and **powerless** in the whole situation. I was reminded why BIPOC (Black, Indigenous, and people of color) women are dying in childbirth." —Midwifery Student*

"Just ignore it." —Midwifery Student

"Just deal with it." —Midwifery Faculty Member

The student experience

Most Black students that we surveyed have witnessed or directly experienced racism or discrimination in their midwifery programs.

In the classroom, about a quarter of offensive remarks directed toward students were related to race or ethnicity. In the clinical setting, 36% of offensive behaviors centered on race.

About 15% of students said they were the target of offensive remarks related to race or ethnicity in the classroom, and 22% of students experienced racist remarks in a clinical setting. About a third of students witnessed this type of behavior in the classroom or a clinic.

Students also experienced mistreatment related to their age, gender, body size, sexual orientation, religion, labor and delivery experience, or chosen midwifery path. However, the majority of mistreatment related to race or ethnicity.

What happens?

In the classroom, students said racism took many forms. Students reported heavy surveillance by White program directors and microaggressions, such as verbal remarks and environmental slights.

In the clinical setting, racism was often more overt. For example, patients openly displayed racist paraphernalia like Confederate flags.

Racism also shows up in textbooks in the form of stereotypes. One student described her embarrassment, shame, and frustration while watching a film about Black midwives in the South. The video framed the Black midwife as "dirty." Seeing how the midwife in the film cleaned her instruments was triggering for the student—and added an emotional weight to the material. In this case, the curriculum didn't promote DEIB. The lesson should have included time to discuss how the topics address and affect students of color.

Even through racism is frequently witnessed, it's rarely confronted. Less than half of students said someone spoke up on their behalf. And there may be a reason why: 22% of students said they experienced retaliation for challenging racism, discrimination, or bias.

One student discussed having to "just ignore it" when she's the subject of painful experiences. A faculty member said, "Black students just try to fly under the radar. They don't want to cause problems. Other races are quick to report, but Black students don't want to make noise. They just want to graduate."

Notably, racist remarks aren't the only abuse that midwifery students of color receive. About 11% of students also hear offensive remarks related to their lack of professional experience in labor and delivery.

Who's behaving badly?

Students experience offensive behaviors from a variety of people. Nurses, patients, and faculty are the most common perpetrators, as well as other staff.

How do students handle racism?

When bias and disrespect occur in classroom and clinical settings, students feel angry, hurt, and frustrated.

Many students use their abuse as motivation. Nearly a third of students (31%) said their experience with racism or bias caused them to work harder to prove the perpetrator wrong. About 27% said they speak up when they experience offensive remarks, and 13% are trying to change the situation.

However, 16% of students were resigned to accept or ignore discrimination. Thirteen percent said they keep it to themselves, and 11% try to avoid the situation.

"I just keep pushing and repress the hurt," one student said. That student also postponed her education until a prejudiced faculty member retired.

About 22% of students said they have discussed their experience with a counselor or psychologist to help them cope. Other strategies, like exercise, study groups, networking, mentorship, and prayer, are also helping students "get through" their programs.

How midwifery students handle discrimination



Note: Students could select multiple options

"I take each day one day at a time. I do the work that is required of me, then I return to spaces that I feel comfortable in—which isn't (the school of nursing)," one student said.

The faculty and preceptor experience

Faculty are keenly aware that racism and discrimination exist and that they affect students. One faculty member said that Black students in her program are often segregated or left out of group chats.

About 40% of faculty have witnessed racism against students of color, and 37% witnessed discrimination or oppression. About a quarter of faculty (26%) have seen students of color mistreated by other faculty.

In clinical settings, 38% of preceptors have witnessed discrimination against students. A quarter of preceptors witnessed students being mistreated by other clinicians, and 23% of preceptors witnessed racism toward students of color.

Faculty and preceptors agreed that Black students often choose to “just deal with it” rather than issue a formal report or start over in another program. They said that some students see a clinical setting as a future place of employment, so they don’t want to interfere with their ability to secure a job or get along with future coworkers.

About 71% of faculty members have received a student report of unfair treatment due to racism, bias, or discrimination.

Preparing to address racism, discrimination, and bias

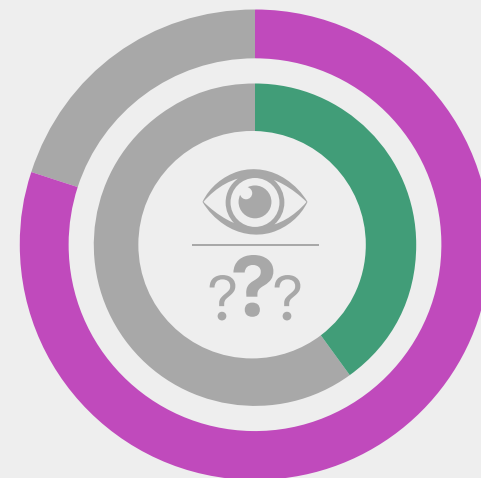
About 80% of faculty said they felt unprepared to address racism if it was reported to them by a student or if they were accused of racist behaviors.

Faculty were asked how they create an environment that’s free from racism, discrimination, or bias today. They said it requires self-awareness, transparency, and an openness to address concerns. One faculty member openly discusses racist depictions in textbooks, and several faculty encourage discussions about biases, health inequities, and racism in the profession.

One faculty member initiates safe-learning rules at the beginning of class and has a process to facilitate difficult conversations when they arise. She also assigns implicit bias exams.

Faculty said they are constantly learning about their own biases and how to improve. “The only acceptable answer is to become anti-racist,” one faculty member said. “Self-identify, treat, and repeat as needed.”

To support students of color, most preceptors meet with their students before the clinical experience begins to connect with them and learn their strengths and challenges. Preceptors also debrief regularly and openly discuss racism with students. They said they encourage students to share their experiences and to connect with mentors of color.



About 40%

**of faculty have witnessed racism
against students of color**

More than 80%

**of faculty feel unprepared to address racism
if it was reported to them by students**

Finding 2:

Students endure mistreatment in clinical sites because there aren't enough sites available to ensure a safe experience. This makes it difficult for students to complete their training.

“Racially concordant care can't happen if students of color aren't completing their programs of study because of racist things that are happening (in midwifery training).”

—Midwifery Student

More than a third of midwifery students of color (36%) said they were mistreated in a clinical setting because of their race.

Midwifery programs need clinical sites where students can work on practical skills under supervision. Clinical placements give students real-life experience in midwifery practice, which helps them identify with the profession and make future career decisions.¹⁷

However, it's hard for midwifery programs to secure enough clinical sites for midwifery students—so difficult, in fact, that it prevents some students from completing their education.⁴

“It's a really challenging aspect of the student learning process. Because most places are short on clinical preceptors, it's hard to find enough places for our students to land,” one faculty member said.

Because programs are competing for sites, it's also difficult to protect students, faculty said. When figuring out where to place students, they also have to factor in whether a site could cause racial harm.

And because there are few alternatives, students of color resist complaining about clinical sites where they encounter bias or unprofessional behavior. Students don't want to cause trouble or hinder their ability to graduate. Instead, they choose to endure mistreatment and “get through” the program.

Students said that efforts to address racial disparities in maternal care could be stymied by the impact of racism on retention and graduation rates among students of color. “Racially concordant care can't happen

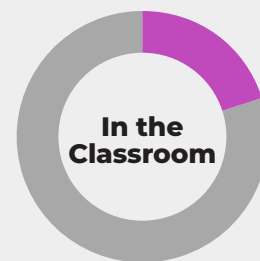
if students of color aren't completing their programs of study because of racist things that are happening,” one student said.

Preceptors can improve the student experience

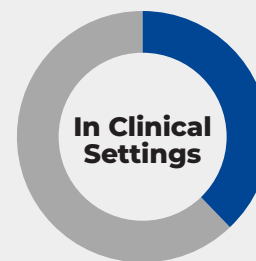
Preceptors were asked how they support students of color in clinical settings. One interviewee summarized her strategy: “Educate myself. Regularly check in. Speak up. Call people in.”

Another said, “You have to be willing to fight with other clinicians, nurses, administrators, and colleagues to facilitate a clinical experience for students of color. You have to be willing to name and address racism in the clinical setting and take the heat to advocate for students of color.”

How often do midwifery students of color experience mistreatment due to their race?



20%
of students reported
some mistreatment



36%
of students reported
some mistreatment

More than a third of midwifery students (36%) of color said they were mistreated in a clinical setting because of their race.

Finding 3:

Students of color don't have enough racially concordant mentors because the majority of midwifery faculty are White. Faculty of color are overwhelmed because they don't have enough peers to share the task of mentorship.

"When I was a student, I was the only person of color in my cohort. In the two cohorts ahead of me and one behind, there were no students of color.

"Now, as faculty, I'm asked to participate in interviews for the incoming class. During interviews, students say to me, 'I'm so glad to see a faculty member of color.'

"I feel better knowing ... my presence is making a difference."

—Midwifery Faculty Member

Just over half (51%) of midwifery students said their biggest professional pain point was the lack of midwives sharing their racial identity. Nearly a third of students cited a lack of mentorship and professional support.

Midwifery faculty are not racially diverse. Students of color said the lack of diversity affects their emotional safety and well-being. They have fewer mentors of color to rely on, and they often have to find mentorship and support from the community.

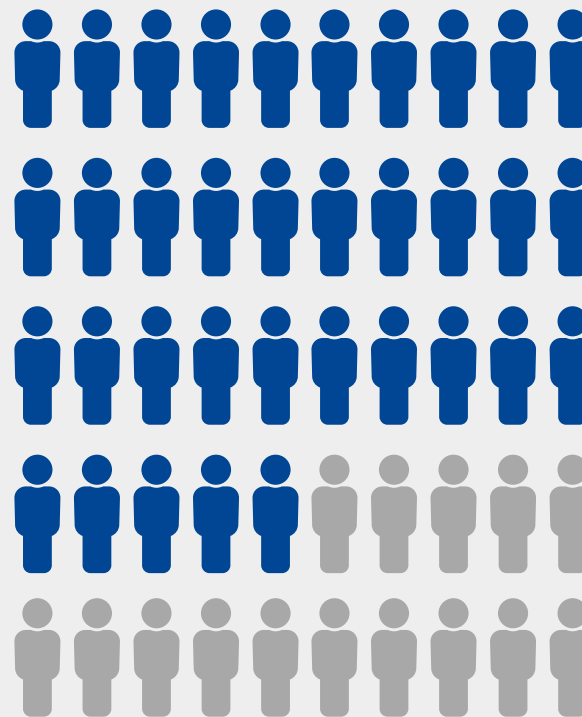
Faculty of color also feel burdened by the homogeneity. Being the only faculty member of color means they work extra hours (uncompensated) to support students.

It's taxing to be the only faculty member of color or among a limited number. Many faculty members felt like their presence is needed—and students of color affirm this need. During interviews with incoming students, one faculty member was told, "I'm so glad to see a faculty member of color."

When we asked students what they need to become successful midwives, 70% said mentorship from midwives of color.

"I'm not reflected in the larger student body, so I don't feel like I belong," one student said. "Yes, there are initiatives for all students to gather, such as potlucks and coffee bars. But walking into the building and seeing minimal diversity, as a person of color, it's discouraging, disappointing, and marginalizing."

70% of students
said they need mentorship from midwives
of color in their academic program



Finding 4:

Most students balance their training and education with parenting, other family obligations, and work. Midwifery programs are not designed for students with full lives.

About two-thirds of midwifery students reduced their working hours or took leave from a job to become a midwife. That amplified other personal barriers to education.

We asked students about personal and professional factors that negatively affect their educational experience. Finances were a major theme. About 66% of students reduced their working hours or took leave from another job to become a midwife.

That fueled other personal financial barriers, such as the cost of tuition, books, housing, and transportation. Working less to attend school also made it more challenging to cover the costs of childcare, groceries, and other personal expenses.

Nearly half of students (46%) said the time commitment was challenging.

Professionally, more than half of student midwives (56%) said a lack of scholarships and financial support negatively affected their experience.

We asked students what support they need from their academic programs right now. Two items tied. Above everything else, midwifery students said they need financial support and mentorship from midwives of color.

Also notable, about 25% of students said their experience as amidwifery student was negatively impacted by how they were treated because of their ethnic, cultural, or socioeconomic backgrounds.

Students experience personal and professional pain points during their midwifery education. The top pain points are:

Personal



Reduced work hours/left a job to become a midwife



Cost of tuition



Cost of books



Time commitment



Cost of housing



Cost of transportation

Professional



Lack of scholarships and funding



Lack of midwives sharing the same racial identity



Racial inequities in midwifery education and in the profession



Lack of access to mentorship or professional support



How institutions support midwifery students of color

We asked faculty members to identify resources that are available to students of color at their academic institutions. Student advisors, free tutoring, counseling services, and faculty office hours are the most common resources that programs provide. Some programs also provide peer support, emergency funding, one-on-one tutoring, and opportunities for networking inside the program or in the community.

Around 70% of faculty “somewhat” or “strongly agree” that students of color are supported within midwifery programs, and 65% feel that resources for students of color are adequate overall. Fewer faculty (47%) believe those resources are adequate at their institutions.

Preceptors felt similarly. Less than a third of preceptors said students of color are supported in the clinical setting. Nearly half of preceptors (46%) said there are resources at their clinical site specifically for students of color. However, only a third of preceptors think the resources are adequate.

How midwifery programs support students of color

Faculty office hours

87%

Free counseling services are available

74%

Student advisors or mentors are assigned to each student

72%

Free tutoring is available

51%

Other

29%

Peer support program is available

27%

Tutors are available for a charge

12%

Finding 5:

Many midwifery education programs lack leadership, financial support, and diverse faculty that are needed to build a culture of belonging.

“I’d love to see more people come into midwifery programs with different life experiences, different work experiences, and different ideas about what being a midwife is and what it can look like. If we share our differences and highlight them in the program, we could build on them as strengths.”

—Midwifery Student



Representation is key to building a supportive infrastructure for students of color. So, what does an ideal midwifery program for students of color look like?

Students, faculty, and preceptors all described a program that is diverse, inclusive, and equitable. They want:

- **Diversity to become a program priority**
- **Diverse faculty with sufficient support**
- **Strong leadership**
- **A culture of belonging**

Participants recognize that this requires funding and a cultural shift. Programs need to hire more faculty of color so current faculty aren't overburdened, and programs need to

invest in infrastructure to support diverse student populations. Students would also like to see additional scholarship resources.

Faculty members want to encourage more peer support among classmates. They'd like more ways to connect with students, such as individual meetings, Zoom calls, or emails.

Not everything is “broken” today. Students reported having positive experiences that they'd like to continue. Some feel welcomed or even “elevated” as a student of color.

Faculty said it's evident their programs are helping students. In smaller programs, they said, it's important to be personable and approachable with students. Faculty should welcome check-ins with students and build supportive faculty groups.

Finding 6:

Midwifery curricula do not consistently or thoroughly examine the role of racism in health inequities.

*“We’re always hearing about how Black people are unhappy, and sick, and poor, and have all these risk factors, and are dying ... I get that it’s well intentioned and more people need to understand these disparities exist. But they need to understand **why** these disparities exist. More work needs to be done to make sure we’re not pathologizing.”*

—Midwifery Student

While race is discussed in midwifery education, participants said racism is not consistently examined or interrogated in the curricula. Textbooks lack depth about health inequities, and faculty are not always comfortable discussing racism. Instead, they focus on health disparities and outcomes.

Students said race is addressed inconsistently in the curricula based on faculty interest, commitment, and expertise (or preparedness) on the topic. Lack of time was another barrier to addressing equity in the curricula.

Every faculty member we surveyed believes the curricula align with current evidence for midwifery practices, including ACNM’s Core Competencies for Basic Midwifery Education, its [position statement on racism and racial bias](#), its [Code of Ethics](#), and its [position statement for transgender and gender non-binary people](#).

However, fewer faculty (80%) feel like curricula are equitable and address the needs of diverse populations. About 15% of faculty don’t feel comfortable teaching topics of racism and bias.

In the curricula, students want:

- **In-depth coverage of equity.** They believe discussion is an important tool to help them think critically about health inequities.

- **Content about racism and inequity on exams** to elevate its importance in professional development and practice.
- **More midwives of color and their contributions highlighted** in the curricula. Right now, people of color are predominately included as case studies of health disparities.
- **An expanded view of patients.** When curricula address health disparities, they almost singularly focus on Black/White disparities. Students want to learn more about the maternal health of other populations, such as American Indians and Pacific Islanders. Students and faculty also want gender identity to be included in their curricula.
- **Training** that explores implicit bias, disabilities, and the impact of religion on health care experiences.

Faculty and preceptors want:

- **A balanced way to deliver curricula** without traumatizing students of color. They said they need to portray maternal health fully instead of focusing solely on negative aspects. One preceptor intentionally brings “Indigenous joy” into her teaching to highlight the positive aspects of American Indian maternal health in addition to structural deficits.

15%

of midwifery faculty don’t feel comfortable teaching on topics of racism and bias



Finding 7:

Policies about racism are either inconsistent or nonexistent in midwifery education programs.

Institutional accountability for racism is perceived as low.

Institutional accountability was a major gap identified by students, faculty, and preceptors.

Only a few students were aware of formal processes or policies to report experiences of racism, bias, or discrimination, or there were no consequences for faculty or preceptors who perpetrated racism, students said.

In general, signals of accountability, such as reporting processes, handbook policies, or an office for DEI, were perceived to be absent.



Recommendations

Midwifery programs must increase the recruitment, retention, and graduation of Black, Indigenous, and other midwives of color.

Based on these findings, we developed five recommendations to ensure that students, faculty, and preceptors are supported across the learning process.

Together, we need to:

- **Enhance the capacity of midwives of color who are interested in working in academia**
- **Financially compensate clinical sites and preceptors**
- **Reestablish ACNM mentorship programs to connect student midwives with common interests and career trajectories**
- **Develop an Equity in Midwifery Education Report Card for midwifery education programs**
- **Create a cross-institutional support program to provide a safe space for students and help them gain leadership skills**



Recommendation 1:

Enhance the capacity of midwives of color who are interested in working in academia

We need more diversity in midwifery education programs—in student bodies, administration, faculty, and clinical staff.

Black students said they feel better supported by Black faculty. But there's a shortage of faculty members of color, which makes it difficult for them to nurture strong mentoring relationships with students. Faculty of color are spread too thin trying to support students and create a better learning environment for those who are impacted by racism and discrimination.

Midwifery programs need to recruit and retain faculty of color. With more diverse faculty members, they can improve the educational environment for Black and Brown faculty and students—and enrich the learning experience for all students.

Diverse faculty provide new perspectives on curricula and midwifery history and its impact on maternal health. The faculty of color we spoke with promote a full and holistic view of health care for people of color in addition to the standard curriculum.

Multiple students expressed joy from having midwifery faculty who identified as people of color. They said faculty of color bring intersectionality to topics like race, racism, and health disparities. Diverse viewpoints prepare students to practice midwifery within a socioecological framework.

A leadership education and training experience could increase midwives of color's participation in academia and directly impact teaching approaches in midwifery programs. Trainings could be offered to mid-career midwives of color to teach grant writing, budgeting, curriculum development, and other academic-related skills. It would build the capacity of faculty members (and aspiring faculty members) who can become leaders in their institutions. It can also create a space for mid-career midwives to enter the education realm and gain the skills they need to teach or become program directors.

A leadership fellowship for midwives of color could also create a pipeline of faculty who are trained to work in institutions that prioritize marginalized populations.



Recommendation 2:

Financially compensate clinical sites

Students and faculty are frustrated by a lack of clinical sites. They said it's difficult to place students in safe spaces due to the lower number of available sites. As a result, students must bear racism and discrimination from patients, preceptors, and other clinical staff.

ACNM's Innovation in Education Taskforce specifically discussed compensation for preceptors and the benefits other health professions have gained from this practice (personal communication, Sukey Krause, Innovation in Education Taskforce chair). Paying preceptors, midwifery practices, or hospitals can increase the number of available clinical sites and increase access to sites that promote DEIB practices and ideology.

A funding mechanism for preceptors could allow programs to require diversity training. For example, to become paid preceptors, clinicians would need to learn, grow, and implement diversity-focused behaviors that reduce student harm.



Recommendation 3:

Reestablish ACNM mentorship programs to connect student midwives with common interests and career trajectories

Students need mentorship to thrive in midwifery school, graduate from their academic programs, and develop in their careers.

The benefits of mentorship were commonly discussed among students and faculty, and both parties want the chance to interact with experienced midwives to gain more skills and professional development opportunities. Faculty of color said it was difficult to support students because there was not an equitable number of mentors available for students of color.

Students of color need access to a wider network of professional mentors to alleviate the challenge of matching students to overburdened faculty members of color. This would also build a diverse professional network for students so they can explore multiple facets of the profession.

The ACNM Fellows have a general mentorship program, and the Midwives of Color Committee has a program for students. However, there are not enough mentors or capacity to administer these programs. If ACNM rebuilds its mentorship programs, members can bridge the gaps and build a stronger community. Mentorship can also lead to more professional development opportunities that increase retention and prepare students for successful careers.

Funding would be one of the most important goals for reestablishing the mentorship programs. Mentors should be paid for the time and energy they spend promoting midwifery and supporting students.



Recommendation 4:

Develop an Equity in Midwifery Education Report Card

There was a lot of uncertainty about processes and policies and how to report inequitable or discriminatory behaviors. Midwifery programs need accountability measures to ensure that action is taken to rectify racist behavior and create safer spaces for students of color.

Student and faculty participants repeatedly expressed that many Black students are not reporting discriminatory or racist behavior because they don't want it to affect their ability to graduate. Black students are also concerned about retaliation and isolation that could follow a report.

An equity report card could help midwifery programs identify areas for improvement in their curriculum, faculty development, and retention and recruitment practices. Each ACME-accredited program would be rated on an A–F scale on measures related to DEIB, curriculum, bias, support, and funding.

Results could be used to highlight areas for improvement and address barriers identified by administrators and students. The report card could be made publicly available to help potential students understand the environment of a midwifery education program.

ACME could use the report cards, along with the required Annual Monitoring Report (AMR), to ensure programs adhere to their DEIB accreditation criteria. Report cards could also track year-over-year improvement and showcase efforts to address barriers identified in previous AMRs.



Recommendation 5:

Establish a cross-institutional support program to provide a safe space for students and help them gain leadership skills

We repeatedly heard that students of color need more support. They feel isolated or alone in classrooms and clinical settings.

We need students of color to feel safe and welcome and that they belong in midwifery education programs.

Across the country, midwifery programs vary in size and capacity. A cross-institutional peer support program could build a wider community for midwifery students.

A peer support program can give students space to learn and explore diverse topics and populations. It could include affinity groups where marginalized communities discuss their experiences, share resources, and identify welcoming clinical sites.

A cross-institutional support program would expand the resources and support available to students of color, regardless of an institution's location or size—and help more students of color graduate and succeed.





Conclusion

Student midwives deserve safe spaces to learn, practice their skills, and connect with supportive peers.

Midwifery education can reconcile a biased past and restart a chapter based on belonging and active anti-racism. Institutional decision-makers must make DEIB a priority in midwifery education. Doing so will increase the recruitment, retention, and graduation of Black and Brown students. It will also create a new pipeline of diverse faculty, preceptors, mentors, and leaders.

Midwifery education programs need to prioritize mentorship, leadership training, and community building among marginalized communities to advance the profession—and improve health care outcomes.

The midwifery model of care creates a trusting bond between the birthing person and the midwife. With more midwives of color, we can start to reverse a national maternal health care crisis that disproportionately affects people of color.

The Landscape Study

Our research occurred in three phases: information gathering, data collection, and analysis.

PHASE 1

Information gathering and study design

First, we conducted an extensive literature review on equity and diversity in midwifery and explored recent projects.

We also established four research goals. We wanted to find out:

- **What's working.** We wanted to know the strengths of students of color in midwifery education programs, and we wanted to identify programs that are successful at recruiting, retaining, and graduating students of color.
- **What's broken.** We wanted to find barriers that stop students of color from pursuing the profession or completing midwifery programs.
- **What students of color need** to be successful as midwifery students and professionals.
- **What students, faculty, and preceptors are experiencing** in terms of inclusion, diversity, equity, and racism.

PHASE 2

Data collection

We issued anonymous and confidential surveys and conducted focus groups, small-group interviews, and one-on-one interviews.

Participants were grouped into three categories: students and recent graduates, faculty, and preceptors. All participants were affiliated with programs that are accredited by the Accreditation Commission for Midwifery Education.

We used purposive sampling to recruit students so we could prioritize the voices of students of color. In total, we engaged 55 students, 57 faculty members, and 95 preceptors. All

participants were female. Across the entire participant group, 53% were Black, 28% were White, 9% were Latina, 6% were Asian or Pacific Islanders, and 3% were Indigenous people.

We held four focus groups with students and faculty and 20 interviews. We asked about midwifery curricula, program barriers, resources and support for students, and participants' experiences with racism and discrimination. We also asked participants to describe an ideal midwifery program.

The quantitative and qualitative data were collected between September 2022 and February 2023.

PHASE 3

Analysis

We used summary statistics to create student, faculty, and preceptor profiles and to describe variables in their experiences.

We also analyzed transcripts of our focus groups and conversations. In this report, some interviewee statements have been edited for grammar or for length; however, their essence is unchanged.

	Students	Faculty	Preceptors
Age (Mean)	32 years old	52 years old	47 years old
Race/Ethnicity			
White		41%	75%
Black or African American	69%	18%	13%
Asian/Pacific Islander	18%		2%
Latinx/Hispanic	13%	14%	13%
Multiracial (any combination)	11%		
American Indian/Alaska Native	6%	2%	2%
Jewish	2%		
Other		5%	5%
Gender			
Female	93%	89%	97%
Male	2%		
Nonbinary	4%		
Gender-fluid	2%		
Genderqueer			2%
Other		4%	
Prefer not to answer		6%	2%
Highest Degree			
Doctorate degree (Doctor of Nursing Practice, DNP, Doctor of Midwifery, DM, Doctor of Philosophy, PhD, Doctor of Public Health, DrPH, or Doctor of Education, EdD)		73%	
Doctoral degree (Doctor of Nursing Practice, DNP, Doctor of Philosophy, PhD, Juris Doctor, JD)			30%
Master's degree in nursing		20%	62%
Master's degree other than nursing		6%	6%
Associate degree in nursing		2%	1%
Another degree			1%
Certification Type			
Pursuing CNM-MSN	60%		
Pursuing CM-MS	15%		
Pursuing CNM-DNP	15%		
Pursuing CNM-MS	9%		
Pursuing post-graduate certification	1%		
CNM		95%	97%
Women's Health Nurse Practitioner (NP)		20%	25%
CM		1%	2%
Family Nurse Practitioner			7%
Other		9%	7%

	Students	Faculty	Preceptors
Age (Mean)	32 years old	52 years old	47 years old
Program Format			
Hybrid program	51%		17%
Distance learning program	33%		
In-person program	16%		
Program is mostly on campus			62%
Mostly online			21%
Attendance/Academic Appointment			
Full-time student	67%		
Part-time student	33%		
Full-time academic appointment		6-8%	
Part-time academic appointment		18%	
Adjunct instructor/professorship		7%	
Per Diem instructor/professorship		2%	
Other		4%	
Type of Practice			
Hospitalist			37%
Other (academic medical center, university practice, tribal, urban teaching hospital)			34%
Midwife private group or solo practice			28%
Federally Qualified Health Center			11%
Other community clinic			11%
Federal government			8%
Practice Setting			
Hospital			83%
Birth center			12%
Ambulatory only			12%
Home			2%
Other			2%



Authors and Acknowledgements



The American College of Nurse-Midwives (ACNM) is a professional association that represents certified nurse-midwives and certified midwives in the United States. ACNM envisions a midwife for every community and strives to support midwives; advance the practice of midwifery; and achieve optimal, equitable health outcomes for the people and communities midwives serve through inclusion, advocacy, education, leadership development, and research.

The **Access to Equity in Midwifery Education and Care Project** launched in 2022. There were two goals: 1) to evaluate the landscape of midwifery education and explore factors that influence the recruitment and graduation of Black and Indigenous students and other students of color; and 2) to establish relationships with historically Black colleges and universities to generate interest in starting midwifery education in their institutions. The landscape analysis focused on midwifery programs that are accredited by the Accreditation Commission for Midwifery Education.

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Relevant Work

During the literature review, we explored other American College of Nurse-Midwives (ACNM)-led projects and reports. The following efforts were influential to our work:

- [Midwifery Workforce Study](#). A two-year grant allowed ACNM to evaluate the size, capacity, and growth trajectory of the current midwifery workforce.
- The **Innovation in Education Taskforce** identified and delineated obstacles in midwifery education. It also identified successful innovations in midwifery education and best practices from other professions to increase the number of practitioners within a specialty.
- The [Anti-Racism Toolkit for Midwifery Education](#) is a resource for faculty to help them address historical racism in midwifery education and prepare future midwives to recognize and address racism and bias in themselves, institutions, and the health care system.



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