

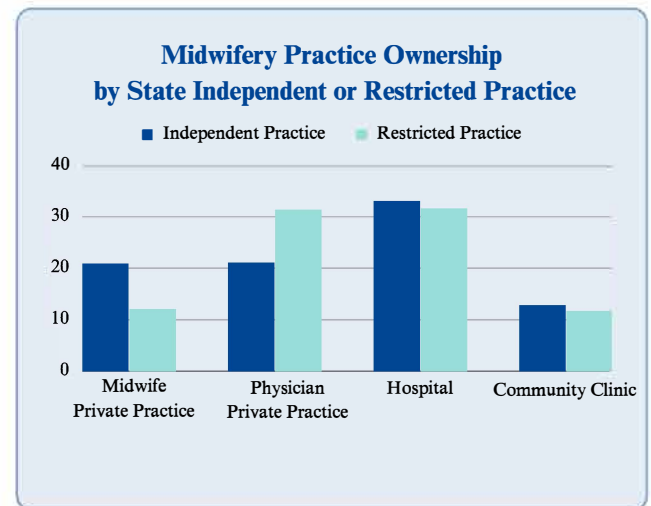
# Is independent midwifery practice associated with midwifery practice ownership?

## ANALYSIS:

We used data from the American College of Nurse-Midwives COVID-19 Workforce Study to compare practice ownership between states that have independent midwifery practice compared to those that restrict midwifery practice by requiring a written collaborative agreement for licensure or prescribing. Practice ownership was compared using chi-squared analysis and univariate odds ratios were calculated.

## RESULT:

For states with independent midwife practice, the most common form of ownership was hospital (32.9%), with similar proportions owned by physicians (21.0%), and midwives (20.8%). For states with restricted midwife practice, hospital (31.5%) and physician (31.2%) ownership were similar with fewer practices owned by midwives (12.0%). The odds of midwife-ownership were nearly doubled in independent states (odds ratio [OR], 1.93; 95% CI, 1.24 – 3.00) while the odds of physician-ownership were 70% higher in restricted states (OR, 1.70; 95% CI, 1.19 – 2.43).



## IMPLICATIONS

**Practice ownership shifts from midwives to physicians in states that restrict midwife practice by requiring a written collaborative agreement for licensure or for prescribing.**

**Prior evidence demonstrates that states with independent midwife practice regulations have similar safety outcomes as states with restricted midwife practice regulations. Therefore, there is no safety reason to shift practice ownership from midwives to physicians.<sup>1,2</sup>**

**State statutes that require written collaborative agreements for midwifery practice are an unnecessary restriction of the midwifery trade.**