



ISSUE BRIEF

Domains of Inquiry for Research Studies on the CNM/CM Workforce

Introduction and background

This concept paper outlines a broad scope of inquiry that will focus on the role of certified nurse-midwives (CNMs©) and certified midwives (CMs©) in the health care workforce in the United States. There is a national shortage of providers to care for women's primary and reproductive health care needs. CNMs/CMs have in-depth educational preparation that enables them to meet the health service delivery needs of women from menarche through menopause. They provide women-centered care that is evidence-based, safe, efficient, effective, and equitable. Presently, CNMs/CMs are a small percentage of the health care workforce but the need for their services is increasing steadily.

This concept paper addresses CNMs/CMs credentialed by the American Midwifery Certification Board (AMCB) and eligible for membership in the American College of Nurse-Midwives (ACNM). There are other cadres of midwives who provide reproductive health services to women, who are credentialed through other mechanisms. Principal Investigators may wish to include them in the study population; but it is imperative that clear distinctions about midwifery credentials be documented, so that findings can be correctly attributed to the appropriate workforce cadre.

Scope and objectives

The scope of this concept paper includes a vision for data that are needed to generate basic information essential for policy dialogue about the CNM/CM workforce. It also proposes additional data that will provide information about the added value and benefit of CNMs/CMs to the US primary health care workforce. We encourage researchers to include one or more of these areas of inquiry within the scope of their own research.

The aggregate outcomes of these studies will define the capacity of the US midwifery workforce. Results of these inquiries can be used to inform efforts already in place (e.g., state workforce studies) that aim to document the current supply of midwives, identify areas of shortage and/or mal-distribution, and define the need and demand for expansion of the midwifery workforce.

Three survey populations are addressed in the objectives of this concept paper: currently certified CNMs/CMs, current/potential employers, and academic representatives of educational programs. Principal Investigators are urged to adopt the language of AMCB/ACNM annual workforce core data studies ([the Midwifery Masterfile](#)) so that uniform and comparable data sets can be generated, on this selected set of variables.



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I. The projected need for midwives

- Characteristics and distribution of women's primary health care providers in the United States
- Current shortage areas for women's primary health care providers
- Anticipated additional needs for women's primary health care providers over the next decade
- Projected trends in the midwifery workforce, using current numbers and retirement projections
- Projected trends for other women's primary health care providers

II. Analysis of the current workforce in midwifery

- Demographics of the current midwifery workforce, including individual data, data on representation of diverse backgrounds and regional distribution of midwives (as outlined in the Midwifery Masterfile)
- Work settings (by facility type)
- Work locations (zip code or other method that allows characterization and/or designation by medically underserved areas, in urban/suburban and rural locations)
- Scope of practice in actual employment
- Patterns of under-employment (hours) or restricted employment (no full-scope available)
- Populations served by employed midwives, including geographic considerations
- Patterns of personal preferences for practice over time, and factors that affect these choices
- Salary by region, by years in practice, and by type of employment
- Public or administrative policy that promotes or obstructs full-scope midwifery practice
- Satisfaction with employment situation
- Satisfaction with being a midwife

III. Clinical practice patterns

- Health care team members with whom midwives currently work; concepts of interprofessional and interdisciplinary practice
- Description of collaborative models between obstetrician/gynecologists (OB/GYN) and midwives: How can these be sustained, improved and/or increased?
- Viewpoint of OB/GYN leadership on midwives' place on the health care team: both community and academic health centers
- Type of employment desired by midwives (e.g., site, scope of practice, hours, population)

IV. Populating the midwifery workforce

- Basic aggregate information, e.g., number of midwifery programs, number of annual midwifery graduates and demographic data including data on representation of diverse backgrounds, current enrollment capacity of educational programs
- Educational pathways, including methods of curriculum dissemination, and strategies for development and affirmation of clinical competency



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- Factors influencing capacity, including programs below capacity and with limited capacity
- Faculty workforce issues: documentation of strategies for preparation and retention; retirement projections
- Preceptor issues: documentation of preceptor strategies for preparation and retention
- Attractiveness of the profession to potential applicants
- Impact of aging of the nursing workforce on recruitment to midwifery
- Funding issues for students: costs and access to scholarships, traineeships
- Funding issues for programs: governmental and other sources of financial support
- Pragmatic issues for clinical sites: incentives and disincentives for student engagement

V. **Attrition from the midwifery workforce**

- Barriers to employment in midwifery, as perceived by CNMs and CMs no longer engaged in midwifery clinical practice or midwifery education
- Factors that led to leaving midwifery practice, including both personal (e.g., quality of life) and professional (e.g., licensure and regulation) issues. Investigation of desire to return to midwifery practice
- Loss of internationally educated midwives to the US workforce because of barriers to certification and/or licensure.

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