



OCTOBER 2024

California's Midwife Workforce: Practice Settings, Work Environments, and Future Practice Plans

Snapshot

Introduction

Midwives are licensed clinicians who play a key role in the maternity care workforce. California credentials two types of midwives: licensed midwives (LMs) and nurse-midwives (NMs). Both types of midwives provide care during pregnancy, childbirth, and postpartum, although they have different clinical training and licensure. To better understand the midwife workforce, the University of California, San Francisco, with funding from the California Health Care Foundation, conducted the Survey of California Nurse Practitioners and Nurse-Midwives and the Survey of California Licensed Midwives from July 18, 2022, to March 31, 2023 (see Appendix A for the methodology).

This report presents survey findings on LMs and NMs, and focuses on their work settings, practice environments, and future practice plans. Although this report provides data about both LMs and NMs where possible, in some cases, the two surveys asked different questions. Any comparisons are designed to describe the nuances of each type of midwife; both types of midwives provide high-quality, comprehensive, person-centered care focused on pregnancy, childbirth, and postpartum. The report focuses on practicing midwives.*

KEY FINDINGS INCLUDE:

- ▶ Between 2017 and 2023, the number of NMs licensed in California was stable, while the number of LMs licensed in California increased by 22%. In 2023, there were 1,160 NMs and 458 LMs with an active California license and California address.
- ▶ In 2023, more than three in four LMs (79%) and NMs (76%) were practicing midwifery. Among LMs not practicing, stress was an important reason for not practicing. Among NMs not practicing, stress and lack of employment opportunities were important reasons for not practicing.
- ▶ The majority of licensed midwives (62%) practiced in their own individual midwifery practice, and about half (49%) worked in sole proprietorships. More than four in five NMs (85%) were regular employees (or employed) in hospital and medical centers, ambulatory settings, and birth centers.
- ▶ About two in three LMs (65%) said they do not have malpractice insurance. Those without malpractice insurance most often reported that high cost was the reason, with the second most commonly reported reason being a lack of insurance policies that offer coverage to LMs.

Contents

- 3 Overview of Midwives in California
- 9 Characteristics of Work Setting
- 23 Practice Environments
- 28 Career Satisfaction and Future Practice Plans
- 37 Appendix

* The Overview section provides information on all midwives. Some data on nonpracticing midwives is included in the Future Plans section.

- Practicing midwives reported that a number of factors interfered with the care they provided to their patients. More than half of LMs said that poor integration of midwifery with other health care services (58%) and denial of coverage of care by insurance companies (62%) were “major” problems. Forty-two percent of NMs said that inadequate time with patients was a “major” problem.
- Most practicing midwives reported high levels of satisfaction with their midwifery careers. Two in three LMs (66%) and three in four NMs (75%) said they were “very satisfied” or “satisfied” with their midwifery careers.
- Many practicing midwives plan to reduce their hours or leave the workforce in the next five years. Nearly half of practicing NMs (49%) and one in three practicing LMs (32%) planned to take a temporary break from midwifery work, leave midwifery work entirely, retire, or decrease their clients in the next five years.
- About one in four LMs (26%) and NMs (23%) said they were only “occasionally,” “seldom,” or “never” allowed to practice to the fullest extent of their fullest expertise.

Midwives Practicing in California, 2024

Overview

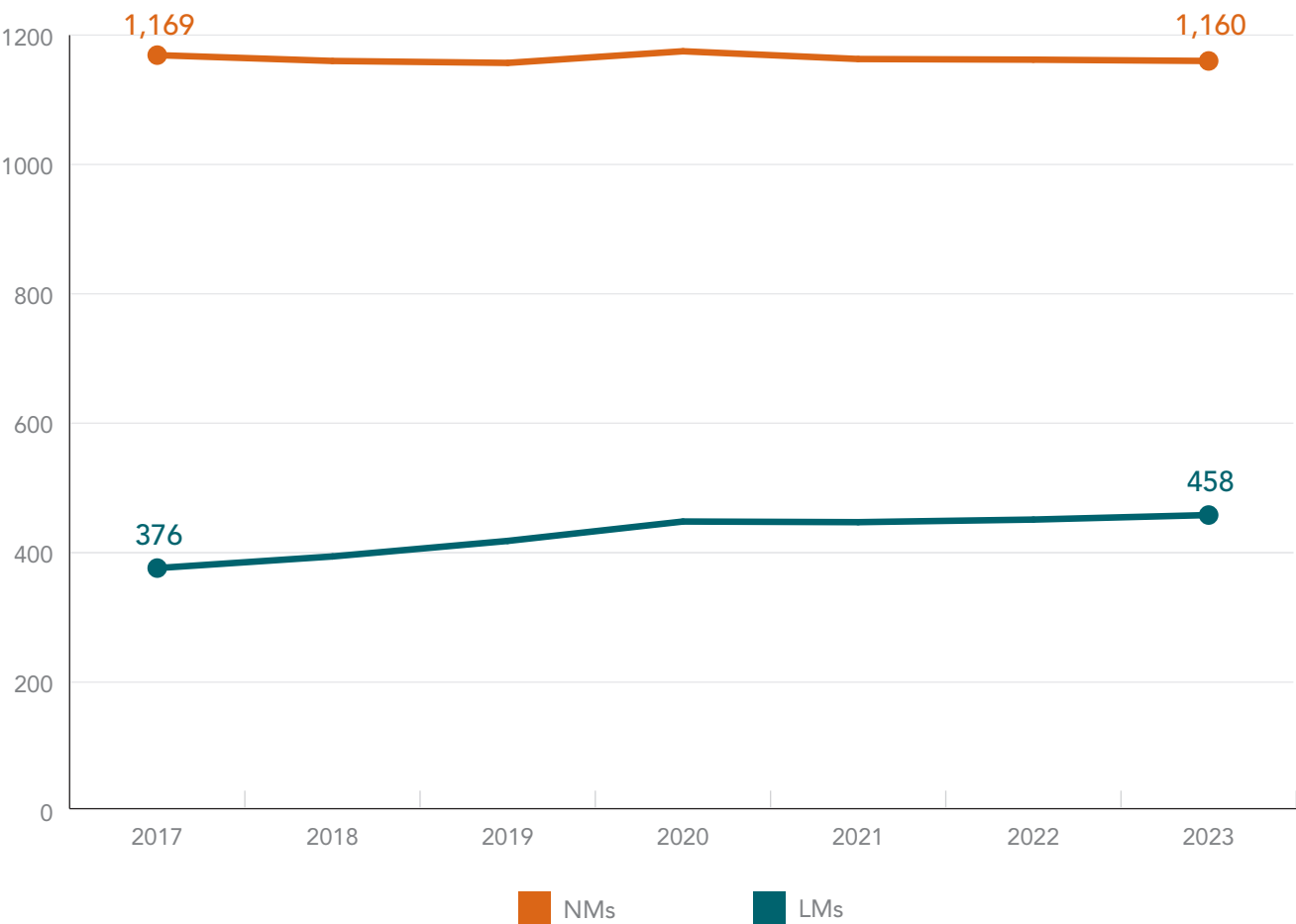
	Licensed Midwives (LMs)	Nurse-Midwives (NMs)
Scope of Practice	Responsible for comprehensive health care in pregnancy, birth, and postpartum, including family planning and care of newborns. Trained to recognize abnormal or dangerous conditions requiring medical attention. Also prepared to provide a broad array of health education and referrals as needed to other providers.	Provide comprehensive sexual and reproductive health care, including pregnancy, childbirth, postpartum, care of newborns, family planning, gynecological needs, and abortion care. Also prepared to provide a broad array of health services across the lifespan, from menarche through menopause, including well-person visits, immunizations, health education, and prescribing and managing prescriptions.
Education, Licensing, and Certification	LMs undergo midwifery training that focuses on care in out-of-hospital clinical settings to prepare them as specialists in community-based maternity care at home and in freestanding birth centers. LMs complete a three-year postsecondary education and clinical training program through an accredited midwifery school. All LMs must successfully complete the national examination administered by the North American Registry of Midwives.	NMs undergo ambulatory and hospital-based clinical training in nursing and midwifery to prepare them as maternity care providers whose additional areas of specialization include primary and gynecological care and comprehensive reproductive health and abortion care. NMs must have an RN license and a master's or higher degree with specialization in midwifery. Ninety-seven percent of California NMs have received national certification from the American Midwifery Certification Board.
Agency for Educational Accreditation	Midwifery Education Accreditation Council	Accreditation Commission for Midwifery Education
Regulatory Body	Medical Board of California	California Board of Registered Nursing
Typical Practice	Most LMs are in solo or small practice and primarily attend births in community-based settings: home and birth centers.	Most NMs are employees, seeing patients in clinics and primarily attending births in hospitals.

Overview of Midwives in California

Midwives are licensed health care professionals who provide prenatal care, childbirth services, and postnatal care. California credentials two types of midwives — licensed midwives (LMs) and nurse-midwives (NMs). While there are differences in the training and typical practice of LMs and NMs, both types of midwives provide high-quality, comprehensive, person-centered care focused on pregnancy, childbirth, and postpartum.

Source: Connie Kwong et al., "[California's Midwives: How Scope of Practice Laws Impact Care](#)," California Health Care Foundation, October 2019; "[Midwives](#)," Medical Board of California, accessed June 6, 2024; "[Definition of Midwifery](#)," International Confederation of Midwives, accessed June 17, 2024.

Number of Licensed Midwives and Nurse-Midwives with Active Licenses California, 2017 to 2023



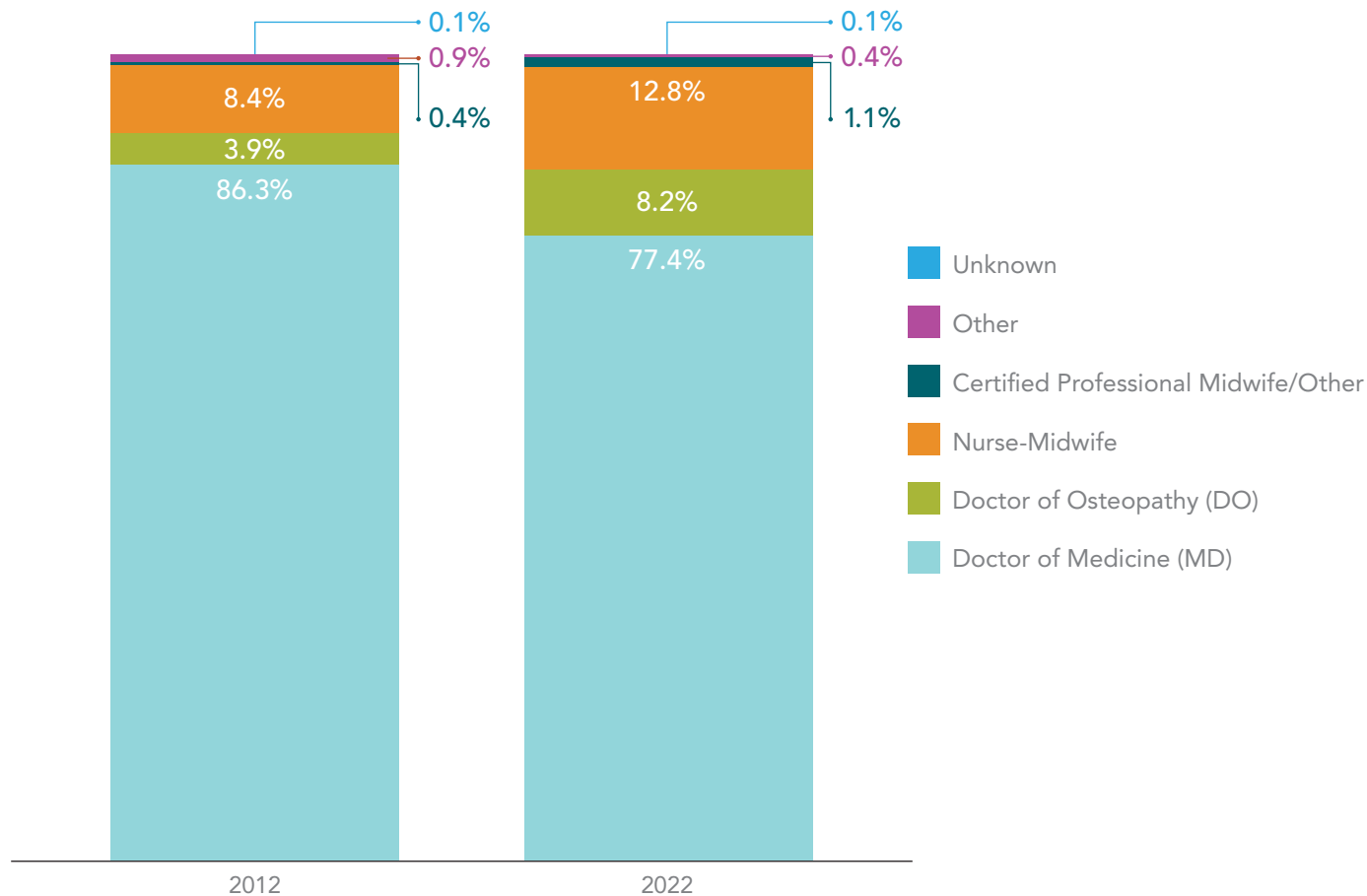
Overview of Midwives in California

The number of NMs licensed in California was stable between 2017 and 2023, fluctuating between a low of 1,157 and a high of 1,175 NMs (not shown). Over the same period, the number of licensed midwives increased 22%, from 376 in 2017 to 458 in 2023. Not all licensed NMs and LMs practice as midwives.

Note: Data are based on fiscal year (July 1 through June 30 of noted year) and include midwives with an active California license and a California address of record.

Source: "DCA Annual Licensing Statistics," California Dept. of Consumer Affairs, accessed June 25, 2024.

Births by Attendant California, 2012 and 2022



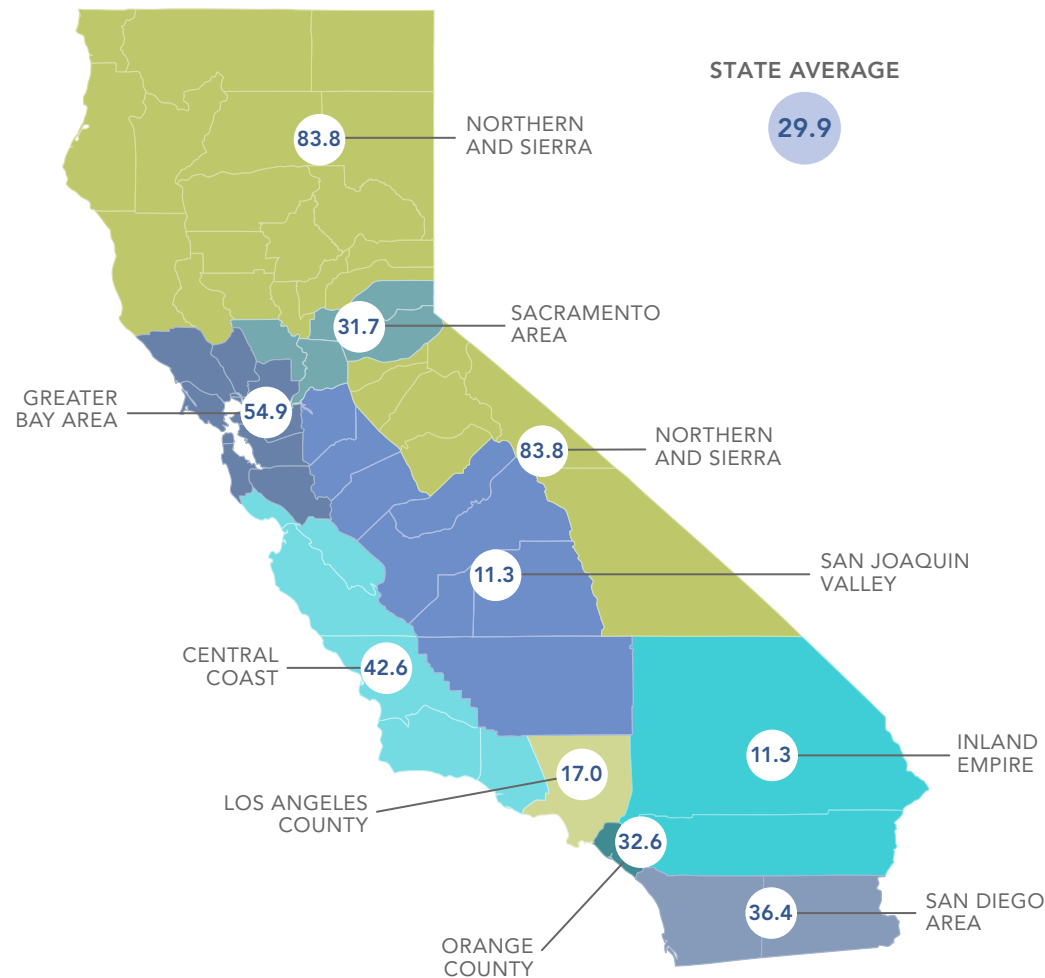
Notes: Data are derived from birth certificates. Attendant at birth is the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician would be reported as the attendant. If the obstetrician is not physically present, the intern or nurse-midwife would be reported as the attendant. *Nurse-Midwife* represents certified nurse-midwife (CNM), certified midwife (CM), and advanced practice registered nurse (APRN). *Certified professional midwife/Other* represents a midwife other than CNM/CM. Source uses *certified nurse midwife* and *other midwife*. Figures may not sum due to rounding.

Source: "[Natality Information: Live Births](#)" (2007-2022), CDC WONDER Database, Centers for Disease Control and Prevention (CDC), accessed September 9, 2024.

Overview of Midwives in California

There were 419,104 births in California in 2022. The majority of these births had a physician as the primary attendant, although midwife attendants have increased over the last decade. Midwives serving as a primary attendant increased from 9% of births in 2012 to 14% of births in 2022, with the majority of these being NMs.

Practicing Midwives per 10,000 Births by Region, California, 2023



Overview of Midwives in California

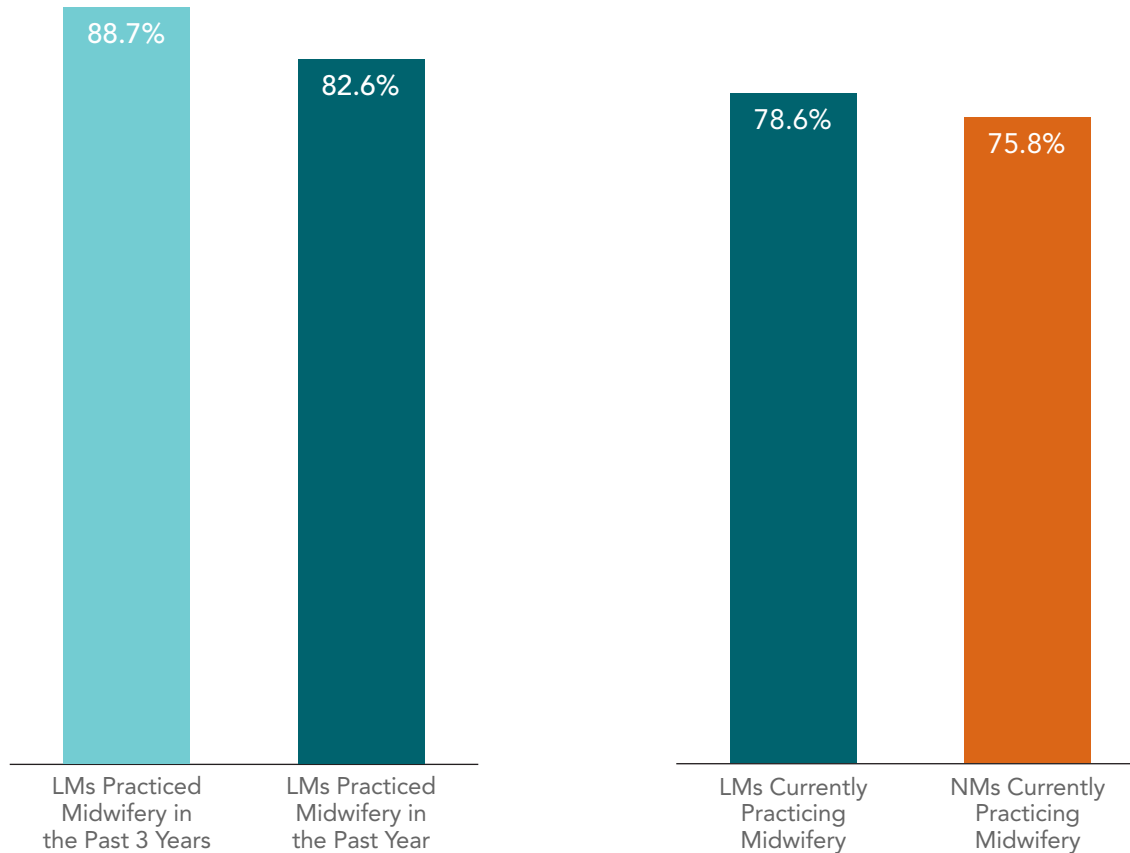
The supply of practicing midwives (both LMs and NMs) per 10,000 births varied across regions of California, from a low of 11 in the Inland Empire and the San Joaquin Valley to a high of 84 in the Northern and Sierra Region. Statewide, there were 30 practicing midwives per 10,000 births in 2023.

Notes: Sample includes 229 licensed midwives (LMs), 149 nurse-midwives (NMs), and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of LMs and NMs with active California licenses. Births data are from 2022. See Appendix B for definitions of regions.

Sources: Survey of California Nurse Practitioners and Nurse Midwives conducted by UCSF (July 18, 2022 to March 31, 2023); Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023); "Births," California Department of Public Health, last updated April 5, 2024.

Midwives Who Are Practicing California, 2023

Q: Have you practiced midwifery within the past year? (n = 229) Within the past 3 years? (n = 219)
Are you currently practicing midwifery? (n = 229 for LMs, 262 for NMs)



Overview of Midwives in California

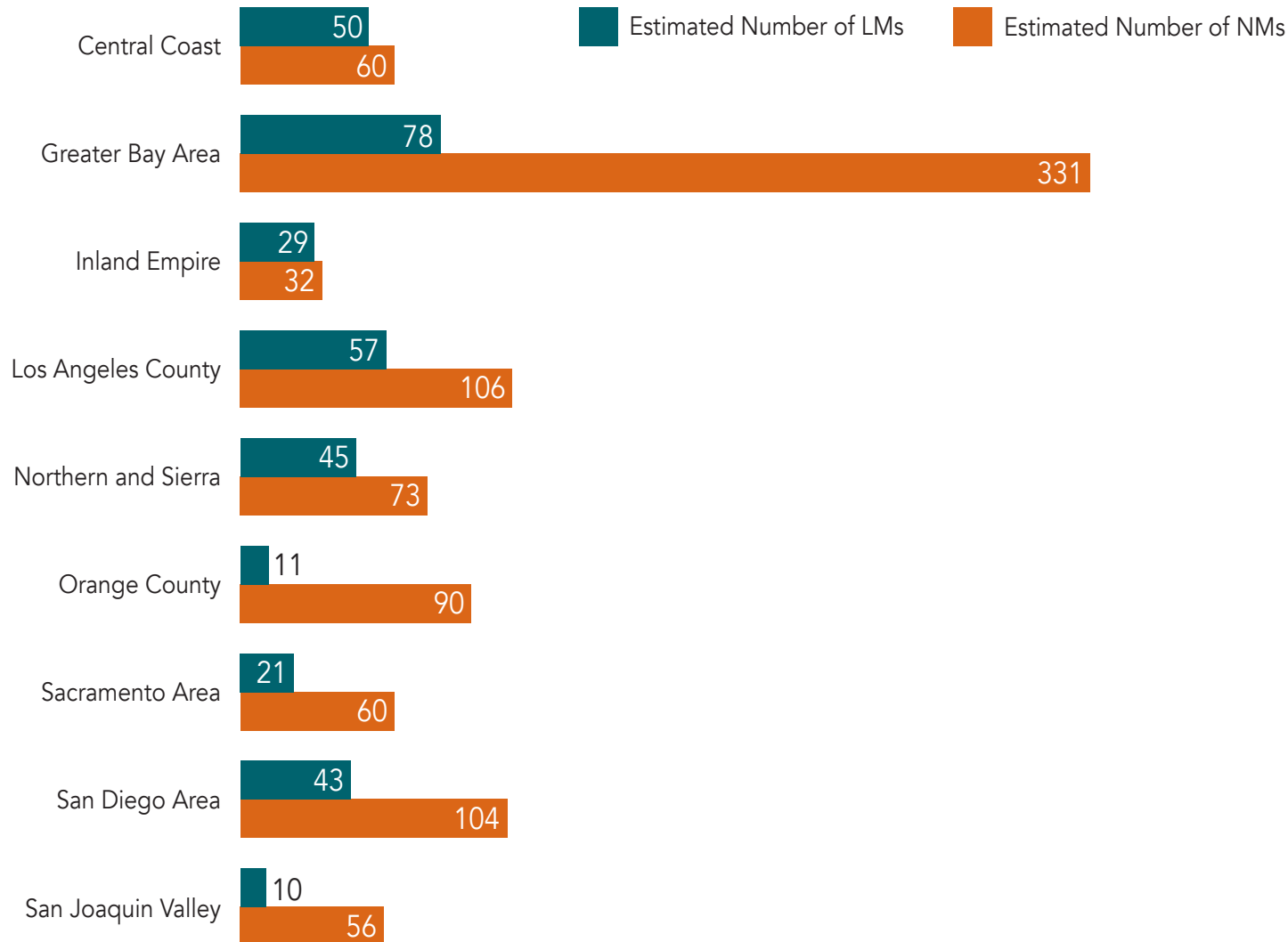
The percentage of LMs working in midwifery declined from 89% in the past three years to 79% who were currently practicing in 2023. About three in four NMs (76%) with active California licenses were currently practicing midwifery in 2023. These rates are slightly lower than for registered nurses (80%) and are concerning given the significant shortage of maternity care providers in California.*

Notes: Sample includes 229 licensed midwives (LMs), 149 nurse-midwives (NMs), and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of LMs and NMs with active California licenses. Data reported only for respondents who answered this question.

Sources: *Survey of California Nurse Practitioners and Nurse-Midwives* conducted by UCSF (July 18, 2022 to March 31, 2023); *Survey of California Licensed Midwives* conducted by UCSF (July 18, 2022, to March 31, 2023).

*[*Projections of Supply and Demand for Women's Health Service Providers: 2018-2030*](#) (PDF), U.S. Department of Health and Human Services, March 2021.

Practicing Licensed Midwives and Nurse-Midwives by Region, California, 2023



Overview of Midwives in California

The supply of practicing LMs and NMs varied across regions of California. There were a total of 344 LMs and 911 NMs practicing throughout the state. The Greater Bay Area had the largest supply of both LMs and NMs. Despite having the largest population and births of any region, Los Angeles County had relatively few practicing midwives: 57 LMs and 106 NMs.

Notes: Sample includes 229 licensed midwives (LMs), 149 nurse-midwives (NMs), and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of LMs and NMs with active California licenses. See Appendix B for definitions of regions.

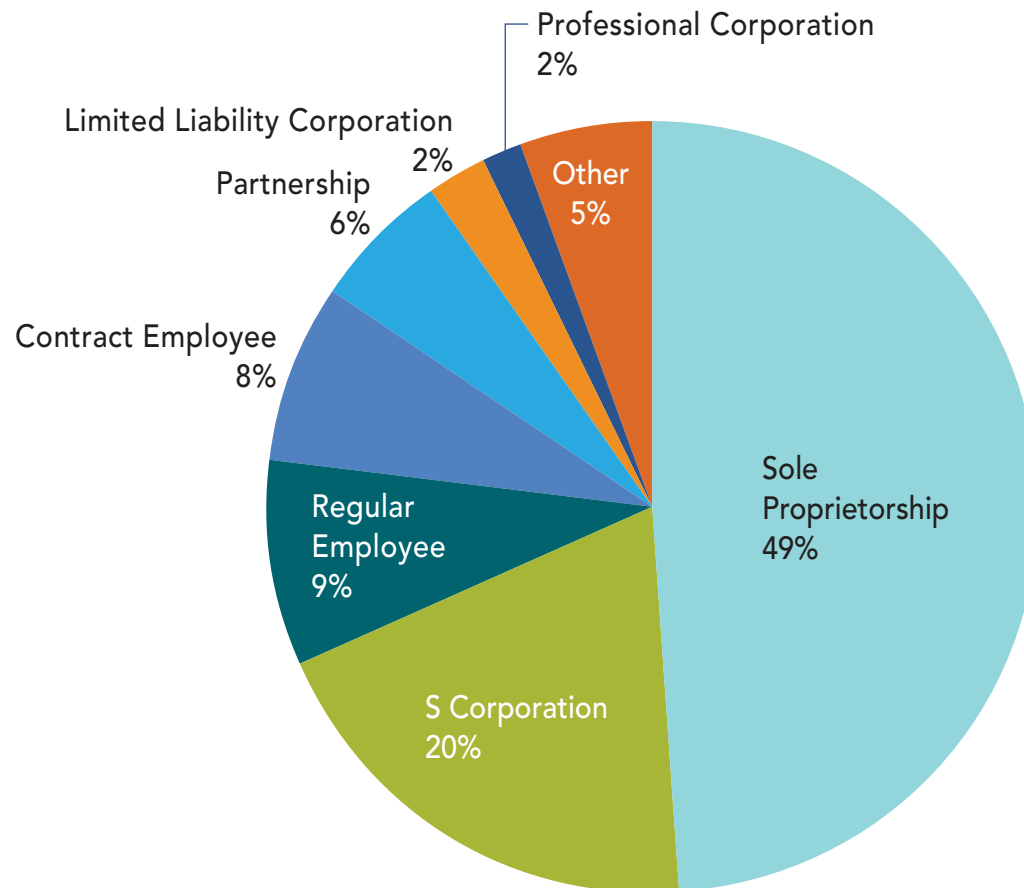
Sources: *Survey of California Nurse Practitioners and Nurse-Midwives* conducted by UCSF (July 18, 2022 to March 31, 2023); *Survey of California Licensed Midwives* conducted by UCSF (July 18, 2022, to March 31, 2023).

Employment Status of Practicing Licensed Midwives California, 2023

Q: What is your current employment status or business structure? (n = 166)

Characteristics of Work Setting

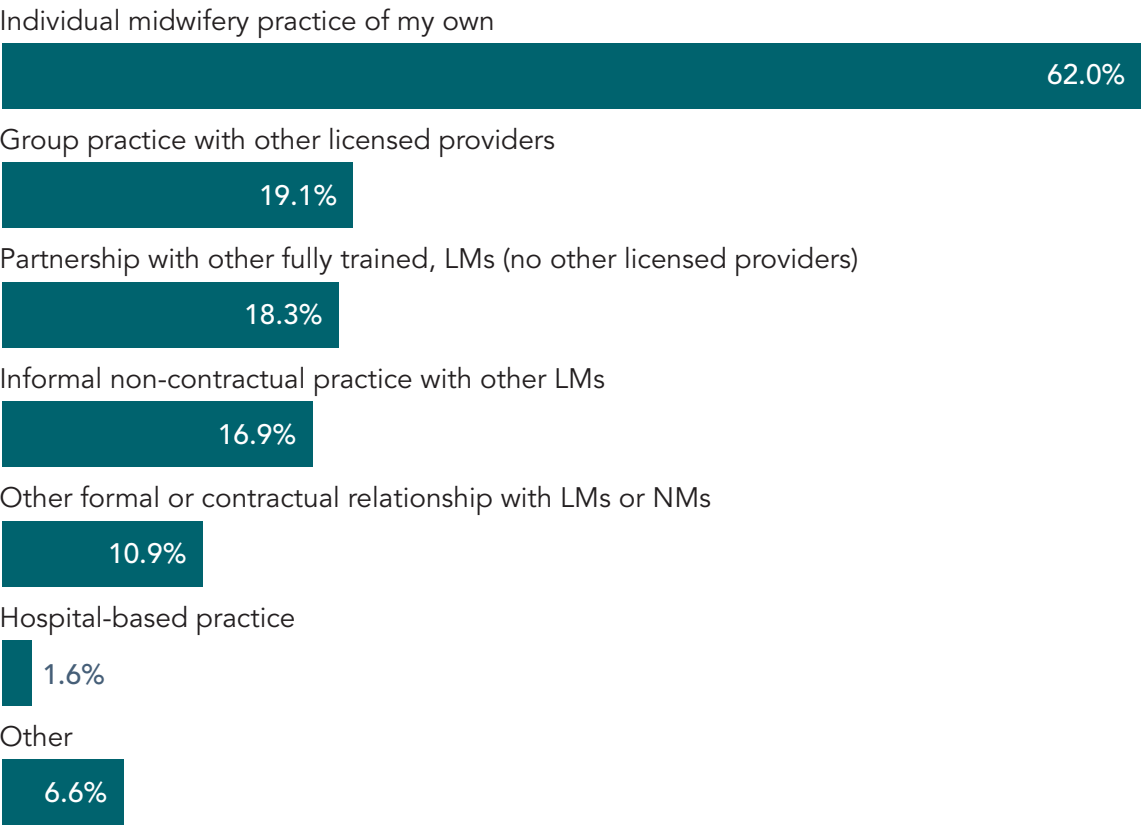
Most practicing LMs operated their own business, either on their own or with other midwives. About half of practicing LMs (49%) were in a sole proprietorship, and 30% reported another business structure such as a partnership or S corporation. Only 17% of LMs were regular or contract employees. On average, LMs practiced in 2.4 counties (not shown).



Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. "S corporations are corporations that pass corporate income, losses, deductions, and credits through to shareholders for federal tax purposes," according to the Internal Revenue Service (IRS). Figures may not sum due to rounding. Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023); "[S corporations](#)," IRS, last updated May 9, 2024.

Practice Settings of Practicing Licensed Midwives California, 2023

Q: In what type of practice do you provide midwifery services? Check all that apply. (n = 180)



Characteristics of Work Setting

The majority of LMs (62%) practiced in their own individual midwifery practice. The next most common settings were in a group practice with other licensed providers (19%) or a partnership with other LMs (18%).

Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. *Other* reflects written-in responses. *NM* is nurse-midwife.
Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

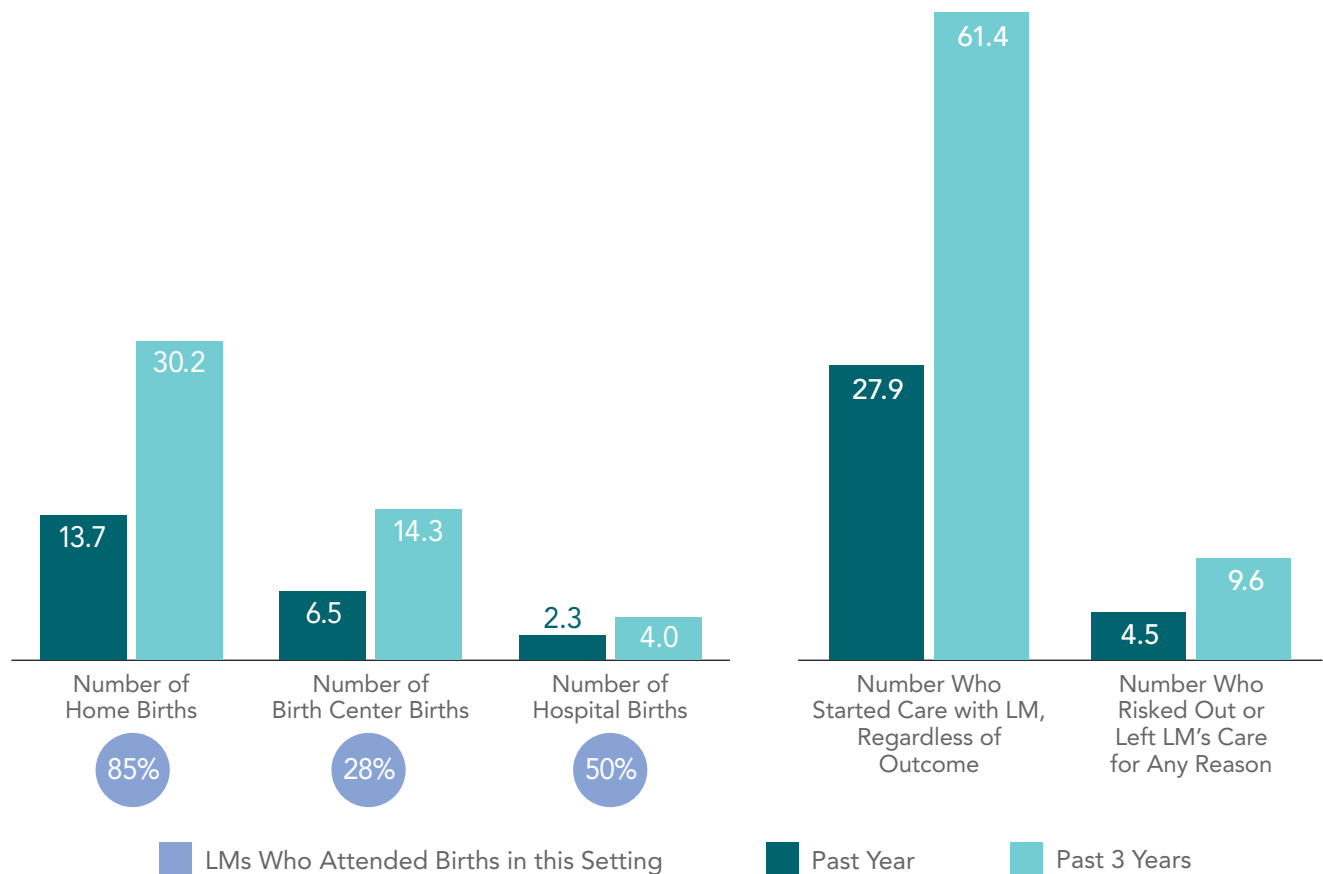
Average Volume of Births Attended by Practicing Licensed Midwives

by Setting, California, 2023

Q: Please indicate the volume of clients for whom you have been primary midwife. (n = 115)

Average Number of Births, by Setting

Average Number of Births, by Client



Characteristics of Work Setting

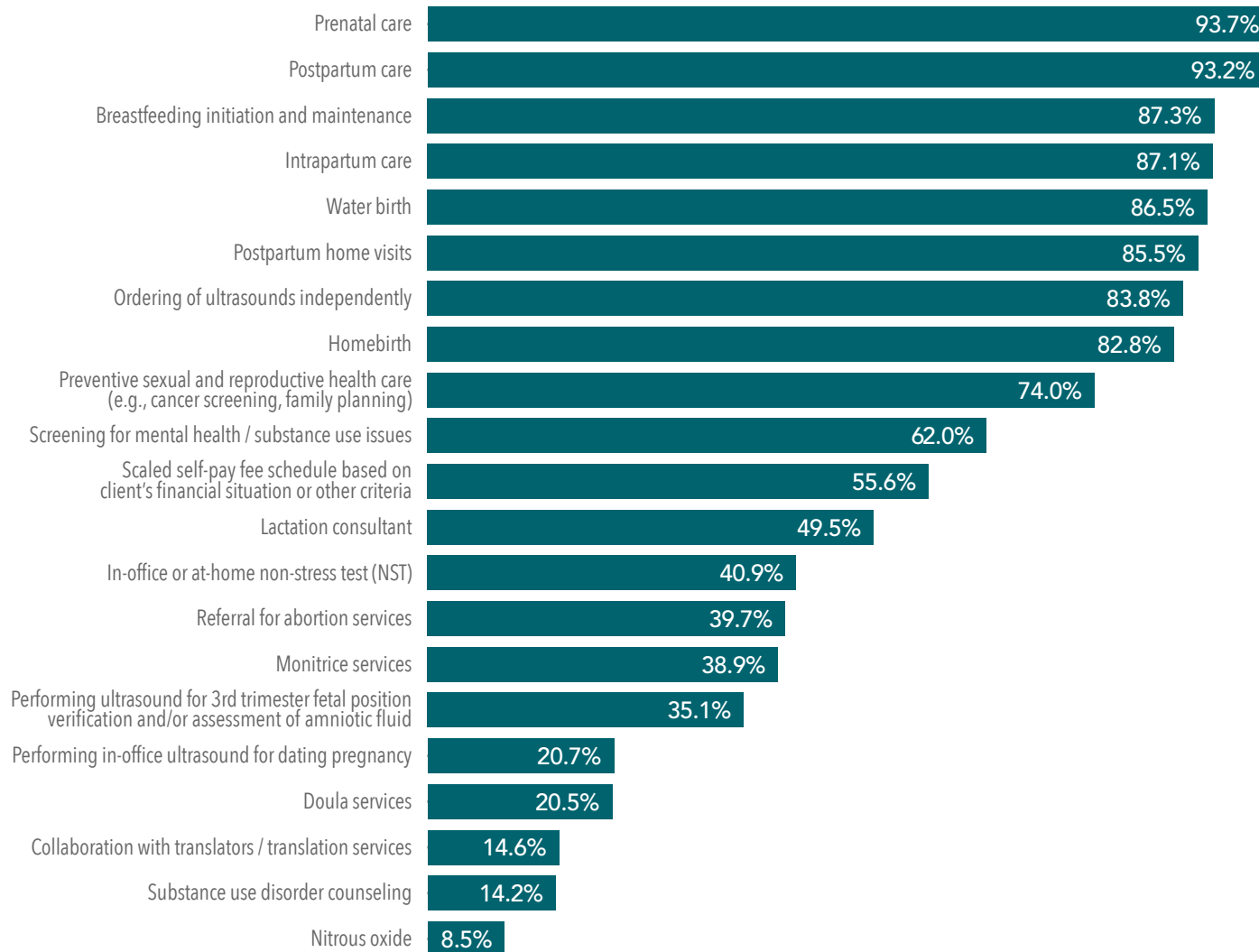
Fifty-eight percent of practicing LMs attended births in their primary midwife position in the past year (not shown). Of the practicing LMs who attended any births, 85% attended home births, 28% attended birth center births, and 50% attended hospital births. LMs could attend births in more than one setting. Of those who reported any births, LMs attended an average of 13.7 home births, 6.5 birth center births, and 2.3 hospital births as a primary midwife in the past year. LMs reported that on average 5 patients "risked out" or left their care in the past year and 10 did so in the past three years.

Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. Births by setting were calculated for any respondent who reported attending any births as primary or secondary midwife in the past year or past three years. A pregnant person "risked out" when they initiated care with a midwife but developed a higher-risk medical condition that required care from a physician and were no longer with the LM.

Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Services Provided by Practicing Licensed Midwives California, 2023

Q: Which of the following are currently part of your practice? Check all that apply. (n = 180)



Characteristics of Work Setting

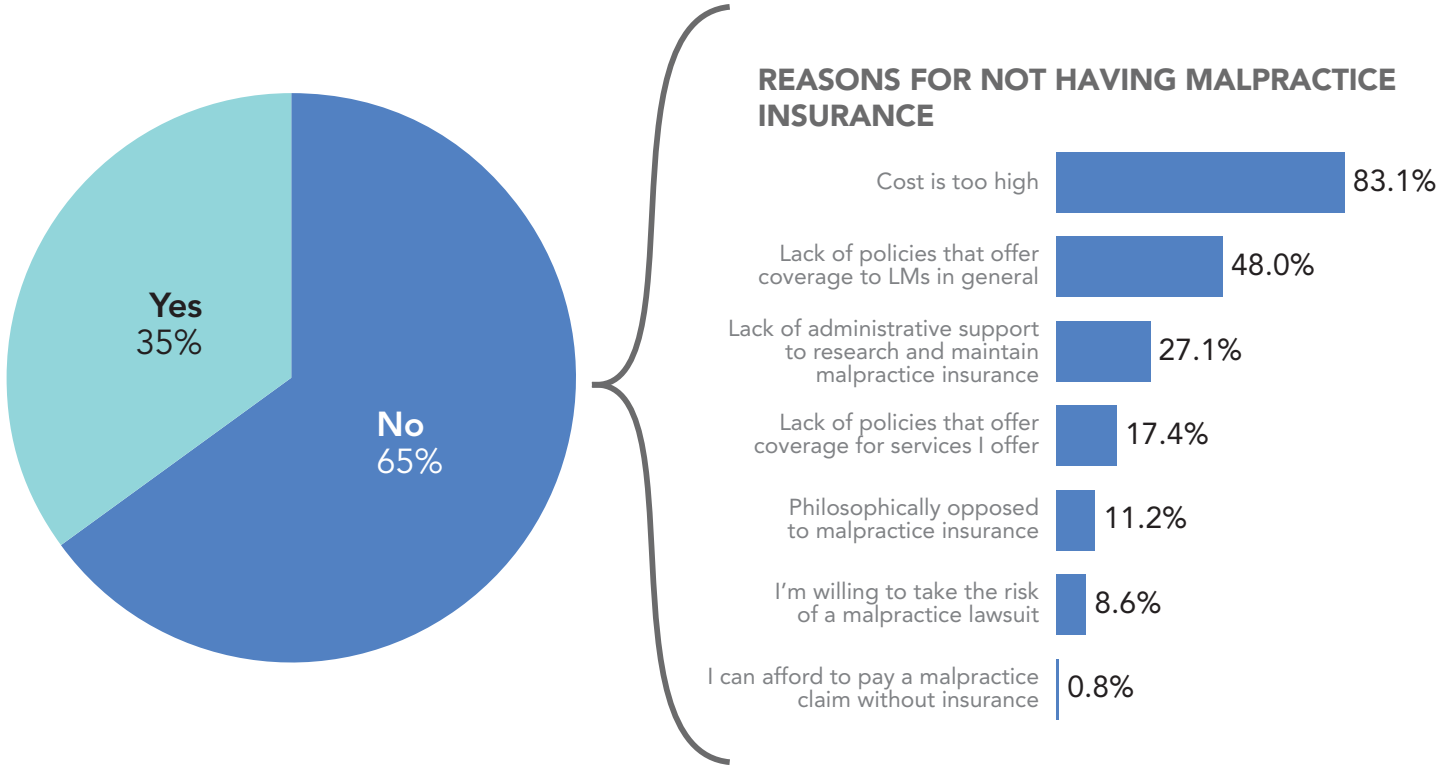
Practicing LMs provide many services during pregnancy, childbirth, and after delivery. More than 9 in 10 practicing LMs provide prenatal (94%) and postpartum care (93%). And more than 8 in 10 provide breastfeeding initiation (87%), labor and birth care (87%), water births (87%), postpartum home visits (86%), ordering of ultrasounds (84%), and home births (83%). Comparatively few LMs reported that they perform ultrasound for dating pregnancy (21%), offer substance use disorder counseling (14%), or provide nitrous oxide to clients (9%).

Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question.

Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Malpractice Insurance, Practicing Licensed Midwives California, 2023

Q: Do you have malpractice insurance? (n = 164) If no, why not? Check all that apply. (n = 109)



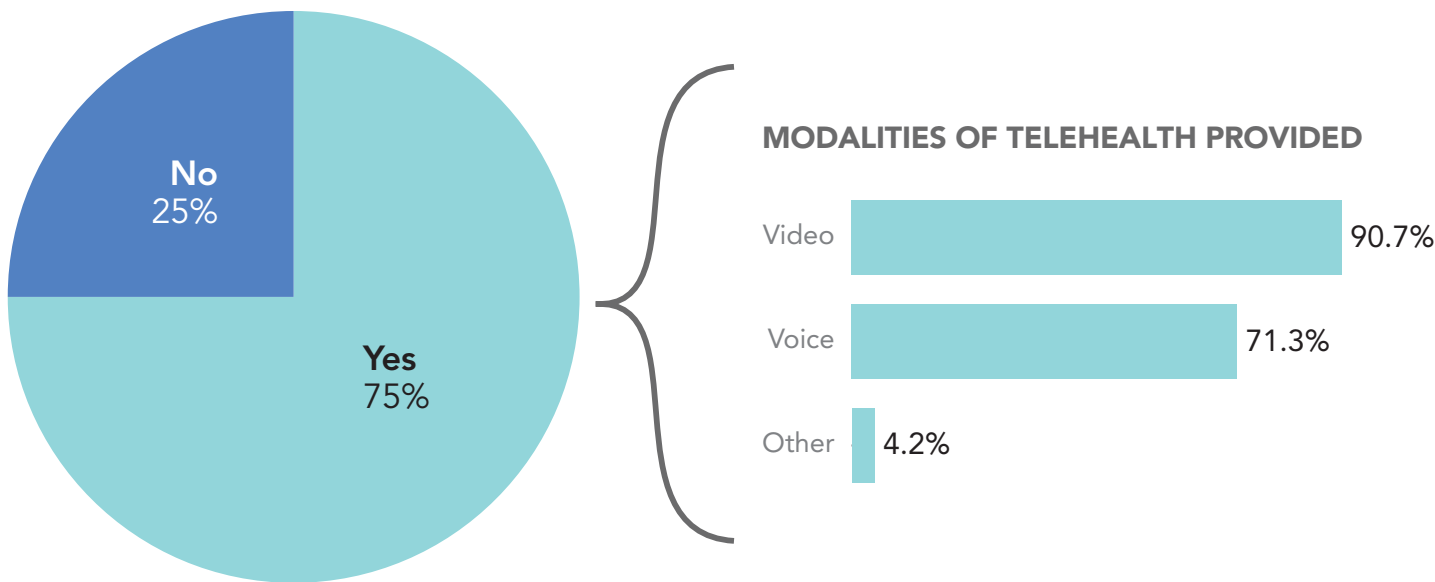
Characteristics of Work Setting

Only 35% of practicing LMs reported having malpractice insurance. Among those who do not, 83% said the cost of insurance is too high, and 48% said there were a lack of policies that offer coverage to LMs. The lack of affordable insurance policies likely contributes to the low proportion of LMs who accept Medi-Cal insurance (15%, not shown), which requires malpractice insurance coverage. The lack of insurance also creates a financial risk to LMs, most of whom own their own business.

Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. Other not shown. Figures may not sum due to rounding.
Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Practicing Licensed Midwives Who Provided Telehealth by Type, California, 2023

Q: Do you provide telehealth services? (n = 168) What modalities of telehealth do you use?
Check all that apply. (n = 126)



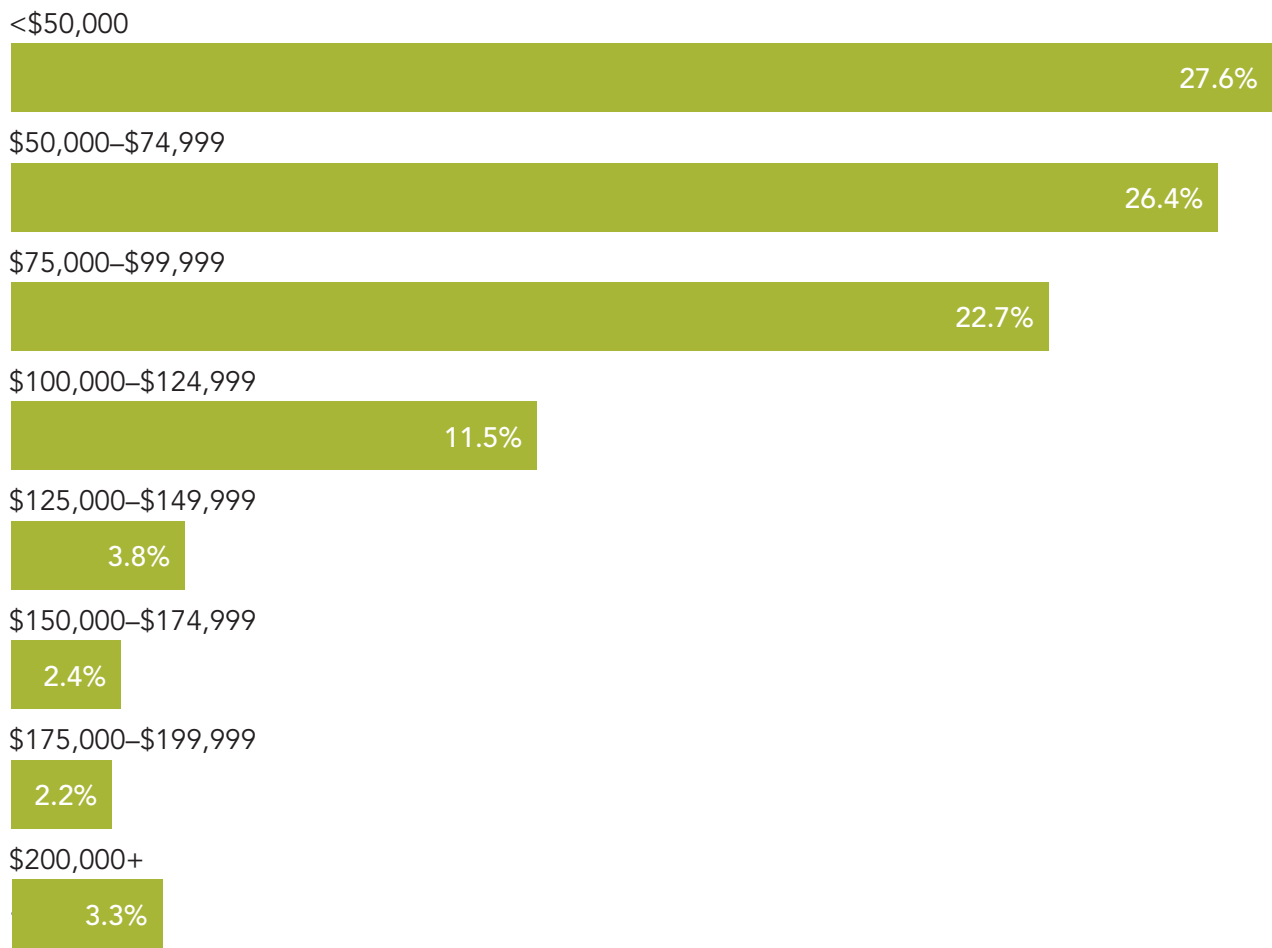
Characteristics of Work Setting

Three in four practicing LMs (75%) provided telehealth services. Among those who provided telehealth, 91% provide video visits and 71% provided voice visits. On average, LMs reported that 10% of prenatal and postpartum visits over the last year and 18% over the last three years were telehealth visits (not shown). Telehealth services are an important tool to increase patient access to care.

Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. *Other* reflects written-in responses. Figures may not sum due to rounding.
Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Annual Earnings, Practicing Licensed Midwives by Amount, California, 2023

Q: What is your net annual income from your midwifery practice? (n = 129)



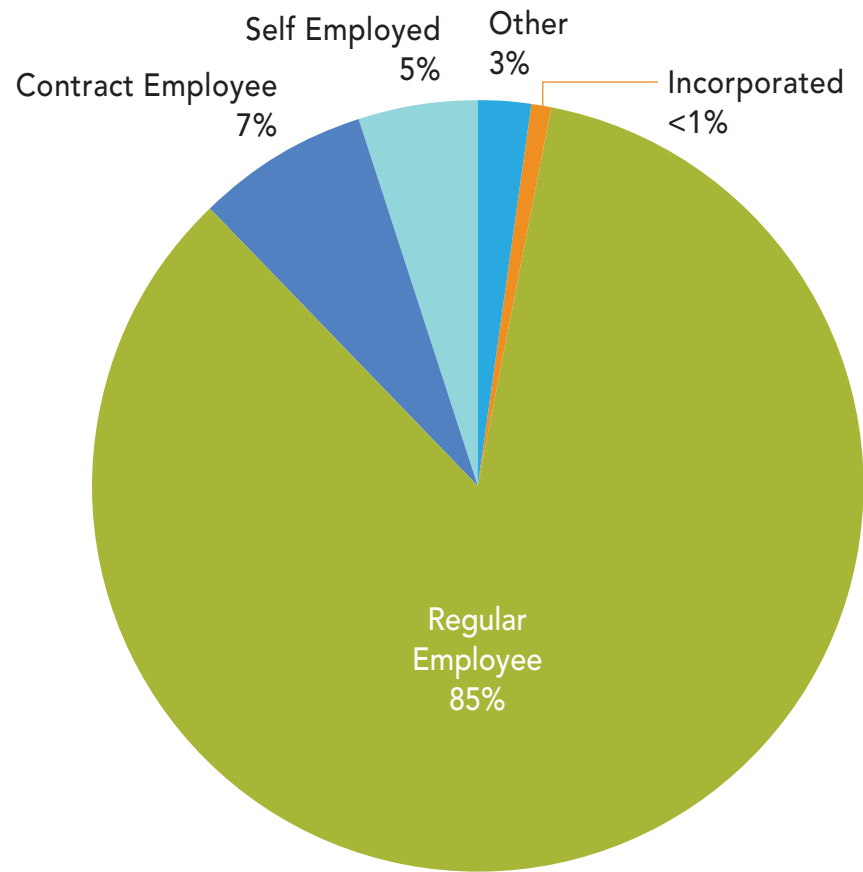
Characteristics of Work Setting

On average, practicing LMs earned \$74,425 a year from their midwifery practice (not shown). Three in four LMs (77%) earned less than \$100,000. These data are based on all LMs who completed the survey, regardless of whether they worked part-time or full-time. As many LMs own their own business, this data may not reflect money reinvested in their businesses for maintenance and growth.

Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. Figures may not sum due to rounding.
Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Employment Status of Practicing Nurse-Midwives California, 2023

Q: What is your employment status in your principal position? (n = 180)



Characteristics of Work Setting

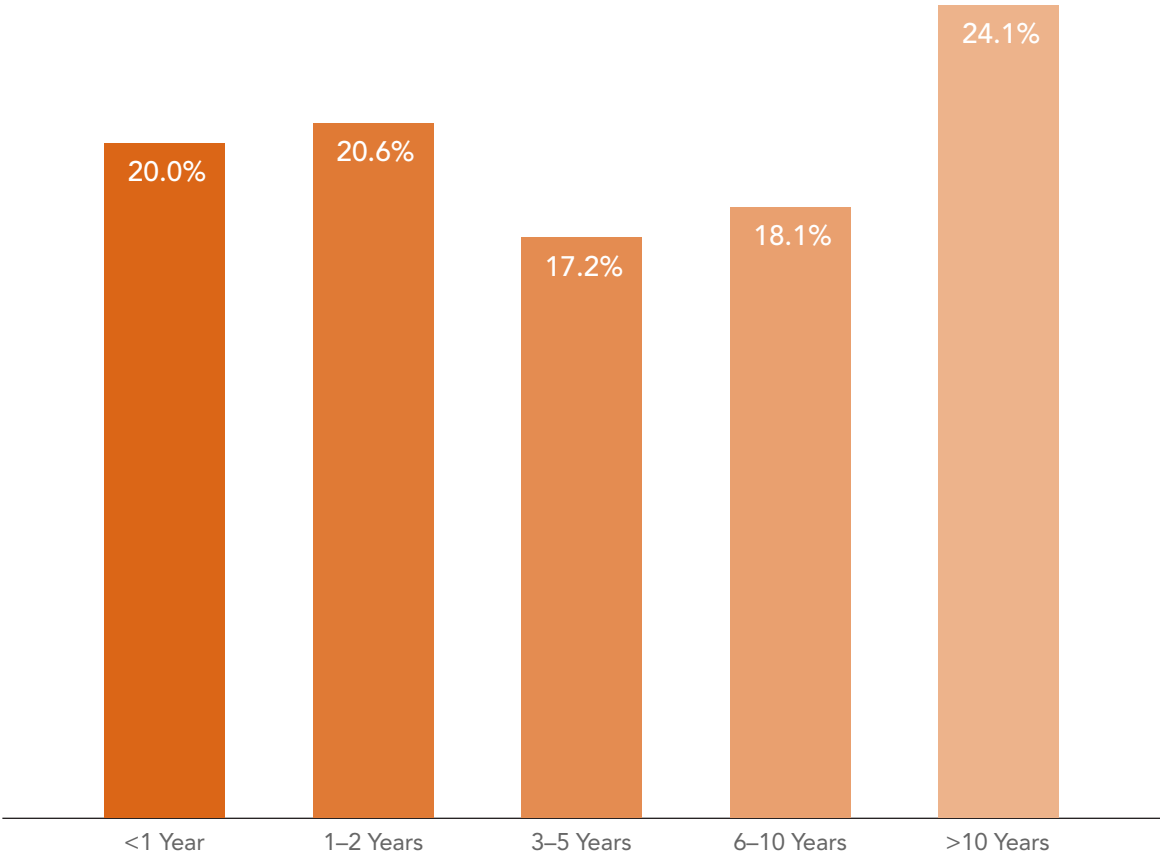
Eighty-eight percent of practicing NMs have one position (not shown). In their principal position, where they spend the most time, the vast majority of practicing NMs are regular employees (85%), and 7% are contract employees.

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. Figures may not sum due to rounding.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Practicing Nurse-Midwives by Length of Time in Position California, 2023

Q: How long have you had this position? (n = 178)



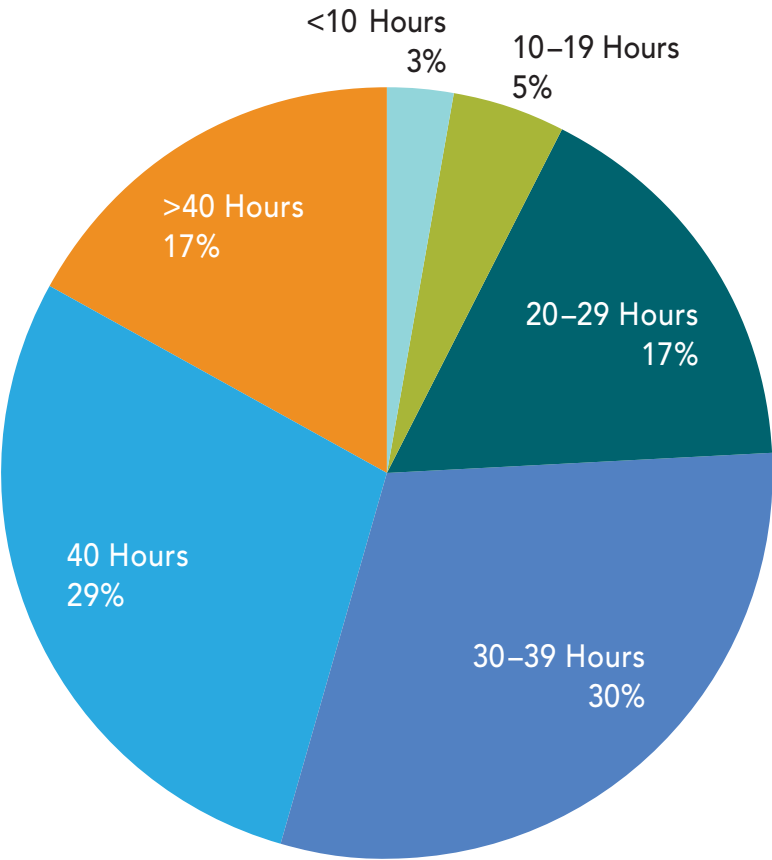
Characteristics of Work Setting

More than 4 in 10 practicing NMs (42%) have held their current positions for six years or longer, while another 4 in 10 (41%) have held their current positions for two years or less. The mean amount of time NMs have had their current position was 7.2 years (not shown). Tenure in their current employment was associated with the number of years since NM licensure, with those more recently licensed having shorter average tenure in their current position.

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. Data reported for principal position. Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Hours Worked per Week by Practicing Nurse-Midwives California, 2023

Q: How many hours per week do you work on average in this NM position? (n = 180)



Characteristics of Work Setting

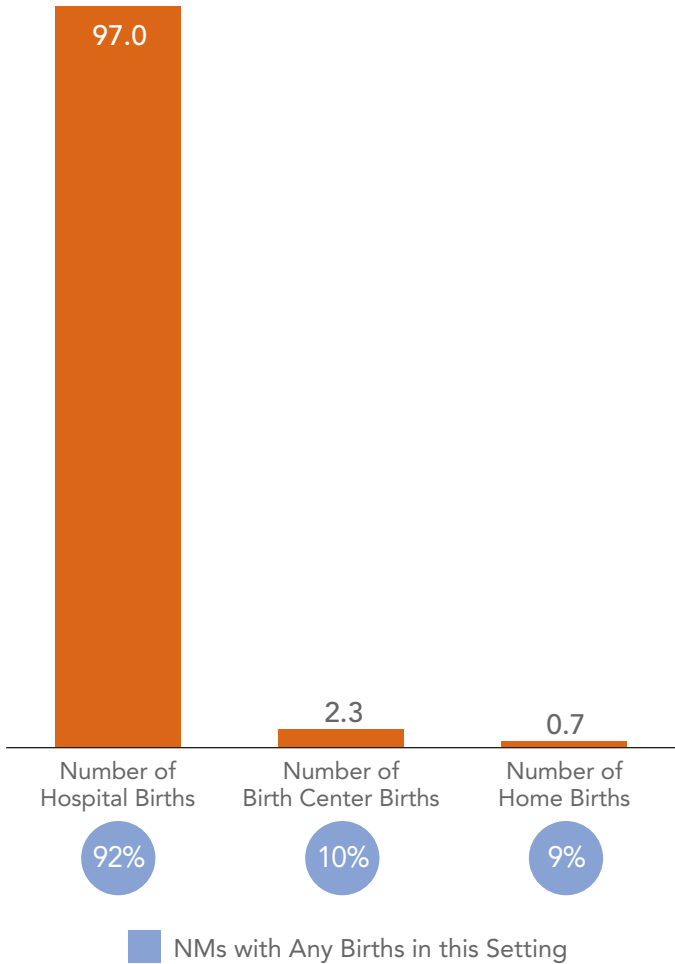
More than half of practicing NMs (55%) worked less than 40 hours per week in midwife positions, 29% worked 40 hours per week, and 17% worked more than 40 hours per week. On average, practicing NMs work 35 hours per week (not shown).

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population NMs with active California licenses. Data reported only for respondents who answered this question. Hours combined for principal and secondary positions. Figures may not sum due to rounding.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Average Volume of Births Attended by Practicing Nurse-Midwives by Setting, California, 2023

Q: Please indicate the numbers of births you have attended in these settings in the past 12 months (n = 136)



Characteristics of Work Setting

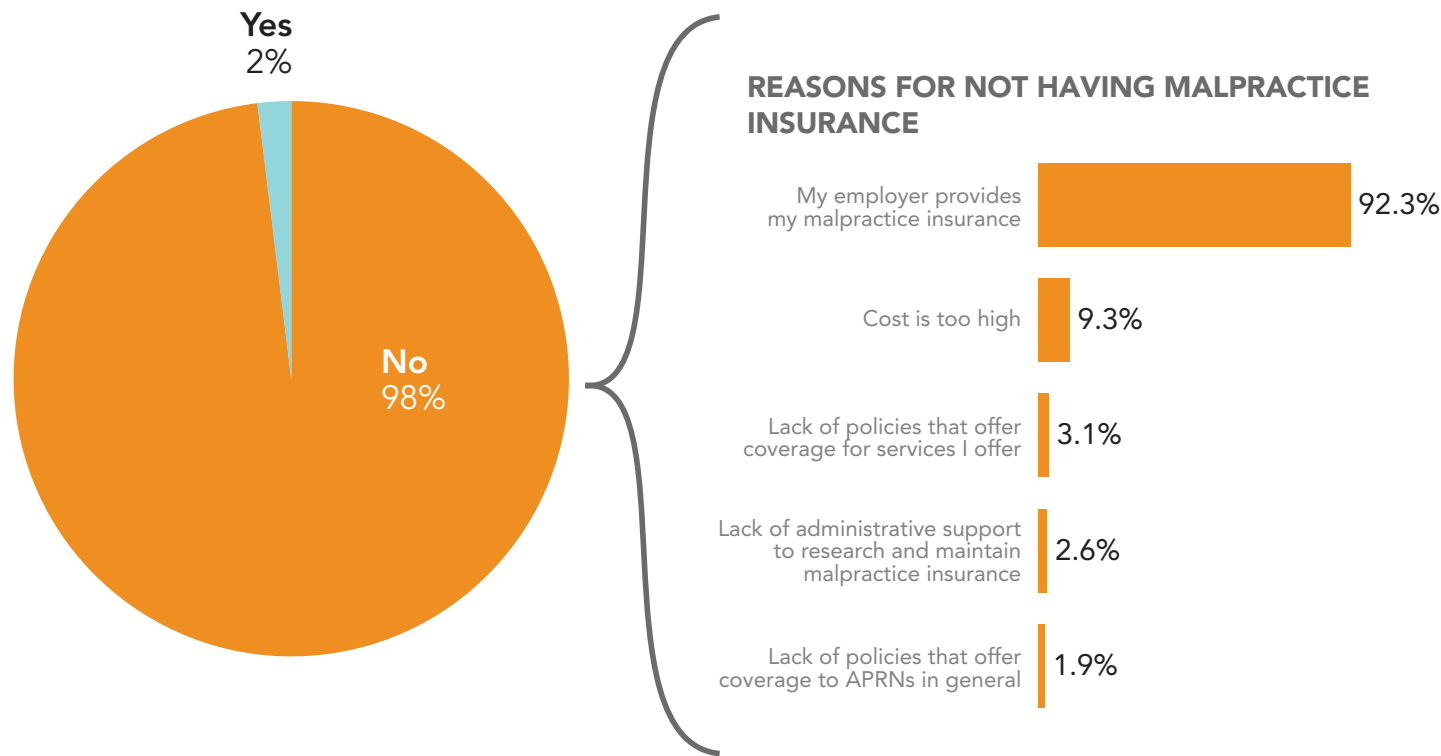
Eight in 10 practicing NMs attended births (not shown). Among NMs who reported they attended births in the past year, 92% attended hospital births, 10% attended birth center births, and 9% attended home births. NMs could report births in more than one setting. Of those who reported any births in any setting, NMs attended an average of 97 hospital births, 2 birth center births, and 1 home birth. Fifty-eight percent of NMs participated as surgical first assistant in cesarean deliveries (not shown).

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. Average births by setting were calculated for any respondent who reported attending any births in the past year.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Malpractice Insurance, Practicing Nurse-Midwives California, 2023

Q: Do you purchase your own individual malpractice insurance? (n = 171) If no, why not? Check all that apply. (n = 166)



Characteristics of Work Setting

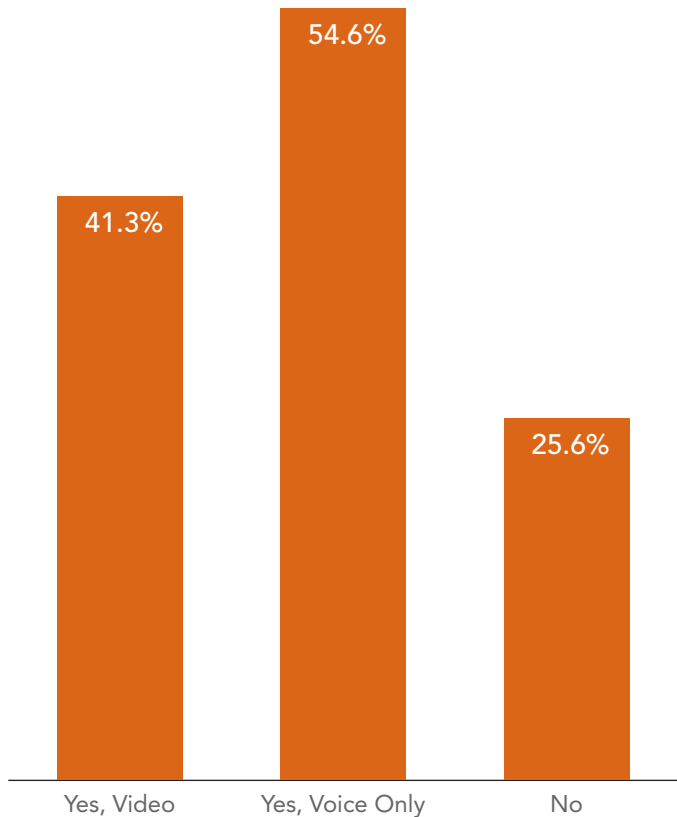
Nearly all practicing NMs (98%) did not purchase their own malpractice insurance. Rather, for most of them (92%), their employers provided malpractice insurance for them.

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. Reasons with fewer than two responses are not shown. Figures may not sum due to rounding. APRN is advanced practice registered nurse.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Practicing Nurse-Midwives Who Provided Telehealth by Type, California, 2023

Q: Do you provide telehealth services in this position? (n = 182)



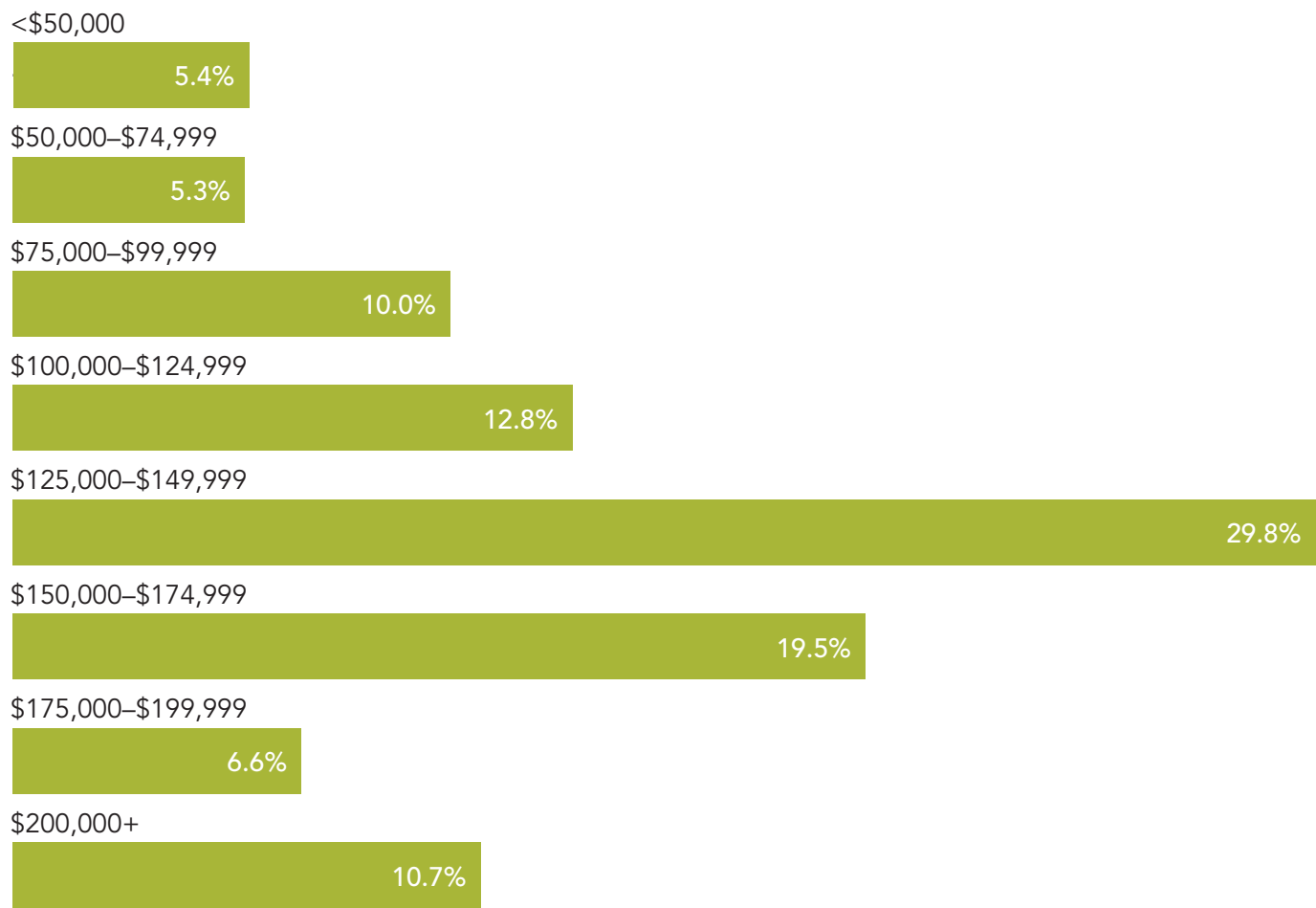
Characteristics of Work Setting

About three in four practicing NMs (74%) provided telehealth services (not shown), and more than 4 in 10 (41%) provided video-based telehealth services. Among those who provided telehealth, 13% of total midwifery services were provided by video, and 16% were provided by voice only (not shown). Telehealth services are an important tool to increase patient access to care.

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. Data reported for principal position. Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Annual Earnings, Practicing Nurse-Midwives by Amount, California, 2023

Q: What is your net annual income from your midwifery practice? (n = 129) What are your total annual earnings (before taxes) for this NM position? (n = 170)



Characteristics of Work Setting

Two in three practicing NMs (67%) earned at least \$125,000 a year. These data are based on all NMs who answered this question, regardless of whether they worked part-time or full-time. On average, NMs earned \$126,326 a year and reported working 35 hours a week (not shown).

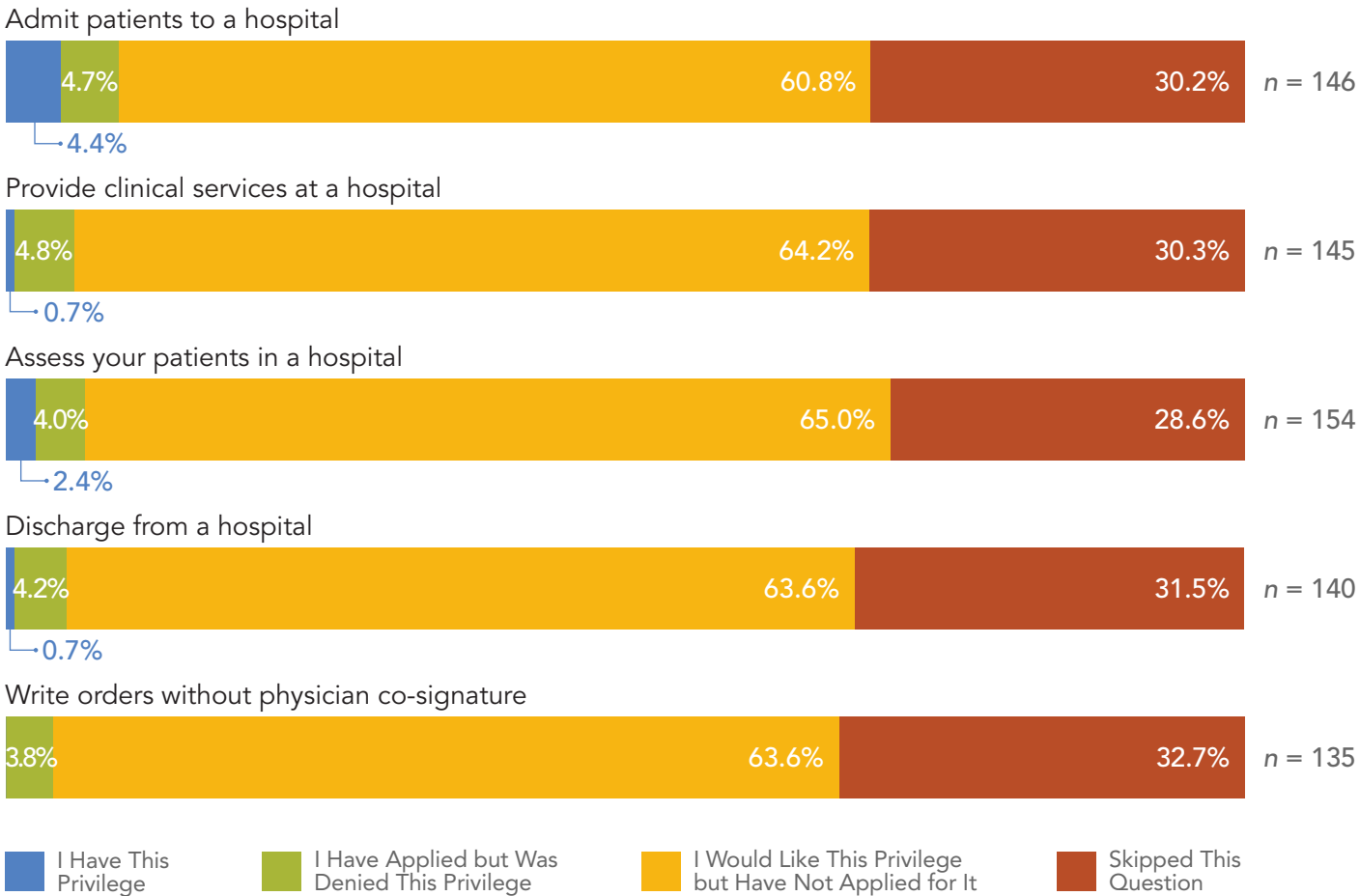
Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. Combined earnings from primary and secondary NM positions. Figures may not sum due to rounding.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Practicing Licensed Midwives with Hospital Privileges

California, 2023

Q: Please indicate if you have or have applied for each of these hospital privileges. Skip any privileges in which you are not interested.



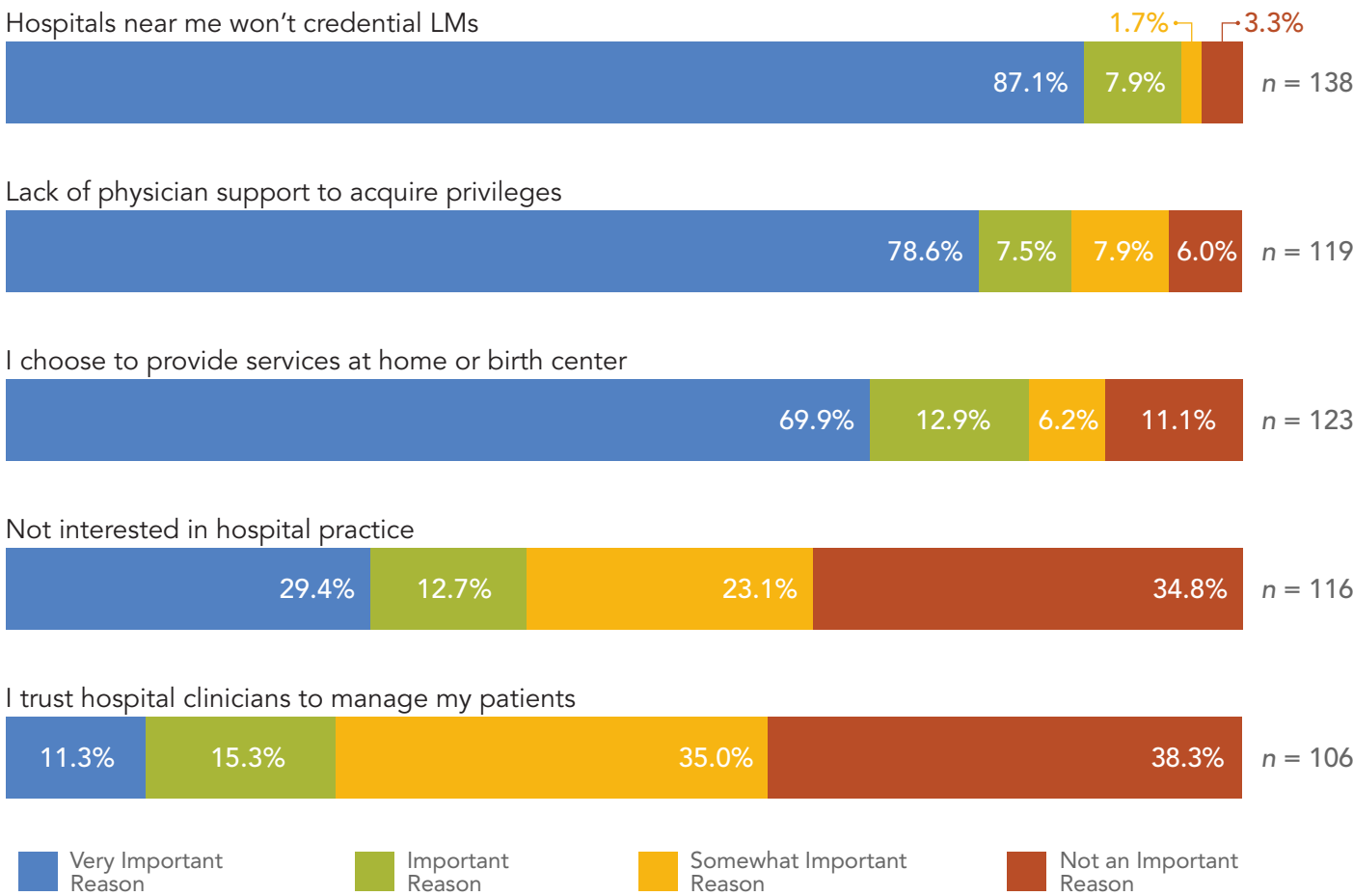
Practice Environments

More than 6 in 10 LMs said they would like hospital privileges but have not applied for them. About 30% of LMs reported they were not interested in hospital privileges, as indicated by their skipping the question. Four to five percent of LMs said they had applied for and were denied a specific privilege. For example, 5% of LMs had applied for and were denied the privilege of providing clinical services at a hospital and the privilege of admitting patients to a hospital. Four percent of LMs reported they have the privilege of admitting patients and 2% of assessing their patients in a hospital.

Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. *Skipped this question* reflects respondents who did not answer this question but answered the following question about why they did not have privileges (see p. 24). Figures may not sum due to rounding.
Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Practicing Licensed Midwives Without Hospital Privileges California, 2023

Q: If you don't have hospital privileges, why not?



Practice Environments

Among LMs who did not have hospital privileges, 87% said hospitals near them not credentialing LMs was a “very important” reason they did not have privileges, and 79% said lack of physician support to acquire privileges was a “very important reason.” Hospital medical staff have authority to grant hospital privileges, but may have restrictions based on differing acceptance of home birth or expected levels of malpractice insurance. Seventy percent of LMs reported that their choice to provide services at home or in a birth center was a “very important” reason for not having hospital privileges.

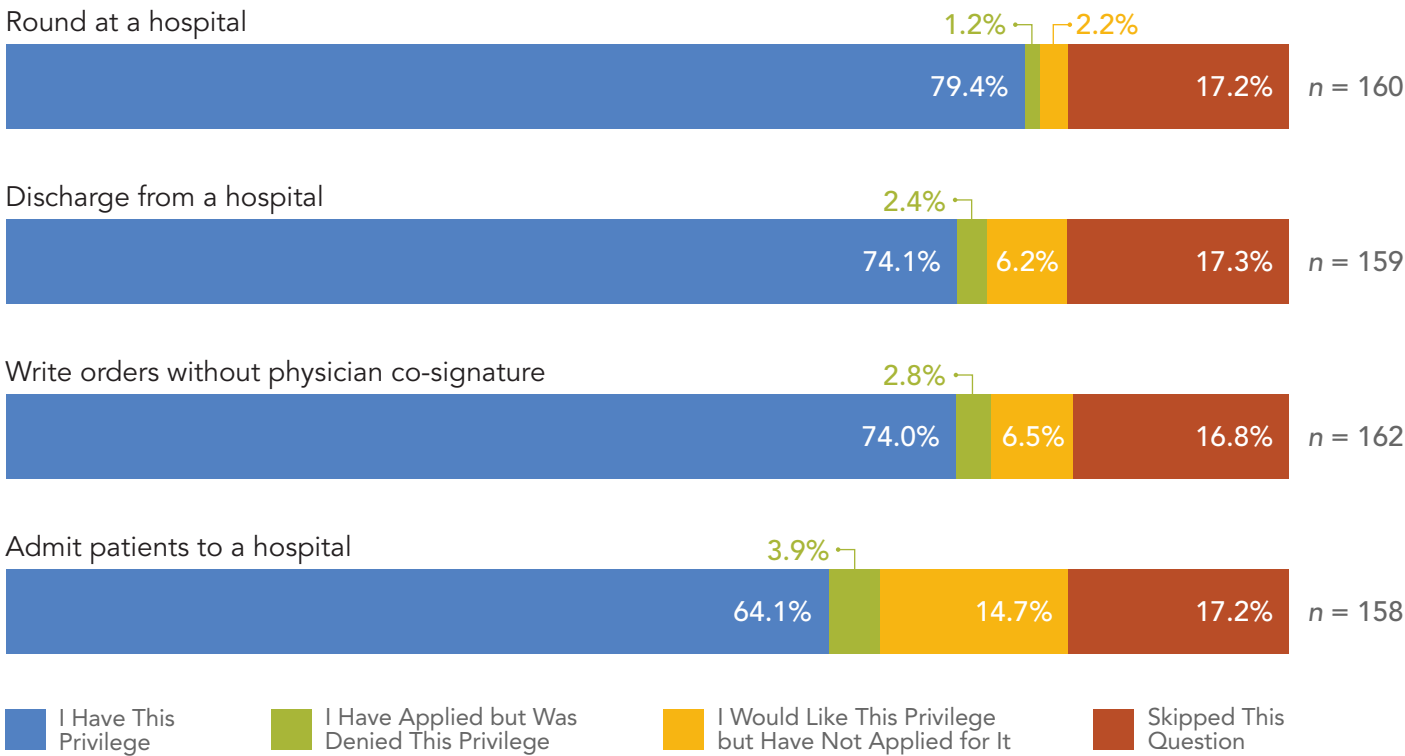
Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. Respondents who had hospital privileges were instructed to skip this question. Other not shown. Figures may not sum due to rounding.

Source: Survey of California Nurse Practitioners and Nurse Midwives conducted by UCSF (July 18, 2022 to March 31, 2023); and Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Practicing Nurse-Midwives with Hospital Privileges

California, 2023

Q: Please indicate if you have or have applied for each of these hospital privileges. Skip any privileges in which you are not interested.



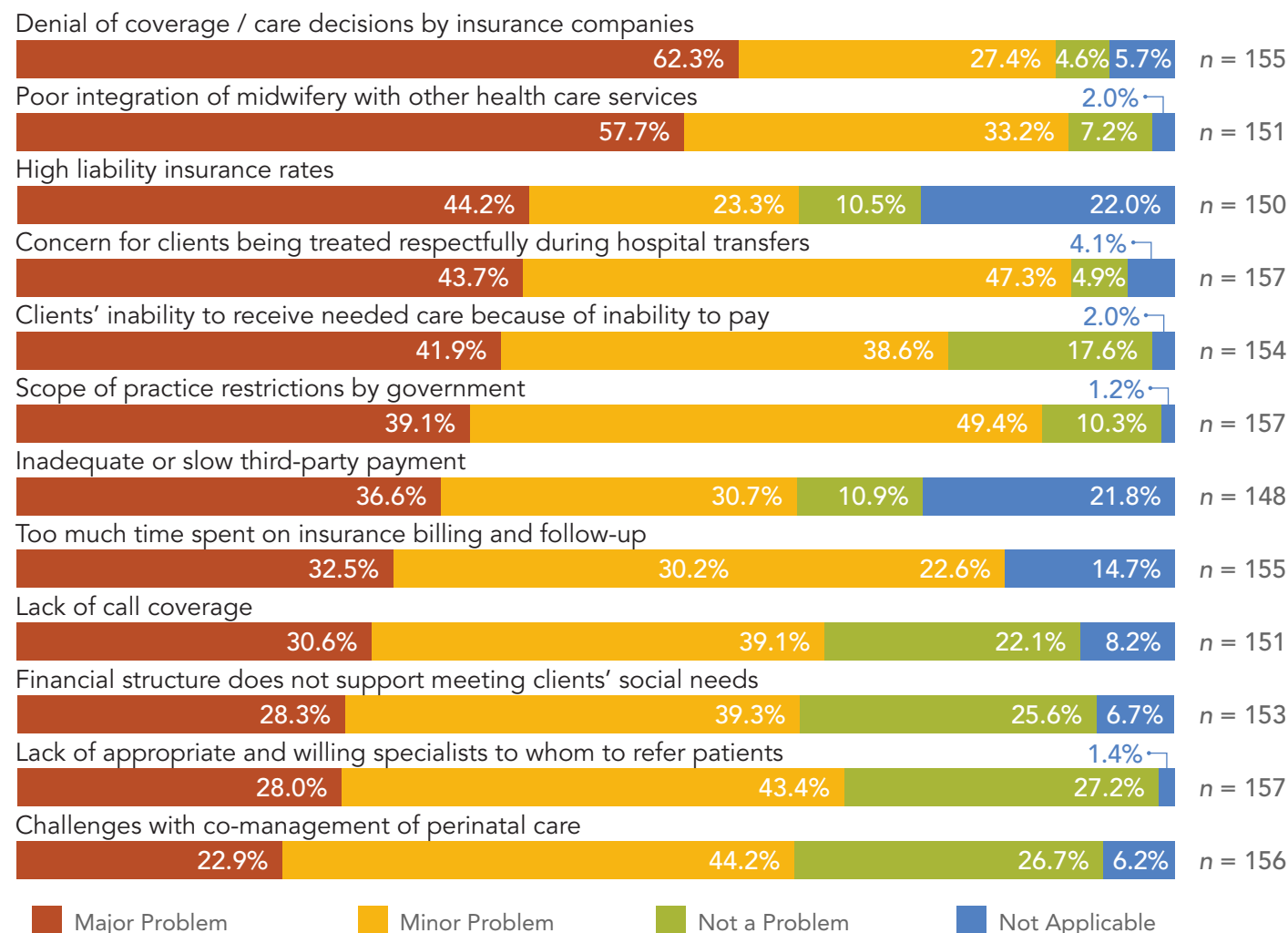
Practice Environments

Most NMs said they had hospital privileges. Seventy-nine percent of NMs reported holding privileges to round at a hospital, and 74% held privileges to discharge patients from a hospital and to write orders without a physician co-signature. About 17% of NMs reported they were not interested in hospital privileges, as indicated by their skipping the question.

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. *Skipped this question* reflects respondents who did not answer this question but answered a subsequent question about why they did not have privileges. Data for why NMs did not have privileges not shown due to small number of respondents who answered this question. Figures may not sum due to rounding.
Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Factors Interfering with Care Provided by Practicing Licensed Midwives California, 2023

Q: How much of a problem is each of the following issues in your practice?



Practice Environments

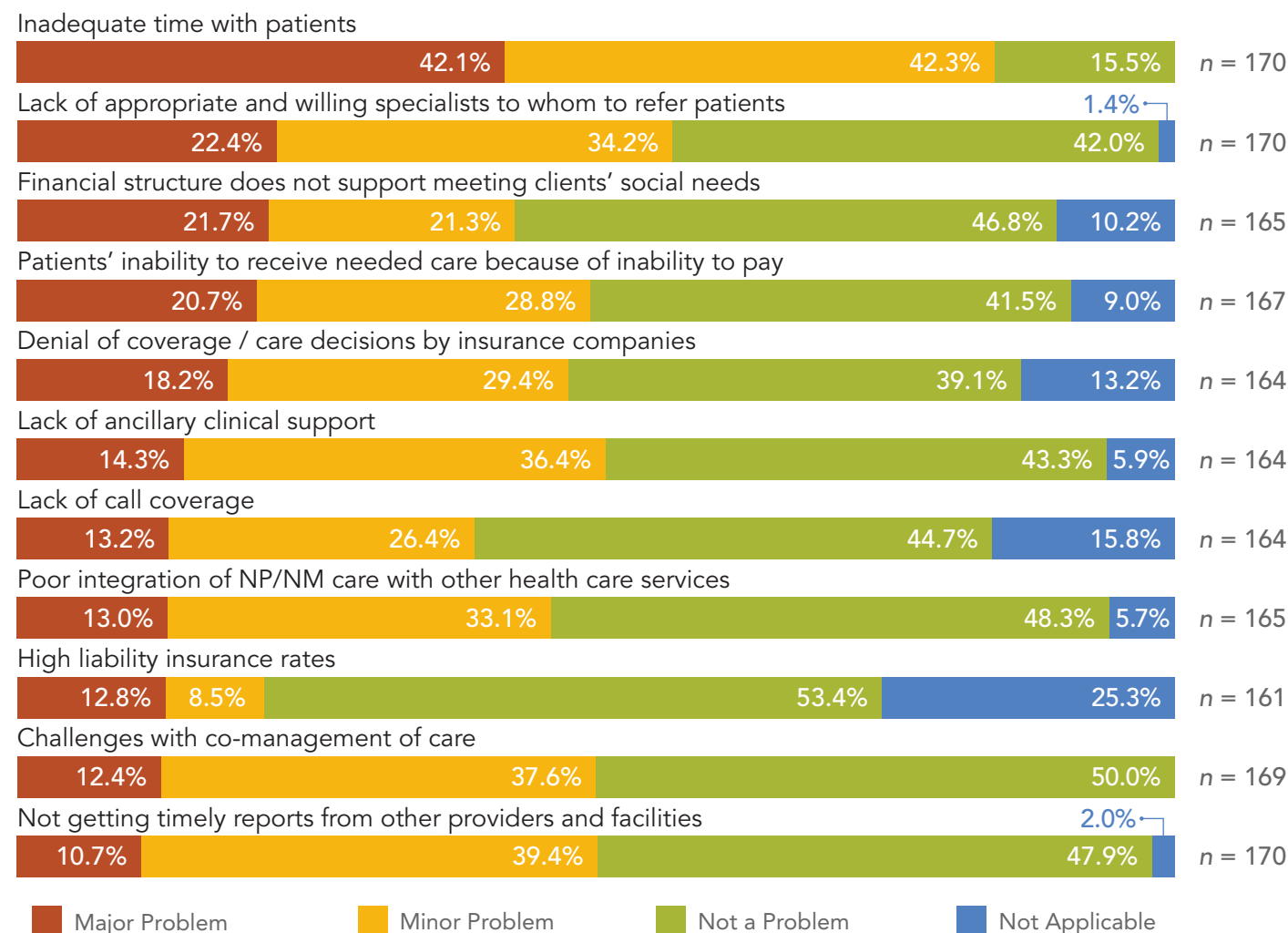
LMs reported that many factors interfere with the care they provide. More than 6 in 10 (62%) said that denial of coverage of care by insurance companies was a "major" problem, and nearly 6 in 10 (58%) said that poor integration of midwifery with other health care services was a "major" problem. More than 4 in 10 LMs said that high liability insurance rates (44%), concern for clients being treated respectfully during hospital transfers (44%), and clients' inability to receive needed care because of inability to pay (42%) were "major" problems.

Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. Data shown for the 12 issues with the highest percentage of respondents saying the issue was a "major" problem. See Appendix C for full data.

Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Factors Interfering with Care Provided by Practicing Nurse-Midwives California, 2023

Q: How much of a problem is each of the following issues in your practice?



Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. Data shown for the 11 issues with the highest percentage saying the issue was a "major problem." See Appendix D for full data.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

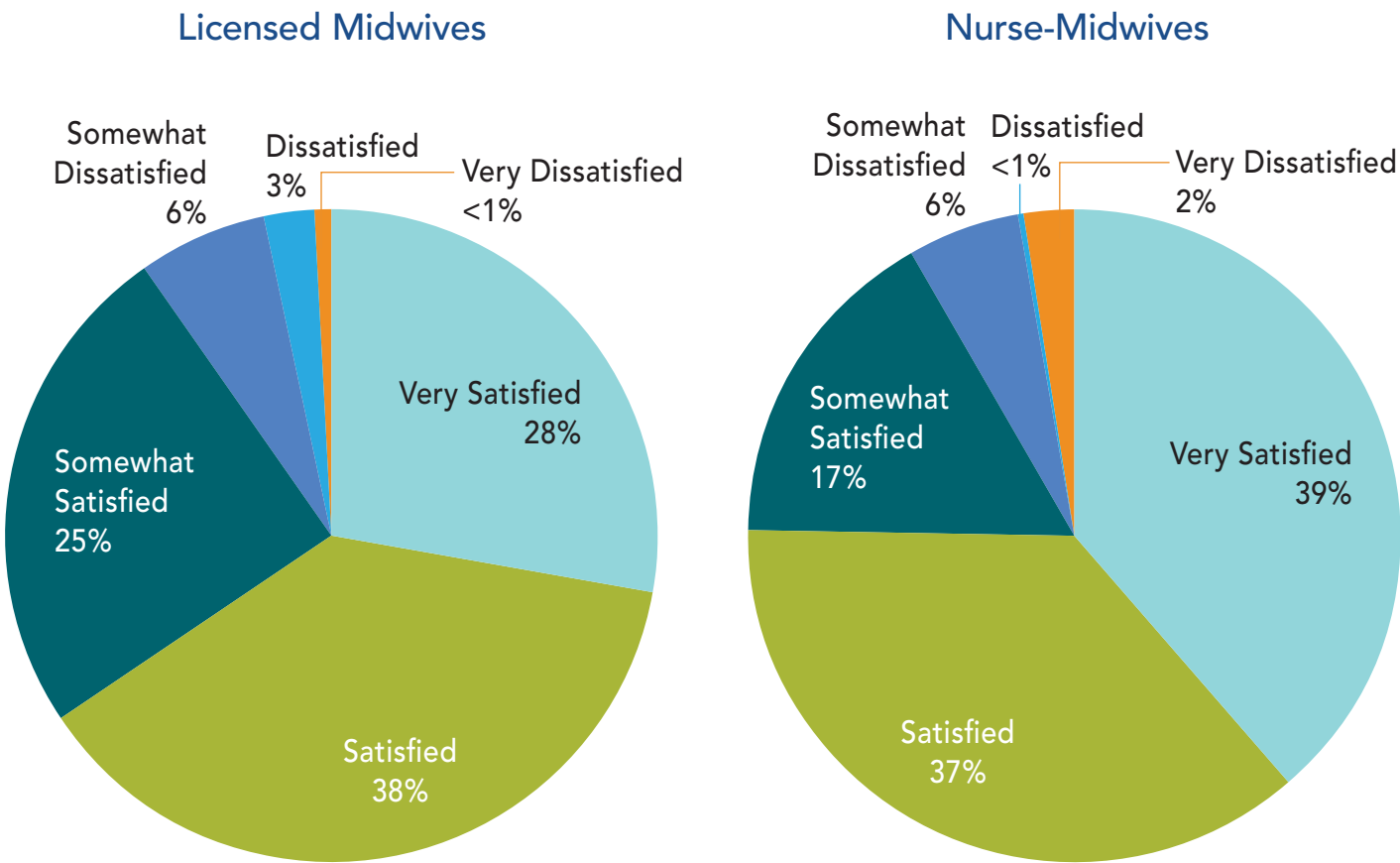
Practice Environments

NMs reported that many factors interfere with the care they provide. The areas most often identified as a "major problem" creating a barrier to high-quality care were inadequate time with patients (42%), lack of appropriate and willing specialists to whom to refer patients (22%), lack of a financial structure to meet clients' social needs (22%), and patients' inability to receive needed care due to their inability to pay (21%). These responses highlight the structural barriers in place that limit the provision of comprehensive midwifery care.

Career Satisfaction of Practicing Midwives

California, 2023

Q: How satisfied are you with your LM or NM career? (n = 152 for LMs, 180 for NMs)



Career Satisfaction and Future Practice Plans

Most practicing midwives (both LMs and NMs) reported high levels of satisfaction with their midwife careers. Two in three LMs (66%) and three in four NMs (76%) said they were “very satisfied” or “satisfied” with their midwife careers. Only 3% of LMs and NMs said they were “dissatisfied” or “very dissatisfied.”

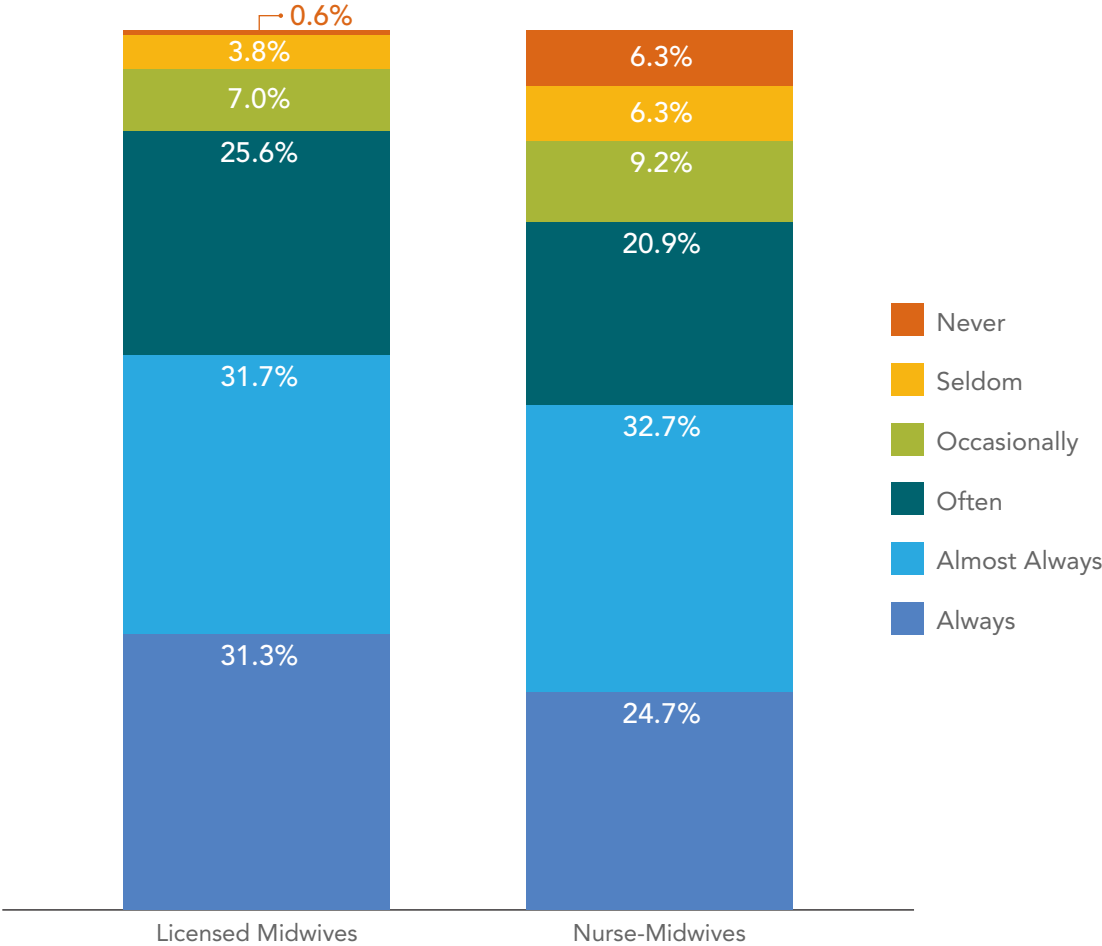
Notes: Sample includes 229 licensed midwives (LMs), 149 nurse-midwives (NMs), and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of LMs and NMs with active California licenses. Data reported only for respondents who answered this question. Figures may not sum due to rounding.

Sources: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023); and Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Midwives Practicing to Fulllest Extent of Legal Scope

California, 2023

Q: Do you feel free to practice to the fullest extent of legal scope? (n = 161 for LMs, 176 for NMs)



Career Satisfaction and Future Practice Plans

Sixty-three percent of LMs and 57% of NMs felt they were “always” or “almost always” able to practice to the fullest legal scope of their license. Eleven percent of LMs and 22% of NMs said they could only “occasionally,” “seldom,” or “never” practice to their fullest legal scope. To maximize the value of the midwifery workforce, LMs and NMs should be able to practice to the fullest scope of their licenses, without restrictions.

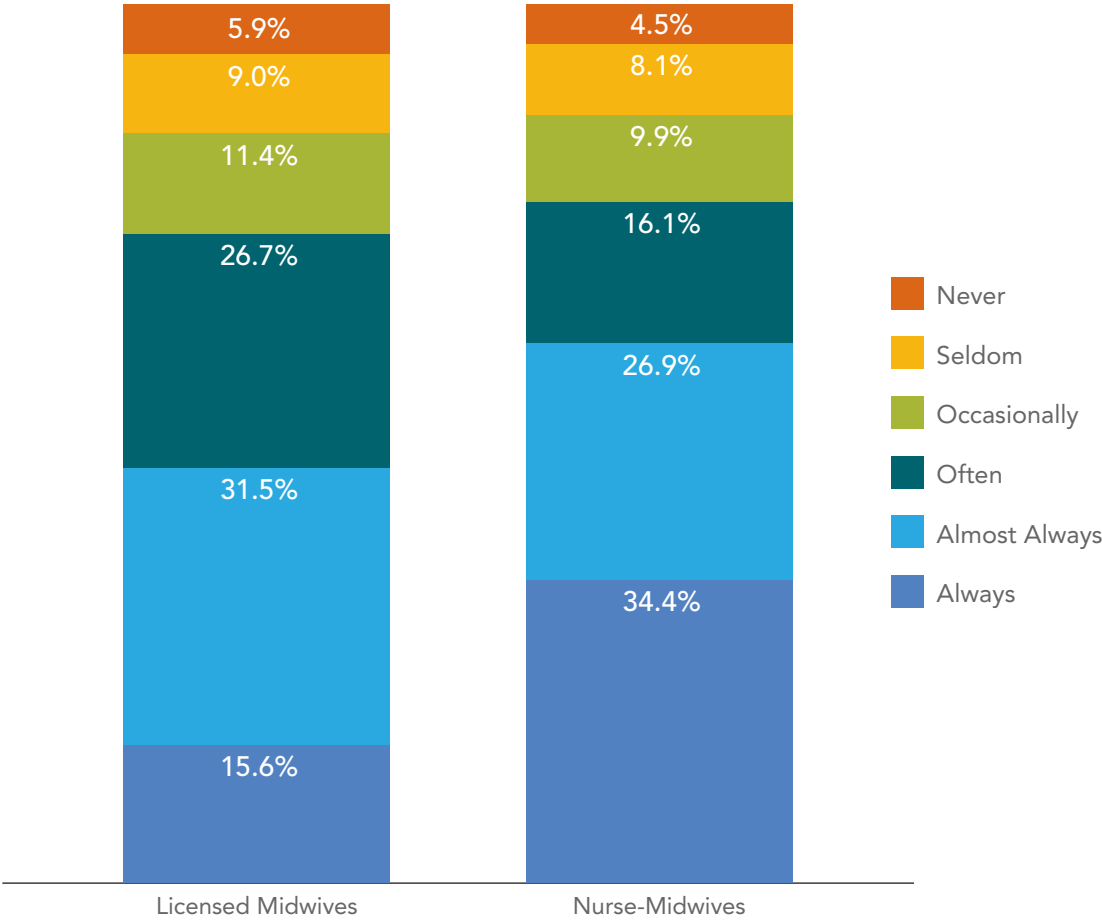
Notes: Sample includes 229 licensed midwives (LMs), 149 nurse-midwives (NMs), and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of LMs and NMs with active California licenses. Data reported only for respondents who answered this question. Figures may not sum due to rounding.

Sources: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023); and Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Midwives Practicing to Fullest Extent of Expertise

California, 2023

Q: Are you allowed to practice to the fullest extent of your expertise? (n = 161 for LMs, 176 for NMs)



Career Satisfaction and Future Practice Plans

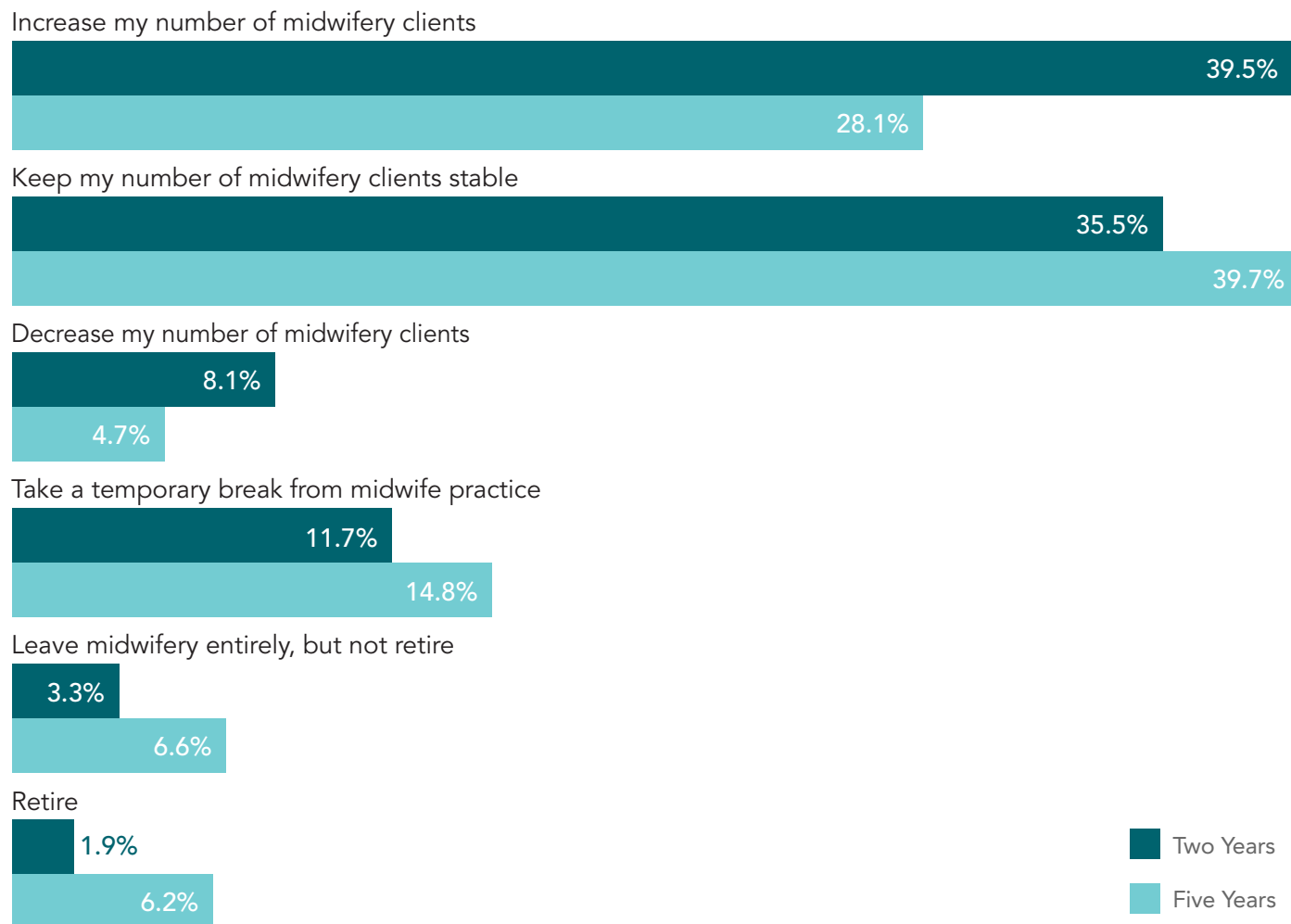
About one in four LMs (26%) and NMs (23%) said they were only “occasionally,” “seldom,” or “never” allowed to practice to their fullest expertise. Less than half of licensed midwives (47%) and 61% of nurse-midwives felt they were “always” or “almost always” able to practice to the fullest extent of their expertise. While the reasons why midwives are not able to fully use their expertise are not well understood, it is likely that midwives face organizational, structural, and regulatory barriers that are important to address in the context of a workforce shortage.

Notes: Sample includes 229 licensed midwives (LMs), 149 nurse-midwives (NMs), and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of LMs and NMs with active California licenses. Data reported only for respondents who answered this question. Figures may not sum due to rounding.

Sources: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023); and Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Future Practice Plans of Practicing Licensed Midwives California, 2023

Q: What are your practice and/or employment plans regarding your midwifery practice in the next two (n = 146) and five years (n = 130)?



Career Satisfaction and Future Practice Plans

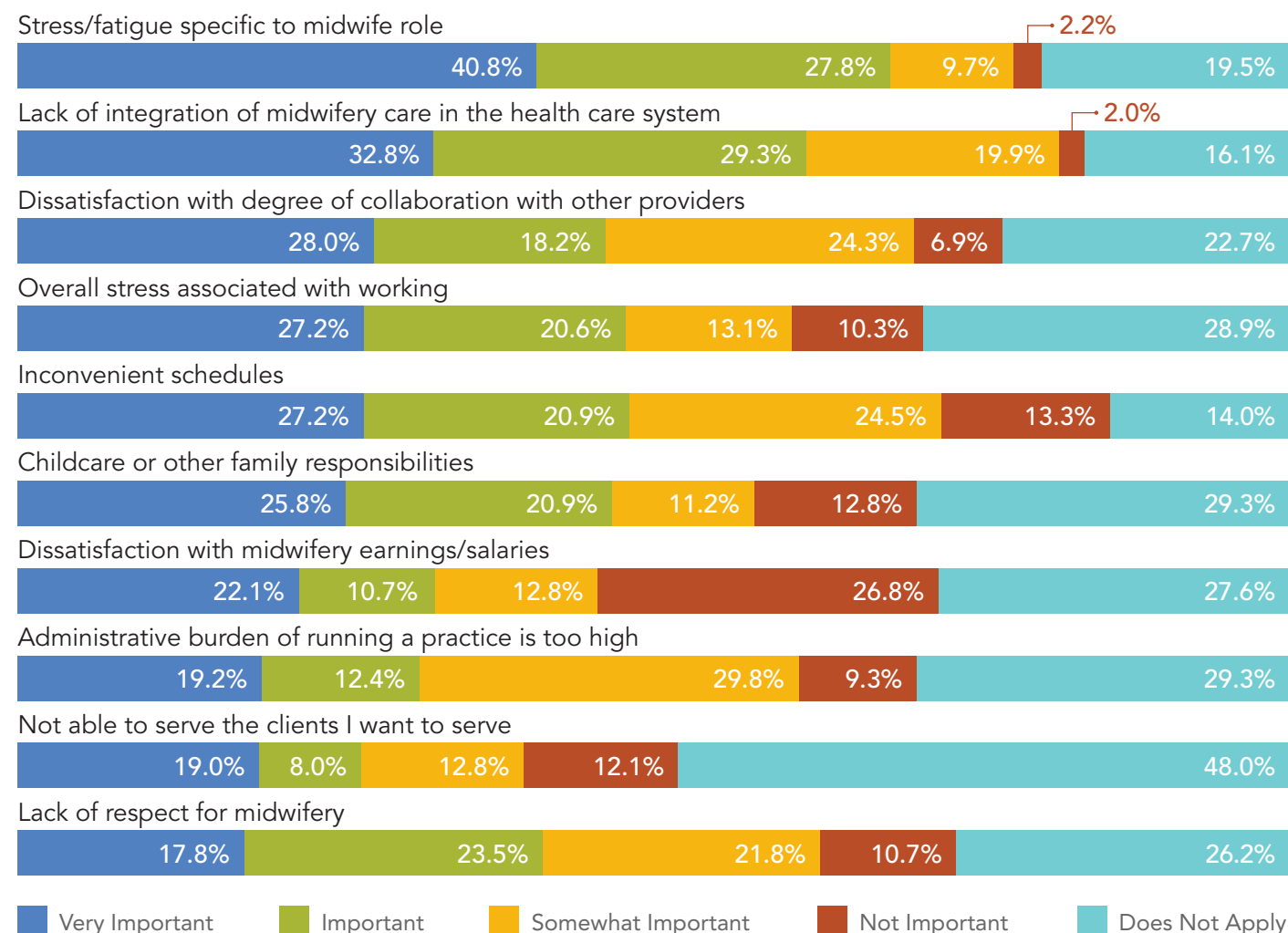
Three in four LMs (75%) planned to keep their hours stable or to increase them in the next two years, and about two in three (68%) planned to keep their hours stable or increase them in the next five years. One in five (21%) practicing LMs planned to take a temporary break from midwifery work or leave midwifery work entirely (without retiring) in the next five years, which may point to the stresses that many midwives face in their practices.

Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question.

Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Reasons for Not Practicing, Nonpracticing Licensed Midwives California, 2023

Q: How important are these reasons for not practicing midwifery? (n = 49)



Career Satisfaction and Future Practice Plans

One in five LM (21%) reported that they were not currently practicing midwifery (not shown). Among LMs who were not practicing, 69% said that stress/fatigue specific to the midwife role was a “very important” or “important” reason they were not practicing. Six in 10 LMs (62%) said lack of integration of midwifery care in the health care system was a “very important” or “important” reason. These data suggest that LMs face significant stress and dissatisfaction with some aspects of midwifery practice, which is contributing to their leaving or not pursuing midwifery work.

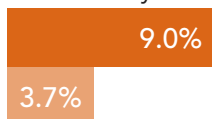
Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. Question asked only of those who reported not practicing as a midwife. Figures may not sum due to rounding.

Source: Survey of California Licensed Midwives conducted by UCSF (July 18, 2022, to March 31, 2023).

Future Practice Plans of Practicing Nurse-Midwives California, 2023

Q: What are your practice and/or employment plans regarding your NM practice in the next two (n = 152) and five years (n = 125)?

Increase my hours of work



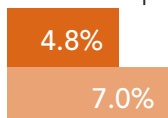
Keep my number of hours of work stable



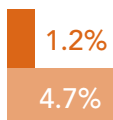
Decrease my hours of work



Take a temporary break from my NM work



Leave NM work entirely, but not retire



Retire



Two Years
Five Years

Career Satisfaction and Future Practice Plans

Two in three NMs (67%) planned to keep their hours stable or increase them in the next two years, and about half (51%) planned to keep their hours stable or increase them in the next five years. In the next five years, 12% of NMs planned to take a temporary break or leave midwifery entirely (without retiring), and another 15% planned to retire. This portends a potential reduction in the size of the NM workforce if education programs do not expand commensurately, which is especially concerning given the current shortage of women's health providers.*

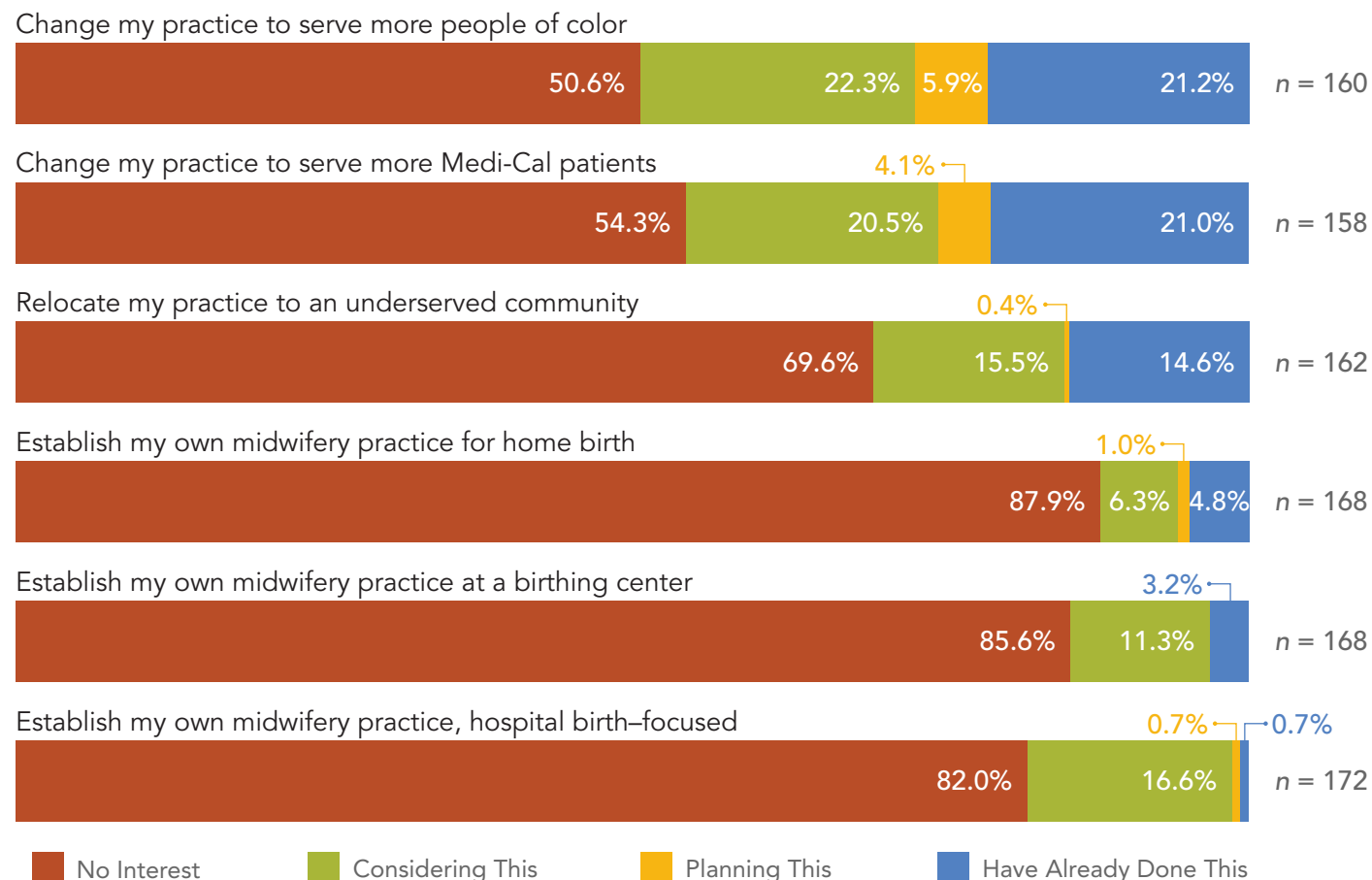
**[Projections of Supply and Demand for Women's Health Service Providers: 2018-2030](#) (PDF), U.S. Department of Health and Human Services, March 2021.*

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Nurse-Midwife Interest in Practicing Without Physician Supervision California, 2023

Q: California regulations now allow nurse-midwives to practice without physician supervision. Have you made changes or are you considering changes in your employment or practice due to this change?



Career Satisfaction and Future Practice Plans

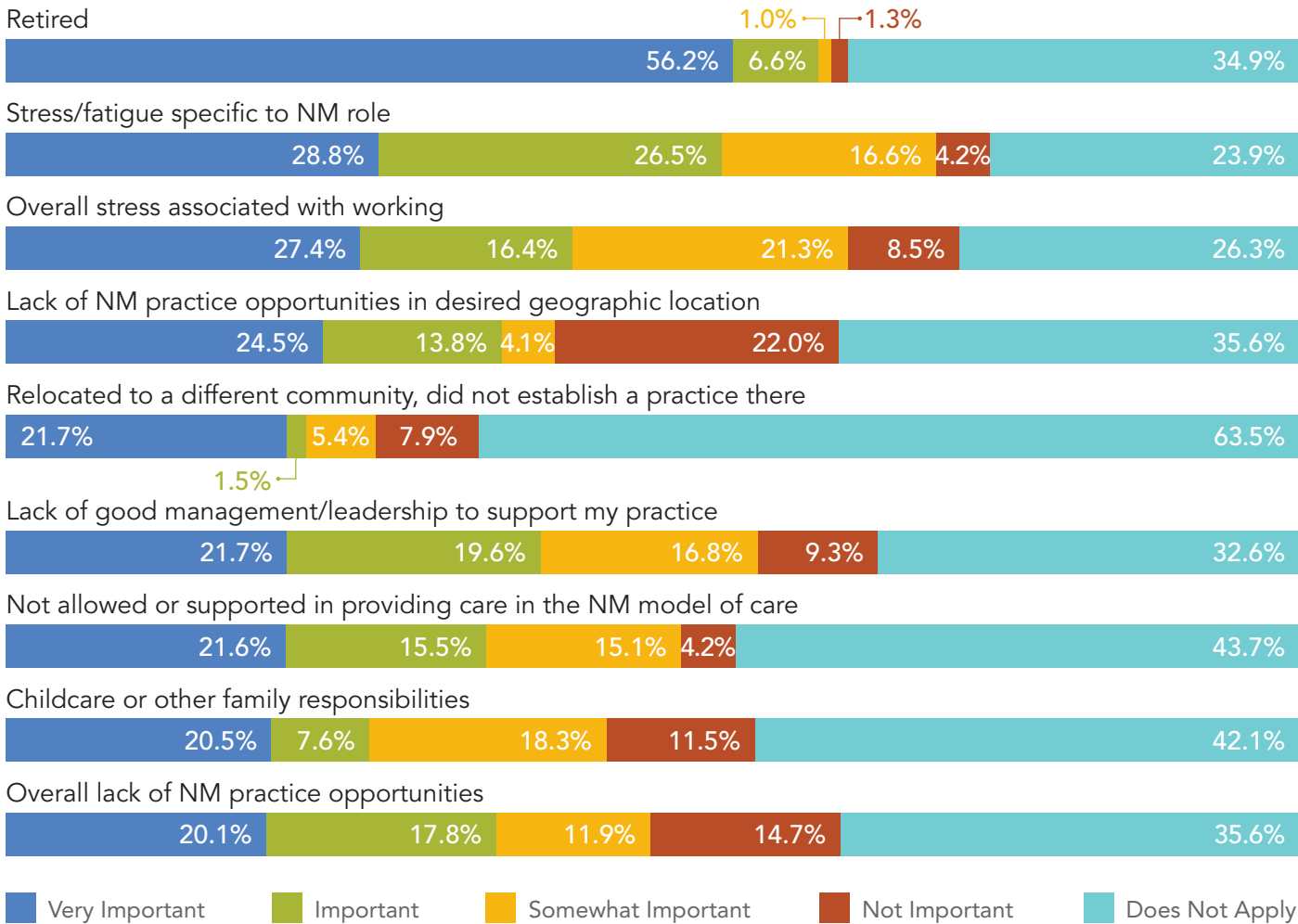
Recent changes in California legislation allow NMs to practice without physician supervision. While most NMs said they had “no interest” in establishing their own midwifery practices, 18% said they were considering, planning, or had already established their own hospital birth-focused practice. About one in five NMs (21%) have already changed their practice to serve more people of color or to serve more Medi-Cal patients as a result of the legislation, demonstrating its positive benefit in a short time.

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. Figures may not sum due to rounding.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Reasons for Not Practicing, Nonpracticing Nurse-Midwives California, 2023

Q: How important are these reasons for not practicing as an NM? (n = 64)



Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question and for the nine reasons with the highest percentage of “very important” responses. Question asked only of those who reported not practicing as a midwife. Figures may not sum due to rounding.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Career Satisfaction and Future Practice Plans

About one in four NMs (24%) reported that they were not currently practicing midwifery (not shown). Among those who were not practicing, 63% said that being retired was a “very important” or “important” reason for not practicing, and 55% said that the stress/fatigue specific to the NM role was a “very important” or “important” reason. Other key reasons for no longer practicing identified as “very important” or “important” are lack of good management/leadership (41%), overall lack of NM practice opportunities (38%), and not being allowed to provide the midwifery model of care (37%). These responses highlight a need for the improved integration of the midwifery practice model into a variety of settings.

Future Employment Intentions Among Nonpracticing Nurse-Midwives California, 2023

Q: For those not practicing as an NM, what are your intentions regarding work as an NM? Check only one. (n = 62)

Definitely will not return to or seek NM position

33.0%

Currently seeking employment as an NM

11.1%

Plan to return to NM practice within 1 year

8.2%

Currently seeking employment as an NP

3.8%

Plan to return to NM practice in 1–3 years

0.0%

Plan to return to NM practice in more than 3 years

0.0%

Undecided at this time

43.9%

Career Satisfaction and Future Practice Plans

Among NMs not currently practicing as a midwife, one in three (33%) said they definitely do not plan to return to work as an NM; among these, three in four were age 65 or older, and the remainder were 55–64 years old (not shown). Eleven percent were currently seeking work as an NM, and 8% planned to return to NM practice within a year. More than 4 in 10 (44%) were undecided as to their intentions regarding working as an NM.

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. Figures may not sum due to rounding. NP is nurse practitioner.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Appendix A. Methodology

- ▶ The Survey of California Nurse Practitioners and Nurse-Midwives and the Survey of California Licensed Midwives were conducted by the University of California, San Francisco (UCSF) from July 18, 2022, to March 31, 2023.
- ▶ UCSF worked with an advisory group of stakeholders to develop the survey questionnaires. The nurse practitioners / nurse-midwives (NP/NM) survey development included reviewing the 2017 California Board of Registered Nursing Survey of Nurse Practitioners, the Nurse Practitioner Primary Care Organizational Climate Questionnaire, and the 2018 National Sample Survey of Registered Nurses and consulting staff at the California Nurse-Midwives Association. The licensed midwives (LM) survey development included reviewing the NP/NM questionnaire for relevant questions to include and consulting staff at the California Association of Licensed Midwives.
- ▶ The NP/NM survey was sent to 700 NMs (400 licensed NMs and 300 dual-licensed NP/NMs) with active NM licenses and addresses in California. The NP/NM survey was also sent to 3,300 licensed NPs, but their responses were not included in this report. The sample of NMs was selected from the publicly available mailing list of NMs that was obtained from the Board of Registered Nursing (BRN), which included names and addresses. The NM survey sample was stratified by region to ensure adequate numbers in each region for regional analyses.
- ▶ The LM survey was sent to all 437 LMs with active LM licenses and addresses in California. The list of LMs was obtained from a publicly available mailing list maintained by the Medical Board of California, which included names and addresses. All LMs with active licenses and addresses in California were included in the LM survey sample.
- ▶ The survey was administered both online and via a paper survey mailed to NMs and LMs to maximize the response rate. The survey was sent by email to 162 NMs (102 NMs and 60 dual-licensed NP/NMs) and 287 LMs, for those for whom email addresses were available from professional midwifery organizations. A paper version of the survey was mailed to all NMs and LMs who did not already complete the online version. The survey packet included information on how to complete the survey, the survey instrument, a postage-paid return envelope, and a link and instructions for accessing the online version of the survey. Approximately 52.4% of NMs completed the NP/NM survey online, and 78.2% of LMs completed the LM survey online. Upon survey completion, respondents received a \$5 gift card.

- A total of 267 NMs (149 NMs and 118 dual-licensed NP/NMs) completed the survey, for a 39.5% response rate for the eligible population. A total of 24 cases were determined to be ineligible due to the survey packet being returned for lack of a current mailing address.
- A total of 229 LMs completed the survey, for a 56.4% response rate for the eligible population. A total of 31 cases were determined to be ineligible due to the survey packet being returned for lack of a current mailing address.
- To address differential response rates by age group and region, and to account for the stratification of the sample design, weights were used to ensure that all analyses reflected the full statewide population of NMs with active California licenses. The responses were weighted per the sample design (regional stratification), and then the weights were raked to match the age distribution of each NM and NP/NM based on BRN reports. The sample size and weighting ensure that the data presented in this report are representative of the statewide population of NMs.
- To address differential response rates by region, weights were used for the LM survey data to ensure that all analyses reflected the full statewide population of LMs with active California licenses.
- The sample sizes and weighting ensure that the data presented in this report are representative of the statewide population of NMs and LMs. Unweighted tables based on the full data sets of 267 NMs and 229 LMs with active licenses may vary from the true population values by +/-3.05 percentage points from the values presented, with 95% confidence. The use of weights improves the accuracy and representativeness of the reported tabulations and means presented in this report.

Appendix B. California Counties Included in Regions



REGION	COUNTIES
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Inland Empire	Riverside, San Bernardino
Los Angeles County	Los Angeles
Northern and Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange County	Orange
Sacramento Area	El Dorado, Placer, Sacramento, Yolo
San Diego Area	Imperial, San Diego
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

Appendix C. Factors Interfering with Care Provided by Licensed Midwives

California, 2023

Q: How much of a problem is each of the following issues in your practice?

	Not Applicable	Not a Problem	Minor Problem	Major Problem	n
Denial of coverage / care decisions by insurance companies	5.7%	4.6%	27.4%	62.3%	155
Poor integration of midwifery with other health care services	2.0%	7.2%	33.2%	57.7%	151
High liability insurance rates	22.0%	10.5%	23.3%	44.2%	150
Concern for clients being treated respectfully during hospital transfers	4.1%	4.9%	47.3%	43.7%	157
Clients' inability to receive needed care because of inability to pay	2.0%	17.6%	38.6%	41.9%	154
Scope of practice restrictions by government	1.2%	10.3%	49.4%	39.1%	157
Inadequate or slow third-party payment	21.8%	10.9%	30.7%	36.6%	148
Too much time spent on insurance billing and follow-up	14.7%	22.6%	30.2%	32.5%	155
Lack of call coverage	8.2%	22.1%	39.1%	30.6%	151
Financial structure does not support meeting clients' social needs	6.7%	25.6%	39.3%	28.3%	153
Lack of appropriate and willing specialists to whom to refer patients	1.4%	27.2%	43.4%	28.0%	157
Challenges with co-management of perinatal care	6.2%	26.7%	44.2%	22.9%	156
Lack of administrative support	8.5%	29.0%	40.0%	22.5%	149
Lack of ancillary clinical support	9.5%	31.1%	40.3%	19.0%	143
Not getting timely reports from other providers and facilities	4.2%	29.2%	50.5%	16.1%	157
Too much time spent explaining insurance and financial policy to clients	8.9%	30.5%	45.3%	15.3%	155
Non-paying clients/bad debt	5.6%	41.5%	45.0%	7.9%	153
Too little involvement in decisions in my organization	24.0%	60.6%	13.3%	2.1%	146
Inadequate time with clients	3.6%	85.8%	9.3%	1.3%	157
Difficulties communicating with clients due to language or cultural barriers	6.1%	78.7%	14.4%	0.8%	157

Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Figures may not sum due to rounding.

Source: *Survey of California Licensed Midwives* conducted by UCSF (July 18, 2022, to March 31, 2023).

Appendix D. Factors Interfering with Care Provided by Nurse-Midwives

California, 2023

Q: How much of a problem is each of the following issues in your practice?

	Not Applicable	Not a Problem	Minor Problem	Major Problem	n
Inadequate time with patients	0.0%	15.5%	42.3%	42.1%	170
Lack of appropriate and willing specialists to whom to refer patients	1.4%	42.0%	34.2%	22.4%	170
Financial structure does not support meeting clients' social needs	10.2%	46.8%	21.3%	21.7%	165
Patients' inability to receive needed care because of inability to pay	9.0%	41.5%	28.8%	20.7%	167
Denial of coverage / care decisions by insurance companies	13.2%	39.1%	29.4%	18.2%	164
Lack of ancillary clinical support	5.9%	43.3%	36.4%	14.3%	164
Lack of call coverage	15.8%	44.7%	26.4%	13.2%	164
Poor integration of NP/NM care with other health care services	5.7%	48.3%	33.1%	13.0%	165
High liability insurance rates	25.3%	53.4%	8.5%	12.8%	161
Challenges with co-management of care	0.0%	50.0%	37.6%	12.4%	169
Not getting timely reports from other providers and facilities	2.0%	47.9%	39.4%	10.7%	170
Scope of practice restrictions by government	6.2%	57.8%	26.5%	9.5%	165
Too much time spent explaining insurance and financial policy to patients	12.3%	52.1%	26.6%	8.9%	168
Too much time spent on insurance billing and follow-up	15.3%	58.3%	19.2%	7.3%	168
Inadequate or slow third-party payment	30.0%	59.4%	5.8%	4.8%	160
Difficulties communicating with patients due to language or cultural barriers	1.2%	35.6%	58.6%	4.6%	170
Non-reimbursable overhead costs (e.g., supplies, rent)	27.5%	55.9%	12.9%	3.6%	162
Non-paying patients/bad debt	19.9%	60.7%	16.5%	2.9%	164

Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. NP is nurse practitioner. Figures may not sum due to rounding.

Source: Survey of California Nurse Practitioners and Nurse-Midwives conducted by UCSF (July 18, 2022 to March 31, 2023).

Authors

Jen Joynt, Independent Health Care Consultant; **Amy Quan**, MPH, Philip R. Lee Institute for Health Policy Studies, UCSF; **Kim Q. Dau**, MS, CNM, Philip R. Lee Institute for Health Policy Studies, UCSF; **Joanne Spetz**, PhD, Philip R. Lee Institute for Health Policy Studies, UCSF

Advisory Group

Rosanna Davis, LM, CPM, California Association of Licensed Midwives; **Kathleen Dowd**, CNM, California Nurse-Midwives Foundation; **Tanya Khemet Taiwo**, CPM, MPH, PhD, Bastyr University / Skyline Foundation; **Holly Smith**, CNM, MPH, FACNM, California Nurse-Midwives Foundation / Midwifery Access California

About CHCF

The California Health Care Foundation is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care.

We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

For more information, visit www.chcf.org.

