

Increasing the Racial and Ethnic  
Diversity of Direct-Entry Midwives:  
Exploratory Interviews with Black  
Midwives and Educators

Emi Yamasaki McLaughlin, LM, CPM, MSM  
Midwives' Association of Washington  
November 22, 2013

Acknowledgements

- ▶ Clarissa Hsu, Ph.D. Thesis Committee Chair
- ▶ Sheila Capestany, MPH, Thesis Committee Member
- ▶ Dan Rosen, Ph.D., Thesis Committee Member
- ▶ Mark Martzen, Ph.D. and the Bastyr Center for Student Research for grant, BUCSR-Y3-001.
- ▶ Bastyr Institutional Review Board #12A-1318
- ▶ My partner Brian, my family, friends, Department of Midwifery faculty and staff, classmates and preceptors.
- ▶ The research participants

Introduction

- ▶ Racial and ethnic health inequities
- ▶ We need more providers of color and students of color
- ▶ Black patients treated by black doctors
  - ▶ feel respected
  - ▶ feel heard
  - ▶ report care was accessible

Specific Aims

- ▶ Document the experiences of black midwives with direct-entry midwifery education.
- ▶ Explore the social, cultural and structural barriers facing black women in pursuit of midwifery training.
- ▶ Develop a summary of themes and issues to guide midwifery educators on improving their recruitment, retention, and graduation of black students.

### Literature Review

- ▶ Health professionals of URM groups more likely to serve communities of color.
- ▶ Black CNMs had a higher number of Black clients than did white CNMs: 42% vs. 18%.
- ▶ Health care workforce should reflect diversity of U.S.

### Literature Review: Direct-entry midwifery

- ▶ Onnie Lee Logan's *Motherwit*
- ▶ Margaret Charles Smith's *Listen to Me Good*
- ▶ Shafia Monroe and Gladys Milton in *Sisters on a Journey*
- ▶ Keisha Goode "On diversity: Contemporary black midwives' perceptions of organizational diversity initiatives"



Margaret Charles Smith

### Methods

- ▶ Found participants - online forums and through other midwives
- ▶ In person and phone interviews
- ▶ Recordings were transcribed and coded for themes.

### Participants

- ▶ 9 Black midwives and midwives/educators
- ▶ Experience in the U.S. as midwives
  - ▶ Between 5 and 30 years
- ▶ All identified as African American or Black but were not asked about ethnic background

### Participants

- ▶ Practiced or went to school on both coasts and in the South including TX
- ▶ 6 participants attended formal midwifery school
- ▶ 3 participants were apprentice-trained
- ▶ 8 participants had some higher education

### Experience of becoming / being a black midwife

- ▶ **Race**
  - ▶ Race and racism shaped respondents' experiences as students, as midwives or as educators.
  - ▶ Effects of racism on African American communities influenced participants to make their practices accessible.
    - ▶ Disproportionate rates of incarceration
    - ▶ Disproportionate rates of unemployment
    - ▶ Lack of accumulated wealth
  - ▶ Participants viewed midwifery care as a means to improve health and access.

### Findings

- ▶ “And so you get a homeless mom who’s at a shelter, pregnant... to come to the birth center that’s in the hood... And she talks about how she had this empowering birth in the midst of the most humiliating time in her life, being homeless, being without support, that’s huge. You change the community in that little tiny way... This woman no longer feels like her life is a waste... because she had this amazing birth, that she had the power...She was educated and informed, and she can now go and teach and train other people in the community.”

### Findings: Experience of becoming / being a black midwife

- ▶ **Midwifery education**
  - ▶ Midwifery-related skills learned
  - ▶ When learning under women of color, overall positive experiences
  - ▶ When surrounded by white midwives and students, experience may be positive, but often had less of a bond with white women.

### Findings: Experience of becoming / being a black midwife

- ▶ “[T]here were racist jokes told in the classroom. And when I brought them to the administration’s attention, I was being overly sensitive, I was misinterpreting their statements. And so that was a constant theme throughout the entire program... and that is what leads to the isolation, loneliness, frustration.”

### Findings: Experience of becoming / being a black midwife

- ▶ **Accessibility**
  - ▶ 8 out of 9 respondents were explicitly motivated to serve their community
  - ▶ “I really reached out to the African American community and let them know that I was here and ready to practice.”
  - ▶ Felt obligated to make care accessible
  - ▶ Health inequities

### Findings: Experience of becoming / being a black midwife

- ▶ **Accessibility**
  - ▶ Accessible midwifery education
  - ▶ Inspire students to fight health inequities
  - ▶ Apprenticeships
  - ▶ Building capacity

### Findings: Factors that helped participants succeed

- ▶ **Motivations for becoming a midwife**
  - ▶ Their communities need them
    - ▶ “I have to do [finish school] for a whole entire community. I have to do this possibly for a whole entire state.”
- ▶ **Family and social support**
  - ▶ Financial support
  - ▶ Help with child care
  - ▶ Moral support
- ▶ **Other midwives of color / finding peer support**
  - ▶ Negative experiences with white midwives
  - ▶ “Mothering”
  - ▶ Peer study group

### Findings: Factors that helped participants succeed

- ▶ *Advocacy / standing up for oneself*
  - ▶ Advocating for students in conflict with their school or their preceptors
  - ▶ Advocating for self
  
- ▶ “Being the only black midwife... within... [the state] where midwives were coming together, working, doing things, I was not necessarily included. I had to often invite myself. I had to really advocate for myself because, otherwise, I was nonexistent in their world.”

### Findings: Challenges

- ▶ *Aloneness*
  - ▶ Only Black person in school, workshop, community
  
- ▶ Perceived differences in demographics and life experiences
  - ▶ Race, socioeconomic status, having children, single motherhood
  
- ▶ Underrepresentation or misrepresentations of African American midwives (“being extinct”)

### Findings: Challenges

- ▶ *Overt racism from midwifery peers*
  - ▶ “[T]he two students that I took on definitely felt oppressed within their program... [O]ne of the white girls in her class said, ‘Well, it’s the black midwives own fault that they got themselves kind of weeded out of the system’... And my two students were appalled. And... they pretty much shut down... in the class because they felt like they didn’t have a place, or that they were respected... And it would be time and time again of stupid comments like that... they just felt like they didn’t belong there.”

### Findings: Challenges

- ▶ *Lack of willing preceptors*
  - ▶ Turned away by white midwives
  - ▶ Treated poorly or given less opportunity to practice clinical skills
  - ▶ Shortage of Black midwives
  
- ▶ “One student was completely in tears... She works in an all-white area... Her midwife, she said, [was racist to her]... And she says, ‘I don’t have a choice. I don’t have anybody else that I can work with, and I want to become a midwife. And I don’t have money to move to another state or anything.’ ... And she was having a breakdown about it.”

### Findings: Challenges

- ▶ **Financial challenges**
  - ▶ Perceived financial challenge as more common among African American students
  - ▶ Most common question from Black aspiring midwives was how to pay for midwifery school
- ▶ **Lack of financial aid**
  - ▶ Makes DEM education inaccessible for Black students and single mothers
  - ▶ Steer some students toward nurse-midwifery

### Findings: Challenges

- ▶ **Single motherhood**
  - ▶ Greater challenge than other students with children
  - ▶ More common among African American women, single mothers want to be midwives
  - ▶ "I am a single parent, I have a child that I have to raise, and I have to bring money into my house. So I am not a person who can follow you around tied to the back of your car 24 hours a day, going here, going there."

### Findings: Challenges

- ▶ **Organizational racism** - major midwifery organizations are white
  - ▶ "I do think [national midwifery organizations] have an impact on students of color...I don't know that students or midwives of color would say...say that those organizations stand for their needs or understand even what those needs are."
  - ▶ Policies that negatively impact MOC are reinforced among organizations

### Findings: Recommendations

- ▶ **Embrace multiculturalism and practice cultural competence**
  - ▶ Should be woven throughout the curriculum, not a single course
  - ▶ MOC and their concerns need to be more visible in curricula, conference programs, narratives about the history of midwifery
  - ▶ Take positive, strengths-based approach rather than focusing on depressing statistics
  - ▶ Hire Black instructors and recruit Black students
  - ▶ Accredited schools should be required to have policies promoting diverse teaching staff.

### Findings: Recommendations

- ▶ **Offer financial aid and scholarships**
  - ▶ Lack of financial aid creates disproportionate barrier for African Americans
  - ▶ Offering scholarships specifically for WOC
- ▶ **Support student employment**
  - ▶ Helps students develop midwifery-related skills
  - ▶ Important for single mothers
  - ▶ Pay apprentices

### Findings: Recommendations

- ▶ **Outreach to Black students.**
  - ▶ Raise awareness about childbirth options and midwifery as a profession in underserved communities
    - ▶ Career Day at local high schools
    - ▶ Cultural fairs
    - ▶ Midwifery conferences
- ▶ **Recruit African American students.**
  - ▶ Historically Black colleges and universities
  - ▶ Black midwife and doula organizations
  - ▶ Online forums for WOC

### Findings: Recommendations

- ▶ **Implement retention strategies**
  - ▶ Preparation begins in early education
  - ▶ Promote mentorship
    - ▶ May be formal or informal
    - ▶ Online and phone support
    - ▶ Counsel on midwifery theory and clinical skills, discrimination, build confidence, navigating school policies and credentialing process.
  - ▶ Foster peer support, rather than competition
    - ▶ Mitigates feelings of isolation
    - ▶ May reduce attrition
  - ▶ Provide academic support
    - ▶ Tutors, study groups

### Findings: Recommendations

- ▶ **Encourage creative problem-solving and flexibility within the structure of midwifery programs.**
  - ▶ Need new ways of thinking to meet needs of students of color
  - ▶ Creative, flexible solutions
  - ▶ "I would like to see that the midwifery community understands...the specific needs of midwives of color...I'm not looking for a lowering of the bar, but just a different approach to the education, the credentialing and so on."

### Findings: Recommendations

- ▶ *Develop sustainable employment models*
  - ▶ Entrepreneurial model not necessarily feasible for women who need to support their families.
  - ▶ Better recruitment with better employment model
  - ▶ Prevent ghettoization of Black midwives
  - ▶ Nationwide licensure, integrate midwives into health care system
  - ▶ Full scope practice including in STD and pregnancy outreach clinics
  - ▶ Hospital privileges
  - ▶ Master's degrees would qualify for greater variety of jobs
  - ▶ Public health midwifery with 9 to 5 hours

### Findings: Recommendations

- ▶ “So, one of my ideas... is creating the clinic midwife. This is a woman who does 9 to 5 midwifery. She goes home at night to her children... She’s employed. She gets benefits... But the focus and emphasis is on populating public health clinics with the clinic midwife.”

### Findings: Recommendations

- ▶ *Support leadership of African American women*
    - ▶ More MOC in leadership positions and supported by white women
- “[H]elp us get a good powerful school going, an online school. Work with us. Let us have the leadership in it. And we could recruit tons of black women and retain them. That’s a dream I would love to see happen.”

### Findings: Recommendations

- ▶ *Expand distance learning programs*
  - ▶ *Low-residency format*
  - ▶ *Students don’t have to move their families*

### Discussion

- ▶ Findings were consistent with literature review in many ways
- ▶ **Barriers similar to lit review:**
  - ▶ Discrimination, financial challenges, image as white profession, rigidity in school policies, lack of role models of color
- ▶ **Barriers which differed from lit review:**
  - ▶ Lack of willing preceptors, lack of financial aid availability, single motherhood.

### Discussion

- ▶ **Recommendations similar to lit review**
  - ▶ Targeted recruitment, retention and graduation efforts
  - ▶ Support leadership of providers of color
  - ▶ Practice and learning environments should promote diversity
  - ▶ Should teach cultural competent care
  - ▶ Promote mentorship
  - ▶ Increase financial aid
  - ▶ Provide academic support

### Discussion

- ▶ **Recommendations that differed from lit review**
  - ▶ Racism was explicitly described as a barrier to success of students of color
  - ▶ Participants called on white midwives and educators to embrace multiculturalism, antiracism and cultural competence to counteract the effects of racism on students of color.
  - ▶ Develop sustainable employment models.

### Discussion: Limitations

- ▶ Respondents were volunteers
- ▶ Relied primarily on electronic forms of communication to reach potential participants
- ▶ Limited resources of a student researcher

### Discussion: Strengths

- ▶ Researcher had access to some forums for because she is a woman of color
- ▶ Speaking about her own experiences to cultivate trust
- ▶ Debriefed with and oversight by an experienced researcher strengthened the reliability of the findings.

### Further Research

- ▶ Describe current efforts by MEP's to increase diversity and assess the effectiveness of these efforts
- ▶ An evidence-based model to increase diversity in a direct-entry program needs to be developed.
- ▶ Is it possible to assess the cultural competence at a school?
  - ▶ If so, does a high level of cultural competence lead to greater retention of students of color?

### Further Research

- ▶ What challenges face students of other races and ethnicities, LGBT individuals, rural students, students for whom English is not a first language, students with disabilities and male students?
- ▶ How do single mothers compare to their married counterparts in graduation rates?
- ▶ Do midwives of color serve proportionally more women of color than their white colleagues?

### Conclusion

- ▶ Original research question:
  - ▶ "What are the experiences of black women with midwifery education as students, midwives and educators of African American students?"
- ▶ Black midwives, immigrant midwives and Spanish-speaking partera-curanderas were and are negatively impacted by regulation (20<sup>th</sup> century).
- ▶ Going forward, the groups need to be involved in policy-making to prevent history from repeating itself.

## References

- ▶ Childs, G., Jones, R., Nugent, K., & Cook, P. (2004). Retention of African American students in baccalaureate nursing programs: Are we doing enough? *Journal of Professional Nursing*, 20(2), 123-125.
- ▶ Chesne, F. (1997). *Stones on a Journey: Parables of American Midwives*. New Jersey: Rutgers University Press.
- ▶ Clark, K., & Logan, O. L. (1989). *Mathewet: An Alabama midwife's story*. New York: Penguin Books.
- ▶ Creswell, J. W. (2007). *Qualitative Inquiry & Research Design: Choosing Among Five Traditions*. Thousand Oaks, CA: Sage Publications.
- ▶ Dimpf, Kate. (2013). Addressing diversity: Contemporary midwives' perceptions of organizational diversity initiatives. Retrieved from <http://mana.org/blog/25/addressing-diversity-midwives-perceptions-of-organizational-diversity>
- ▶ Gardner, J. (2005). A successful minority retention project. *Journal of Nursing Education*, 44(12), 566-568.
- ▶ Goode, Kaisha. (2013). On diversity: Contemporary black midwives' perceptions of organizational diversity initiatives. Retrieved from [http://www.slideshare.net/Kaisha\\_Goode/on-diversity-mna-conference-10251314](http://www.slideshare.net/Kaisha_Goode/on-diversity-mna-conference-10251314).
- ▶ Grainger, Elizabeth. (1996). Granny-midwives: Matrarchy of births in the African American community 1600-1940. *Birth Gazette*, 13(1), 9-14.
- ▶ Institute of Medicine. (2001). *The Right Thing to Do, the Smart Thing to Do: Enhancing Diversity in the Health Professions*. Retrieved from [http://www.iom.edu/catalog.php?record\\_id=10186](http://www.iom.edu/catalog.php?record_id=10186)
- ▶ Institute of Medicine. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Retrieved from <http://www.iom.edu/catalog/102060.html>.
- ▶ Institute of Medicine. (2004). *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*. Retrieved from <http://www.iom.edu/catalog/101980>
- ▶ Lee, Y. (1996). *Granny Midwives and Black Women Writers: Double-dashed readings*. New York: Routledge.
- ▶ Liebschutz, J.M., Darke, G.O., Finlay, E., Cawea, J.M., Bharal, M., & Orlander, J.D. (2006). In the minority: Black physicians in residency and their experiences. *Journal of the National Medical Association*, 98(9), 1441-1446.
- ▶ Myers-Cwikla, J.A. (1999). Evolution and current status of direct-entry midwifery education, regulation, and practice in the United States, with examples from Washington State. *Journal of Nurse-Midwifery*, 44, (4), 384-393.
- ▶ National Advisory Council on Nurse Education and Practice. (2009). *A National Agenda for Nursing Workforce: Racial/Ethnic Diversity*. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.
- ▶ National Center for Health Statistics. (2011). *Health, United States, 2010: With special feature on death and dying*. Hyattsville, MD.
- ▶ Nelson, J. C. (2003). Testimony to the Sullivan Commission on diversity in the health care workforce, from the American Medical Association. Retrieved from <http://www.ama-assn.org/pressroom/2003/03/testimony0304.pdf>.

## References

- ▶ Nugent, K. E., Childs, G., Jones, R., & Cook, P. (2004). A mentorship model for the retention of minority students. *Nursing Outlook*, 52(March/April), 89-94.
- ▶ Ornel, EM. (2005). History of midwifery in New Mexico: Partnership between curanderos-porteros and the New Mexico Department of Health. *Journal of Midwifery and Women's Health*, 50, 411-417.
- ▶ Smith, M. C. & Holmes, L. J. (1996). *Listen To Me God: The life story of an Alabama midwife*. Columbus: Ohio State University Press.
- ▶ Stanley, J., Capers, C.F., & Berlin, L. (2007). Changing the face of nursing faculty: Minority faculty recruitment and retention. *Journal of Professional Nursing*, 23(3), 253-261.
- ▶ Sarks, H. Trinidad SB. (2006). Choose your method: a comparison of phenomenology, discourse materials, and grounded theory. *Qualitative Health Research*, 17(10), 1372-1380.
- ▶ Seeger, C. (1987). *Becoming a Midwife*. Portland, Oregon: Hogben House Publishing.
- ▶ Sullivan Commission. (2004). *Missing persons: Minorities in the health professions*. Retrieved from <http://www.aacn.nche.edu/media/jd/dukeinreport.pdf>.
- ▶ Sutin, D.A. (1988). *In the Way of Our Grandmothers: A cultural view of 20<sup>th</sup>-century midwifery in Florida*. Athens, Georgia: University of Georgia Press.
- ▶ Sutherland, J.A., Hamilton, M.J., & Goodman, N. (2007). Affirming At-Risk Minorities for Success (ARMS): Retention, graduation, and success on the NCLEX-RN. *Journal of Nursing Education*, 44(8), 347-353.
- ▶ Terrell, C. (2006). Forward: The Health Professions Partnership Initiative and working toward diversity in the health care workforce. *Academic Medicine*, 81(8), 53-54.
- ▶ U.S. Department of Health and Human Services. (2006). *The rationale for diversity in the health professions: A review of the evidence*. Retrieved from <http://www.hhs.gov/press/20060714main01.pdf>

You can access my entire thesis  
paper at  
<http://homebirthinseattle.com>