

POSITION STATEMENT

Rural Midwifery Practice

The American College of Nurse-Midwives (ACNM) affirms that CNMs and CMs (midwives) working in rural areas require support and structures to maintain specialized skills. Among these are:

- Access to and collaboration with specialty providers who can aid in the management or continued care of the patient
- Access to mechanisms for peer support
- Support for growing and retaining a rural midwifery workforce
- Focused advocacy to strengthen rural midwifery practice
- Access to education and training opportunities that build the advanced practice skills required by midwives practicing in rural areas

Background

In the United States, there are 1,119 counties that are maternity care deserts. These are defined by the March of Dimes 2022 report as “counties in which maternity care access is limited or absent.”¹ Only 7% of all perinatal providers practice in rural areas.¹ The challenges facing rural communities are increasing in severity with more closures of maternity care units. The rate of maternal and infant morbidity and mortality will inevitably increase based on these facts.² In addition, racial, ethnic, and economic disparities in healthcare are grossly apparent in rural communities.^{1,3} These are all factors that influence when, how, and where people access care. Midwifery care is evidence-based and can address these perinatal care deserts and disparities by playing an integral role in improving health outcomes.⁵ Rural midwives serve as the contact points to help people access primary care, early identification of complications, and initiate referrals to necessary services to improve overall health outcomes.

Rural midwives face challenges with lack of personnel and equipment resources and situations that require complex critical thinking management skills and a significant degree of independence. “While midwives currently attend less than 10% of all births in the U.S., they attend over 30% of births in rural hospitals.”⁶ There are many challenges that rural midwives face, which can be solved with collaboration, communication, recruitment and retention, advocacy, advanced skills education, and training.

Collaboration

In many rural communities, access to qualified and experienced members of the healthcare team is limited by a lack of specialty care providers and distance from tertiary health centers. Creating a network of OBGYNs, MFM, Pediatricians, Lactation Support, and Behavioral Health Providers that will provide consultation and patient appointments via telehealth are critical to bridging this gap.^{2,4,7,8}

Peer Support

Rural midwives need to have consistent means of communicating with other rural midwives. Peer support enhances quality of care and reduces a sense of isolation and burnout. These avenues of communication could include a monthly publication of an ACNM connect group, newsletter, blog, or a webpage.

Recruitment and Retention of Rural Midwives

Recognition of rural midwifery as a unique practice environment is important for the recruitment and retention of midwives in rural communities. Suggestions for building the rural midwifery workforce include creating regional collaborative midwifery networks, preceptor recruitment, development of a method to connect students with rural preceptors, and curricula development specific to rural practice.⁹ Expanding out of hospital educational experiences and developing algorithms for provider/client ratios for maternity care deserts can also help to entice midwives to and keep midwives in rural areas.

Malpractice insurance premiums are prohibitive for rural midwives. Lobbying for caps and creating a national program for retention funds to offset malpractice insurance premiums can help.⁸

Advocacy

Midwifery practice varies from hospital to hospital and from state to state. Restrictive practice acts can worsen maternity care deserts. Rural midwives require the support of their local, state, and federal representatives to practice to the full extent of their licensure.¹⁰ Lobbyists and ACNM Regional Leaders can be integral in promoting consistent rural midwifery practice guidelines, and in supporting full hospital privileges for midwives practicing in rural areas.⁷

Allocation of funding is needed to promote comprehensive midwifery care in rural communities. “Ideally, resources would be allocated at population and individual level to ensure care is woman-centered instead of institution/ profession centered but oftentimes, the drivers for spending resources are ‘the demands and beliefs of the acute sector’. We argue that a shift is needed in maternal and newborn care from a predominant focus on acute services towards high value care provision, which includes allocating separate resources for preventive and supportive care, such as continuity of carer throughout childbirth.”¹¹

Education and Advanced Practice Skills

There are times when rural midwives are required to handle emergency situations that would otherwise be managed by their physician colleagues. The development of high quality and accessible training opportunities would enable rural midwives to attain the skills needed to manage these situations. Scholarships, grants, and tuition assistance would make acquiring advanced practice skills more attainable. To build the rural midwifery workforce, midwifery education programs should incorporate rural health electives and develop residencies or fellowships for new graduates in independent rural midwifery practices.⁹

Conclusion

ACNM recognizes that rural midwifery practice is a unique type of practice that has specific needs. ACNM supports midwifery care providers who work in rural and underserved

communities. ACNM is working to improve perinatal care in these communities by working with rural midwives in:

- facilitating interdisciplinary relationships
- promoting full scope practice
- advocating for rural midwifery
- strengthening specialized training skills
- increasing communication avenues for collaboration and peer support

References

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Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

Source: ACNM Rural Midwifery Task Force

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