

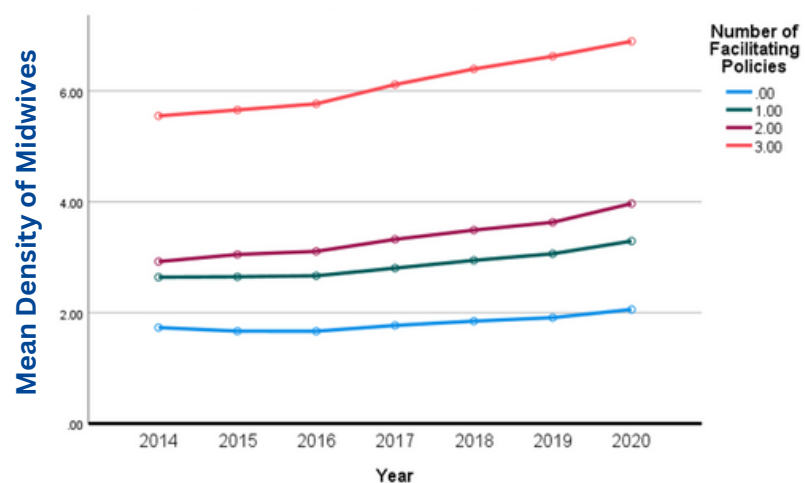
# Is there an association between state policies regarding midwifery practice and the density of midwives?

## ANALYSIS:

We used data on the number of midwives in each state in August of each year from the American Midwifery Certification Board and data on the total number of births in each state for each year to calculate the density of midwives (midwives per 1,000 live births) in each state from 2014 – 2020. Each state was coded for independent practice (defined as no legislatively required collaborative agreement), right to medical staff privileges, and Medicaid reimbursement parity based on state policies from 2019. We used repeated measures ANOVA to compare states based on the number of these policies that were in place (0, 1, 2, or 3).

Though states with 1 or 2 facilitating policies had a higher density of midwives, the growth of midwife density was not significantly different. This may be due to the small sample size (50 states).

Comparison of Change in State Density of Midwives over Time



Facilitating Policies Included: right to independent practice, right to medical staff privileges and Medicaid reimbursement parity.

## RESULT:

The total number of facilitating policies was associated with a significant difference in growth of midwife density ( $F = 5.0$ ; degrees of freedom [df] = 3;  $P = .004$ ). Additionally, states with all three facilitating policies had a higher midwife density ( $F = 8.84$ ; df = 3;  $P < .001$ ) than states with 2 (Mean Difference [MD], 2.8; SE 0.8;  $P = .007$ ), or 1 (MD, 3.3; SE, 0.79;  $P < .001$ ), or 0 (MD, 4.3; SE, 0.99;  $P < .001$ ) policies.

## IMPLICATIONS

States can potentially increase the growth of the midwifery workforce by adopting independent practice, right to medical staff privileges, and Medicaid reimbursement parity.