OCTOBER 2024

California's Midwife Workforce: Who Midwives Are and Who They Serve

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, focusing on the demographics of both midwives and the patients they serve. This report provides data about both LMs and NMs where possible; however, in some cases, the two surveys asked different questions. Any comparisons are intended 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 first section of the report, Demographics of Midwives, includes data on all midwives, while the second section, Demographics of Patients Served, reports data for 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.

► Not all midwives with active California licenses practice midwifery. In 2023, 79% of LMs and 76% of NMs reported they practiced midwifery.

► Midwives are much less diverse than California women of childbearing age. In 2023, only 12% of LMs and 10% of NMs identifed as Latina/x, while 45% of the state's population of women age 15 to 44 (considered reproductive age by the CDC) was Latina/x. Two percent of LMs and 4% of NMs identified as Black compared to 6% of women of reproductive age.

► In 2023, the median age of both licensed midwives and nurse-midwives in California was 50. A sizeable portion of practicing NMs (30%) and LMs (26%) were age 55 and older.

➤ Fifteen percent of LMs reported working in practices or settings that accepted patients with Medi-Cal insurance, and 65% of NMs reported that their practice or setting accepted patients with Medi-Cal insurance. Practicing LMs reported that over half of the care they provided (54%) was self-pay with no anticipated insurance reimbursement, and 33% was paid by commercial insurance. Practicing NMs reported that most of their patients' care was paid by Medi-Cal (41%) or commercial insurance (39%).

➤ Thirty-three percent of NMs and 25% of LMs said they spoke a language other than English fluently. NMs reported that 33% of their patients preferred to receive services in a language other than English, and LMs estimated that 6% of their patients preferred to receive services in a language other than English.

➤ Sixty-two percent of NMs reported working in underserved communities. Eighty-five percent of NMs referred patients to licensed providers who can address patients social needs, and 78% referred patients to community-based resources to address their social needs.*

* LMs were not asked these questions.

Midwives Practicing in California, 2024
Overview

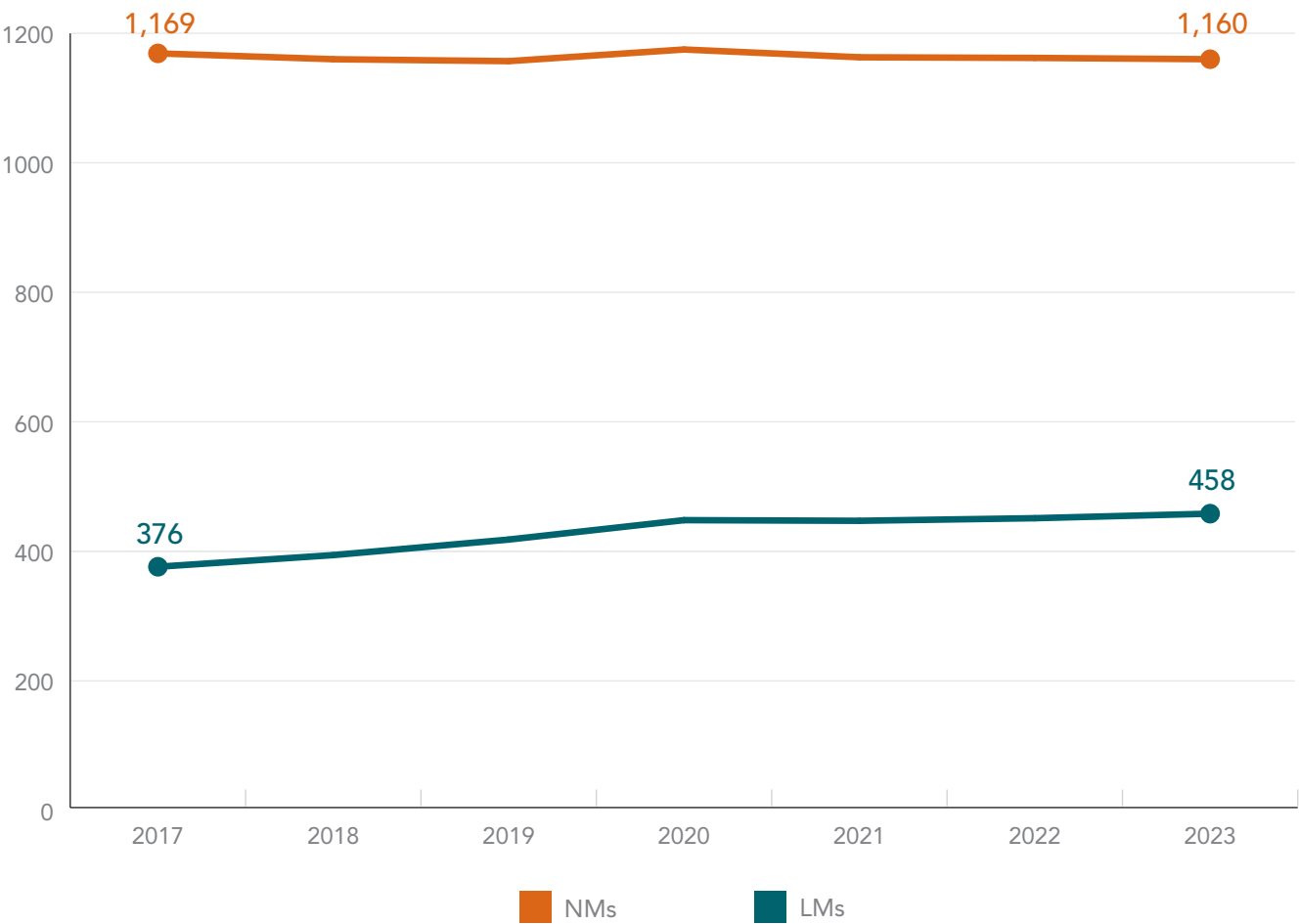|	Licensed Midwives (LMs)	Nurse-Midwives (NMs)
Scope of Practice	Responsible for comprehensive health care in pregnancy, birth, and postpartum, including family planning and care of newborns. Trained to recognize abnormal or dangerous conditions requiring medical attention. Also prepared to provide a 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
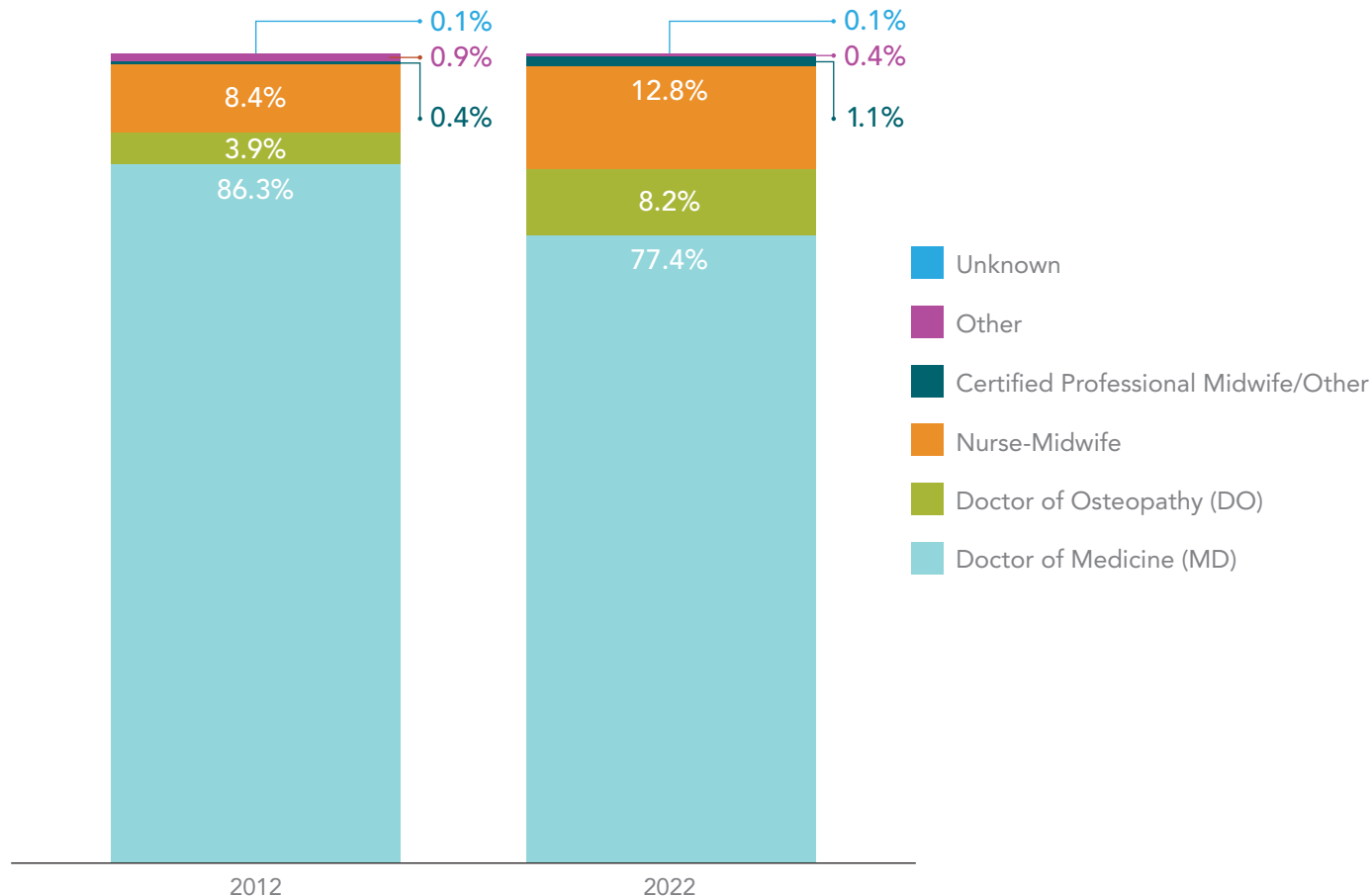## California, 2017 to 2023

1,169   1,160

458

376

1200
1000
800
600
400
200
0

2017   2018   2019   2020   2021   2022   2023

■ NMs   ■ LMs

Notes: 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 Department of Consumer Affairs, accessed June 25, 2024.

Births by Attendant
California, 2012 and 2022

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 nurse-midwives.

2012
- 0.1%
- 0.9%
- 8.4%
- 0.4%
- 3.9%
- 86.3%

2022
- 0.1%
- 0.4%
- 12.8%
- 1.1%
- 8.2%
- 77.4%

Legend:
- Unknown
- Other
- Certified Professional Midwife/Other
- Nurse-Midwife
- Doctor of Osteopathy (DO)
- Doctor of Medicine (MD)

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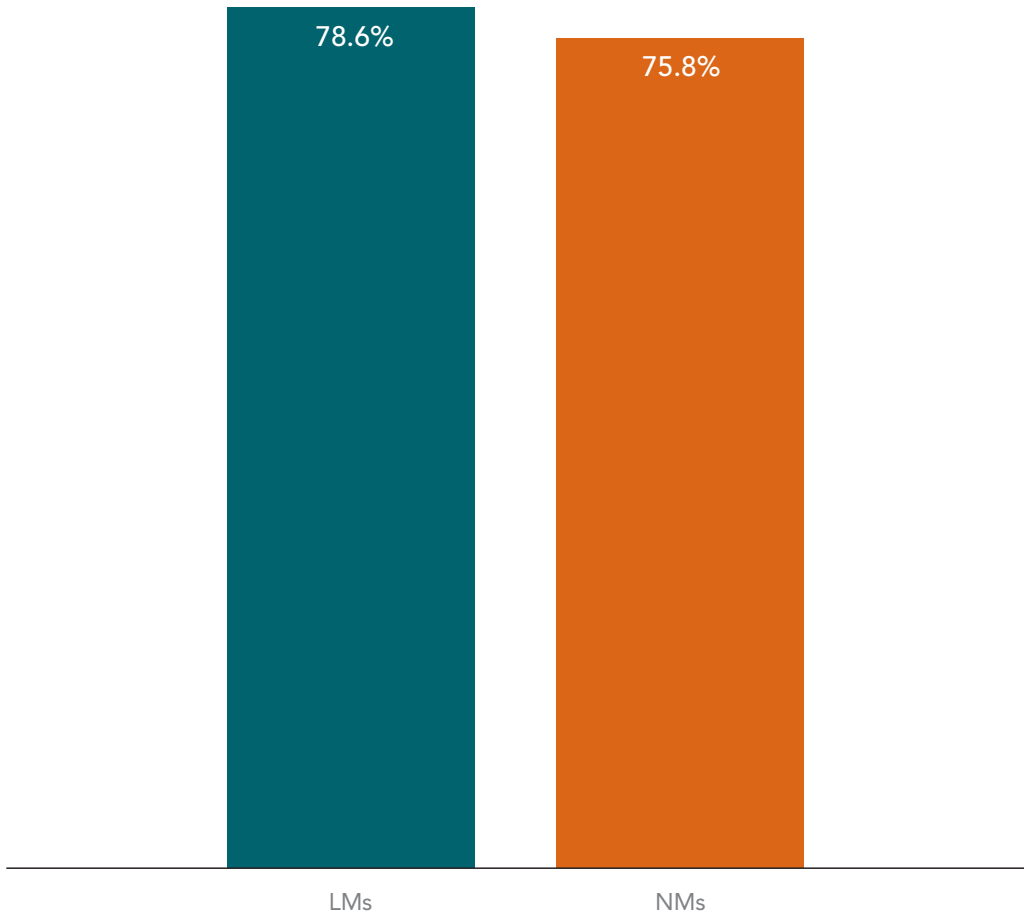
Source: "Natality Information: Live Births" (2007-2022), CDC WONDER Database, Centers for Disease Control and Prevention (CDC), accessed September 9, 2024.

Midwives Who Are Practicing
California, 2023

Q: Are you currently practicing midwifery? (n = 229 for LMs, 262 for NMs)

78.6%

75.8%

LMs

NMs

Overview of Midwives in California
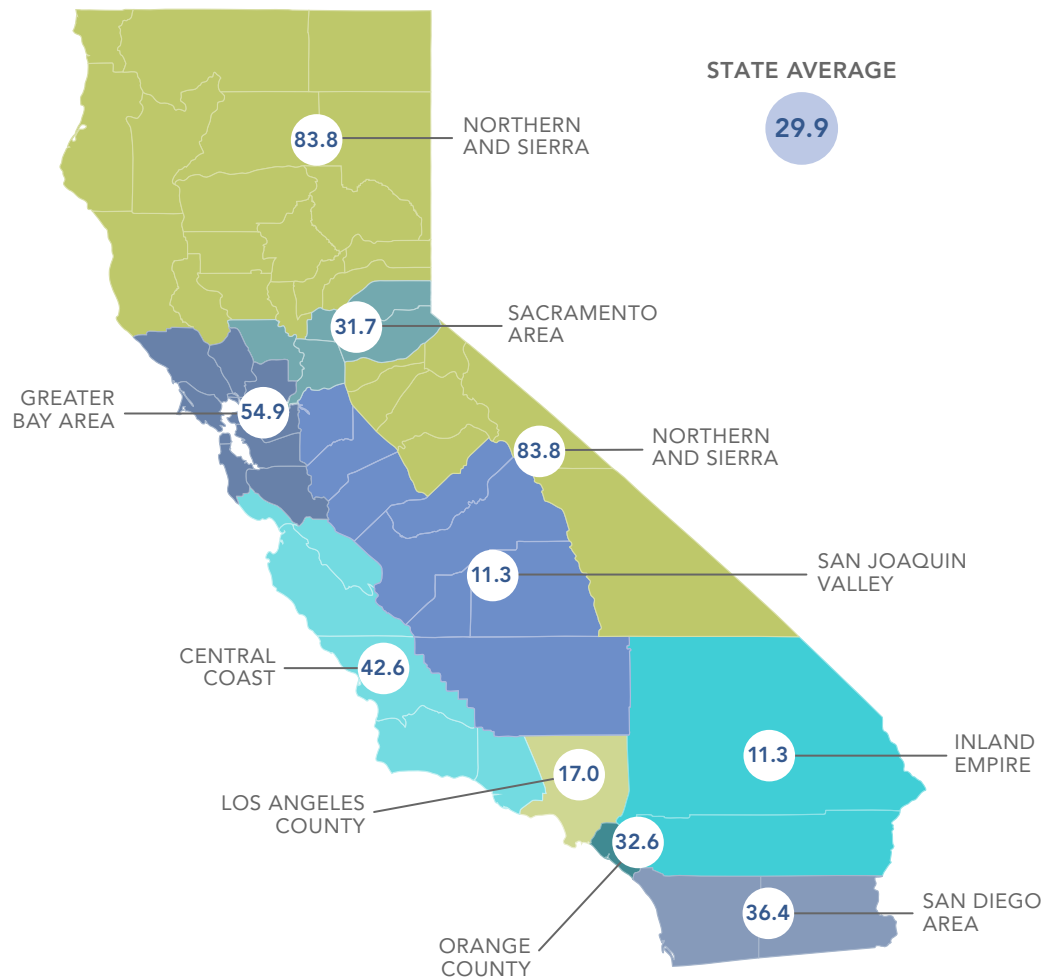
Nearly four in five LMs (79%) and about three in four NMs (76%) are currently practicing midwifery. These employment rates are slightly lower than for registered nurses (80%) but similar to national employment rates for women age 20–64 (not shown).*

*"Labor force participation rate for women highest in the District of Columbia in 2022," Bureau of Labor Statistics, March 07, 2023

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

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.

STATE AVERAGE
29.9

83.8 NORTHERN AND SIERRA

31.7 SACRAMENTO AREA

GREATER BAY AREA **54.9**

83.8 NORTHERN AND SIERRA

11.3 SAN JOAQUIN VALLEY

CENTRAL COAST **42.6**

17.0 LOS ANGELES COUNTY

11.3 INLAND EMPIRE

32.6 ORANGE COUNTY

36.4 SAN DIEGO AREA

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.

Source: *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.

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

Legend: ■ Estimated Number of LMs   ■ Estimated Number of NMs

Region	LMs	NMs
Central Coast	50	60
Greater Bay Area	78	331
Inland Empire	29	32
Los Angeles County	57	106
Northern and Sierra	45	73
Orange County	11	90
Sacramento Area	21	60
San Diego Area	43	104
San Joaquin Valley	10	56

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

Licensed Midwives
by Age Group, California, 2023

Q: In what year were you born? (n = 225)

Age Group	LMs Working as Midwives	LMs Not Working as Midwives
25–34	11.0%	4.9%
35–44	35.2%	15.9%
45–54	27.7%	29.4%
55–64	15.1%	20.3%
65+	11.1%	29.5%

■ LMs Working as Midwives (*n* = 157)
■ LMs Not Working as Midwives (*n* = 48)

LMs working as midwives were younger than LMs not working as midwives. Forty-six percent of LMs working as midwives were under the age of 45, while 50% of LMs not working as midwives are age 55 or older. While retirement was often noted as a reason for not working in midwifery, the reasons most often cited as "very important" were stress or fatigue specific to the midwife role and the lack of integration of midwifery in the health care system.
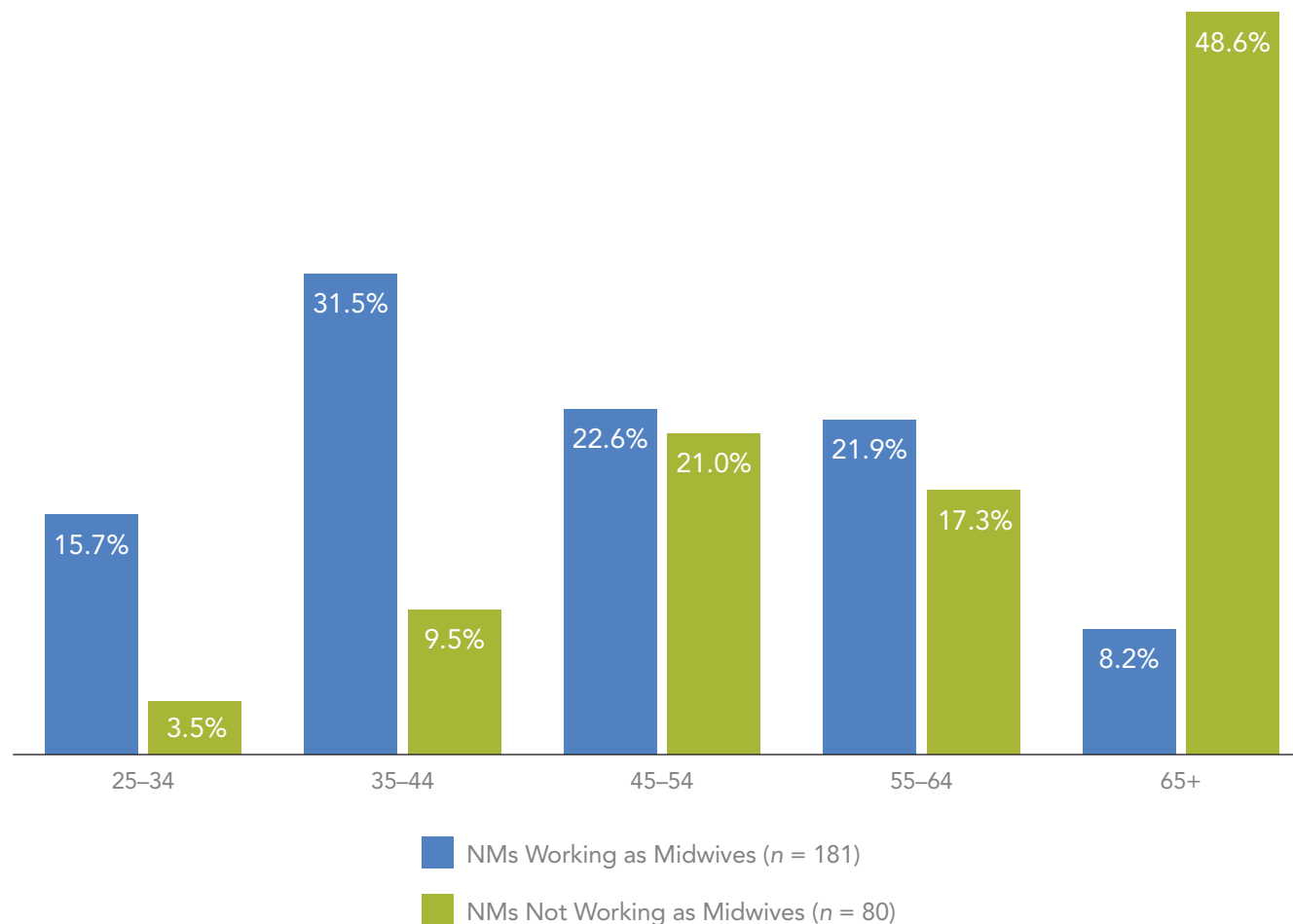
Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question.

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

Nurse-Midwives
by Age Group, California, 2023

Q: In what year were you born? (n = 267)

Demographics of Midwives

NMs working as midwives were younger than NMs not working as midwives. Forty-seven percent of NMs working as midwives were under the age of 45. In contrast, 66% of NMs not working as midwives are age 55 or older, and nearly half are 65 or older. Retirement was the reason most often reported to be "very important" for not working in midwifery.

Chart data:

Age Group	NMs Working as Midwives (n = 181)	NMs Not Working as Midwives (n = 80)
25–34	15.7%	3.5%
35–44	31.5%	9.5%
45–54	22.6%	21.0%
55–64	21.9%	17.3%
65+	8.2%	48.6%

Legend:
- ■ NMs Working as Midwives (*n* = 181)
- ■ NMs Not Working as Midwives (*n* = 80)
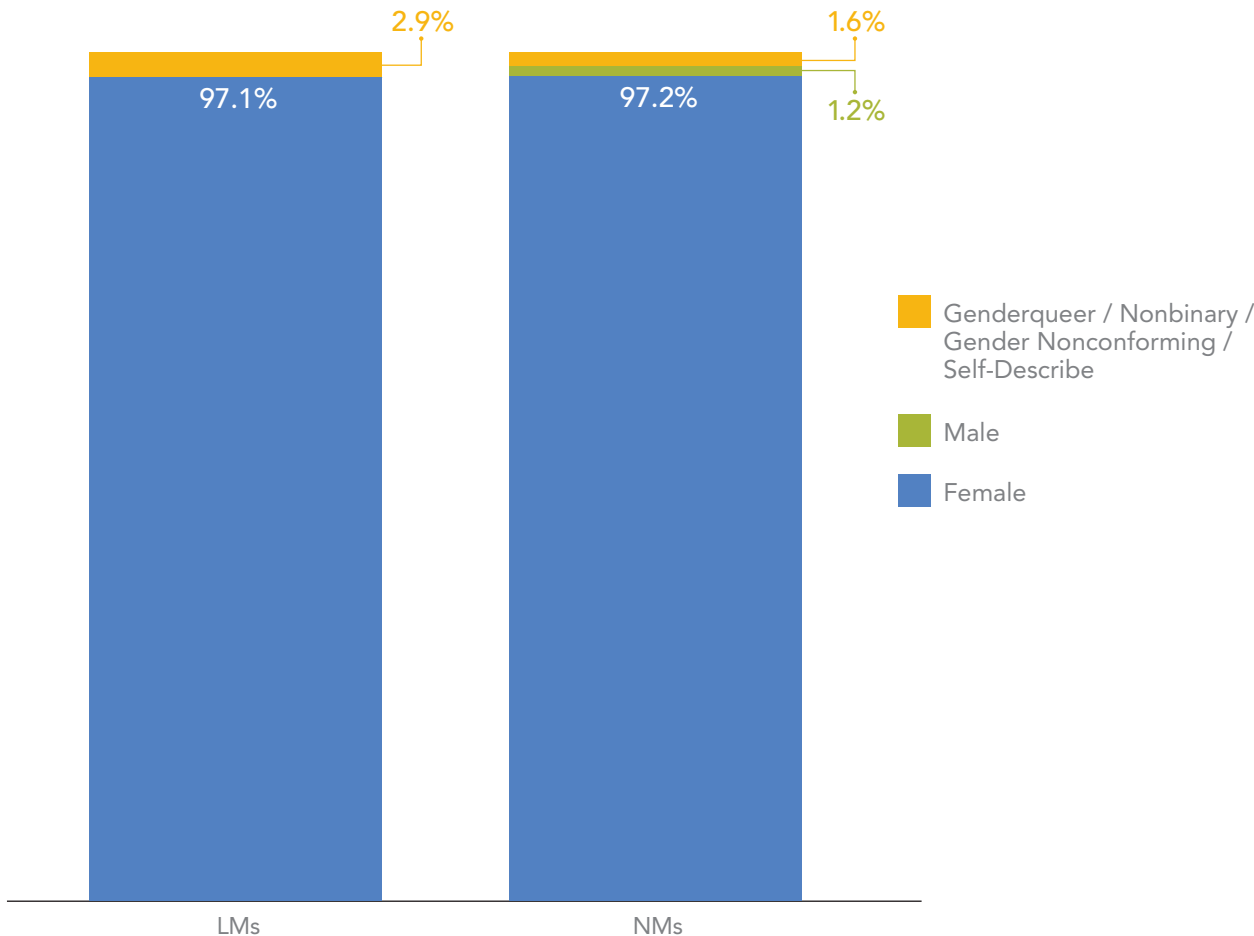
Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question.

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

Midwives
by Gender and License Type, California, 2023

Q: What is your gender identity? (n = 206 for LMs, 253 for NMs)

Legend:
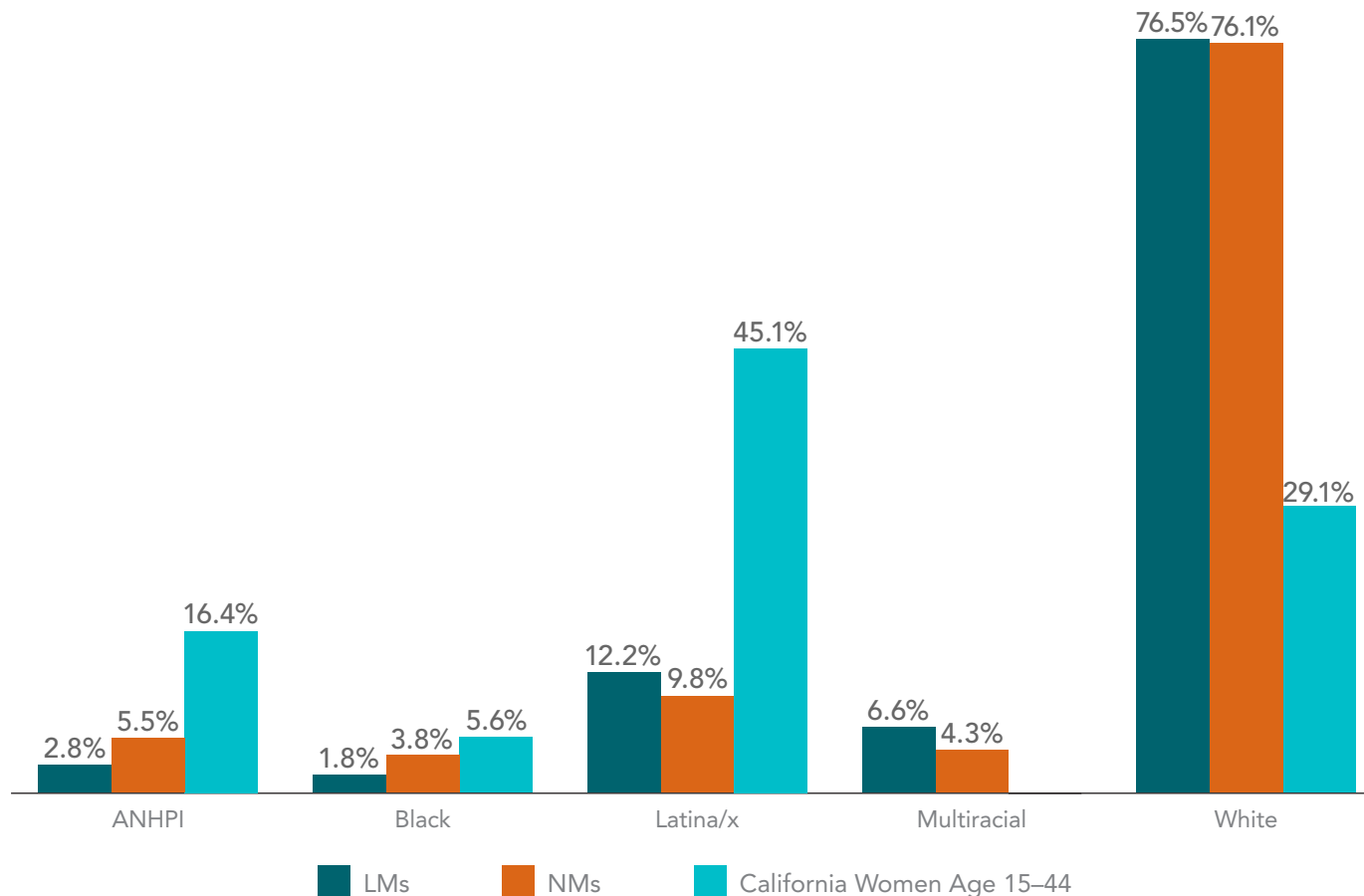- Genderqueer / Nonbinary / Gender Nonconforming / Self-Describe
- Male
- Female

Chart labels:
- LMs: 97.1% (Female), 2.9% (Genderqueer/Nonbinary/Gender Nonconforming/Self-Describe)
- NMs: 97.2% (Female), 1.6% (Genderqueer/Nonbinary/Gender Nonconforming/Self-Describe), 1.2% (Male)

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. No respondents identified as transgender. No LMs identified as male. 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 and Women Age 15 to 44
by Race/Ethnicity, California, 2023

Q: What is your racial/ethnic background? Check all that apply. (n = 204 for LMs, 253 for NMs)

Legend: LMs | NMs | California Women Age 15–44

Data by category:
- ANHPI: LMs 2.8%, NMs 5.5%, California Women 16.4%
- Black: LMs 1.8%, NMs 3.8%, California Women 5.6%
- Latina/x: LMs 12.2%, NMs 9.8%, California Women 45.1%
- Multiracial: LMs 6.6%, NMs 4.3%
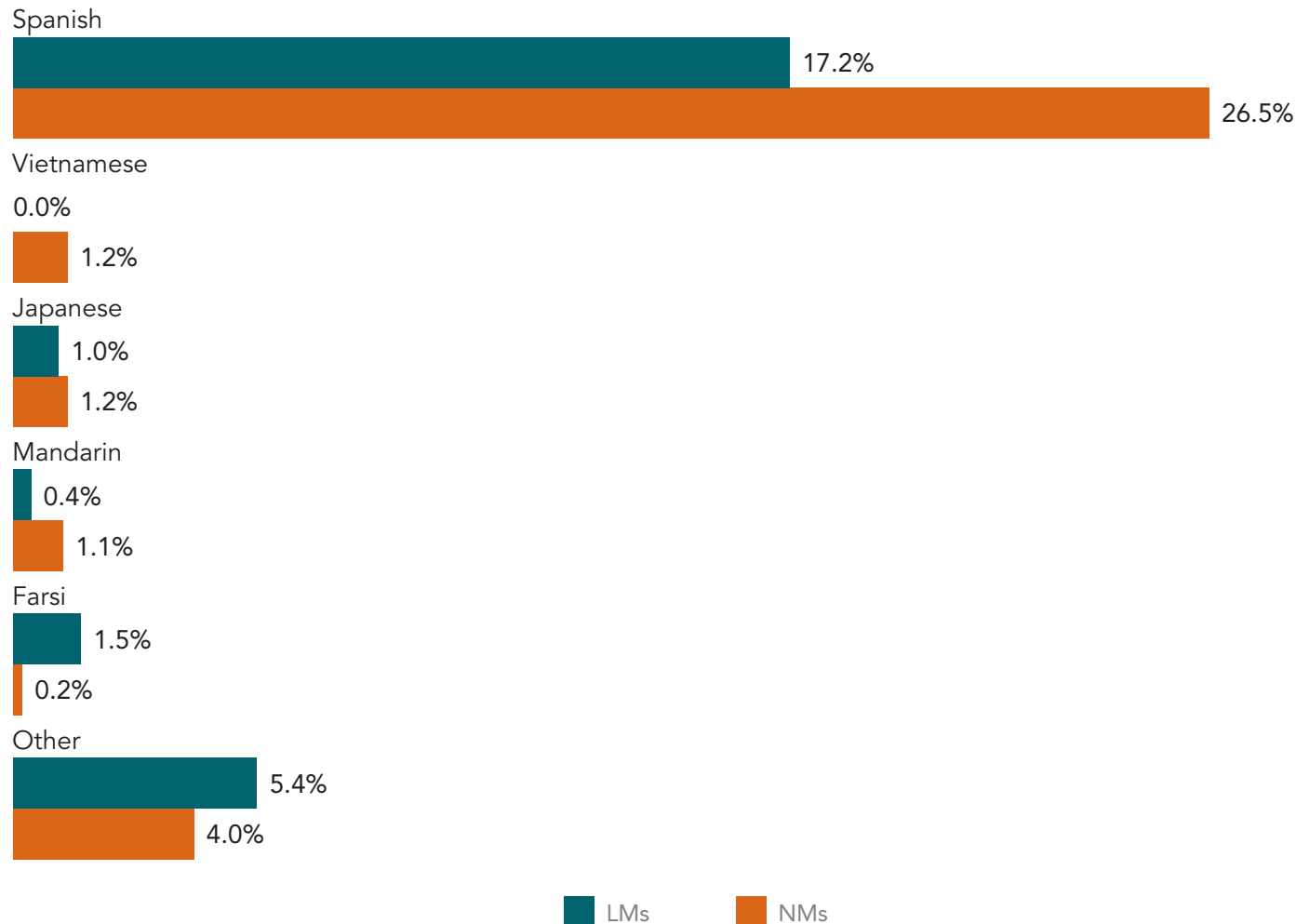- White: LMs 76.5%, NMs 76.1%, California Women 29.1%

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. American Indian and Alaska Native was too small to report. Multiracial data was not available for California women age 15-44. *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Age 15 to 44 is considered "reproductive age" according to the CDC.

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); and Population estimates based on bridged race categories released by the National Center for Health Statistics, US Census Bureau, retrieved June 7, 2024, from www.marchofdimes.org/peristats.

Demographics of Midwives

Compared to California women age 15 to 44 (considered reproductive age by the CDC), LMs and NMs lack racial/ethnic diversity. In 2023, only 12% of LMs and 10% of NMs identified as Latina/x, while 45% of the state's population of women age 15 to 44 was reported to be Latina/x. About three in four LMs (77%) and NMs (76%) identified as White, compared to 29% of California's population of women age 15 to 44. Patient-provider racial-ethnic concordance is associated with increased utilization of health care services, greater satisfaction and trust, and improved health outcomes.*

*Alyson Ma, Alison Sanchez, and Mindy Ma, "The Impact of Patient-Provider Race/Ethnicity Concordance on Provider Visits: Updated Evidence from the Medical Expenditure Panel Survey," *Journal of Racial and Ethnic Health Disparities* 6 (Oct. 2019): 1011–20; Kimá Joy Taylor et al., *Improving and Expanding Programs to Support a Diverse Health Care Workforce*, CHCF, May 2022.

Midwives, by Languages Spoken and License Type
California, 2023

Q: Do you speak any of these non-English languages fluently? (n = 173 for LMs, 175 for NMs)

Spanish
- LMs: 17.2%
- NMs: 26.5%

Vietnamese
- LMs: 0.0%
- NMs: 1.2%

Japanese
- LMs: 1.0%
- NMs: 1.2%

Mandarin
- LMs: 0.4%
- NMs: 1.1%

Farsi
- LMs: 1.5%
- NMs: 0.2%

Other
- LMs: 5.4%
- NMs: 4.0%

LMs   **NMs**
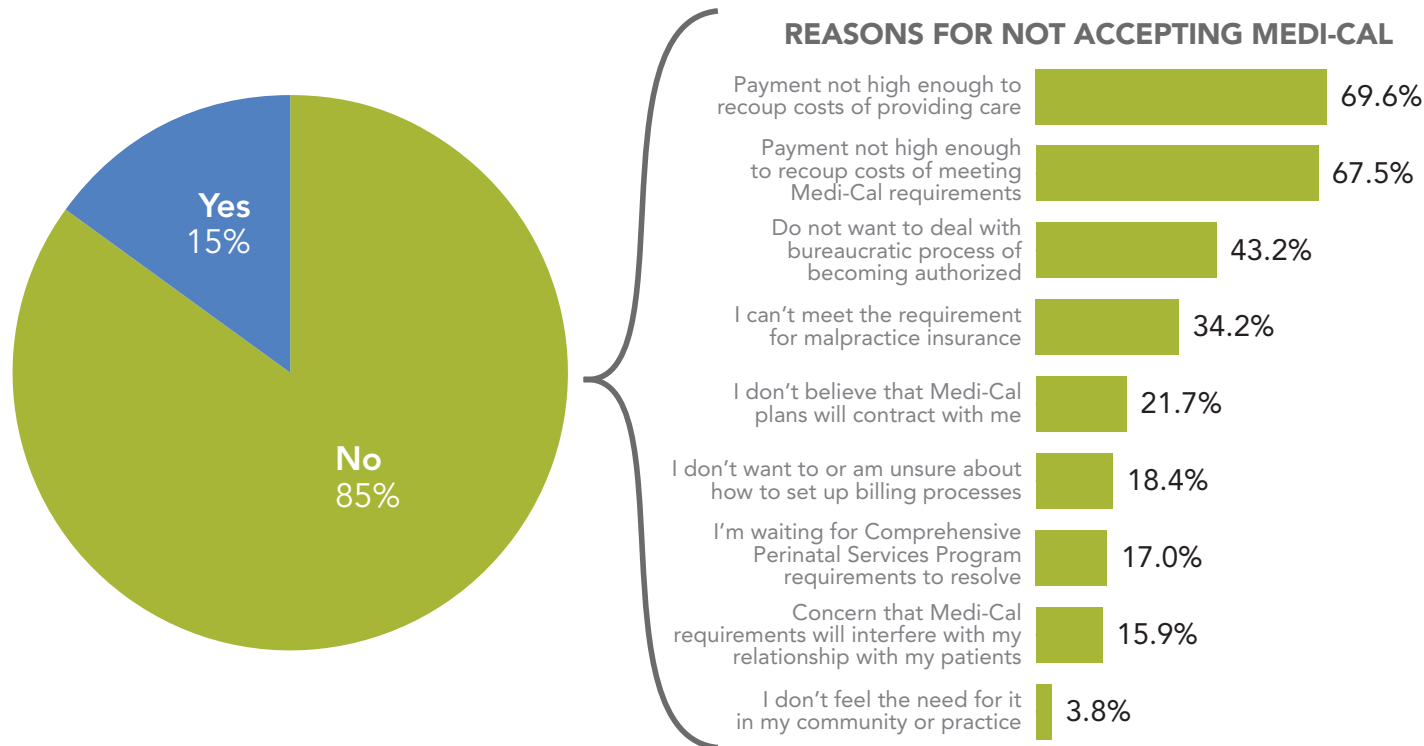
Demographics of Midwives

Twenty-six percent of LMs and 34% of NMs reported speaking at least one language other than English fluently. Spanish was the language most commonly spoken fluently by midwives (17% of LMs and 27% of NMs.) The other most common languages were Vietnamese, Japanese, Mandarin, and Farsi.

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. Data not shown for languages (Russian, Cantonese, Tagalog, Arabic) that less than 1% of midwives reported speaking. No midwives reported speaking Armenian fluently. Respondents could choose more than one language.

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).

Licensed Midwife Acceptance of Medi-Cal Insurance
California, 2023

Q: Do you accept Medi-Cal payment, individually or through the practice in which you provide midwifery care? (N = 156) If no, why not? Check all that apply. (n = 132)

REASONS FOR NOT ACCEPTING MEDI-CAL

Reason	Percent
Payment not high enough to recoup costs of providing care	69.6%
Payment not high enough to recoup costs of meeting Medi-Cal requirements	67.5%
Do not want to deal with bureaucratic process of becoming authorized	43.2%
I can't meet the requirement for malpractice insurance	34.2%
I don't believe that Medi-Cal plans will contract with me	21.7%
I don't want to or am unsure about how to set up billing processes	18.4%
I'm waiting for Comprehensive Perinatal Services Program requirements to resolve	17.0%
Concern that Medi-Cal requirements will interfere with my relationship with my patients	15.9%
I don't feel the need for it in my community or practice	3.8%

Pie chart: Yes 15%, No 85%

Demographics and Characteristics of Patients Served

Most practicing LMs were self-employed or owned their practice, sometimes with other LMs. Fifteen percent of practicing LMs reported that their practices accept patients with Medi-Cal coverage. Among those who do not, 70% said the payment was not high enough to cover the costs of care, and 68% said that the payment was not high enough to recoup the costs of meeting Medi-Cal requirements. While Medi-Cal pays for about 40% of California's births, LMs faced many barriers to becoming Medi-Cal providers, from registering to be a provider to receiving reimbursement.*
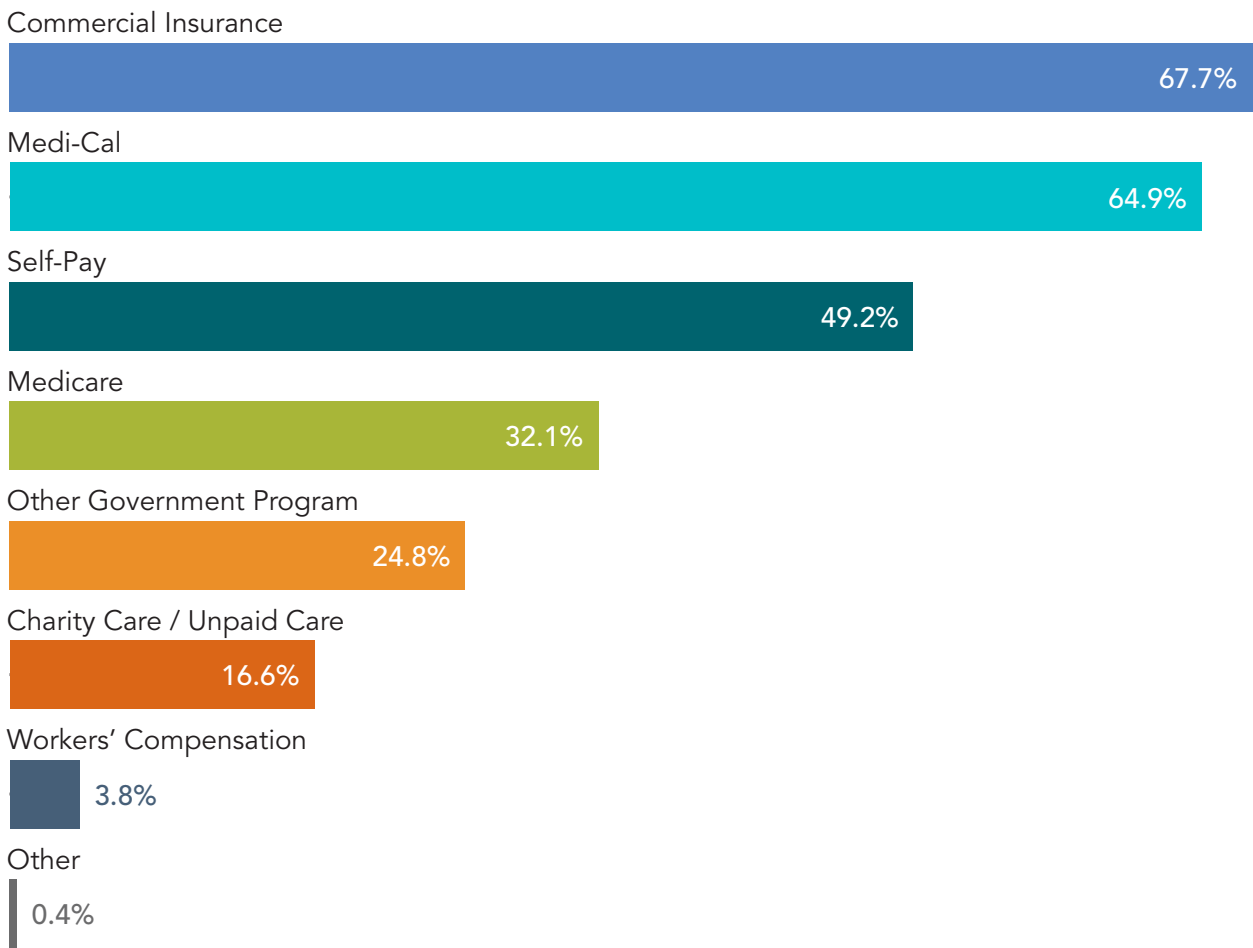
Notes: Sample includes 229 licensed midwives (LMs). Data are weighted to reflect the full statewide population of LMs with active California licenses. Data reported only for respondents who answered this question. Other not shown.
Source: *Survey of California Licensed Midwives* conducted by UCSF (July 18, 2022, to March 31, 2023).

*Ariana Thompson-Lastad et al., Medi-Cal Access to Community Midwifery Care: Midwives' Perspectives (PDF), UCSF.

Type of Patients Accepted at Nurse-Midwife Setting
by Insurance Type, California, 2023

Q: Which types of patients is your practice/setting currently accepting?
Check all that apply. (n = 182)

Commercial Insurance
67.7%

Medi-Cal
64.9%

Self-Pay
49.2%

Medicare
32.1%

Other Government Program
24.8%

Charity Care / Unpaid Care
16.6%

Workers' Compensation
3.8%

Other
0.4%

Demographics and Characteristics of Patients Served

The vast majority of practicing NMs reported working as regular employees (85%) in multispecialty group practices or hospitals (not shown). The most common type of insurance accepted at nurse-midwife practices and settings was commercial insurance (68%), followed closely by Medi-Cal (65%). Nearly half of NMs (49%) worked at settings accepting self-pay patients. Seventeen percent of NMs worked at settings that accepted charity care or unpaid care patients.

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. Commercial, Medi-Cal, and Medicare include both managed care and fee-for-service.
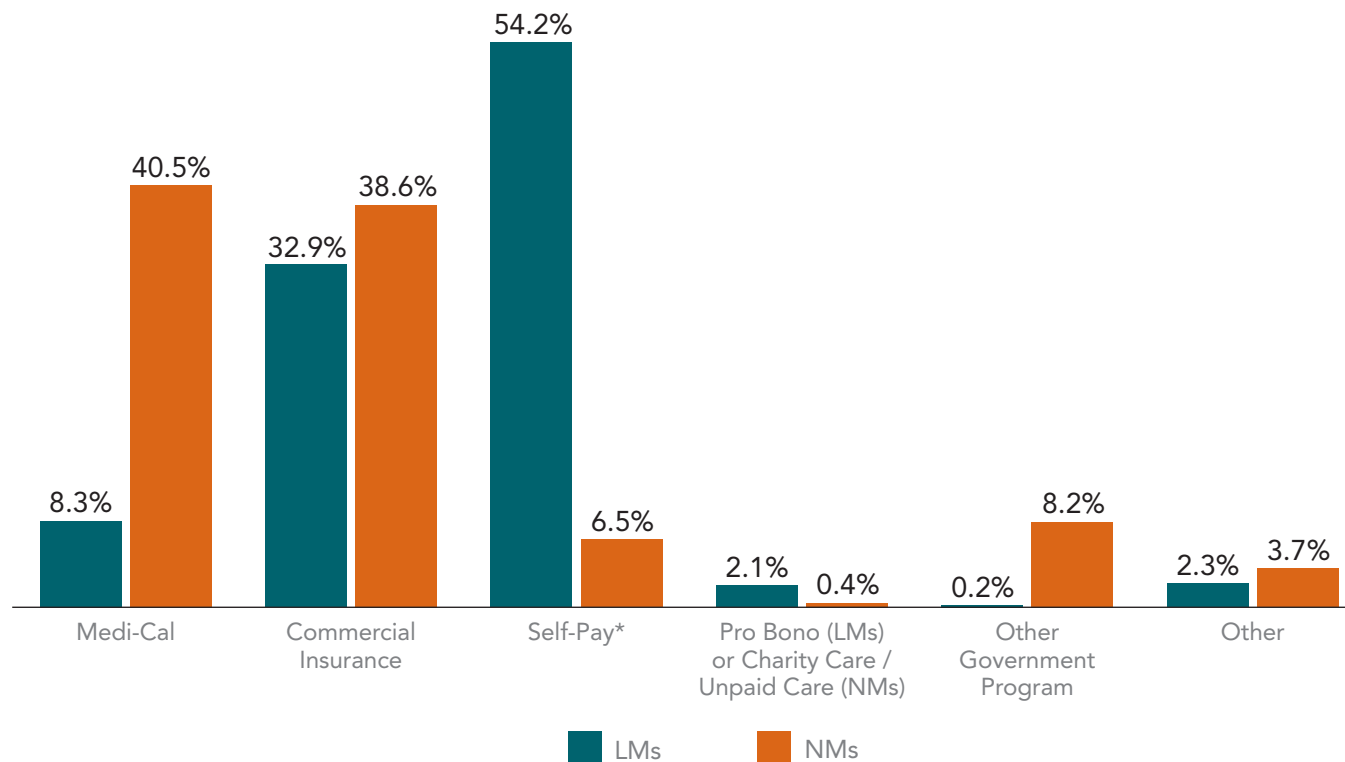
Source: *Survey of California Nurse Practitioners and Nurse-Midwives* conducted by UCSF (July 18, 2022 to March 31, 2023).

Insurance Coverage of Patients of Practicing Midwives
California, 2023

Q: Over the past year, what percentage of your clients do you think had the care you provided paid for / reimbursed by each of the following methods? (n = 139 LMs)

Q: Over the past 12 months, what percentage of your patients do you estimate paid for care by . . . (n = 160 NMs)

Chart data:

Category	LMs	NMs
Medi-Cal	8.3%	40.5%
Commercial Insurance	32.9%	38.6%
Self-Pay*	54.2%	6.5%
Pro Bono (LMs) or Charity Care / Unpaid Care (NMs)	2.1%	0.4%
Other Government Program	0.2%	8.2%
Other	2.3%	3.7%

Legend: LMs, NMs

Demographics and Characteristics of Patients Served

Practicing LMs reported that over half of the care they provided (54%) was self-paid with no anticipated insurance reimbursement, and 33% was paid by commercial insurance. Eight percent of LM patients' care was paid for by Medi-Cal, which aligns with many LMs reporting insufficient reimbursement as a reason for not accepting Medi-Cal patients (see p 14). Practicing nurse-midwives reported that most of their patients' care was paid by Medi-Cal (41%) or commercial insurance (39%). Seventy-eight percent of LMs reported no pro bono patients, and 92% of NMs reported no self-pay or charity care patients (not shown).

* "Self-pay with no reimbursement" was the category in the LM survey.

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. Percentages are the averages reported by each type of insurance. Commercial, Medi-Cal, and Medicare include managed care and fee-for-service. Medicare was only asked of NMs and is not shown (1.7%). NM data is for principal position.
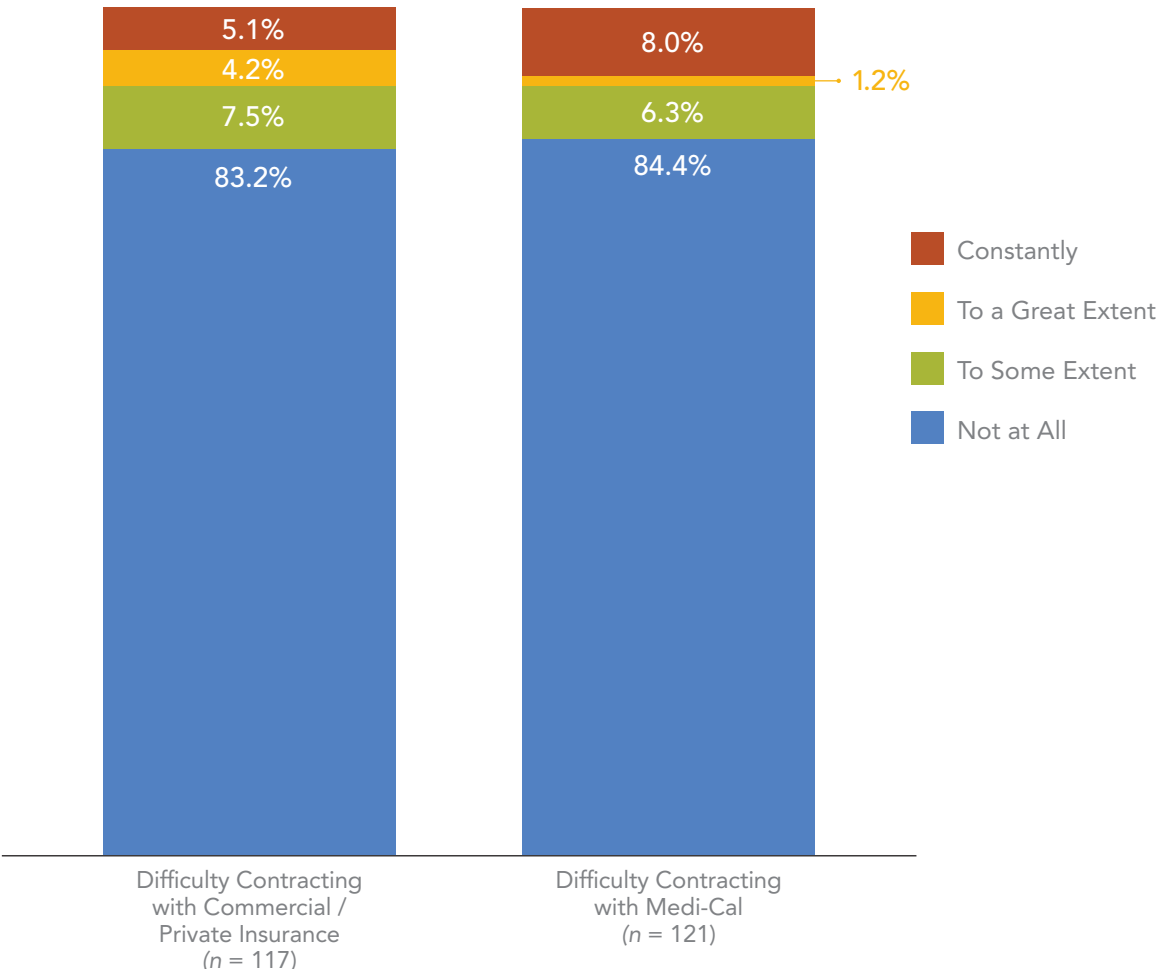
Sources: *Survey of California Nurse Practitioners and Nurse-Midwives* conducted by UCSF (July 18, 2022 to March 31, 2023); and *Survey of California Licensed Midwives* conducted by UCSF (July 18, 2022, to March 31, 2023).

Difficulty Contracting with Insurers, Practicing Nurse-Midwives
California, 2023

Q: In the past three years, indicate if you have encountered any of these obstacles to practicing as an NM.

Legend:
- Constantly
- To a Great Extent
- To Some Extent
- Not at All

Difficulty Contracting with Commercial / Private Insurance (n = 117):
- 5.1%
- 4.2%
- 7.5%
- 83.2%

Difficulty Contracting with Medi-Cal (n = 121):
- 8.0%
- 1.2%
- 6.3%
- 84.4%

Demographics and Characteristics of Patients Served

More than 8 in 10 practicing NMs reported that they had not encountered difficulty contracting with either Medi-Cal (84%) or with commercial or private insurance (83%). Nearly 1 in 10 NMs said they encountered difficulty "to a great extent" or "constantly" when contracting with Medi-Cal and commercial insurance. As most NMs work as employees of group practices or hospitals, they may not be responsible for contracting with insurers.
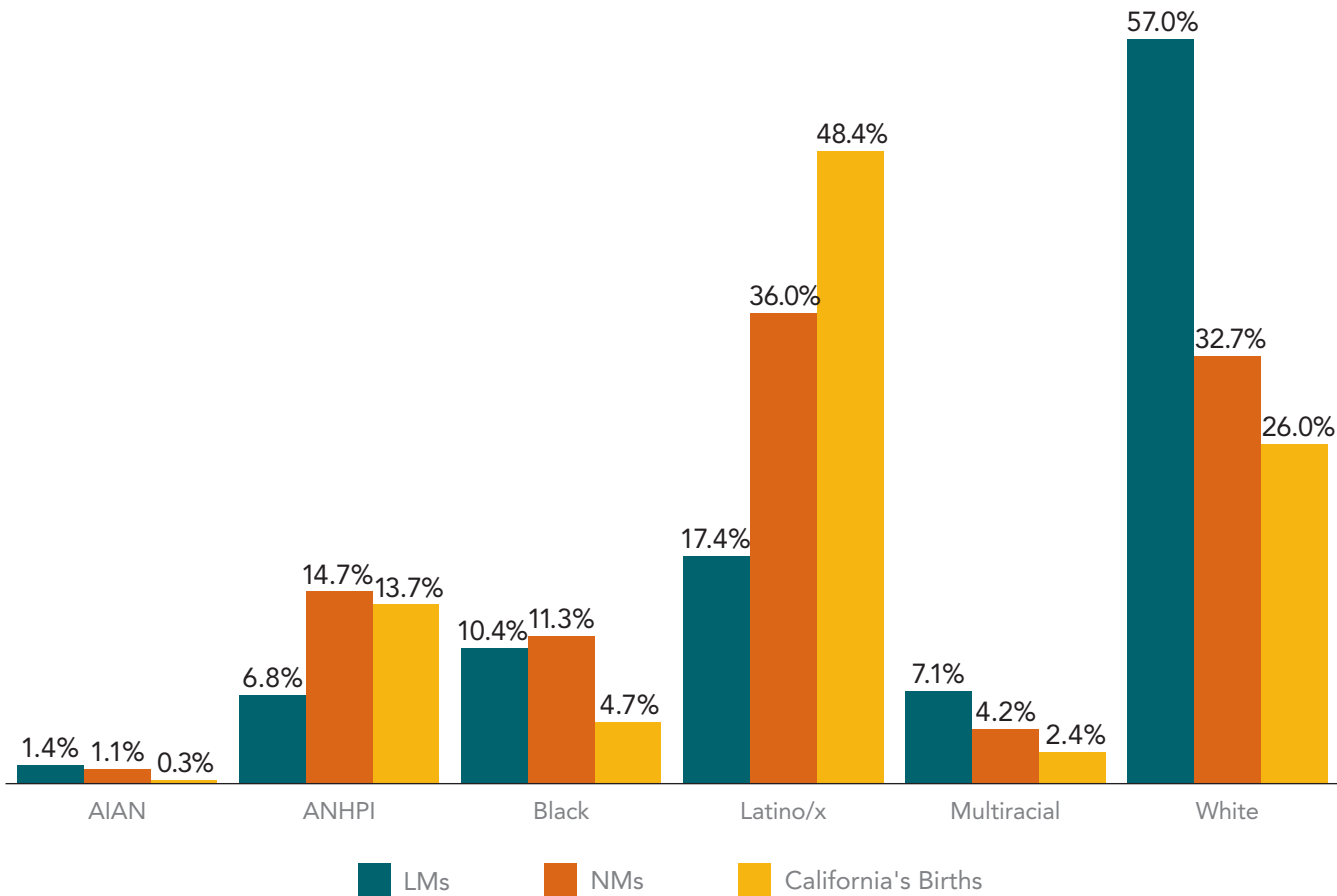
Notes: Sample includes 149 nurse-midwives (NMs) and 118 dual-licensed nurse practitioners / NMs. Data are weighted to reflect the full statewide population of NMs with active California licenses. Data reported only for respondents who answered this question. Figures may not sum due to rounding.

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

Patient Population of Practicing Midwives, by Race/Ethnicity
California, 2023

Q: What do you estimate is the racial/ethnic composition of your patient population?
(n = 146 for LMs, 171 for NMs)

Legend: LMs, NMs, California's Births

Categories: AIAN, ANHPI, Black, Latino/x, Multiracial, White

- AIAN: LMs 1.4%, NMs 1.1%, California's Births 0.3%
- ANHPI: LMs 6.8%, NMs 14.7%, California's Births 13.7%
- Black: LMs 10.4%, NMs 11.3%, California's Births 4.7%
- Latino/x: LMs 17.4%, NMs 36.0%, California's Births 48.4%
- Multiracial: LMs 7.1%, NMs 4.2%, California's Births 2.4%
- White: LMs 57.0%, NMs 32.7%, California's Births 26.0%

Demographics and Characteristics of Patients Served

California's births in 2022 were 48% Latino/x; 26% White; 14% Asian, Native Hawaiian, and Pacific Islander; and 5% Black. Both LMs and NMs had higher percentages of Black patients than the state birthing population (10% for LMs and 11% for NMs). However, both LMs' and NMs' patient populations had fewer Latina/x patients than the state's births (17% for LMs and 36% for 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. Data reported only for respondents who answered this question. Mean percentage of patients. *AIAN* is American Indian and Alaska Native. *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Other or unknown data not shown for births.
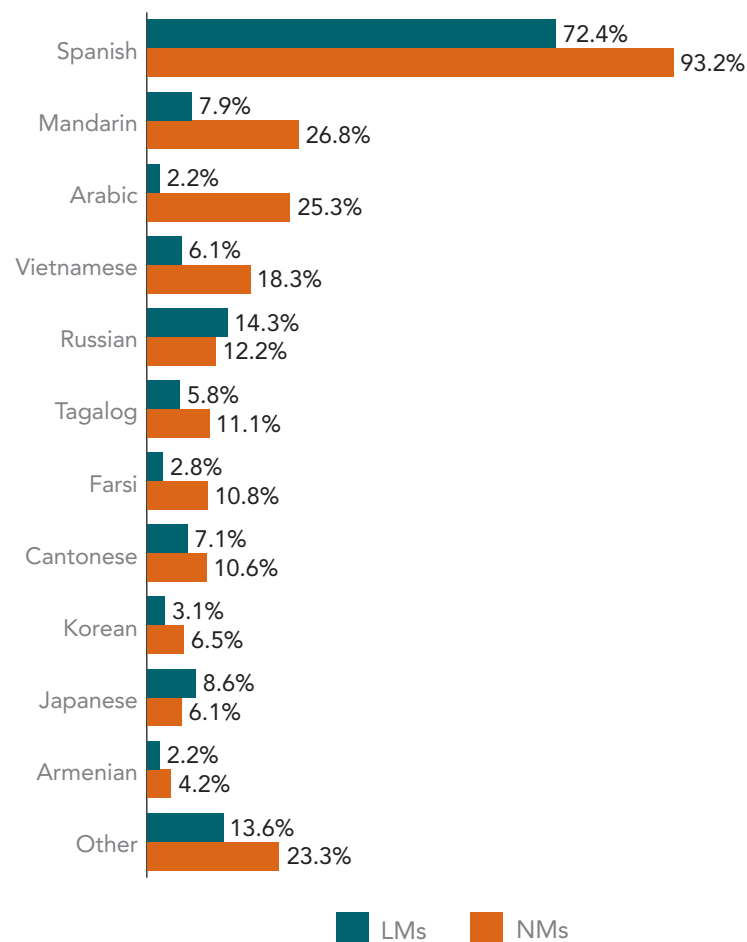
Sources: *Survey of California Nurse Practitioners and Nurse-Midwives* conducted by UCSF (July 18, 2022 to March 31, 2023); *Survey of California Licensed Midwives* conducted by UCSF (July 18, 2022, to March 31, 2023); and "Births," California Department of Public Health, last updated April 5, 2024.

Patient Population of Practicing Midwives, by Languages Spoken
California, 2023

Q: What percentage of your clients prefer to receive services in a language other than English? (n = 148 for LMs, 156 for NMs)

LMs	6.1%
NMs	33.2%

Q: Indicate the three most common non-English languages spoken by your patients. (n = 180 for LMs, 182 for NMs)

Language	LMs	NMs
Spanish	72.4%	93.2%
Mandarin	7.9%	26.8%
Arabic	2.2%	25.3%
Vietnamese	6.1%	18.3%
Russian	14.3%	12.2%
Tagalog	5.8%	11.1%
Farsi	2.8%	10.8%
Cantonese	7.1%	10.6%
Korean	3.1%	6.5%
Japanese	8.6%	6.1%
Armenian	2.2%	4.2%
Other	13.6%	23.3%

■ LMs ■ NMs

Demographics and Characteristics of Patients Served

Practicing NMs reported that 33% of their patients, on average, preferred to receive care in a language other than English, while practicing LMs reported that 6% of their patients, on average, preferred to receive care in a language other than English. Overwhelmingly, the most common non-English language with which patients preferred to received care was Spanish.

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. Data reported for principal position.

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).

Practicing Nurse-Midwives Who Worked in Underserved Communities, California, 2023

Q: Are any of your practice sites in an underserved community? (n = 175)

More than 6 in 10 practicing NMs (62%) reported that they worked in an underserved community* in their principal position.

No
38%

Yes
62%

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. Question was not included in the LM survey. 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).

**Underserved community* was not defined in the survey.*

Practicing Nurse-Midwives' Screening and Referral Activities to Address Social Needs of Patients, California, 2023

Q: Which of the following do you participate in or do on a regular basis in your practice? Check all that apply. (n = 182)

Refer patients to licensed providers in your practice who can address patients' social needs (e.g., LCSWs)

85.2%

Refer patients to community-based resources to address patients' social needs

78.4%

Screen patients for health-related social needs (e.g., housing, food, economic insecurity)

67.8%

Refer patients to nonlicensed providers in your practice who can address patients' social needs (e.g., CHWs)

55.4%

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. Question was not included in the LM survey. *LCSW* is licensed clinical social worker. *CHW* is community health worker.

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

Barriers to Practicing Licensed Midwives Serving More Patients of Color, California, 2023

Q: What barriers do you face within your practice to serving more clients who are people of color?

Financial model does not support changing my client population

| 9.8% | 15.6% | 25.0% | 49.6% | *n* = 148 |

Lack of demand for midwifery care from people of color

| 8.6% | 33.9% | 33.4% | 24.2% | *n* = 148 |

Lack of time to expand my client population

| 12.4% | 40.3% | 25.4% | 21.9% | *n* = 149 |

Clients are too far away for me to travel or for them to come to me

| 10.1% | 42.4% | 32.5% | 15.0% | *n* = 133 |

Language barriers

| 6.1% | 30.0% | 49.8% | 14.2% | *n* = 151 |

Cultural barriers

| 5.0% | 28.3% | 52.6% | 14.0% | *n* = 151 |

■ Not Applicable   ■ Not a Barrier   ■ Minor Barrier   ■ Major Barrier

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.

Barriers to Practicing Nurse-Midwives Serving More Patients of Color, California, 2023

Q: What barriers exist to your practice serving more people of color?

Insurance contracts determine my patient population

| 15.1% | 39.7% | 20.8% | 24.4% | *n* = 156 |

Population near my practice does not include many people of color

| 10.1% | 51.6% | 24.9% | 14.3% | *n* = 157 |

Language barriers

| 7.0% | 40.1% | 41.9% | 11.0% | *n* = 157 |

Cultural barriers

| 7.1% | 34.7% | 47.8% | 10.4% | *n* = 155 |

Lack of demand for NP/NM care from people of color

| 12.1% | 56.1% | 26.7% | 5.1% | *n* = 156 |

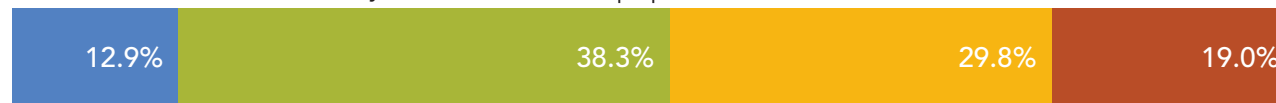■ Not Applicable   ■ Not a Barrier   ■ Minor Barrier   ■ Major Barrier

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).

Barriers to Practicing Licensed Midwives Serving More Patients Who Are LGBTQ, California, 2023

Q: What barriers exist to your practice serving more patients who are LGBTQ (lesbian/gay/bisexual/transgender/queer)? (n = 145)

Lack of demand for midwifery care from LGBTQ population

| 12.9% | 38.3% | 29.8% | 19.0% |

Lack of expertise in transgender care needs

| 9.9% | 25.8% | 45.4% | 18.9% |

Lack of time to expand my client population

| 15.7% | 51.7% | 21.8% | 10.8% |

Financial model does not support changing my client population

| 16.3% | 58.6% | 18.2% | 6.9% |

Clients are too far away for me to travel or for them to come to me

4.0%

| 17.1% | 67.7% | 11.2% | |

- ■ Not Applicable
- ■ Not a Barrier
- ■ Minor Barrier
- ■ Major Barrier

Demographics and Characteristics of Patients Served

Practicing LMs reported multiple barriers to serving more patients who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ). About two in three LMs (64%) said that lack of expertise in transgender care needs was a "minor" (45%) or "major" barrier (19%) to serving more patients who are LBGTQ. Nearly half of LMs (49%) said that lack of demand from the LGBTQ population was a "minor" (30%) or "major" barrier (19%).
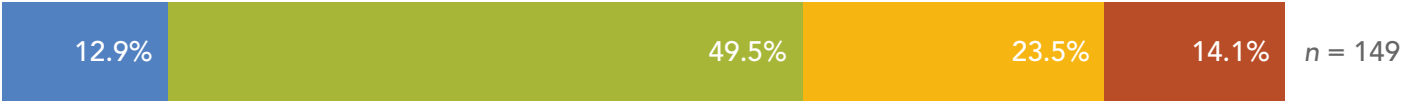
Barriers to Practicing Nurse-Midwives Serving More Patients Who Are LGBTQ, California, 2023

Q: What barriers exist to your practice serving more patients who are LGBTQ (lesbian/gay/bisexual/transgender/queer)?

Lack of expertise in transgender care needs

| 5.3% | 27.6% | 39.4% | 27.6% | *n* = 154 |

Insurance contracts determine my patient population

| 12.9% | 49.5% | 23.5% | 14.1% | *n* = 149 |

Population near my practice does not include many LGBTQ people

| 9.1% | 57.2% | 25.0% | 8.7% | *n* = 156 |

Lack of demand for NM care from LGBTQ population

| 13.1% | 52.9% | 26.0% | 8.0% | *n* = 150 |

■ Not Applicable ■ Not a Barrier ■ Minor Barrier ■ Major Barrier

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).

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 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

NORTHERN AND SIERRA

SACRAMENTO AREA

GREATER BAY AREA

CENTRAL COAST

NORTHERN AND SIERRA

SAN JOAQUIN VALLEY

INLAND EMPIRE

LOS ANGELES COUNTY

ORANGE COUNTY

SAN DIEGO AREA

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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.

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