

OCTOBER 2024

California's Midwife Workforce: Education, Training, and Licensure 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 education and licensing. 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.

KEY FINDINGS INCLUDE:

- ▶ In 2023, the pathway most commonly used by LMs (67%) to qualify as a midwife was the completion of a three-year midwifery education and training program approved by the Medical Board of California (MBC). An additional 31% qualified through the California Challenge Mechanism* for experienced midwives. There are currently no accredited midwifery programs for LMs in California.
- ▶ Eighty-six percent of NMs have a master's degree (including entry-level master's degrees and post-master's certificates), and 5% have a doctorate, including 4% who have a doctorate of nursing practice (DNP). California currently has two accredited programs for nurse-midwife education, one of which is not currently admitting students.
- ▶ On average, LMs completed their midwifery education at an older age than NMs. Twenty percent of LMs completed midwifery education in their 20s compared to 36% of NMs.

* The California Challenge Mechanism requires that candidates demonstrate that their education has equivalent didactic content and hours as programs explicitly approved by MBC, and document that they have completed required clinical training. Before 2015, the mechanism allowed experienced midwives to receive credit for didactic education as an alternative to the three-year postsecondary midwifery education program. Both the current and prior challenge mechanisms require that the candidate pass the comprehensive licensing examination administered by the North American Registry of Midwives.

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- ▶ Most midwives licensed to practice in California completed their midwifery training in the state. Sixty-nine percent of LMs completed their clinical training in California, and 58% of NMs completed their initial NM education in the state.
- ▶ LMs are more likely to have completed online/virtual education than NMs. More than one in four LMs (27%) completed all of their didactic (classroom) education online or virtually, compared to 7% of NMs. There has been a trend toward more classroom learning online or virtually for both LMs and NMs, especially in the last decade. This likely is associated with the small number of programs in California compared with the growing interest in midwifery education.
- ▶ Many midwives have received formal training in topics such as cultural competency, mental health, and anti-racism. Eighty-four percent of LMs have received formal training in cultural competency, 70% in maternal/perinatal mental health, and 67% in anti-racism. Sixty-one percent of NMs have received formal training in implicit bias, 60% in identifying intimate partner violence, 57% in anti-racism, and 57% in mental health assessment.

Midwives Practicing in California, 2024

Overview

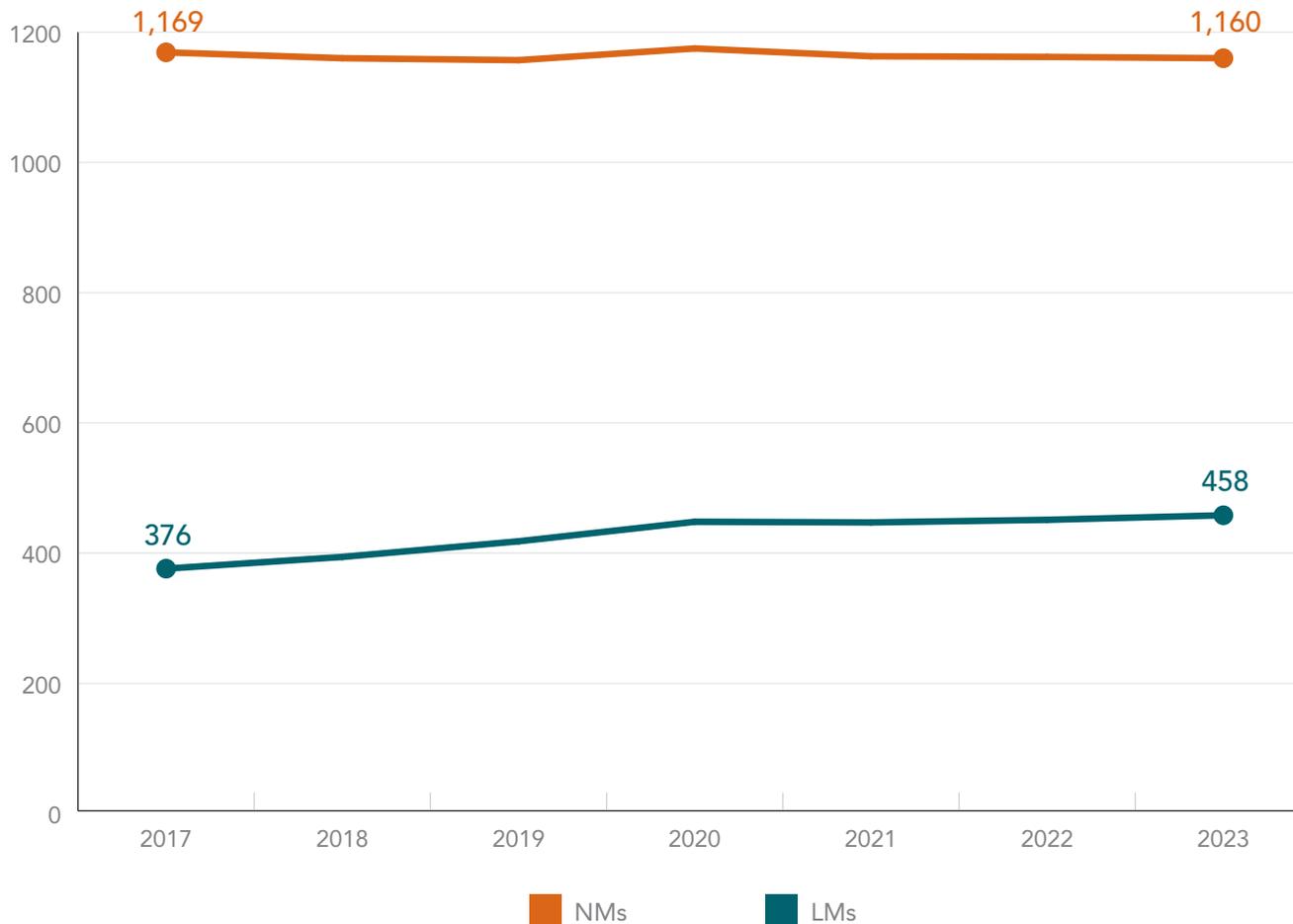
Overview of Midwives in California

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.

	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 certification 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 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 attending births primarily in hospitals.

Sources: 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; and ["Definition of Midwifery,"](#) Intl. Confederation of Midwives, accessed June 17, 2024.

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



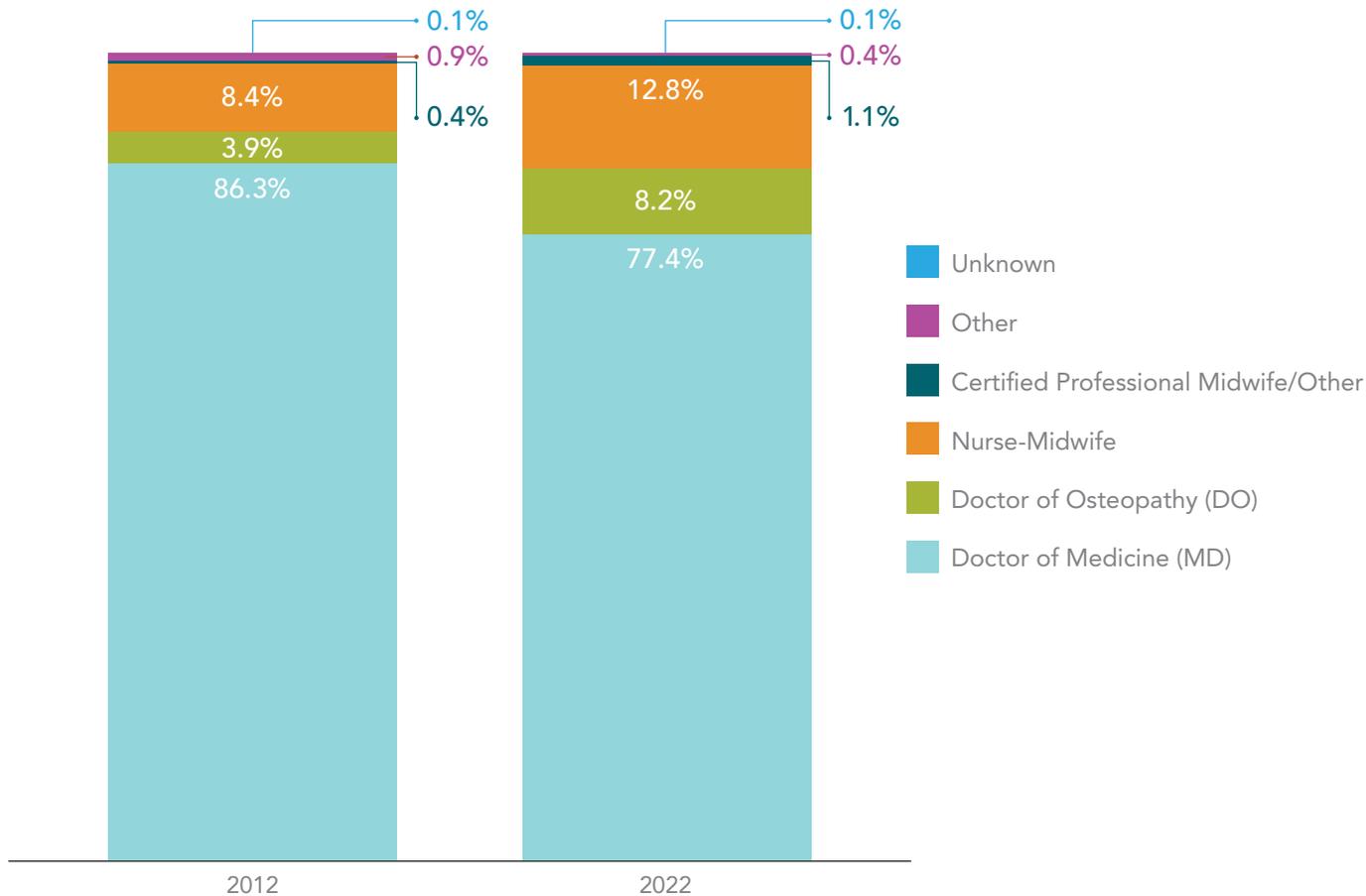
Overview of Midwives in California

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 nurse-midwives.

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



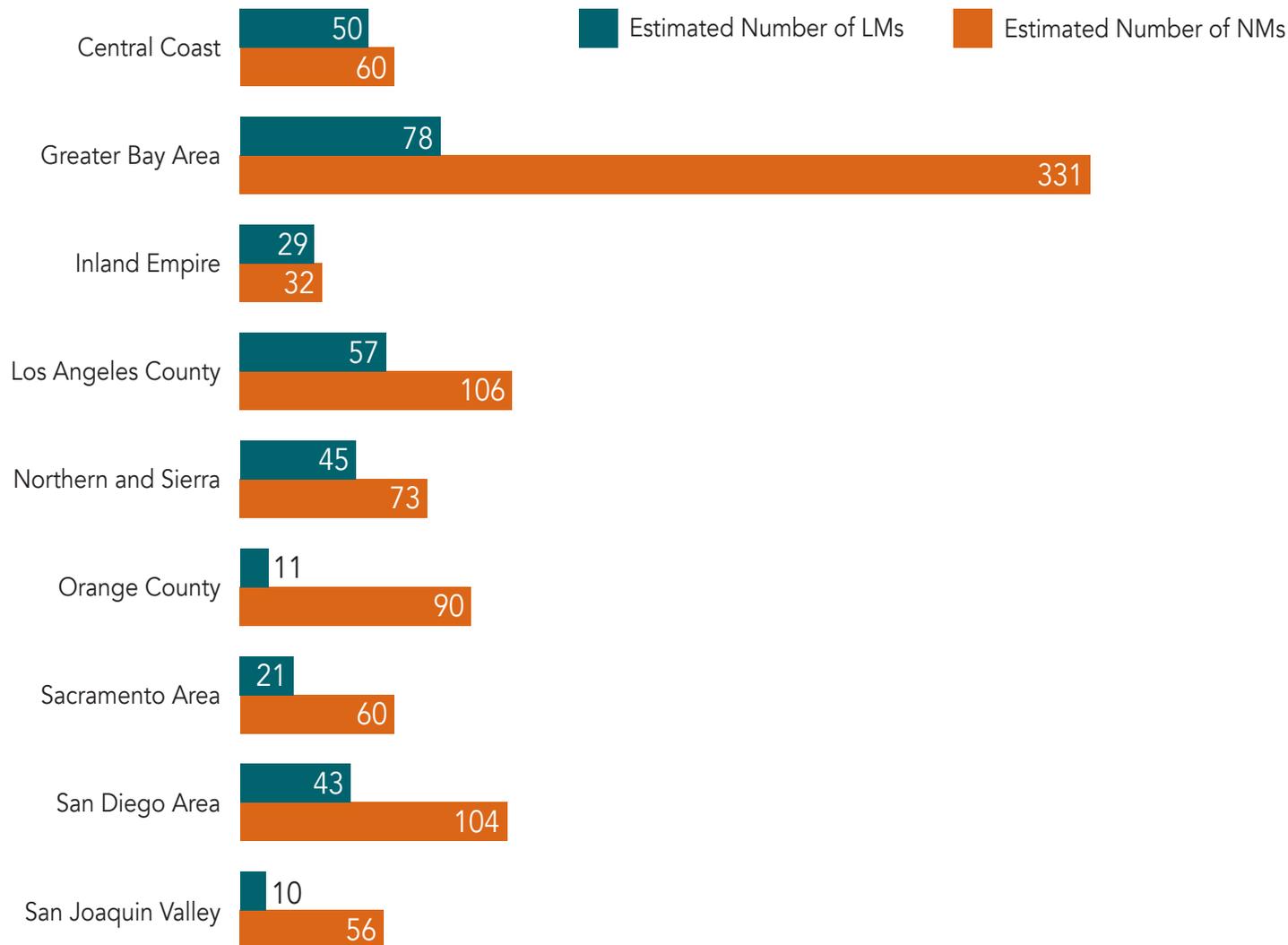
Overview of Midwives in California

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.

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



Overview of Midwives in California

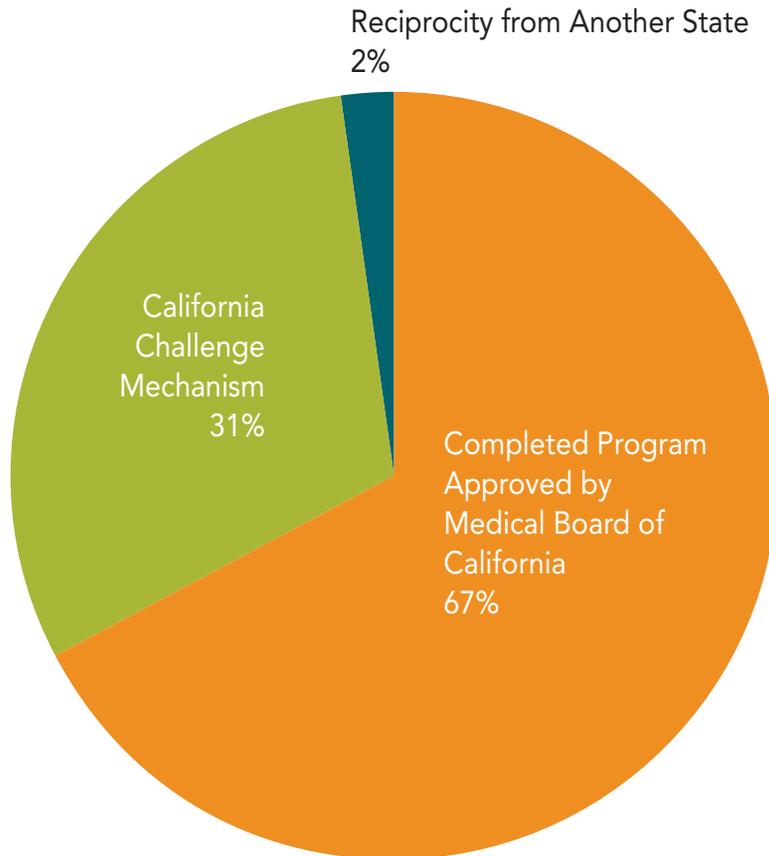
The supply of practicing LMs and NMs varied across regions of California. There were a total of 344 LMs and 911 NMs practicing throughout the state. The Greater Bay Area had the largest supply of both LMs and NMs. Despite having the largest population and births of any region, Los Angeles County had 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); and *Survey of California Licensed Midwives* conducted by UCSF (July 18, 2022, to March 31, 2023).

Licensed Midwives by Licensing Pathway California, 2023

Q: What pathway qualified you as a licensed midwife in California? (n = 228)



Education of Licensed Midwives

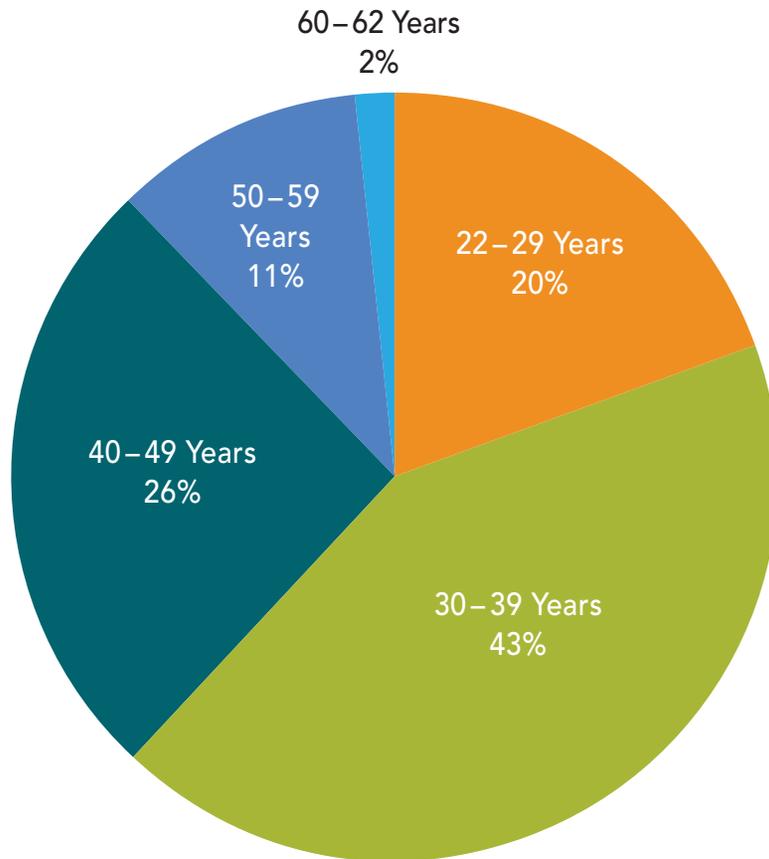
In 2023, two of three LMs (67%) qualified as an LM by completing a program approved by the Medical Board of California (MBC), and 31% qualified through the California Challenge Mechanism. Over time, the predominant method of LM pathway to licensure has shifted to three-year education programs, with 88% completing MBC-approved programs since 2010 (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 are reported only for respondents who answered this question. The California Challenge Mechanism requires that candidates demonstrate that their education has equivalent didactic content and hours as programs explicitly approved by MBC, and document that they have completed required clinical training. Before 2015, the mechanism allowed experienced midwives to receive credit for didactic education as an alternative to the three-year postsecondary midwifery education program. Both the current and prior challenge mechanisms require that the candidate pass the comprehensive licensing examination administered by the North American Registry of Midwives. Figures may not sum due to rounding.

Sources: *Survey of California Licensed Midwives* conducted by UCSF (July 18, 2022, to March 31, 2023); and "[Midwives](#)," Medical Board of California, accessed June 6, 2024.

Age of Completion of Midwifery Education, Licensed Midwives California, 2023

Q: What year did you complete your midwifery program or other process for California licensure?
(n = 223)



Education of Licensed Midwives

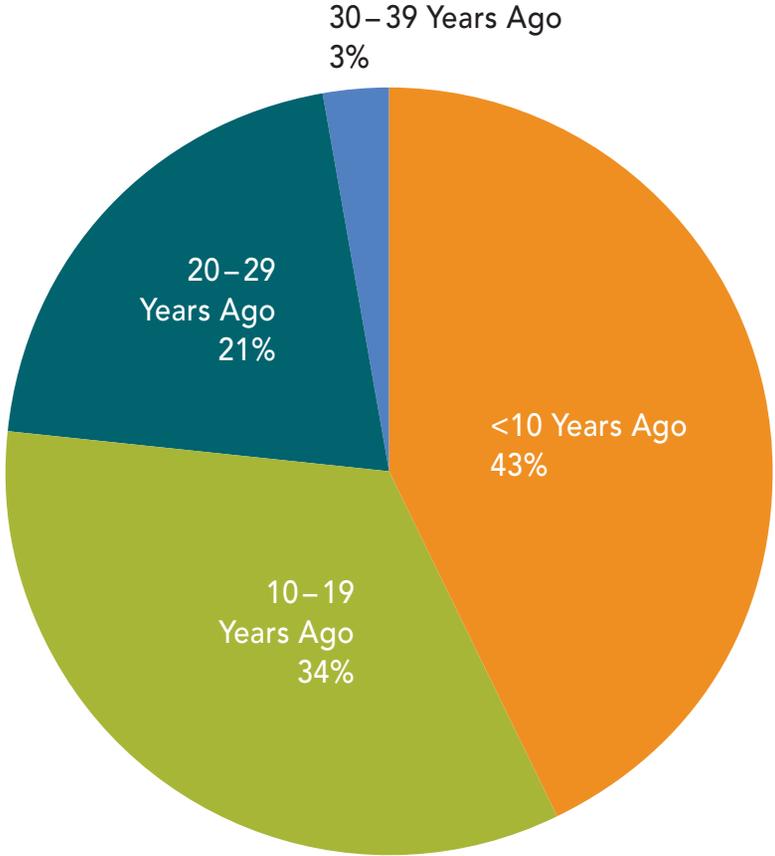
Forty-three percent of LMs were age 30 to 39 when they completed their midwifery program or process for obtaining licensure as a midwife, and 38% were age 40 and older. On average, LMs took 4.2 years to complete their midwifery education and training (not shown).

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. Age of completion was calculated from respondent's age and year of completion. Figures may not sum due to rounding.

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

Years Since Licensed as Midwife, Licensed Midwives California, 2023

Q: In what year were you first licensed as a midwife? (n = 222)



Education of Licensed Midwives

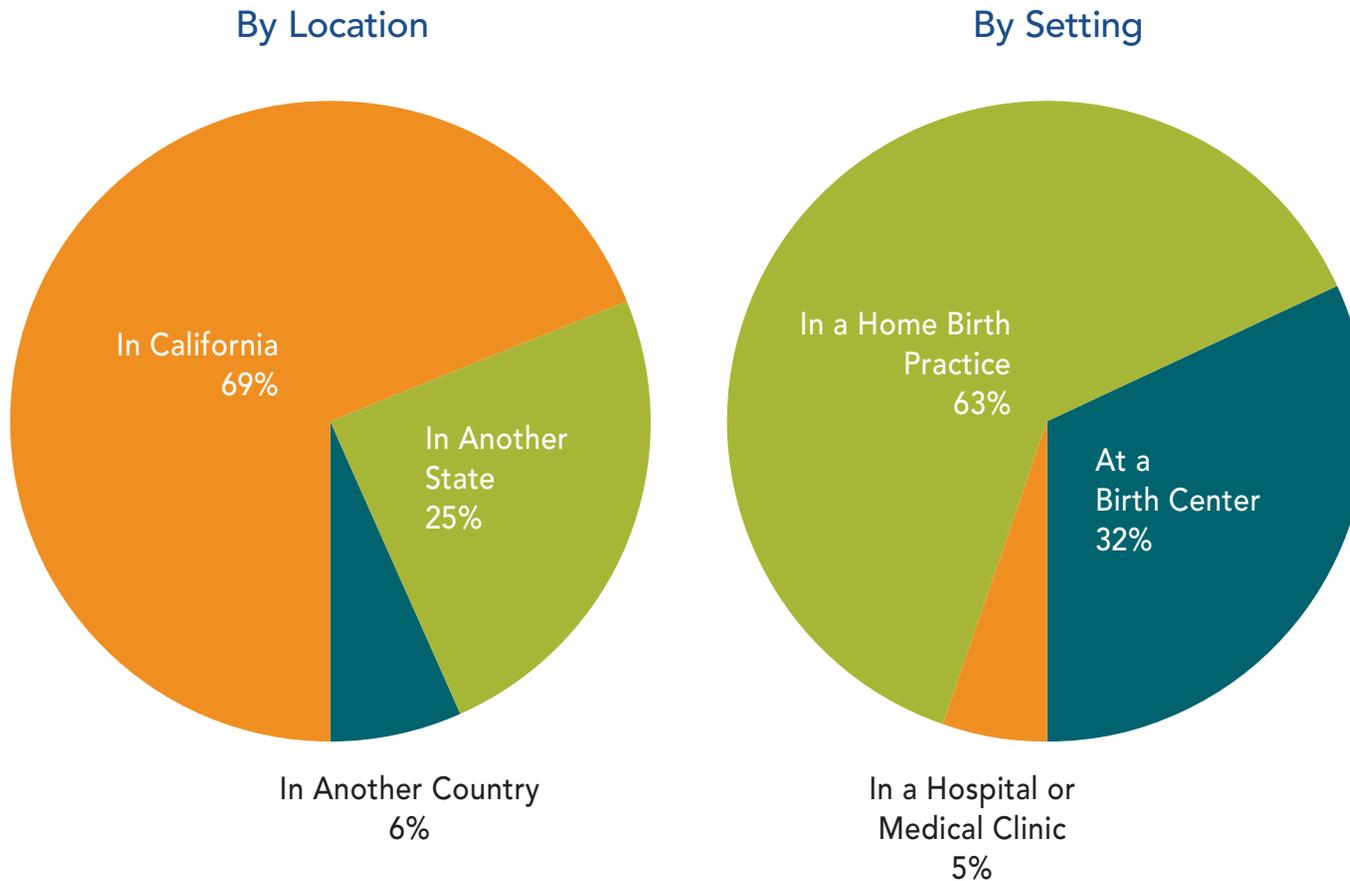
Forty-three percent of LMs currently licensed in California received their first midwife license (from any state) within the past 10 years. Reflecting the growth of the LM workforce, 47% were first licensed in California less than 10 years ago (not shown).

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. Figures may not sum due to rounding.

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

Licensed Midwives by Location and Setting of Training California, 2023

Q: What percentage of your clinical training was . . . (n = 227 for location, n = 219 for setting)



Education of Licensed Midwives

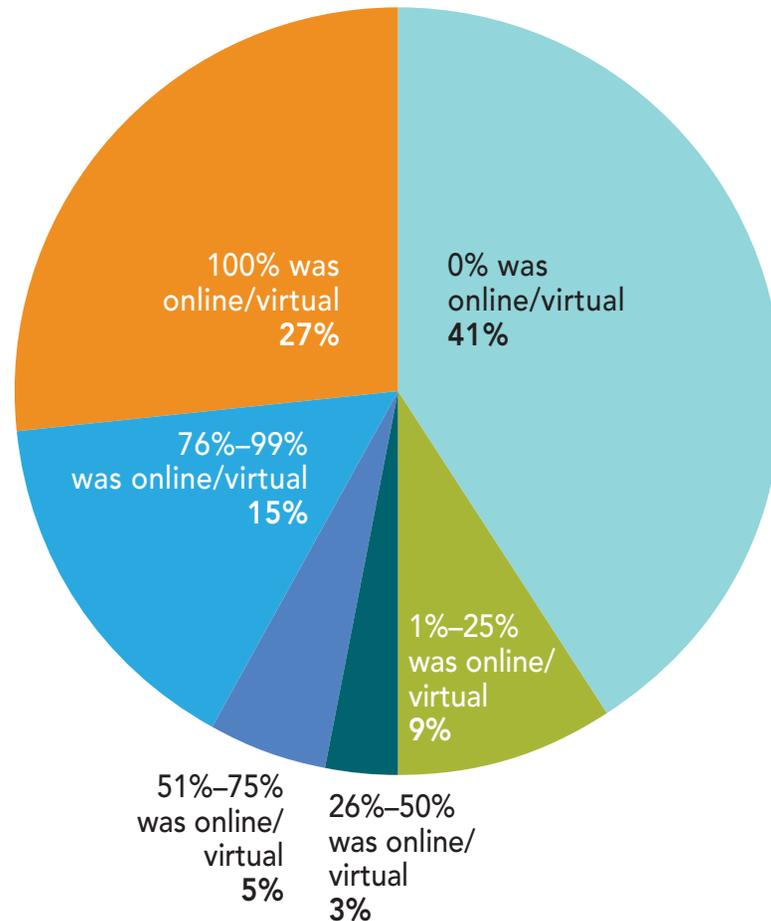
Most LMs in California received their training in more than one location. LMs received an average of 69% of their clinical training in California. About 4 in 10 LMs (41%) received all of their clinical training in California (not shown). LMs received an average of 63% of their training in a home birth practice and an average of 32% at a birth center. More than three in four LMs (77%) received no training in a hospital or medical clinic (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. Figures may not sum due to rounding.

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

Online/Virtual Education of Licensed Midwives California, 2023

Q: What proportion of the didactic (classroom) education in your midwifery program was online/virtual/distance learning-based? (n = 228)



Education of Licensed Midwives

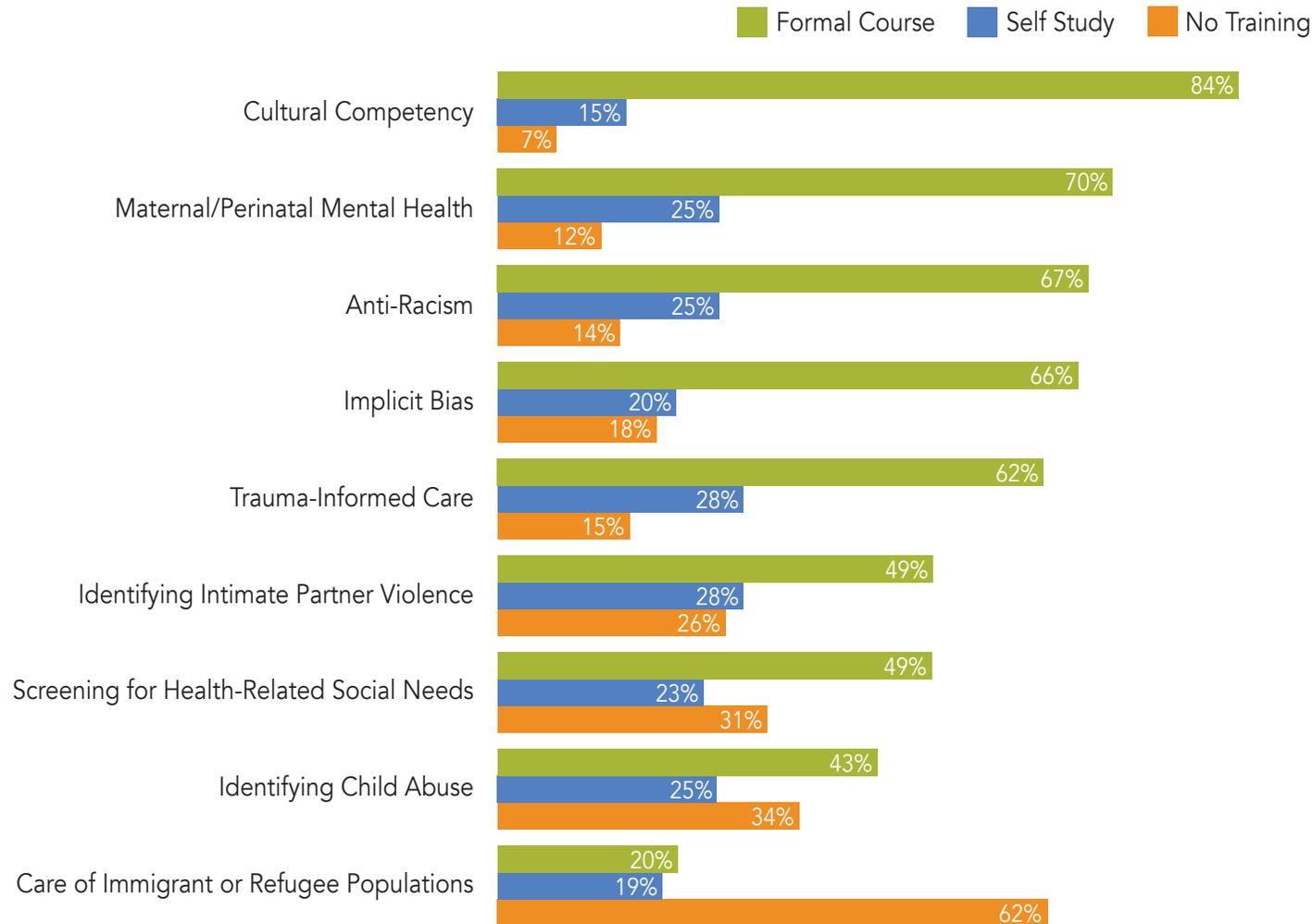
More than one in four LMs (27%) completed all their didactic (lecture-based) education online or virtually, and an additional one in five (20%) completed 51% to 99% of their didactic learning online. Forty-one percent of LMs had no online or virtual learning as part of their didactic education. There has been a trend toward more didactic learning online or virtually since 2010 (not shown), which has increased the accessibility of LM education, particularly now that there are no LM programs in California.

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).

Specialized Training for Licensed Midwives by Type, California, 2023

Q: Have you received training in . . . (n = 220)



Education of Licensed Midwives

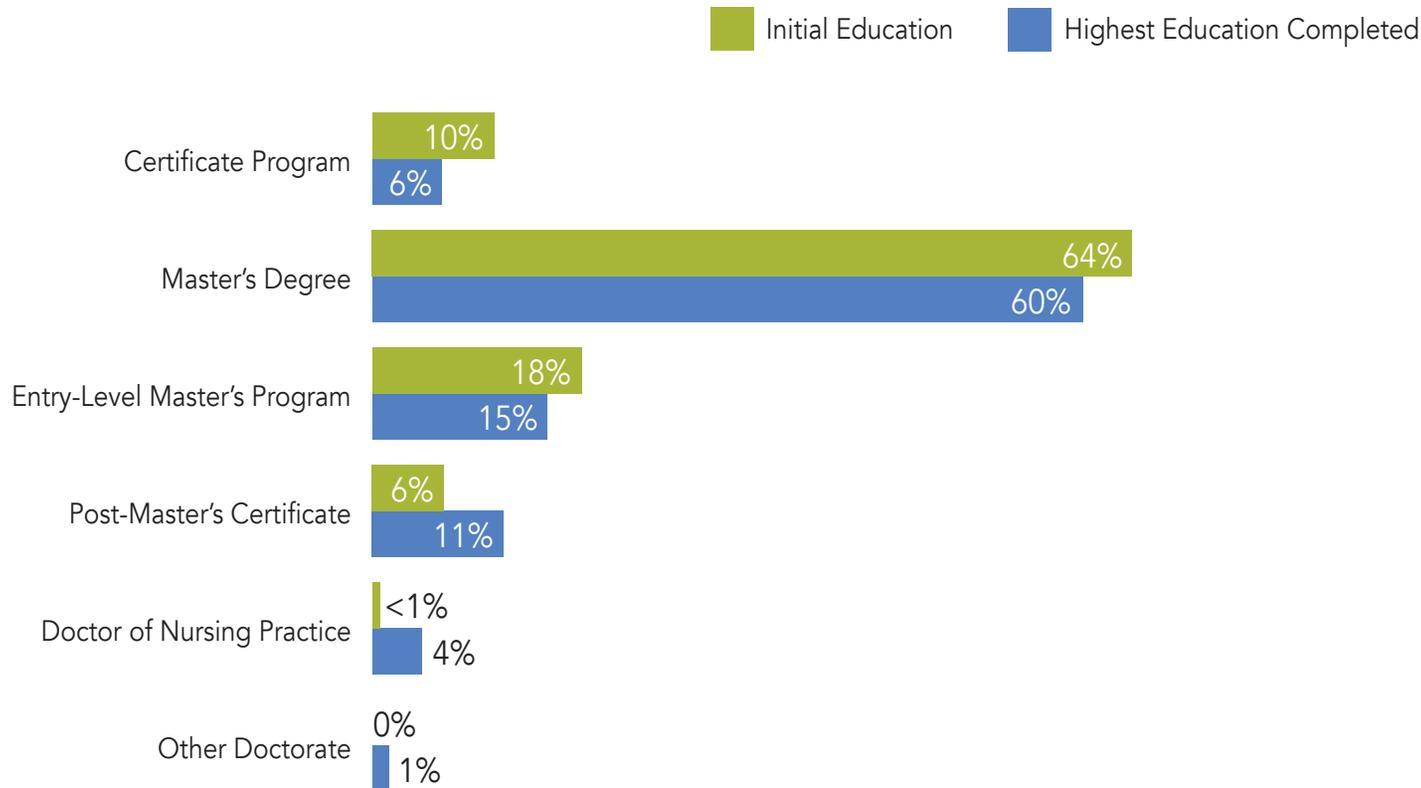
Nearly all LMs indicated they received training in cultural competency through a formal course (84%) or self-study (15%); only 7% received no cultural competency training. Descriptions of self-study included apprenticeship, reading books, and workshops. More than 6 in 10 LMs indicated they had completed formal courses in topics such as maternal/perinatal mental health (70%), anti-racism (67%), implicit bias (66%), or trauma-informed care (62%). More than one in four LMs had received no training in identifying health-related social needs (31%) or screening for intimate partner violence (26%).

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 could choose both types of training for each topic.

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

Nurse-Midwife Education by Program Type California, 2023

Q: Which nursing education program(s) have you completed? Check all that apply. (n = 249 for initial, n = 240 for highest)



Education of Nurse-Midwives

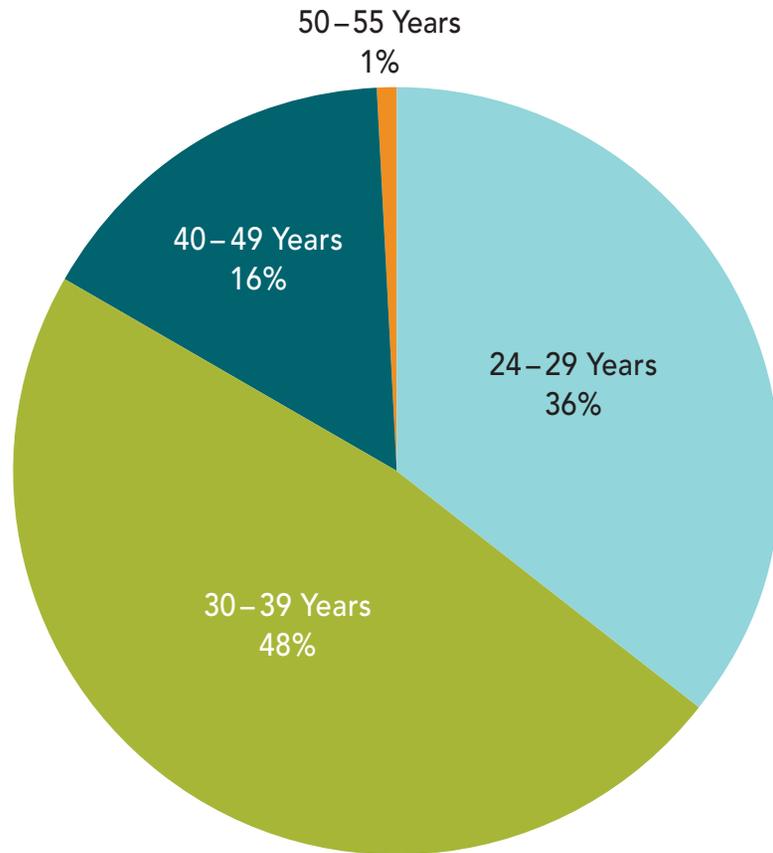
Eighty-eight percent of NMs entered practice with a master's degree (including entry-level master's degrees and post-master's certificates) as their initial midwifery educational preparation. Master's degrees were also the most common highest education completed (86%). Four percent of NMs have completed the doctor of nursing practice (DNP) degree. California currently has only two NM programs. California State University, Fullerton, offers a master's degree in nursing for midwifery education. In 2024, UCSF discontinued its master's program and is preparing to offer a DNP; this program is currently not accepting new students.

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. Certificate program is for those without a master's degree. Other self-reported types of education not shown.

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

Age of Completion of Midwifery Education, Nurse-Midwives California, 2023

Q: Which nursing education program(s) have you completed? Indicate the year and if the program was for advanced practice preparation. (n = 215)



Education of Nurse-Midwives

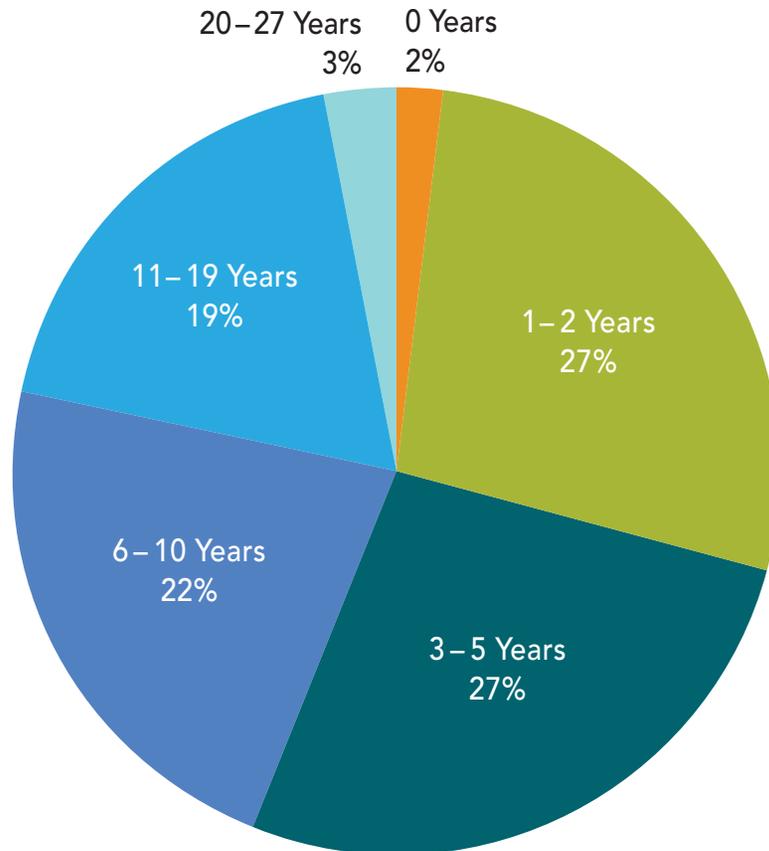
Nearly half of NMs (48%) were age 30 to 39 when they completed their midwifery education, and 36% were age 24 to 29. There has been a trend toward NMs completing their midwifery education at older ages, with 20% of NMs licensed in the 2010s and 2020s being age 40 and older compared with 15% of those who graduated from 1990 through 2009 (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. Age of completion was calculated from respondent's age and year of completion, which respondent entered as part of the question response. 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).

Time from RN Licensure to Completion of Nurse-Midwife Education by Years, California, 2023

Q: Which nursing education program(s) have you completed and in what year? In what year did you obtain your first licenses (in any state or country)? (n = 224)



Education of Nurse-Midwives

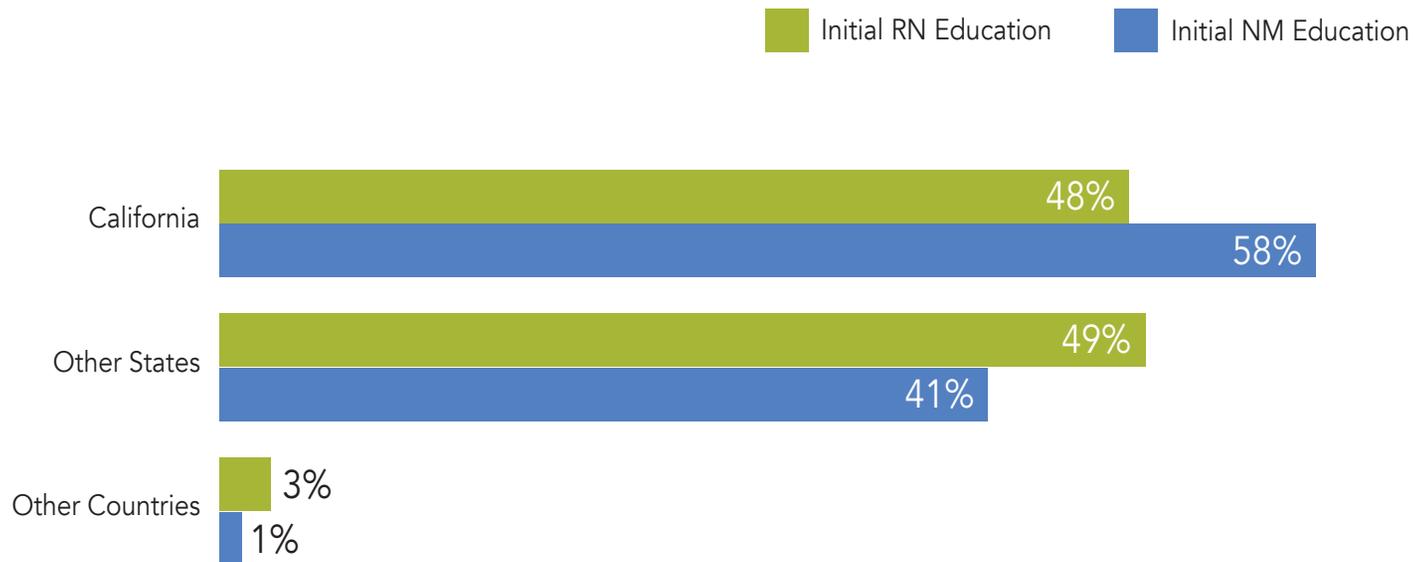
NMs complete RN education before their NM education. Most NMs (56%) completed their NM education five years or less after receiving their initial RN license. Four in 10 NMs (41%) completed their NM education 6 to 19 years after receiving their RN licensure. On average, there was a 6.6 year gap between initial RN licensure and NM education completion (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. 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).

Location of Nurse-Midwife Education by State and Type, California, 2023

Q: In which state or country was your initial RN or NM education completed?
(n = 261 for RN education, n = 249 for NM education)



Education of Nurse-Midwives

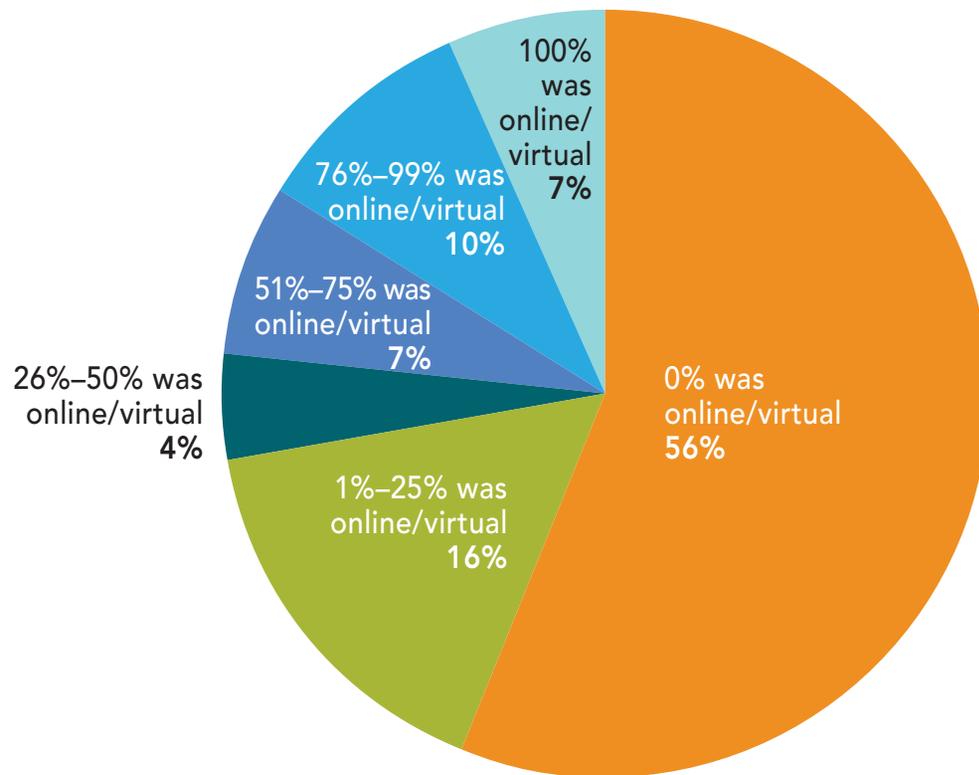
About half of NMs (48%) licensed in California received their initial registered nursing (RN) education in California, and 58% of NMs completed their initial NM education in California.

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).

Online/Virtual Education of Nurse-Midwives California, 2023

Q: What proportion of the didactic (classroom) education in your midwifery program was online/virtual/distance learning-based? (n = 246)



Education of Nurse-Midwives

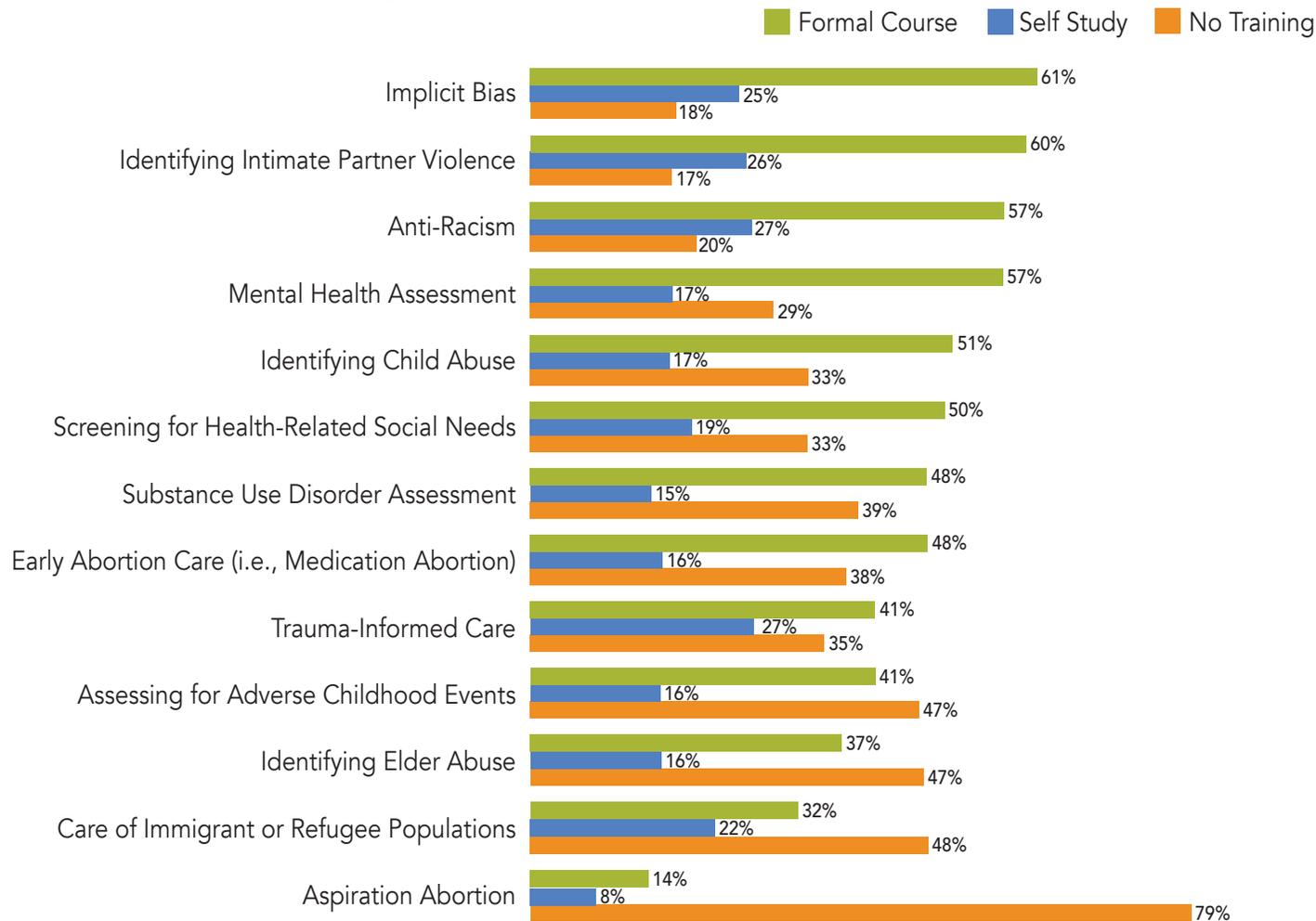
More than half of NMs (56%) had no online or virtual learning as part of their didactic (lecture-based) education. About one in four NMs (23%) completed more than half of their didactic education online or virtually. There has been a trend toward more NM didactic education online or virtually, as there has been for LM education, especially in the last decade (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. 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).

Specialized Training for Nurse-Midwives by Type, California, 2023

Q: Have you received training in . . . (n = 249)



Education of Nurse-Midwives

More than half of NMs have completed a formal course in implicit bias (61%), identifying intimate partner violence (60%), anti-racism (57%), mental health assessment (57%), and identifying child abuse (51%). Many NMs also reported receiving training in these and other topics through self-study, including reading books, attending conferences, completing in-service training, and having on-the-job experiences. However, for many of these topics, more than one in four NMs have not completed training either through a course or self-study, including mental health assessment (29%), screening for health-related social needs (33%), and substance use disorder assessment (39%).

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. Respondents could choose both types of training for each topic.

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 of 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.
- ▶ To address differential response rates by region, and to account for the stratification of the sample design, weights were used for the LM survey data to ensure that all analyses reflected the full statewide population of LMs with active California licenses.

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

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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.

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