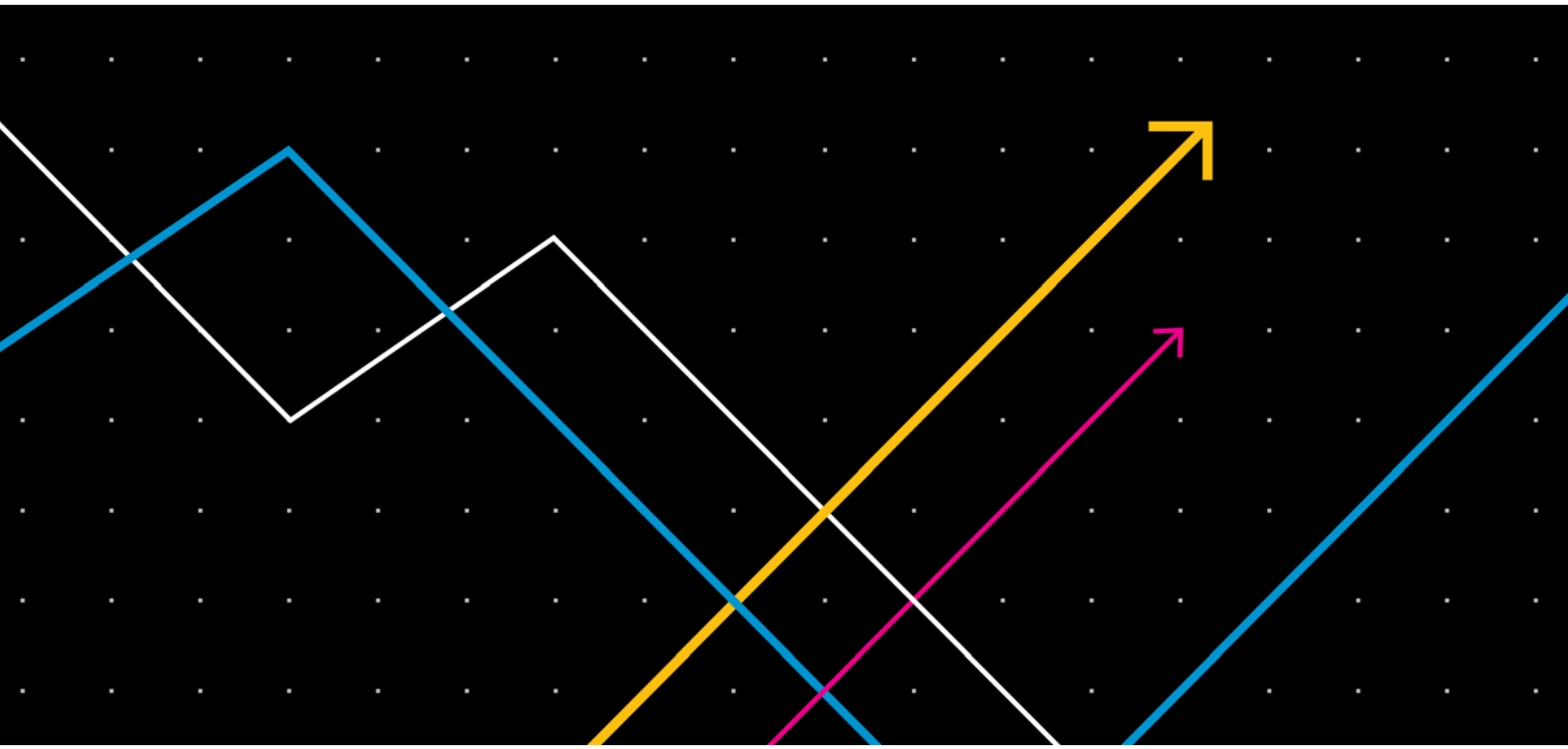

RESEARCH REPORT

Understanding Training and Workforce Pathways to Develop and Retain Black Maternal Health Clinicians in California

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We also would like to thank our interviewees. Their time, insights, and feedback were valuable contributions to this report.

Executive Summary

In 2022, with the goal of improving maternal health outcomes for Black Californians, the Urban Institute partnered with the California Health Care Foundation (CHCF) to chart a path toward increasing the number of Black maternal health care clinicians both within the state and across the country. With a focus on California, Urban researchers examined opportunities for and barriers to increasing the workforce of Black obstetrician/gynecologists (OB/GYNs), labor and delivery (L&D) nurses, and midwives. These maternal health workers represent a subset of the overall health care workforce examined in a previous Urban Institute–CHCF publication on improving and expanding programs to support a more diverse medical and nursing health care sector (Taylor et al. 2022).

Urban conducted in-depth interviews with Black maternal health care clinicians who represent different fields of practice and reviewed existing research on diversifying the maternal health workforce. This report describes our research findings, with a focus on training approaches and settings that have promoted or deterred academic and professional success. We also address care delivery models that have impeded or improved clients' access to birthing practitioners and reimbursement policies that have affected practitioners financially. These challenges are similar to those faced by Black health care providers generally, but the researchers identified profession-specific barriers that signal the need for tailored workforce diversity efforts.

Recommendations for increasing and supporting Black birthing clinicians include

- offering financial support to Black maternal health trainees and clinicians;
- developing additional training and support programs;
- removing barriers to Black midwives' entrance into and retention in practice;
- addressing maternal health workforce diversity in hospital settings; and
- working with Black students at the primary and secondary levels (K–12).

These recommendations are intended to inform policymakers, philanthropy, training programs, hospitals, and others with an interest in increasing and supporting California's Black maternal health workforce.

Understanding Training and Workforce Pathways to Develop and Retain Black Maternal Health Clinicians in California

In the United States, Black mothers and birthing people[1] experience pregnancy and childbirth complications at disproportionately higher rates than other racial and ethnic groups. For example, recent research shows that birthing people who are Black are three to four times more likely than their white counterparts to die from pregnancy-related complications.[2]

While addressing these maternal health disparities will require systemwide changes and accountability (Taylor and Benatar 2020), one approach is to increase the number of Black clinicians across maternity health care settings. Studies suggest that racial concordance between patients and practitioners may improve patient health outcomes, from reducing cardiovascular mortality gaps (Alsan et al. 2019) to lowering infant mortality rates (Greenwood et al. 2020). Identifying ways to increase the participation of Black clinicians in the maternal and perinatal health field is therefore one essential step on the road to achieving health equity.

Despite consistent evidence that increasing racial and ethnic diversity within health care professions will contribute to improved quality of care, the health care workforce has not made significant progress toward increasing and sustaining the number of Black maternal health clinicians (Gomez and Bernet 2019). In obstetrics in the United States, the number of Black clinicians is disproportionately low, and the proportion of Black OB/GYN residents declined between 2014 and 2019 (López et al. 2021). A 2020 national report found that only 7 percent of certified nurse-midwives/certified midwives (CNMs/CMs) identified as Black or African American (American Midwifery Certification Board 2021). In California, where midwives may practice either as nurse midwives or licensed midwives, 5.9 percent identify as Black or African American.[3]

Purpose of Work

With the goal of improving maternal health outcomes for Black Californians, the Urban Institute partnered with the California Health Care Foundation (CHCF) to chart a path toward increasing the number of Black maternal health care clinicians within the state and across the country. With a focus on California, Urban researchers examined opportunities for and barriers to increasing the number of Black licensed clinicians—specifically obstetrician/gynecologists (OB/GYNs), labor and delivery (L&D) nurses, and midwives—understanding that these state-level data reflect a larger national problem.

Two primary questions guided our research:

- Where in the workforce pathway does attrition begin for Black maternal health clinicians, and how are programs addressing barriers to success?
- Which California-specific and national programs or policies, including philanthropic efforts, have successfully enabled and supported Black maternity care clinicians to pursue and sustain careers in and around clinical settings?

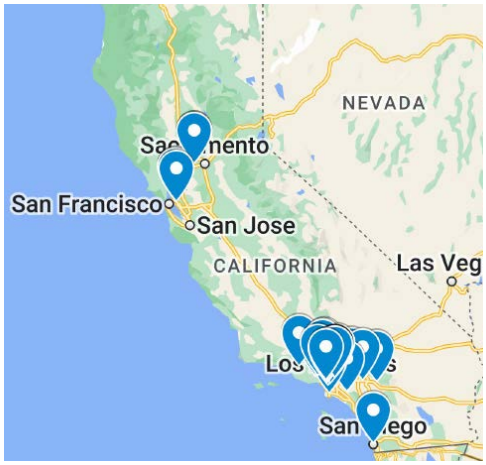
To answer these questions, we interviewed Black health care clinicians who have participated in health professional training programs. Based on their reflections and recommendations, we sought to develop a better understanding of (1) what factors generate or minimize barriers to Black clinicians entering and staying in the field of maternal health; and (2) how licensure and reimbursement issues and scope-of-practice regulations affect training pathways. From the respondents, we also solicited information about systemic changes training programs can make to combat racism and increase recruitment and retention of Black students, as well as recommendations for making various career pathways financially feasible for Black students.

BOX 1

Black Maternal Health Clinicians Practicing across California

Researchers identified Black maternal health clinicians concentrated around the northern and southern metropolitan areas in California. In Northern California, clinicians were located in Oakland, Berkeley, and Davis. In Southern California, a larger population of clinicians was concentrated around the Los Angeles metropolitan area.

The concentration of interviewees in both Northern and Southern California aligns with the counties with the largest proportion of Black residents. The map on the right illustrates Black maternal health clinicians identified through a landscape scan. Each point represents a health care organization with at least one Black maternal health clinician on staff.



Source: "Quick Facts: California," US Census Bureau, accessed March 6, 2023, https://www.census.gov/quickfacts/CA. Map created by the Urban Institute, 2023.

Methodology

This report is based primarily on a series of qualitative interviews conducted from April to August 2022. The authors also reviewed relevant research on Black maternal health clinicians and efforts to diversify the birthing field workforce. This paper follows a 2022 Urban Institute study, also funded by CHCF, that developed recommendations for improving and expanding programs to support a diverse medical and nursing health care workforce (Taylor et al. 2022).

Interview Population

The Urban research team interviewed Black obstetrician/gynecologists, midwives, and L&D nurses, asking them about major supports and challenges during their educational and professional journeys, current work, knowledge of maternal health clinician training and pipeline programs, and recommendations for establishing and supporting a full workforce continuum for Black maternal health clinicians. In addition to being former or currently practicing clinicians, three interviewees hold positions in training programs. Interview topics with these individuals included recruitment, training

requirements, and student body needs and experiences. Researchers also spoke with one expert on California's maternal health workforce development and two medical residency placement liaisons.

The researchers conducted 22 semi-structured interviews tailored to each interviewee's role in the field. All stakeholders currently work in California, with the exception of three midwives who currently work in Southern states. Their professional experience covered a range of years. See table 1 for additional details.

The authors also conducted research into efforts to diversify the maternal health workforce in California and the number and locations of practicing Black maternal health clinicians in the state. Unfortunately, statewide demographic data on maternal health professionals are not widely available for all professions. The scan provided a high-level snapshot of the landscape of currently practicing Black maternal health clinicians in California.

TABLE 1

Number of Study Interviews, by Interviewee Type and Job Location

	Obstetricians/ gynecologists	Midwives	Labor and delivery nurses	Other stakeholders	Total
Northern California	5	1	2	3	11
Southern California	1	3	4		8
Virginia		1			1
Florida		1			1
Tennessee		1			1
Total	**6**	**7**	**6**	**3**	**22**

Source: Interviews conducted with maternal health care professionals and trainees between April and August 2022.

Study Limitations

This work is meant to be illustrative but not exhaustive. Because we interviewed a small number of stakeholders, the experiences and insights shared may not be generalizable to all Black maternal health clinicians in California or other states. The interviewees did not represent a wide geographic distribution across California: most were concentrated in Southern California, which aligns with the counties that have a large proportion of Black residents.[4]

Findings

The in-depth interviews with Black maternal health clinicians conducted for this project uncovered several major themes, including Black patients' desire to see Black clinicians, challenging career journeys for Black clinicians, race-related barriers in education, and specific challenges in the fields of obstetrics, midwifery, and L&D nursing faced by Black clinicians.

Birthing People of Color Want Racially Concordant Care

This research project confirms previous findings that Black patients want to be cared for by a Black clinician (Gonzalez et al. 2022). Many interviewees cited Black patients expressing their thankfulness and relief when they realized a Black clinician was overseeing their perinatal care or was a core member of their care team. Some interviewees also cited an uptick in explicit requests from Black birthing people for Black clinicians, perhaps because of the growing amount of research and national attention on racial disparities in maternal mortality. The significance of patient-clinician racial concordance in building trust and patient satisfaction was a consistent theme across interviewees. These findings align with previous research suggesting that having a health care clinician of the same race or one who speaks the same language is associated with higher ratings on patient-reported measures of health care quality (González et al. 2010) and higher patient experience ratings (Takeshita et al. 2020).

Patients came from Oakland to San Leandro because they saw my face, and they would tell me that. I knew that people seeing me would draw them to me because they were looking for racially concordant care. Seeking medical care can be very traumatic. And sometimes, a therapeutic relationship cannot be achieved by certain patients when finding a provider. And for that reason, racial concordance and ethnic concordance is very important.
—Obstetrician/gynecologist interviewee

Patient preferences notwithstanding, research has shown that racism and structural barriers in the health care system can prevent Black Californians from receiving the quality health and health care they actively seek.[5] Roadblocks to, and attrition from, professional pathways for aspiring maternal

health care providers constitute one of these barriers for systematically excluded populations (Garcia et al. 2004; Taylor et al. 2022).

A Difficult Career Journey

Black health care clinicians face many challenges during their training journey, starting with the high costs of attaining professional degrees and racial bias in the medical and nursing school admissions process. Research shows that, once in training, Black students are more likely than white students to experience racism and discrimination (Joseph et al. 2021). Also, compared with their non-Black counterparts, Black health care practitioners carry over higher debt from medical school and encounter race-related stressors at work that contribute to higher levels of burnout and attrition.[6] Finally, Black health clinicians tend to earn less than colleagues who treat fewer patients from ethnic minority groups and fewer patients who are covered by Medicaid (Himmelstein et al. 2023; Smedley et al. 2001).

The Black maternity care clinicians we interviewed for this project confirmed that they have faced the challenges outlined above, as well as other challenges specific to the maternal health field. This section details some of their experiences, including the training approaches and settings that promote or deter professional success, care delivery models that impede or improve clients' access to care, and reimbursement policies that affect clinicians financially.

CAREER PATHWAYS ARE UNCLEAR AND SOMETIMES ACTIVELY BLOCKED

Lack of career pathway information, particularly for first-generation health professionals, was often cited as an enormous hurdle. Interviewees shared that as students, they were not able to easily chart the path to their desired goals on their own, and they lacked access to mentors or advisers who could help identify what courses to take and what extracurriculars or jobs would be most beneficial; explain how to write a successful resume; and provide other skills that could help students gain entry to different maternal health professions.

Interviewees also noted instances when non-Black advisers, such as professors and other colleagues, actively tried to redirect them from their desired career paths by withholding advice and information about pathways to careers in the health profession. They shared examples of dispiriting experiences of non-Black colleagues telling them they could not achieve their goals or that they should not be part of their chosen profession.

Many interviewees also expressed skepticism when discussing the goal of increasing diversity in the health profession education pipeline. One interviewee described "a large naysaying circle of people who

do not believe in the power and capacity of Black people, and those naysayers hold much of the influence in deciding who enters the field."

My experience is just the picture that has been painted over a million years about who we are. I'm not supposed to be smart. I'm not supposed to be sure of myself. I'm not supposed to be cool, calm, and collected. It must be because I don't know what I'm doing. And there are people that aren't malicious, don't get me wrong. But the majority of it is just, 'she can't possibly be good.'
—Midwife interviewee

IMPORTANCE OF MENTORSHIP AND COMMUNITY AMONG BLACK PROVIDERS

In light of the career pathway challenges they had encountered, many interviewees highlighted the importance of mentorship in shaping their educational and professional journeys, regardless of profession. Mentors supported interviewees in a variety of ways, from sharing resources to providing exposure to career-changing networking opportunities.

Interviewees also valued educational programs and work environments where they could learn from other Black clinicians and see Black clinicians in leadership roles. They described these opportunities as inspiring and noted that the presence of Black leaders often meant there was an advocate to promote diversity within student, faculty, and employee populations. OB/GYN interviewees who attended historically Black colleges or universities (HBCUs) for medical school talked about these experiences more than other interviewees.

Outside of formal mentorship programs, interviewees also identified a general sense of community with Black classmates and colleagues as a major source of support. They described this community as providing connectedness and empowerment. While receiving their education, interviewees described the support of classmates through study groups and sharing of study materials and other resources.

In the workplace, interviewees echoed the importance of informal and formal mentorship from Black colleagues. They said it was important to feel supported by colleagues who shared similar experiences and to have these colleagues to confide in. One L&D nurse recalled the positive impact of the presence of other Black nurses early in her career:

…[As] a Black woman, it made all the difference in the world that those Black nurses were there…and they just welcomed me, and they really helped me. They helped me acclimate as a nurse. They helped me with working a night shift. I had never worked night shift before, and so I think of them all very fondly.
~L&D Nurse

L&D nurses and OB/GYNs who worked in hospitals echoed the sentiment that the race of their immediate supervisor was an important aspect of their professional experience. Specifically, interviewees noted that when managers and supervisors were people of color or had expressed a commitment to equity and inclusion, they saw positive impacts across several areas of their work environment, including the implementation of equity-focused care initiatives (such as Alameda Health System's BElovedBIRTH Black Centering program for Black maternal health care), greater diversity in staff hiring, and how leadership handled reports of discrimination.[7] The interviewees' experiences confirm other evidence that diversity among students and professionals—or the lack of it—affects how physicians deliver care and make clinical decisions.[8]

A Black L&D nurse who had successfully set up a community outreach program and had worked with supervisors of different races observed that her Black supervisor had been more of an advocate for her than subsequent non-Black supervisors.

[My last supervisor], a Black woman, was such an advocate for everything. If I had an idea or thought, we designed the thing together. But if [leadership] is not supportive, you're not going to get the things that you need. And the person who took over, they had no interest in OB/GYN. They had no interest in addressing those inequities....The only interest they had was if we did something wrong or if they thought we did something wrong. One time I corrected them about something they thought we did wrong and it went really bad for me.
—L&D nurse interviewee

Barriers in Education

Interviews with Black maternal care clinicians revealed common themes related to barriers they faced in their education journeys as Black students and trainees, including blatant discrimination and financial barriers. It is important to note that interviewees who attended historically black colleges or universities (HBCUs) had markedly different experiences than their counterparts at predominantly white institutions. Overall, HBCU graduates felt they had immense support from their schools, which valued racial equity and reflected the belief that students could, should, and would succeed. However, these interviewees also reported that they subsequently faced hostile environments in residency or during their professional careers when they entered predominantly white workplaces.

BLATANT DISCRIMINATION

The study and practice of maternal health care is already difficult, but pervasive racism, microaggressions, and implicit bias make it all the more difficult for Black professionals. Interviewees described many instances of active discrimination throughout their education and career journeys, including experiencing "pushout," which refers to the act of intentionally blocking a person's involvement in an activity by being unpleasant or unfair to them. For many interviewees, pushout from health profession pathways started as early as the course selection process before high school. Nearly every interviewee felt that hostile educational and training environments were the norm for Black students in predominantly white institutions (PWIs) at all educational levels.

For example, one interviewee described instances when Black students banded together and approached leadership as a group to suggest possible structural remedies for experiences of mistreatment due to race. Interviewees shared that these types of actions sometimes led to negative repercussions for Black students, with no punishment or accountability for the perpetrators of the mistreatment—even in instances of inequitable patient treatment. One interviewee noted that many Black residents are fearful of speaking up about racial inequities because they may lose their residency or job while still having enormous debt that they need to repay.

ABSENCE OF INSTITUTIONAL COMMITMENT TO DIVERSITY AND CULTURALLY EFFECTIVE CARE

In this report, the term "culturally effective" refers to an organization's functioning and may include "the systematic implementation of policies and practices that support, and in some cases mandate, culturally appropriate organizational practices" (Gaiser et al. 2015). Apart from HBCU attendees, few interviewees were able to point to concrete institutional efforts to improve cultural effectiveness.

Interviewees shared examples of having raised topics related to diversity in the classroom on their own since these issues were not part of the regular curriculum during their medical training. When there was no formal discussion of culturally effective care, some Black students stated that they had initiated classroom conversations about equity and culturally and linguistically effective care on their own. Similarly, in predominantly white schools and workplaces, interviewees shared that Black students and clinicians who observed incidents of racism or implicit bias that could affect patient outcomes often took it upon themselves to educate fellow students and staff.

Because PWIs may lack racially and ethnically diverse staff, the faculty of color at PWIs were frequently under extraordinary pressure, according to interviewees. For example, these faculty were placed on diversity committees, responsible for mentoring all the students of color, and were often the primary advocates for institutional change, on top of their traditional duties of teaching, conducting research, and publishing.

If you diversify the student body but you don't diversify the faculty to go along with it, then you end up with people like me who are the only Black person. So, you end up completely oversubscribed. But then everybody wants to make that a personal characteristic. Saying, 'You don't know how to manage your time.' And I'm like, 'Actually, no, this is a structural problem.' I will always fail in somebody's eyes around how I manage my time because there's not enough of me.
—L&D nurse interviewee

Financial Barriers

Interviewees frequently cited the high cost of higher education as a significant barrier for Black students. The cost of postsecondary education has increased by 169 percent in the past 20 years (Carnevale et al. 2021). While all students pursing advanced degrees in the health professions face sticker shock, Black students are particularly affected because they tend to have fewer family or intergenerational resources (Nam et al. 2015). Interviewees from all disciplines noted the need for substantial, if not total, tuition support in the face of the rapidly rising cost of education.

Interviewees also pointed out that students have financial needs beyond tuition that are often ignored and can be particularly challenging for Black students to meet. These costs include, but are not limited to, room and board (especially in areas with high costs of living), high-quality classes to prepare for professional exams, exam fees, child care, and funds for personal emergencies.

Finally, interviewees noted a need for paid opportunities that increase the chances of gaining entry to a professional school—such as shadowing activities, research jobs, and internships—as many students cannot take advantage of opportunities that are unpaid or do not pay a living wage.

After training, some Black maternal health care clinicians accept jobs at health care facilities that primarily serve people of color but do not have adequate resources to pay competitive salaries. These facilities attract staff by appealing to applicants' concerns about access to care among populations of color. Some respondents described taking these jobs to satisfy their desire to care for underserved communities, which was a source of satisfaction despite the low pay and heavy workload.

Part of the problem is we graduate with a mountain of debt, and then we take these jobs that are killing us. The burnout is real. And I think that we need support with this debt. I know that I've created a mountain of debt to become a midwife. But I will say that the job I have has been very pleasurable.
—Midwife interviewee

Specific Barriers in Obstetrics, Midwifery, and Labor and Delivery Nursing

Interviewees who practice in the fields of obstetrics, midwifery, and L&D nursing shared specific challenges they face as Black health care clinicians.

OBSTETRICIAN/GYNECOLOGISTS

Black OB/GYNs are a rare sight, and the long road from medical school to practicing as an OB/GYN includes many opportunities for attrition. For example, Black residents face higher levels of pushout than residents of other races and ethnicities (Laurencin and Murray 2017; Watson 2017; Liebschutz 2006). One interviewee noted that medical programs and residency positions are highly competitive and have limited spots, so if a resident is pushed out or dismissed, it is difficult for them to find placement in another program (especially for in-demand specialties such as OB/GYN).

The OB/GYNs interviewed for this project also expressed frustration with the persistent barriers to recruitment and retention of Black clinicians and the lack of measurable change over time.

I'm tired of people talking about pipelines and they don't build it. We have to build it. So, for 20 years, if hospitals and health care institutions were really serious about improving their maternal health outcomes, they would have all Black classes of individuals for debt-free education, and then they would have a guaranteed job.
—OG/GYN interviewee

MIDWIVES

A primary concern among Black midwives is the lack of midwifery training programs available at HBCUs. Meanwhile, PWIs often do not have a diverse faculty, meaning there are few Black role models in these institutions who can offer encouragement and support during training. Interviewees viewed access to racially concordant mentors as important because of their ability to share common lived experiences and cultural backgrounds.

Once students find and enter the midwifery path, several hurdles remain. For example, throughout their training, licensed midwives have apprenticeships during which they are paired with experienced practitioners who serve as preceptors and provide supervision and education. While it is often difficult for any midwife trainee to find a preceptor, Black midwifery preceptors who can provide encouragement and support are even more rare. As mentioned previously, the Black midwives interviewed for this research emphasized that having a Black role model and preceptor helped them succeed in their careers. In this regard, their experiences track with studies showing that students of color seek out mentors of the same background and often find their guidance to be more helpful than that of mentors from different backgrounds.[9]

LABOR AND DELIVERY NURSES

Interviewees described the path for Black practitioners entering L&D nursing as particularly murky. Most of the L&D nurses we spoke with noted that luck, relationships, and being in the right time or place were key to their entry into the profession. No one could plot a specific set of steps that would ensure a qualified Black nurse could specifically become a nurse on an L&D unit. Interviewees noted that

maternity care systems need not only to outline the specific pathway to diversifying nurses on L&D, but also to address the cliques and politics that can block the entrance of aspiring Black trainees into this sought-after specialization in the nursing profession.

One interviewee shared that all nurses are often "hazed," but this is especially true for those training to become an L&D nurse. She said that she had felt this acutely while pursuing this career path.

Interviewees also noted that many Black nurses with master's degrees have difficulty finding management and higher-level positions commensurate with their education. Interviewees viewed this as a refusal by systems to recognize and pay for Black nurses' expertise or as a reflection of the racist belief that Black clinicians are incapable of holding leadership positions.

I can tell you that I've only gotten jobs by referral. With all the degrees that I have—and I have every single letter behind my name, except Z—with all the degrees that I have…it's not good enough. So, yes, there's still problems with midwives of color to finding a job.
—Midwife interviewee

Strategies to Increase and Support California's Black Maternal Health Workforce

While there are programs in California, such as the California Maternal Quality Care Collaborative, that aim to improve Black birthing outcomes, most focus on increasing maternal support and access to services. Few existing initiatives address the lack of diversity within the Black maternal health clinician workforce. In this section, we identified five areas where California stakeholders can take action that will specifically address diversification of the Black maternal health workforce in the state.

1. Providing financial support and reimbursement for services
2. Increasing opportunities for mentorship and support for students and individuals transitioning into the workforce
3. Removing barriers to midwifery practice
4. Addressing staff diversity in hospitals

5. Working with Black students at the K–12 level

1. Offer Financial Support to Black Maternal Health Trainees and Clinicians

One of the most frequently cited concerns among interviewees, debt serves as a barrier to both entering health professions and staying in them—and this burden can haunt clinicians long after they have obtained certification.

Strategies to address debt by offering financial support to Black maternal health trainees and clinicians include:

- **Providing state or federal subsidies for midwifery education that include the provision of midwifery trainee stipends and stipends to the clinical training sites, specifically targeted at increasing numbers of Black midwives and Black midwifery preceptors/clinical educators.** This program would be akin to Graduate Medical Education for medical residents, in which residents are paid to complete their training and the training sites are paid to include residency training. Midwifery trainees are more likely to succeed academically if they do not need to work at the same time as attending midwifery school. With the loss of income, students need access to stipends to pay for dependent care, housing, transportation, and other needs.

  Midwifery trainees have indicated their preference for working with Black preceptors or clinical faculty, but these are often hard to secure because of the loss of income associated with having a learner. When training, midwives may not be able to see the same number of patients, meaning they have little incentive to take on a learner. Providing funds to midwifery practices would offset the costs associated with having a learner and encourage the entire system to develop a supportive environment for midwifery learners. Until these subsidies are available for midwifery education, ongoing state budgetary support for the California Midwifery Workforce Training Act via Song-Brown should continue until health care disparities are resolved. Song-Brown provides grants to support training programs to increase the diversity of California's health care workforce and provide quality primary care in areas of unmet need throughout California, with midwifery programs (CNMs and licensed midwives) added to the program in the 2023–24 state budget and beyond.

- **Increasing the number of scholarships available for maternal health trainees.** For example, the Biddy-Mason Scholarship and Financial Aid Fund provides scholarships and financial aid to Black student midwives. Scholarships would also assist students in their decision to pursue

medicine, given that potential accumulated debt after a long period of training is a major consideration for prospective medical students (Phillips et al. 2016).

- **Instituting and sustaining loan repayment programs for Black maternal health clinicians.** Loan repayment programs are currently more widely available for the physician workforce, but a few California programs sponsored by the California Department of Health Care Access and Information include registered nurses and CNMs. Expanding these programs to include licensed midwives and the range of facilities where people give birth could greatly assist with diversifying the clinician workforce. Additionally, licensed midwives more commonly work in medically underserved areas, which is a common requirement for student loan repayment programs.

  Creating a loan repayment program specifically for Black maternal health clinicians would address the disproportionate debt that Black students take on to finance their educations.[10] This approach would not only address the burdens clinicians face after their training, but also lessen the financial deterrent to pursuing training altogether.

- **Providing competitive reimbursements to Black maternal health clinicians.** Black maternal health clinicians, especially midwives, must be reimbursed at competitive and equitable rates. This structural reform would both improve access to midwifery-led models of care and support the recruitment and retention of a diverse workforce, helping make health equity a reality.[11]

2. Develop Training and Support Programs for Black Maternal Health Professionals

A common theme throughout the interviews was the importance of having Black role models and formal and informal support from Black peers throughout students' training and career journeys. Interviewees who had these support systems felt like they contributed to their success in the field, while those without such systems felt at a disadvantage.

Another training-related strategy is to build deeper partnerships with existing OB/GYN, nursing, and midwifery training programs. This includes collaborating to make amendments and/or creating new specialty programs to address barriers to entry and completion of programs and to smooth the transition into practice. This is especially useful for professions without a clear pathway, such as L&D nursing.

Strategies to train and support Black maternal health professionals include:

- **Supporting mentoring programs for students and trainees transitioning to the workforce.** Health institutions can create mentoring programs that connect Black students and newly practicing Black clinicians with mentors, in collaboration with training programs and professional associations. Mentorship could extend over multiple years and involve annual convenings for broader networking opportunities. For new graduate midwives and nurses, mentoring can be provided as part of a broader new graduate fellowship. Financial support during the fellowship should be provided for students' tuition, fees, and living expenses. Fellowship opportunities should be housed in diverse settings, including standalone birth centers, following the example of the comprehensive Center of Excellence Nurse Midwifery Fellowship Program of CHOICES.[12]
- **Facilitating convenings for Black maternal health clinicians.** California could provide multiyear grants to community-led organizations to support convenings that allow for sustainability and continued support for attendees. Philanthropic organizations could fund the development of organizations for Black birthing professionals that provide networking opportunities, a sense of community, and a resource center for discussing and developing workplace racial equity initiatives. Philanthropic institutions could also invest in and partner with existing organizations led by people of color that already work on these issues.
- **Creating accelerated nurse residency programs specifically for Black nurses, with a focus on labor and delivery.** The Bureau of Labor Statistics projects that employment for L&D nurses will grow by 9 percent between 2020 and 2030.[13] New programs should prioritize the inclusion of Black and other historically and systemically excluded students. Nurse residency programs are an evidence-based tool to support the smooth transition of newly graduated RNs into an area of specialty.
- **Hiring more Black educators to train the next generation of maternal health clinicians.** Findings from this project support previous research showing students' desire for more diverse trainers (Mehra et al. 2023). Diversifying the workforce will require diversification at all levels. Hiring efforts should be paired with DEI and accountability procedures that create a supportive environment for diverse faculty and staff.
- **Creating supportive environments for Black birthing professionals at the institutional level.** Culturally and linguistically effective care lessons should be fully embedded throughout curricula, with an understanding that a systemwide commitment to these efforts is necessary to disrupt disparate health outcomes for patients of color and to create welcoming and affirming environments for clinicians of color. Interpersonal and institutional cultural humility requires

consistency and practice. According to interviewees, institutions with such curricula and policies in place will be more supportive working environments and thus will increase retention of Black birthing professionals.

3. Encourage Black Midwives to Enter and Stay in Practice by Removing Barriers

Midwifery-led care was a dominant model of prenatal care in the United States until the late 19th century. Most midwives, many of whom were Black, Indigenous, or immigrant women, relied on traditional healing knowledge and practices passed down through generations and learned through apprenticeships with experienced midwives in their communities. Even as early studies demonstrated better outcomes from midwifery births than hospital-based births, the public health and medical professions convinced the public to turn away from traditional midwifery and home births in favor of medical and hospital-based model of perinatal care (Allen et al. 2022).

Today, midwifery faces two challenges: increasing public awareness of, and confidence in, this birthing option and increasing the diversity of the workforce. Many members of the general public lack an understanding of the role, practice, and pathways to midwifery and do not realize there are different types of midwives. In California, midwives may practice either as nurse midwives or licensed midwives. These are two distinct professions, whose differences include scope of practice, education requirements, certifying organizations, enabling statues, regulatory bodies, licensing policies, and often even practice environments.[14]

Currently, only 8 percent of deliveries in the United States are attended by midwives, either in or outside hospitals (National Academies of Sciences, Engineering, and Medicine 2020). In California the numbers are slightly higher: in 2017, nurse midwives attended 10.5 percent of births, while licensed midwives attended 0.6 percent of births.[15] Raising awareness about maternal health care team options could increase interest in midwifery services and inspire the next generation of midwives.

Strategies to remove barriers to Black midwives entering and staying in the profession include:

- **Increasing access to out-of-hospital deliveries by supporting birth centers.** A survey of people who gave birth in California in 2016 found that about 40 percent of respondents expressed interest in a future birth center delivery, with the greatest interest among Black mothers (Sakala et al. 2018). Securing grants to establish and sustain birth centers run by Black midwives would address this interest and increase job opportunities for Black midwives. Donors could partner with Black-led birth equity organizations to manage such grants.

- **Partnering with professional associations to increase insurance coverage and reimbursement.** Medicaid payments to clinicians for pregnancy-related services are notoriously low (Baker et al. 2021; Ranji et al. 2022). Increasing Medicaid and other insurance reimbursements for home and freestanding birth center care will provide additional financial support for Black midwives, particularly certified professional midwives, and those who are interested in practicing in low-income communities but cannot afford to do so because these services are not reimbursable.[16]
- **Raising public awareness about midwifery and out-of-hospital care.** Public awareness campaigns launched by advocacy groups can combat misconceptions about midwives and out-of-hospital care and increase use of these valuable maternal care services. Nonprofit and philanthropic organizations that focus on health could host a spotlight series to recognize the work of local midwives, including those specializing in at-home and birth center deliveries. Organizations could facilitate information sessions at high schools and community colleges where program leadership and practicing clinicians of color speak with students. Education efforts should target high school and college advisers so that they provide culturally relevant resources outlining the different midwifery paths for Black students.

4. Address Maternal Health Workforce Diversity in Hospital Settings

Since most births currently take place in hospitals, it is important to invest in maternal health workforce diversity efforts in this setting. However, diversifying the maternal health workforce is insufficient for improving Black maternal health outcomes if hospitals' leadership do not also value and support the contributions of their Black workforce and ensure that all staff understand the importance of eliminating inequities. Institutions must also address issues around workplace climate to help retain diverse staff. Discussions with interviewees highlighted the need for hospitals and other institutions to embrace diversity, equity, and inclusion (DEI) and hold accountable any staff members who are racist or create hostile work environments.

Strategies to increase and institutionalize maternal health workforce diversity in hospital settings include:

- **Partnering with hospitals to create an L&D new graduate residency program for nurses.** The program should prioritize inclusion of Black and other historically and systemically excluded nurses. The program should also competitively compensate enrolled nurses.

- **Providing professional development funding to help drive diversity at all levels.** Creating and sustaining early career pipelines and health care leadership trainings are critical to developing the skillsets of Black nurse managers, medical directors, and other senior staff and would enable Black clinicians to continue to grow professionally and remain in practice.
- **Training hospital staff at all levels to support a more inclusive work environment for Black clinicians.** In-house, all-staff hospital trainings should offer continuing education credits on DEI. Hospitals should ensure that trainings focus on creating and maintaining an inclusive environment to support the retention of Black maternal professionals. Hospital leadership should regularly collect and assess data to understand changes in staff diversity and retention that can be used to support regular strategic planning.
- **Creating initiatives that encourage hospitals to update and uphold codes of conduct to address discrimination.** Hospital leadership should regularly review and update codes of conduct to explicitly address discrimination and other racially charged misconduct against colleagues and patients alike. They should provide ongoing staff training and assess performance improvement. Hospital leadership should be held accountable to procedures to address reports of misconduct, and repeat offenders should face consequences, including being fired.

5. Work with Black Students at the Primary and Secondary Levels

Many of the professionals we interviewed noted the importance of the K–12 period in forming students' ambitions and setting them on professional career pathways. Although this period of education was beyond the scope of this project, study participants widely recognized that successful recruitment programs should begin working with students in local communities before the undergraduate level. An approach focused on K–12 education would ideally include exposing students to health professions as a potential career path and ensuring that schools offer relevant coursework.

Strategies to work with Black students at the K–12 level include:

- **Creating training programs for Black K–12 students that include classroom visits, teacher training, and health pathway programs.** Medical and nursing schools and midwifery training programs can invest in elementary and middle school science partnerships that encourage nursing and medical students to make classroom visits and introduce students to opportunities for high school internships. Partnerships that facilitate low- or no-cost STEM and health care–focused training opportunities for elementary, middle, and high school teachers in school

districts with large populations of students of color can expose students at an early age to health-related career options. These programs can also link Black students directly with different health professions. For example, the Alameda County Health System has a set of career development programs called HealthPATH.[17] The programs include options for Oakland middle and high school students of color to gain firsthand experience in health care fields, including labor and delivery. Students can earn elective credits and receive a stipend or college scholarship. This model could be replicated in communities across California and the United States.

Conclusion

Our research sought to identify factors that have led to the disproportionately low number of Black maternal health clinicians—obstetrician/gynecologists, midwives, and labor and delivery nurses—nationally and in California. This report details the experiences of birthing professionals, including training approaches and settings that have promoted or deterred their academic and professional successes, care delivery models that impede or improve clients' access to care, and reimbursement policies that financially affect practitioners. All Black medical providers face similar challenges, but we identified profession-specific barriers that signal the need for tailored workforce diversity efforts to successfully increase representation across all health care professions (Taylor et al. 2022).

Recommendations to address obstacles to training and practice include funding support programs, partnering with training programs and hospitals, tackling insurance and financing barriers, and raising awareness of different clinician types. Overall, strategies to diversify the maternal health workforce should include supports that help sustain the population of currently practicing and future clinicians and uplift them emotionally, socially, and financially.

Notes

[1] We use the term "birthing people," recognizing that not all people who become pregnant and give birth identify as women or mothers.

[2] Jessica Colarossi, "Why Black Women Face More Health Risks Before, During, and After Pregnancy," The Brink, October 29, 2019, http://www.bu.edu/articles/2019/racial-disparities-in-maternal-health/; "Pregnancy Mortality Surveillance System," Centers for Disease Control and Prevention, updated February 17, 2020, https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm; "Pregnancy-Related Mortality in California, 2011–2019 (PowerPoint)" California Department of Public Health, Maternal, Child and Adolescent Health Division (CA-PMSS), accessed March 10, 2023, www.cdph.ca.gov/ca-pmss.

[3] Healthforce Center at UCSF, "California's Midwives: How Scope of Practice Laws Impact Care," California Health Care Foundation, October 16, 2019, https://www.chcf.org/publication/californias-midwives/.

[4] "Quick Facts: California," US Census Bureau, accessed March 6, 2023, https://www.census.gov/quickfacts/CA.

[5] Linda Cummings, "Listening to Black Californians: How the Health Care System Undermines Their Pursuit of Good Health," California Health Care Foundation, October 4, 2022, https://www.chcf.org/publication/listening-black-californians-how-the-health-care-system-undermines-their-pursuit-good-health/.

[6] Miranda Santillo, Breno Braga, Fredric Blavin, and Anuj Gangopadhyaya, "Communities of Color Disproportionally Suffer from Medical Debt," *Urban Wire* (blog), Urban Institute, October 14, 2022, https://www.urban.org/urban-wire/communities-color-disproportionally-suffer-medical-debt.

[7] "AHS Honors BEloved Birth Black Centering During Black Maternal Health Week," Alameda Health System, news release, April 16, 2021, https://www.alamedahealthsystem.org/ahs-honors-belovedbirth-black-centering-during-black-maternal-health-week/.

[8] Faith Mitchell, "Supporting a More Diverse Physician Workforce Can Advance Health Equity," *Urban Wire* (blog), Urban Institute, July 12, 2022, https://www.urban.org/urban-wire/supporting-more-diverse-physician-workforce-can-advance-health-equity.

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[10] Andre M. Perry, Marshall Steinbaum, and Carl Romer, "Student loans, the racial wealth divide, and why we need full student debt cancellation," Brookings Institution, June 23, 2021, https://www.brookings.edu/research/student-loans-the-racial-wealth-divide-and-why-we-need-full-student-debt-cancellation/.

[11] "Reimbursement Equity," American College of Nurse-Midwives, accessed May 1, 2023, https://www.midwife.org/reimbursement-equity.

[12] "Center of Excellence Nurse Midwifery Fellowship Program," CHOICES Center for Reproductive Health, accessed May 1, 2023, https://yourchoices.org/fellowship-for-black-midwives/.

[13] Ariel Grucza, "What to Know About Labor and Delivery Nurses," WebMD, May 4, 2022, https://www.webmd.com/baby/what-to-know-about-labor-delivery-nurses#:~:text=Registered%20nurses%20are%20expected%20to,9%25%20between%202020%20and%202030.

[14] Healthforce Center at UCSF, "California's Midwives: How Scope of Practice Laws Impact Care," California Health Care Foundation, October 16, 2019, https://www.chcf.org/publication/californias-midwives/.

[15] Healthforce Center at UCSF, "California's Midwives: How Scope of Practice Laws Impact Care."

[16] Medicaid reimbursement refers to the payment health care providers receive in exchange for services rendered. Allowable services and expenses vary by state, and reimbursement amounts depend on individual state policies and other factors.

[17] "HealthPATH Programs," HealthPATH, accessed May 3, 2023, http://healthpath-ahs.org/healthpath-programs/.

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