WOMEN OF COLOR ENTERING MIDWIFERY

An assessment of unmet needs

Racha Tahani-Lawlor in Los Angeles © Al-Jazeera America
A Perfect Storm of Need for Midwives of Color

- Health inequity based on race/ethnicity
  - Maternal-child health inequities

- Ethnic Minority Providers Matter
  - Ethnic minority patients prefer concordance
    - Personal history of racism
    - Concordance facilitates trust
  - Ethnic minority providers go to underserved communities
Holistic healthcare may be a positive intervention for pregnant women and infants but....

Most women don’t use midwives
- Even fewer ethnic minority women...
TWO OTHER IMPORTANT FACTORS:
How will midwifery fit into this change in distribution of race/ethnicity?

ONE MORE TIME....

CHANGING FACE OF AMERICA
Percent of total U.S. population by race and ethnicity. 1960-2060

1960
4%  
10%  
85%

2010
5%  
16%  
64%

2060
6%  
8%  
31%  
13%  
43%

OTHER  ASIAN  HISPANIC  BLACK  WHITE

SOURCE: PEW RESEARCH CENTER
Complex health problems need the most diverse fund of knowledge available.
OBJECTIVES OF THIS STUDY

1. Understand the role of unmet financial need as a barrier to women of color who wish to enter the midwifery profession

2. Determine the ideal scholarship structure for financial aid to women of color who enter midwifery education

3. Learn more about other barriers to successful midwifery education and practice for women of color.
Human subjects research

- Qualitative methods to evaluate themes and patterns in participant perceptions of needs
- Approved by Bastyr University human subjects review
- Semi-structured questionnaire
- Recorded and transcribed
- Analyzed using NVivo 10 software for qualitative research
METHODS, CONT’D

- Other interviews in addition to human subject research
- Advice and counsel
  - Panel of experts with expertise in issues faced by midwives of color
  - Midwifery School Administrators
This is qualitative research
The results offer rich information from a small group of people
Useful understanding big themes
RESULTS: THE PROFESSIONAL LIFE COURSE
Childhood and youth

- *I didn’t even know about midwifery at all, so I’m just going to say what motivated me to want to in my mind back then it was delivering a baby. That for me was when I was ten years old*

Birth Experiences

- *I got pregnant with a third baby had that baby at home with a home birth midwife and that let me know that out of hospital midwifery was what I wanted to do.*
I developed a curriculum to address low birthweight by encompassing a midwifery model of care, to assess outcomes, to look for a correlation between access to healthy food and preparation of the food.

That's why I keep myself in the community because I have found that since I've been doing that I have brought a lot of people into the midwifery practice that I've been working in. People see me out and they want to hear me and I give them my card...

Trust me when I tell you that I have some challenges right now, that the fact that I can stand here and talk to you and just be very clear about my goals, I know I'm going to accomplish it.
DOULA EXPERIENCE: BRIDGING EXPERTISE

- Catalyst for understanding the midwifery model of care
- Recognized the role of doulas as bridges between oppressed communities and the care they need
- Source of financial resources for potential and in-process midwifery students
RESULTS: CHOOSING A PATHWAY

- Rich range of alternatives
  - *Part of what appealed to me about the program was that it was distance-based, it’s kind of a hybrid program, mostly online and working with a local preceptor and you spend a week each month of the academic year on site getting lectures and skills and debriefing clinical experiences. That’s part of what appealed to me.*

- Confusing
  - *I have to admit that I don’t fully understand the CPM process. I know that there’s a couple of ways to do it.*

- Final choice influenced by pragmatics
  - *Should I relocate and take my family and study? And I happened upon this school and they had a community option... I found it. I’m grateful every day that they have this option for people who can’t relocate*
The complex choice of a midwifery pathway underlines the importance of outreach.

Few participants were satisfied with the outreach they received.

- To answer your question NO, not at all, not at all. I felt like the information is right there almost a fingertip away and yet so far...

Some exceptions that confirmed the importance:

- So in [my state] we have what’s called [my state] Midwives Association. So we have conferences twice a year, ...When I left to go home, a lot of the midwives, we became Facebook friends...when they saw my website and they read my bio...three mw’s reached out to me and said that they wanted to help.
Universally described as a big barrier to beginning and remaining in midwifery education

- Finance is a huge problem. I mean finance is a huge problem. I mean midwifery training although thought of from a global social perspective as maybe sort of a basic level of training, to me, midwifery training is like graduate school. You are taking on not just the catching of a child but you’re taking on the nurturing of a family. And I think the same challenges for entering midwifery work are the same challenges for entering graduate work. I don’t have a trust fund. I don’t have a daddy that’s going to pay for things.

Not limited to tuition issues

- My first center I paid $250 per week, with a deposit up front. No guarantee of how many birth you are going to get. Keep in mind they want a deposit up front and then the payment is $250 a week. That doesn’t include school tuition. You stayed onsite but you had to pay for food and gas.
RESULTS: OTHER LIMITATIONS

- Time, social support, family needs; summed up by one participant
  - *What I really needed was a wife....Helping someone to keep thinking...If you have to go away, or even staying in your community...there’s got to be someone willing to step in and take the kids on in an ideal situation. Ideally it would be the husband but the situation may not be ideal.*
Social Isolation, Cultural Incompetence and Racism

- Cultural differences can be isolating in and of themselves
  - Almost everyone else in my program was white, married, and didn’t work outside the home. So even though they were working class, they stayed home while their husbands worked. They were in a different reality/life than mine.

- Compounded by lack of humility and sensitivity....
  - One student said two times that their whole family was racist, except for her, and when they came to town she sent out a brunch invitation for all, but of course I didn’t go so I thought that you didn’t expect for me to go, or you were really ignorant about why I would be uncomfortable.

- And Institutional racism/lack of supports within the midwifery educational institution that they enter.
“...on paper this goal of increasing mw’s of color and I felt this pressure that they wanted to say ‘yeah we had this black woman graduate’, but didn’t take the time to look at ‘What does it mean to support and assist a woman of color through your program’”

...And evidence of institutional racism
  - ...It was extremely racist, extremely Christian imperialist.
    - They didn’t want me in the school even though I got in. They would ignore me and not talk to me, not the teachers or the students

Particularly difficult during preceptorship
MENTORSHIP: A BALM IN GILEAD

- Mentors help students survive their obstacles
  - *I think that’s the biggest challenge is finding a mentorship relationship... a space for not just learning, but also feedback, and honest communication... a sounding board*

- For the few who find it, the mentor makes a difference in their comfort level
  - *I’m very good friends with [mentor]. She follows my tracks ... we talk every couple of months so I can update her on how I’m doing, how far I am with my apprenticeship, with my skill level, things like that. She’s like literally my mentor.*
3 Components:
- Financial
- Student selection
- Infrastructure
FINANCIAL

- Start from the beginning
- Include incidental costs
- Offer financial help to the best applicants pursuing any of the direct entry pathways
STUDENT CHOICE

- Panel of experts
- Choose based on:
  - Previous experience,
  - Community orientation
  - Familiarity with midwifery pathways
  - “Grit”.
Infrastructure

- Develop mechanisms for peer support and mentorship
- Measure, measure, measure to understand how you are doing
RECOMMENDATIONS: BEYOND THE SCOPE BUT STILL...

- Consider participation in early pipeline programs
- Remember the danger of a single story
- Incorporate the history of African American midwifery
- Think about immigration
- Continue working on regulation and reimbursement
QUESTIONS???