Mentorship in Midwifery: Examining the Role of the American College of Nurse-Midwives in Supporting Newly Certified Midwives

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Contents

Abstract 3

Problem Description 4

Available Knowledge 6

Rationale 9

Specific Aims 10

Methods 10

Context 10

Study Design 12

Study of Intervention 13

Measures 13

Ethical Considerations 14

Findings 14

Discussion 22

Future Directions 29

Conclusion 30

Reference List 32

Appendix A: Interview Template.. 37

Appendix B: AMCB CNMs/CMs by State 39

Abstract

Early-career attrition is common in the midwifery profession, with 30% of midwives leaving clinical practice within 5 years of certification, and nearly 50% leaving within 10 years. Literature on midwives in their first year of practice suggests that opportunities for mentorship increases retention of midwives in the profession. Little is known about mentorship opportunities available to new midwives at the local level. This DNP project utilized a mixed-methods approach to gather information about mentorship opportunities facilitated by American College of Nurse-Midwives (ACNM) Affiliate chapters. Semi-structured interviews were conducted with ACNM state-level leaders regarding mentorship, professional burnout, and member engagement. 42.5% (20/47) of Affiliate organizations consented to participate in videoconference, phone, or email interviews. 25% of Affiliates had current mentorship programs, 15% had previous mentorship programs, 15% had active plans for mentorship, and 45% had no current, prior, or plans for mentorship. Affiliate leaders expressed barriers to mentorship included lack of funding and resources, lack of capacity at the Affiliate level, and lack of engagement from membership. Attrition from the midwifery profession has far-reaching implications on a healthcare system already experiencing a paucity of obstetric providers and maternal mortality rates exceeding other well-resourced countries. ACNM support for mentorship for midwives transitioning from student to practitioner is one possible tool for retaining midwives in the workforce.

Problem Description

Attrition is highly prevalent in the United States (US) midwifery profession and can be attributed to burnout from demanding workloads, inflexible hours, workforce shortages, secondary trauma, and practice environments that are not supportive of the midwifery model of care (Thumm et al., 2021, Wissemann et al., 2022). Attrition is most common within the first 10 years of practice, with 30% of midwives leaving the profession within 5 years of certification, and nearly 50% leaving by year 10 (American College of Nurse-Midwives, 2022). A national study of midwives found that 40.6% of midwives surveyed experienced burnout (Thumm et al., 2021). Oregon midwives exceed this trend, with 51.8% of midwives reporting burnout in their roles on a statewide workforce and wellbeing survey (White, 2023). Furthermore, 42.2% of Oregon midwives were considering reducing their hours or leaving midwifery entirely within five years from the time of the survey response. Oregon midwives in their first 10 years of practice were more likely to report burnout with intention to leave midwifery than their colleagues with more experience in the profession.

The problem of midwives leaving the workforce has far-reaching implications. The United States is amid a maternal health care crisis in which the maternal mortality rate far exceeds that of other well-resourced nations. The burden of this healthcare crisis falls disproportionately on women of color and those living in maternity care deserts with limited access to healthcare. In the United States there is a shortage of obstetric care providers; up to 50% of counties do not have a single obstetrician-gynecologist (OBGYN) and 56% of counties do not have a certified nurse-midwife (CNM) providing care (Health Resources and Services Administration, 2020). Despite these challenges, midwives, with enough professional support, could be poised to bridge the gap and provide necessary maternity, gynecological, and primary

care to communities that have historically lacked access, utilizing the midwifery model of care to help overcome barriers due to the social determinants of health (Coleman, 2022).

Furthermore, midwives are experts in providing low-intervention care for low-risk pregnancies. The cesarean delivery rate in the United States exceeds 32%, despite being a major abdominal surgery that carries risk for the birthing person. In a US retrospective cohort study examining 23,100 births, the risk of cesarean in the low-risk primiparous population dropped 30% when labor was attended by a hospital-based midwife versus an obstetrician. The same study found that the risk of cesarean dropped by 40% for multiparous women (Souter et al., 2019). Care by midwives for normal vaginal births allows OBGYNs to be freed up to provide specialized care for high-risk pregnancies and births. Midwifery care can also be part of the solution to the high cost of healthcare in the United States. Currently, midwives attend 12% of US births, a much lower percentage than other developed countries where midwifery care is the default, as in the Netherlands where midwives attend 70% of births and in Australia where midwives attend over 90% of births (Kennedy et al., 2020; US Government Accountability Office, 2023). One study found that if midwifery-attended births increased to 20% over the next eight years, over $4 billion dollars would be saved by private insurance and state Medicaid programs (Minnesota School of Public Health, 2019).

To meet the future needs of the perinatal workforce and address the rising maternal mortality rate, the US cannot afford to lose midwives advancing in the profession. The crisis of early career midwifery attrition highlights the need for more support for the transition period from student midwife to practicing midwife. Despite the known benefits of mentorship programs for both the mentor and mentee, existing programs in the United States, remain underutilized, unfunded, and unevaluated (Bradford et al., 2022). Furthermore, a formalized mentorship

program does not yet exist in Oregon for new graduate midwives. This project sought to identify components of successful mentorship programs that could be implemented to support the transition from student to midwife in Oregon.

Available Knowledge

In a mentoring for midwifery guideline resource produced by the International Confederation of Midwives (2020), the authors include the results of a survey which found that, of 59 international professional organizations of midwifery, 87% agreed with the following definition of mentorship:

> The mentoring relationship is one of negotiated partnership between two registered midwives. Its purpose is to enable and develop professional confidence. Its duration and structure is mutually defined and agreed by each partner. A mentor listens, challenges, supports and guides another midwife's work. A mentor does not always give answers but encourages the mentee to research, explore and reflect on her practice. (p. 7)

International literature suggests that mentorship programs during the midwifery education period (senior students providing mentorship to novice students) and during the early career period (seasoned midwives providing mentorship to novice midwives) have been successful in building confidence and supporting the student to practitioner transition (Nolan et al., 2022). The American College of Nurse-Midwives (ACNM), the professional organization serving CNMs and CMs in the United States, has implemented two mentorship programs for members from the national level. Through the ACNM Midwives of Color Committee, the first national midwife-to-student mentoring program was established in 2010 matching BIPOC (Black, Indigenous, People of Color) students with practicing BIPOC midwives with the goal of

supporting academic success, graduation, passing national certification boards and diversifying the midwifery workforce (Bradford et al., 2021). Subsequently, the ACNM Bridging Midwifery Experiences Mentoring Program was created in 2017, pairing new graduate midwives with ACNM Fellows. As of 2021, the program has matched 168 pairs, of which 75% of participants rated the program as neutral to very satisfying (Bradford et al., 2021). Both mentorship programs through ACNM are voluntary, unpaid roles on the part of the mentor and have struggled to attract enough mentors to meet the demand of mentees. Robust research on regional, programmatic, or community-based mentorship programs for new graduate midwives in the United States is lacking.

In contrast, New Zealand, a country with universal healthcare, requires all new graduate midwives to participate in a 12-month Midwifery First Year of Practice Program (MFYPP), which pays each mentor for up to 56 hours (about 2 and a half days) of time spent with the mentee, in addition to providing funds for professional development for the mentee (Dixon et al., 2015). The program was created in 2007 and evaluated after the first five years, finding that 87% of the original participating midwives were still in practice. This served as a 10% increase in retention from before the program was implemented. A limitation of this initial evaluation of MFYPP, however, was that participation in the program was voluntary in the first several years of existence. More current outcomes from the program are not yet available, although the program is still in existence as of February 2024.

A systematic review of 10 high-quality papers assessing mentorship programs or transition-to-practice programs with a mentoring component in the UK, Australia, or New Zealand found that the majority were considered "valuable in enhancing confidence, competence and/or experiences of newly qualified midwives" (Nolan et al., 2022). Programs were found to

be more effective if sufficient funding and/or protected time was provided to compensate mentors and/or provide professional development opportunities for the mentor-mentee pairs as incentive to fulfill program requirements.

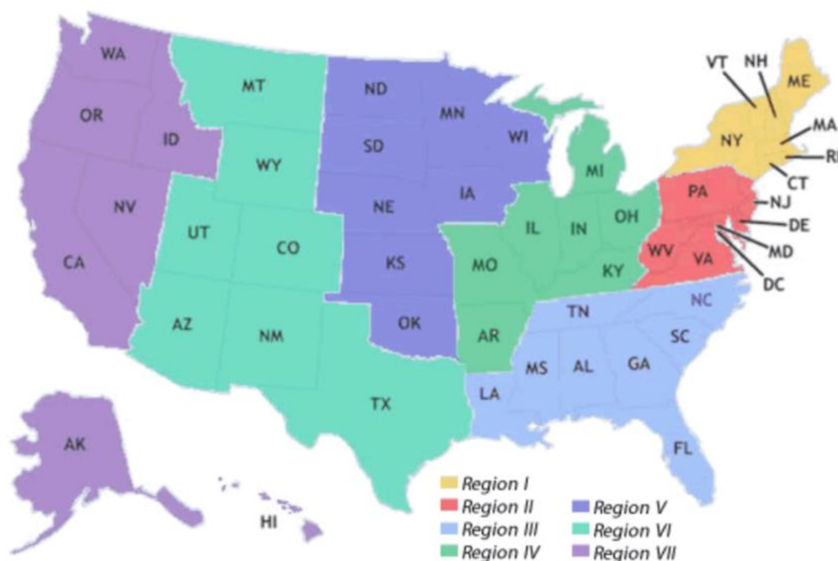
A study surveying early-career physician scientists in Japan found that physicians with mentors suffered significantly less burnout on the evidence-based Copenhagen Burnout Inventory (Perumalswami et al., 2020). Additionally, a study of a mentorship program designed for new graduate and newly hired nurses within a large hospital system in the United States found that nurses with a mentor were retained at a 25% higher rate than those without a mentor. Additional outcomes of this study were a significant reduction in cost in hiring and training new personnel and improvement in morale (Schroyer et al., 2016).

Mentorship programs may benefit the new midwife mentee and provide valuable opportunities for the experienced mentor. In a recent study of oncology registered nurses participating in a hospital-sponsored mentorship program, mentors reported decreased rates of burnout, increased rates of satisfaction, and decreased secondary traumatic stress scores than before serving as mentors (Drury et al., 2022). In California, hospitals were encouraged to develop mentorship programs for new nurses under the California Nurse Mentor Project to reduce attrition rates. Hospitals participating in the program had an overall attrition rate of 8% compared with 23% over the three years at non-participating hospitals. The evaluation concluded that not only did the mentor and mentee benefit from the program, but the institution benefited by significant cost savings of rehiring for nurse positions. The study estimated that a 500-bed hospital could see savings of $1,423,862 to $5,779,862 over a three-year period by implementing a mentoring program. (Mills & Mullins, 2008).

Shields et al. (2023) suggests that not only individual hospital environments play an important role in fostering mentorship opportunities for healthcare workers, but professional organizations can also play a role in fostering authentic mentoring relationships between new and seasoned professionals. Professional organizations can use resources to develop evidence-based mentorship programs with structured matching processes, evaluation tools, and training guidance for mentors.

Rationale

This project seeks to utilize a mixed-methods approach to gather information about existing mentorship programs within local Affiliate chapters, one for each U.S. state or territory and the armed forces, of the American College of Nurse-Midwives. Local Affiliates represent a tangible connection to nearby midwives to seek support and resources available in their state or territory. Affiliates are assigned to one of seven regions and each region is represented by an elected member on the ACNM national Board of Directors. A map of ACNM Regions is provided below. Affiliate leaders are ACNM members elected to their positions for a specified term according to each Affiliate's bylaws. The framework for this project is based on data that suggests that mentorship programs increase support and reduce burnout for newly practicing healthcare professionals (Dixon et al., 2015; Drury et al., 2022; Nolan et al., 2022).



Puerto Rico (R1) | Indian Health Service/Tribal (R6) | Guam, Samoa, Uniformed Services (R7)

American College of Nurse Midwives (2023). Map of ACNM Affiliate Regions [map]

Specific Aims

This project seeks to assess the number of ACNM state-level Affiliate organizations that play a role in facilitating mentor-mentee relationships for newly practicing midwives. Furthermore, this project seeks to compile attributes of existing mentorship programs and learn from the challenges and successes of Affiliates in providing mentorship. The long-term goal of this project is to provide a framework for a future mentorship program as a program development initiative within the Oregon Affiliate to reduce attrition of newly practicing midwives.

Methods

Context

The American College of Nurse Midwives (ACNM) is the national professional organization representing certified nurse-midwives (CNMs), certified midwives (CMs) and

midwifery students enrolled in accredited education programs in the United States. In its 2021 Annual Report, ACNM reported its membership to be 5,025 CNM/CM members, including 564 newly certified midwives. However, these numbers do not account for all CNMs and CMs who are board certified in the country (13,998 in May 2023), as membership is voluntary and members must pay dues annually to remain active, voting members (Appendix B). Within the national organization, there are 55 local ACNM Affiliate organizations within the U.S., one for each state in addition to the District of Columbia, Puerto Rice, US Virgin Islands, Uniformed Health Services, and Indian Health Services/Tribal Affiliate (ACNM, 2023). The local Affiliate serves as a resource for advancing policy that supports midwives, a professional and social network for midwives, as well as providing the opportunity for leadership development by serving in leadership positions in elected positions and volunteer committees.

According to demographic report data from the American Midwifery Certification Board, the body responsible to overseeing certification of all CNMs and CMs practicing within the US, the number of midwives certified between 0-5 years has dropped significantly in recent years. Most notably, new midwives practicing <5 years made up 25.7% of the total number of midwives in 2022 compared with 30.1% in 2021 (AMCB, 2022). This may mean a significant decline in new midwives entering practice and/or an increase in new midwives leaving practice. There are many factors that could be contributing to this decline, including the COVID-19 pandemic's effect on healthcare worker burnout, delayed graduation due to pandemic-level constraints on clinical rotations, a shortage of faculty, clinical preceptors, and clinical sites resulting in many qualified applicants being turned away from advanced practice registered nursing education programs (American Association of Colleges of Nursing, 2022). More research is needed to better understand this trend.

Study Design

This project was informed by conducting individual semi-structured interviews related to mentorship and support for new midwives with state-level ACNM Affiliate leaders. Affiliate leaders may also be referred to as “board members” and can be any elected official within the Affiliate membership. The interview template provided open-ended questions for respondents to speak on a particular topic. Interviews were conducted via phone or video conferencing. If someone was unavailable for a call, responses to interview questions via email were also included. Interview responses were coded for the themes after each interview, and based on themes, interview questions for subsequent interviews were altered based on emergent themes.

Using contact information available to ACNM members on the ACNM Connect website, Affiliate leaders were contacted and invited to participate in the interviews. While there were multiple leadership positions within each Affiliate, these members could decide among themselves which leader(s) would participate in the interviews. More than one person from each Affiliate was allowed to be interviewed. Using the most recent state-specific numbers of board-certified CNMs and CMs compiled by AMCB (2023), the project director began by contacting ACNM Affiliate leaders in states with the highest number of midwives as the number of new graduate midwives in high-volume states would likely be higher. States that host an Accreditation Commission on Midwifery Education (ACME)- accredited midwifery education program were also prioritized for interviews. The opportunity was also posted within relevant ACNM Connect message boards. Participants were offered to be emailed a summary of findings from the DNP project paper to learn about the project's outcomes. Upon completion of this project, findings will be presented to the Oregon Affiliate board members with recommendations for the development of mentorship support for new graduate midwives based on best practices

and lessons learned by ACNM Affiliates. The project will also be presented at future nursing, midwifery or healthcare workforce-related conferences.

Study of Intervention

The process of obtaining and conducting interviews with Affiliate member leaders was continuously evaluated and updated as necessary. For example, initially, Affiliates with the highest number of potential new graduate midwives such as California, Florida, Texas, and New York, etc. (Appendix B) were contacted. As this approach did not yield success in obtaining interviews, the author chose a different approach to targeting Affiliates. Similarly, if questions on the semi-structured interview template needed to be adjusted due to emerging themes or the need for greater clarity or specificity, the interview questions were adjusted for subsequent interviewees. The intention of this project was to conduct real-time interviews via phone or video conference; however, if Affiliate leaders were interested in participating but did not have the capacity to participate in this way, they were invited to respond to the most basic interview questions via a return email.

Measures

This study utilized a mixed-methods approach, using Excel to capture and analyze both quantitative and qualitative data extracted from interviews. Basic demographic data on Affiliate membership were collected, such as state and number of active members. Yes/no questions were asked to ascertain frequency totals, such as “Does your Affiliate have a mentorship program for new graduates?” and “If not, does your Affiliate have a desire to develop a mentorship program?”. A thematic analysis was also conducted to categorize open-ended responses. For example, responses to “why was the mentorship program established?” might yield a variety of responses that may be similar or vastly different across Affiliates. A question was asked

regarding the level of concern the Affiliate has for addressing professional burnout within its membership. A full list of interview questions can be reviewed in Appendix A. Secondary analysis of the raw data using Excel pivot tables was conducted to explore relationships across variables, such as size of Affiliate membership, level of concern for burnout, and existence of a mentorship program.

Ethical Considerations

Participants were notified of the voluntary nature of the project and that accepting the invitation to speak about mentoring in the participants' Affiliate represented consent to participate in the project. Participants were not incentivized or compensated for participating in the project. All data in the final project were de-identified in order that individual respondents or Affiliate-specific information could not be identified in the final project, but rather Affiliates were described using the ACNM Region categorization.

The project was submitted to the OHSU Investigational Review Board and was determined not to be human subjects' research.

Findings

Contact information was obtained for 47 of the 55 ACNM Affiliates. There was no publicly available centralized registry of all Affiliates, and contact information was obtained through several methods. The first round of contact was obtained from individual Affiliate websites, many of which provided specific Affiliate email accounts or individual member contacts or embedded "Contact Us" messengers within the site. The majority of emails (90.2%) to these accounts were not returned or returned as "undeliverable" or "mailbox full." In other cases (4%), the original recipient who was no longer an Affiliate leader forwarded the email to a current leader. A second approach to contacting Affiliates was utilizing the ACNM "Connect"

discussion board and member directory, a portal login available to all ACNM members. No contact information was publicly available or available on the Connect portal for 8 (14.5%) ACNM Affiliates.

Sample Description

Interviews were obtained with 20 of the 47 Affiliates contacted (42.5%). Interviews with Affiliate leaders took place between October 2023 and January 2024 via videoconferencing (55%), phone (5%), or email (40%). Generally, email responses were not as robust as live interviews, and some questions were misinterpreted or left unanswered. The responses captured in these interviews represent 6 of the 7 ACNM Regions, with no responses from Affiliates within Region V. Region I had the highest Affiliate response rate (n=5), followed by Region II (n=4), Region VII (n=4), Region III (n=3), Region IV (n=2), and Region VI (n=2). A variety of leadership roles within Affiliates were interviewed, including President (n=6), Vice President (n=1), Treasurer (n=1), Secretary (n=1), Chair of Student & New Midwives Committee or Student Engagement Committee (n=4), or the Region Representative (n=5).

Twenty-five percent of Affiliate organizations surveyed (n=5) reported having current mentorship programs or activities available to students or students and new midwives. One Affiliate provided a mentorship program for Black, Indigenous, People of Color (BIPOC) student midwives only. One Affiliate provided opportunities only to midwives in the first year of practice, not students, due to state-level supervision requirements. The remaining three Affiliates had mentorship opportunities open to both students and new midwives within the first 3 years of practice.

Seventy-five percent of Affiliates did not have current mentorship opportunities; however, three Affiliate leaders (15% of the respondents) reported past mentorship programs that

have since been discontinued. Three Affiliates expressed interest or active plans in creating a mentorship program. One Affiliate had a previously discontinued mentorship program that has interest in re-establishing the program. Table 1 contains a display of mentorship program status stratified by ACNM region.

Table 1: Mentorship Landscape by ACNM Region

ACNM Region	Current Mentorship	Former Mentorship	Plans for Mentorship	No Mentorship, No Plans
I	0	0	1	4
II	3	1	0	0
III	0	1	0	2
IV	0	0	1	1
VI	1	1	1	0
VII	1	0	1	2
Total	**5**	**3**	**4**	**9**

The size of membership within an Affiliate was related to the presence of a mentorship program. Affiliates in the <50 members category were more likely to have no current, prior, or plans for mentorship programs. Affiliates within the 101–199–member category had the most active mentorship programs and plans for developing mentorship activities.

Table 2: Mentorship Activities by Size of Affiliate Member as of November 2023:

Membership Size	Current	Never Mentorship	Previous	Plans	Affiliate Count
<50	1 (14%)	6 (72%)	0	1 (14%)	7 (35%)
50-100	0	1 (25%)	2 (50%)	1 (25%)	4 (20%)
101-199	3 (43%)	2 (29%)	0	2 (29%)	7 (35%)
>200	1 (50%)	0	1 (50%)	0	2 (10%)

Burnout Assessment

Each Affiliate leader was asked to rate how concerned the Affiliate was about addressing burnout within their membership. Nine (45%) of the respondents declined to give a definitive answer as they felt they could not speak accurately on behalf of the Affiliate. Most did acknowledge a concern of burnout generally, and some looked at burnout as a practice-dependent issue. Eight (40%) of interviewees rated burnout as a high concern to address within the Affiliate. Two (10%) indicated that burnout was of a medium level of concern, while only one (5%) Affiliate identified burnout as of low concern within the Affiliate.

Thematic Analysis

Overall

A common theme across interviews with Affiliate leaders was a lack of access to or knowledge of the current number of active members, including newly certified midwives, within their states. A 2022 change in membership management platform technology on the ACNM website was often cited as the problem behind lack of access to membership numbers. Some members simply did not know and said they would follow up with the author with numbers, but then did not return emails requesting follow-up. Sixty percent of respondents had membership numbers current as of November 2023 or gave an estimation.

Due to the semi-structured nature of the interviews, the conversation would often shift to the role of ACNM as the professional organization for CNMs; acknowledging internal financial problems at the national organization level and declining membership and engagement at the Affiliate level. One Affiliate leader shared membership trends data that showed a sharp decline in membership from 209 CNMs in 2021 down to 110 CNMs in November 2023. This meant that less than 29% of certified nurse-midwives in this state were active ACNM members. Student and new midwife membership dropped by half in the same time period. While only one Affiliate

leader shared exact numbers of membership attrition, the loss of members, both new and renewing, was a common theme expressed by interviewees. Subsequently, leaders emphasized the importance of encouraging membership of students and new graduates to ACNM to continue to advocate for and advance the profession, because, as one interviewee put it, “if we as midwives do not advocate for ourselves, who will?” Mentorship was discussed as a potential benefit for students and new midwives in joining ACNM, and also as a way for Affiliates to create a pipeline to grow membership.

Support for students and new midwives other than mentorship

Many interviewees expressed the importance of getting students and new midwives involved in the Affiliate and wanted to break down barriers in participating. Many offered other incentives, apart from mentorship, including free or reduced membership fee, scholarships for attending state and national midwifery conferences, invitations to Affiliate meetings with free food, and invitations to free trainings (IUD and Nexplanon insertion/removal), or webinars featuring topics relevant to job searching and transitioning to practice. Most of these activities were facilitated through the Students & New Midwives Committee, if such a committee existed within the Affiliate.

Affiliates with Mentorship Opportunities

What was behind the creation of the mentorship program?

When asked about the history of the creation of the mentorship program, Affiliate leaders discussed how the initial desire came from within the ACNM Students & New Midwives Committee. Reasons cited for beginning the program ranged from a desire to create community and connection between midwives, support students and new midwives in transitioning to practice, and retaining and diversifying the midwifery workforce within the state. Affiliates also

used mentorship as an incentive for students and new midwives to get involved with the Affiliate.

Matching of mentor/mentee pairs

The process of matching mentors with mentees tended to be done via an online survey and was matched by interest, location, or practice environment (hospital, birth center, etc.). Matches were then connected via email by the facilitating Affiliate leader. A common theme that arose after matches were introduced was that the coordinator did not know what happened next. Often, they did not receive feedback about whether the pairs met or continued the relationship. One Affiliate leader estimated that 50-60% of matched pairs did not end up initiating a mentoring relationship after matching at all.

Resources and/or funding for mentorship

Five out of six Affiliates did not have specific funding or resources directed toward their mentorship programs but expressed a desire to provide funds for mentor-mentee pairs to meet in person, either on their own time or at state or national midwifery gatherings. Most of the mentor-mentee contact was done online via Zoom videoconferencing.

The majority of Affiliates with mentorship programs did not have any specific training or resources to give to mentors on how to facilitate a mentorship relationship. Additionally, all but one program left it up to the mentor-mentee pairs to decide how often to meet, without formal guidance from the Affiliate.

One formalized mentorship program was in its fifth year and received funding in partnership with an academic institution. This program came with required online training and mentors were provided with a mentoring guidebook. Mentors were incentivized to participate with a small stipend; however, the Affiliate leader interviewee noted that most mentors gave this

stipend to their student mentees. Mentees and mentors were awarded scholarships to attend midwifery-focused conferences and training.

Participation, evaluation and feedback

Established mentorship programs generally cycled their programs around a traditional school year. A range of 5-20 mentor/mentee pairs participated across Affiliates. Affiliate leaders shared that mentorship opportunities were utilized more often by students than new CNMs, in programs open to both students and new midwives. Most Affiliates sought to evaluate or gather feedback from mentorship participants. A common theme among all was a low response rate to the evaluation requests, so much so that many did not know if the matched mentor-mentee pairs had even made contact. The most formalized program had a plan for soliciting monthly feedback from participants and a funding source to support the collection and analysis of participant feedback, which yielded a 53-79% response rate to survey and interview requests. Results shared from these evaluations show that after a year of participation, mentees overwhelmingly reporting reported feeling an increased sense of belonging within midwifery and mentors felt they were able to learn mentoring skills from other mentor midwives and an evidence-based curriculum.

Affiliates Without Current Mentorship Programs

Never mentorship

Affiliate interviewees were asked for reason(s) for not having a mentorship program. Responses fell into the following four themes:

1. *The topic has never come up.* The most common theme among Affiliates that had no mentorship program was that there had been no discussion at the local Affiliate leadership level about mentorship or no interest from their membership expressed on the topic. Affiliates serving largely rural states with low numbers of practicing CNMs and

wide geographic spread cited issues of transportation and high cost of gathering. One Affiliate leader discussed how some CNMs may have more in common with midwives practicing across the country than with CNMs practicing in large practices in urban areas within same state. Other Affiliate leaders, with high numbers of CNMs serving rural communities, expressed that they did not have enough new midwives in the state to justify a mentorship program due to the absence of a midwifery education program or having few practices in the state that are willing to hire new graduates.

2. *Lack of volunteer capacity at Affiliate leadership level.* A common theme was an expressed interest in providing mentorship to members but having a lack of capacity within the Affiliate to facilitate a formal program or activities.
3. *Lack of funding.* Affiliate leaders valued the idea of mentorship and expressed concerns about the lack of funding that could be put toward mentorship programming. They would like to provide robust training, incentives for participation, and funding for travel and/or conference attendance for mentees.
4. *Lack of interest from members.* A less common but present theme was that the topic of mentorship had been discussed, but there had been lack of interest from within the Affiliate, particularly on the part of mentees. One Affiliate leader respondent expressed "Why bother, if turnout is low."

Discontinued mentorship

For the three Affiliates that had prior mentorship activities, Affiliate leaders cited a lack of participation by students and new midwives as the reason for discontinuing. "There might be initial interest, but then no one will sign up, or there is no follow-through in meeting with

mentors." Leaders also expressed that communication guidelines had not been established for participants by the Affiliate and cited this as an area for improvement.

Several leaders discussed the importance of organic, informal mentorship within communities and practice environments. "I think mentorship is happening naturally. Not for everyone, and people less plugged in (new, have less time, are more introverted) and they can fall through the cracks." This leader felt that mentorship was important for everyone to have access to, and that the Affiliate had a role to play in facilitating connections.

Plans for future mentorship

Affiliates with no current mentorship activities but plans for developing a program wanted to do so to support new midwives, address burnout and moral injury in midwifery work, and to grow the Affiliate membership. One Affiliate was interested in starting a mentorship program to support and engage students from a soon-to-be established midwifery education program within the state.

Discussion

Findings from this project represented 42.5% of the 47 total ACNM Affiliates from which contact information was obtained. The interviewed Affiliates represented all but one of the seven ACNM regions and encompassed states with relatively small numbers of CNMs certified within the state (<100) as well as those employing large numbers (> 1,000) and everything in between. An unexpected starting point for this project was spending time tracking down current Affiliate leader names and contact information, as many of both ACNM national and Affiliate-level online materials were out-of-date or did not return initial invitations to participate. With over 90% of initial emails to contacts listed publicly on websites unreturned or bounced back, the

absence of publicly available contact information may serve as a barrier for newly certified midwives in any given state being able to contact their local Affiliate.

This project revealed a lack of knowledge within individual Affiliates about their own membership. Some leaders did not know their current membership numbers nor how to obtain them, citing issues with the backend of the membership website. The ACNM national office did not return emails requesting official Affiliate membership numbers by state, although the numbers were obtained through a separate national committee member contact. On more than one occasion, the Affiliate estimate of current membership was significantly higher than the actual membership numbers obtained as of November 2023. The process of tracking membership within ACNM is dynamic, where the national organization collects dues from members both monthly and annually. Without a well-maintained system for tracking membership, paired with consistent communication of this information with Affiliates, Affiliate leaders are lacking the basic information and funding essential to supporting midwives locally.

An unexpected finding of this project was degree of decline in ACNM membership. Many interviewees referenced declining membership within the individual Affiliate as an issue, and further investigation into numbers provided by AMCB and ACNM revealed a significant decline nationally. As of November 2023, there were 4,153 ACNM members, representing 29.2% of the total number of the 14,215 CNMs and CMs holding current certification from AMCB (Appendix B). This represents a 36% decline in membership since 2019, when ACNM membership totaled 6,445 (ACNM, 2021). In August 2019, the number of total certified CNMs and CMs in the US was 12,655, of which 50.9% were ACNM members. This drop in membership is happening concurrently with downsizing of member resources and staff at the ACNM national office as fewer members lead to less income in the form of annual dues and less

income for the organization to provide services for its members. With the Affiliate structure, a portion of the national dues flow to the corresponding Affiliate of the member. Recent literature suggests that CNMs are not the only Advanced Practice Registered Nurses (APRN) trending away from professional organizational membership; the percentage of certified registered nurse-anesthetists (CRNA) joining the American Association of Nurse Anesthesiology has been declining over the last 10 years (Samon et al., 2022).

This study found that states with smaller membership numbers (<50) were less likely to have mentorship activities. This was an expected finding as these states were likely to have fewer CNMs total, and fewer new-graduate CNMs to support; however, with declining Affiliate membership there are fewer resources within these Affiliates coming from annual member dues, the revenue for Affiliates, and less likelihood of having resources to support new midwives. For students and new midwives working in states with low-resourced Affiliates, or no active Affiliate at all, ACNM national must be able to provide support and ensure that opportunities are made available.

Several Affiliate leaders spoke of wanting to support BIPOC students and midwives. Despite the challenges of declining membership within ACNM, the percentage of midwives identifying as BIPOC has increased from 15% to 21%, possibly due to targeted efforts within ACNM over the last four years to support this trend, such as the advocating for policy that grows and diversifies the midwifery workforce and holding space for mentorship between BIPOC midwives and midwifery students. ACNM had dedicated its priority goal in the 2021-2024 Strategic Plan to promoting equity, diversity, and inclusion (ACNM, 2020). Continued focus on supporting BIPOC students and new midwives is critical to diversifying the midwifery workforce, ultimately improving health disparities within midwifery's diverse patient population.

Promoting mentorship within this specific BIPOC population, and with midwifery students broadly, may serve as a pipeline for future mentors within Affiliates who are more likely to participate after receiving high-quality mentoring as a student or early in their career.

Establishing mentorship relationships was more successful when clear guidelines were provided to both the mentor and mentee. Guidance in the form of mentor training and ongoing webinars for seasoned midwives can help to set the expectation for mentoring and how it is different from a precepting or supervisory relationship. In establishing the relationship, there is a need for strong communication guidelines, such as who will initiate contact and how often will the pair check in and by what mode of communication (Dixon et al., 2015). Lack of participation was the most common reason for why mentorship programs ended, and communication may be the culprit. There may be generational barriers to communication, with (generally) younger students and new midwives more comfortable communicating via text message and less likely to respond to email. Gathering preferred communication modes and providing multiple modes of contact (email, phone number for texting) may be a small but important step to overcoming the most challenging barrier to creating a successful mentoring relationship. Establishing communication expectations at the beginning of the program may also support more feedback and evaluation response at the end of a mentorship cycle.

As part of the interview process, the project director became aware that ACNM National also houses a Students and New Midwives Committee (SANMC), which encourages student representation from midwifery education programs across the country and membership support for new midwives; many Affiliates have also instituted a SANMC within their organizations to involve students and early-career midwives locally. While local Affiliates often host their mentorship programs through their SANMC, a representative from the national SANMC

committee reported that rather than hosting an additional mentorship program through the committee, they point interested students and midwives to the programs hosted by the Fellows program or the Midwives of Color Committee. The local Students and New Midwives Committees, housed within Affiliates, featured in many of the interview responses. This committee was a natural home for mentorship programs. Data were not collected on how many Affiliates have established this specific committee to support students and new midwives and it is an important next step in identifying readiness for a mentorship program at the Affiliate level. Most participants in mentorship activities were students and not new midwives. In a recent systematic review Shi et al. (2023) found that the period of transition from a student to practitioner is both physically and emotionally exhausting. This feeling of overwhelm may be one reason that new midwives do not sign up to participate in voluntary opportunities through the Affiliate. Affiliates growing mentorship programs must consider how continued support, with low barriers, can be ensured after the student graduates. Examples of continued formal mentorship from student to new midwife were not shared in interviews, although several interviewees had served as mentors themselves and shared that they were still in communication with their mentees on an informal, as-needed basis.

While this project sought to capture the level of concern that the Affiliate leadership team had in addressing burnout within its membership, the wording of the question may not have been sufficient in eliciting responses, as most interviewees felt they could not answer on behalf of the whole Affiliate on the matter and declined to give a definitive answer or simply did not know. Within the interview, the question was phrased as "How concerned is your Affiliate about addressing burnout?" They were asked to rank their response as Low, medium, or high concern and provided space to elaborate. While some respondents answered "high concern" with

examples of ways in which burnout is affecting their membership or ways in which the Affiliate is actively addressing burnout, many declined to answer because they felt they could not, as one person, answer on behalf of the whole Affiliate. Perhaps there is a better metric or wording of the question that would yield a higher response, such as "how are you seeing burnout affect midwives?" and "what are ways that you feel your Affiliate is addressing burnout among your membership?" A more open-ended response would likely yield a more robust picture of burnout by Affiliate. It should also be noted that the question of burnout was asked regarding the Affiliate as a whole, not just new-graduate midwives.

Strengths

This project is the first study to look at the role of mentoring across the national ACNM Affiliate structure. This project used semi-structured interviews with Affiliate leaders to encourage a broader understanding of each Affiliate's goals and challenges. Findings from this project will serve as foundation for future work aimed at bolstering mentorship opportunities within Affiliates. This study also examined the interplay between the ACNM national organization and its Affiliates, highlighting how dependent the ACNM Affiliates are upon the infrastructure of the National office in supporting its Affiliates in the field. This study uncovered the challenges that exist for Affiliate members when ACNM national is not organized in providing basic roster, contact and dues information to the Affiliates.

Limitations

This project encountered several limitations. Both ACNM membership numbers as well as AMCB certification numbers are constantly changing, the counts included in this study are just a snapshot of one moment in time in 2023.

There was no consistency across the sample in the role of the Affiliate leader responding to interview questions, as any member holding a leadership position was invited to participate. This variation, which allowed for a higher response rate, may explain why some leaders were not as aware of overall member activities as other roles (such as President). Some leaders self-disclosed a lack of awareness of all happenings at the Affiliate level and could not rule out the presence of mentorship that one person was not aware of.

There was a lack of standard definition of what ACNM uses for the term mentoring, as the term can have different meanings for people. Interviewees could define what activities constituted mentorship, which varied across Affiliates, and self-selected whether they had mentorship activities or not. Having “mentor” “preceptor and “supervisor” defined could be helpful in future investigation on this topic, as more than one Affiliate leader used the terms interchangeably.

In assessing burnout, this project sought to capture an Affiliate’s "sense of burnout” and response to burnout within their membership, which is a subjective measure answered by only one person representing a wide range of membership. While standardized tools exist for measuring individual burnout, there are no existing tools that measure burnout within an entire institution without assessing individual members within. Many Affiliate members also work within multiple institutions and may have differing experiences among them.

Lastly, the lack of an Affiliate-facilitated mentorship program within a state does not mean that mentorship is not happening either formally within other midwifery organizations or education programs or informally within the community. More research is needed to understand how students and new midwives might be seeking mentorship opportunities outside of the professional organization and what can be learned from those experiences.

Future Directions

While an objective of the 2021-2024 ACNM Strategic Plan included a goal to "engage members with high quality communications, experiences and resources" mentorship was not expressly listed as an objective. With successful mentorship programming being provided through the ACNM Fellows and Midwives of Color Committee and desire from Affiliates to build mentorship support for students and new midwives at the local level, ACNM is poised to be a leader in providing resources, in the form of guidance and training, for Affiliates who wish to develop this resource. As a new strategic plan for the coming four years (2025-2028) is in development, results from this project indicate a need for a more specific directive of support and mentorship for new graduate midwives.

This project identified successes and challenges with mentoring programs from the Affiliate standpoint, but there is much more information to be gathered from the new graduate midwives that was beyond the project's scope. Affiliates may be able to address issues of non-participation and low proportion of new midwives' engagement if more is known about their individual experiences. With the sharp decline in membership in ACNM, it is important to better understand the nuances of why midwives, especially new midwives, are abstaining from or declining to renew membership with the one professional organization representing CNMs within the US. Currently, it is unknown if mentor/mentee relationships continue after the designated mentorship timeframe. Because participation in mentorship programs was primarily utilized by students, more research into outcomes of students who engaged in mentorship in their transition to practice.

While Mills & Mullins, (2008) provided a cost-saving analysis for institutions who utilized mentorship as an avenue to retain early career registered nurses, more research is needed

to uncover the financial implications of midwife attrition. Investment in midwifery mentorship programs and support for new graduate midwives is likely to save institutions and the healthcare industry a substantial amount of money in retaining midwives in the profession.

Findings from this project have implications at the national and Affiliate level of the organization. This project serves to inform the ACNM (National) of communication gaps between Affiliates and with potential new membership. A summary of findings will be provided to the Oregon Affiliate board members and all Affiliate interviewees who expressed interest in follow-up on the project. This project will serve as an early step of phased work to inform future support for students and new midwives within the Oregon ACNM Affiliate, including a program development project focused on mentorship. Guidance will include providing training to mentors on defining the mentoring relationship, setting communication norms, incentivizing evaluation and feedback, and gaining a better understanding of the unique needs of new midwives within the Affiliate membership to better engage them in programming. The full manuscript may be shared with appropriate ACNM leadership or committee members at the national level. Findings have the potential for broad distribution as the project will be presented in a poster session at a regional nursing conference in Spring 2024. An abstract was also submitted for presentation at a national midwifery conference in Spring 2024.

Conclusion

The evidence has shown that mentorship for early career midwives reduces attrition (Dixon et al., 2015). Growing the midwifery workforce is essential for addressing critical healthcare shortages and narrowing the gap in health disparities in the US and the ACNM, as the sole professional organization serving CNMs and CMs, can provide more direction, guidance, and resource-support to local Affiliates engaging in or interested in providing mentorship for

students and new graduate midwives. Investing in support for mentorship at the Affiliate level is one concrete way that ACNM can both retain and grow the midwifery workforce and promote membership in its own organization.

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Appendix A

Interview Guide for Semi-Structured Interviews with ACNM Affiliate Leaders

Affiliate name: Region: Date: Interviewer:

Affiliate role of interviewee:

Length of Interview: 15 minutes is sufficient but we can talk for up to 30 minutes if you have the time.

Overview of DNP Project Aim: This project seeks to assess the number of ACNM state-level Affiliate organizations that play a role in facilitating mentor-mentee relationships for newly practicing midwives. Furthermore, this project seeks to compile attributes of existing mentorship programs and learn from the challenges and successes of Affiliates in the area of mentorship

1. **[Current scope of membership]** How many CNMs/CMs currently active with Affiliate (excluding students?) Number of new graduate midwives (practicing <5 years)?
2. **[Existence of Current Affiliate-led mentorship program]** Yes/ No
    a. If yes, continue to question 3
    b. If no, skip to Question #8
3. **[Mentorship program details]**
    a. Year established, if known
    b. Number of mentor/mentee participants, current and/or cumulative
    c. Are students invited to participate?
4. **[History]** Why was the mentorship program initially established?
    a. Who has been responsible for the program historically and currently? (specific Affiliate leader role, general member, student, etc.)
5. **[Matching]** How do you match mentors with mentees? What technology or strategies are used?

6. **[Resources and funding]** Does the Affiliate designate specific funding or resources toward the mentorship program? Are mentors incentivized to participate? If so, describe. If not, what do you believe would be helpful for the program?
7. **[Evaluation]** Does your mentorship program have an evaluation component? If so, would you be willing to share more about what the evaluations revealed?
8. **SKIP IF MENTORSHIP PROGRAM EXISTS. [Reasons Why Mentorship Does Not Exist] Options:**
   - The topic of mentorship at the Affiliate level has never come up
   - Lack of interest from membership
   - Lack of volunteer capacity at Affiliate level
   - Lack of other resources
9. **[Burnout Assessment/ Concern for New Midwives]**

   How concerned is your Affiliate about addressing burnout? Low, medium, or high concern.

10. **[Resources to Support New Midwives]** Does your Affiliate offer other resources to support new graduate midwives?
11. **Is there anything more you would like to tell me regarding mentorship or supporting new grad midwives in your Affiliate?**

Thank you for participating.

Appendix B

Certified Nurse-Midwives/Certified Midwives by State

AMCB As of: August 2023

US State	Number of CNMs/CMs	US State	Number of CNMs/CMs
Alabama	66	New Hampshire	125
Alaska	111	New Jersey	348
Arizona	280	New Mexico	213
Arkansas	49	New York	1065
California	1237	North Dakota	21
Colorado	486	Ohio	504
Connecticut	220	Oklahoma	73
Delaware	44	Oregon	395
Florida	869	Pennsylvania	559
Georgia	610	Rhode Island	89
Hawaii	62	South Carolina	139
Idaho	89	South Dakota	35
Illinois	495	Tennessee	315
Indiana	215	Texas	617
Iowa	134	Utah	194

Kansas	103	Vermont	88
Kentucky	144	Virginia	383
Louisiana	82	Washington	520
Maine	119	West Virginia	72
Maryland	333	Wisconsin	273
Massachusetts	465	Wyoming	25
Michigan	508		
Minnesota	412		
Mississippi	37		
Missouri	137		
Montana	63		
Nebraska	55		
Nevada	63		

Total Number of International Midwives: 43 CNMs/CMs

Total Number of Active Midwives: 14,215 (130 CMs)