

The Status of Midwives in Kansas: An Analysis of State-Level Policy Implications for Certified Nurse Midwives

Mallory T. Rousseau
Faculty: Jodie Hertzog

Department of Sociology, Fairmount College of Liberal Arts & Sciences

Abstract. For this research project, the certification and regulation of nurse midwives in Kansas was explored. This research focused on the legal requirements for certification, supervision by or collaboration with physicians, public recognition of midwifery as a legitimate profession, and social stigma against midwives. This research project was conducted as a pilot study for an advanced qualitative research methods course, using secondary unobtrusive data in conjunction with a single in-person interview. Following data collection, a thematic analysis was applied to support the identified hypothesis.

1. Introduction

The practice of midwifery in the United States has seen drastic changes over the past century. These changes have resulted in the medicalization of childbirth, a process that saw the traditional practice of midwife-assisted homebirths rejected in favor of hospital births. The medicalization of childbirth is evident in that it is “not simply ‘evidence-based medicine’ but, rather, a reflection of a larger patriarchal and technocratic society that constructs women’s reproductive bodies as inherently faulty and in need of medical management” [1]. In 2009, only 7.6% of all births in the United States were attended by a midwife [2].

For this study, the impacts of state legislation on the practice of midwifery in Kansas were examined. The legal system itself has “forced those midwifery practitioners...to become almost hyper-educated...so that they can both defend themselves against legal persecution by the medical establishment and work to change the law that keep them legally marginal” [3]. The impacts of legislation governing the practice of midwifery are significant, particularly in terms of policies that determine midwives’ eligibility to practice in hospitals, considering that 99.28% of all births in 2009 took place in a hospital setting [4]. Using unobtrusive data and an interview with a Kansas midwife, a thematic analysis was conducted to interpret the data in light of potential policy implications for the practice of midwifery. As such, both state legislation and hospital policies have been found to affect midwives in Kansas.

2. Methods & Results

Methods and Sample

This research used unobtrusive data collection measures to gather and analyze existing literature regarding Kansas policies for certified nurse midwife practitioners. A purposive sampling strategy was used to identify a key interview informant who participated in a face-to-face, semi-structured interview that lasted approximately 90 minutes. The research project and concurrent interview has been approved by the Wichita State University Institutional Review Board.

Data Analysis

Secondary data analysis of existing literature was used to identify and explore common themes within the selected data. Thematic analysis was used to analyze data and generate codes in order to focus on topics central to policies that determine the scope of practice for midwives in Kansas. The initial empirical codes were used to identify various components of midwifery regulation, specifically in terms of the legal regulation and certification process. Additionally, codes were used to analyze public recognition of midwifery as a legitimate field of practice, supervision of midwives by a physician or clinical director, preferences for either a medical or a midwifery model of care during childbirth, and stigma against the practice of midwifery. A codebook with operational definitions and exemplars from the secondary data was then created.

Following the secondary data analysis, the data retrieved through the in-person interview with a certified nurse midwife was then transcribed. Thematic analysis was applied, using distinct codes from those used in the secondary data analysis, in order to identify the regulation of midwifery in Kansas, support for the practice of midwifery in Kansas, and hospital privileging that determines the eligibility of midwives to practice.

Results

The practice of midwifery is regulated by both state legislation and local hospital policies, which govern the practice and delineate certification requirements.

- “Cultural and political-economic factors...determine what constitutes safe birthing options and appropriate care providers” [5].

Midwives still face barriers to having their profession accepted as a legitimate field of practice.

- “Medical associations...remain skeptical about the value and safety of...and care by skilled birth attendants, including midwives” [6].

The preference for a medical model of care encourages supervision of midwives by an attending physician.

- “Medical associations...remain skeptical about the value and safety of...and care by skilled birth attendants, including midwives” [6].

- Additionally, births attended by midwives are “...contingent on working with physician back-up” [7].

The midwifery model of care remains controversial and midwives face stigma that can preclude them from freely practicing.

- There is still a preference for physician-attended births “...even though a large body of literature now exists that supports midwifery care...as a safe and viable option” [5].

Local hospital policies limit midwives’ ability to practice within their communities, regardless of state legislation that allows the practice.

- Interview data shows that midwives are limited by “...hospital privileging issues...a physician has to come to all the nurse midwife births.”

3. Conclusions

This pilot research project was conducted with the intent to better understand the restrictions faced by practicing nurse-midwives in Kansas, and to explore potential future implications for hospital and state policies. The findings of this research suggest that hospital policies play a significant role in determining the eligibility of midwives to practice, perhaps even more so than broader state policies. Further research is needed to explore the implications of hospital privileges in relation to future healthcare reform.

4. Acknowledgements

The author would like to express gratitude to Dr. Jodie Hertzog for serving as the faculty advisor for this project.

5. References

- [1] Cheyney, M. (2011). Reinscribing the Birthing Body: Homebirth as Ritual Performance. *Medical Anthropology Quarterly*, 25(4), 519-542.
- [2] American College of Nurse-Midwives. (2012). Midwifery: evidence-based practice. A summary of research on midwifery practice in the United States. Retrieved from <http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000002128/Midwifery%20Evidence-based%20Practice%20Issue%20Brief%20FINALMAY%202012.pdf>.
- [3] Davis-Floyd, R. and Davis, E. (1996). Intuition as Authoritative Knowledge in Midwifery and Homebirth. *Medical Anthropology Quarterly*, 10(2), 237-269.
- [4] MacDorman, M., Mathews, T.J. & Declercq, E. (2012). Home births in the United States 1990-2009. *NCHS Data Brief*, 84. Hyattsville, MD: National Center for Health Statistics.
- [5] Cheyney, M. (2008). Homebirth as Systems-Challenging Praxis: Knowledge, Power, and Intimacy in the Birthplace. *Qualitative Health Research*, 18(2), 254-267.
- [6] McDaniel, A., Goldberg, L., and Powers, N. (2012). Midwifery in Kansas. *Kansas Journal of Medicine*, 5(4), 168-175.
- [7] Hucker, S. & Powell, W. (2010, June 30). Grassroots news: good news for Kansas CPMs. Retrieved from http://cfmidwifery.blogspot.com/2010_06_01_archive.html.