center for health workforce studies
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State variations in maternal and child health workforce support

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Objectives

Discuss the development of the **MCH Worker Supportive Policy Index**

Identify key policy differences across states

Understand how supportive policies relate to:

- Workforce supply
- Access (e.g., maternity care deserts)
- Outcomes (e.g., cesarean rates)

Background and Purpose

Significant inequities in maternal and infant health outcomes in the U.S.

- The availability of a trained, supported, and diverse maternal and child health (MCH) workforce needed to improve outcomes

Range of indices reflecting maternal and child health risk

- Maternity Care Deserts, Maternity Care Target Areas, the U.S. Maternal Vulnerability Index

Address that gap in indices reflecting workforce support → Maternal and Child Health (MCH) Worker Supportive Policy Index

Research Objective

Main goal:	• Develop a **Maternal & Child Health (MCH) Worker Supportive Policy Index** reflective of supportive workforce policy.
Why it matters:	• Goes beyond availability to examine **structures needed to facilitate availability**
Research questions:	• How do states vary in workforce support? • Are supportive policies linked to MCH workforce supply & birth outcomes?

Index Development Process

Choose occupations of focus	• Birth doulas and midwives
Initially considered 39 indicators	• Direct Care Workforce State Index from PHI • Midwifery Integration Scoring System • Literature • Our own research on the doula and midwifery workforce
Two rounds of reviewing and selecting indicators	• First round → examined available data → 7 indicators removed • Second round → removed 4 duplicative or less relevant indicators

Methods


28 policy measures
4 sub-indices
Midwifery Workforce
Doula Workforce
Economic Policy
Labor Policy
MCH Worker Supportive Policy Index

Scoring and Analyses

Scoring process

- Scored each policy measure on a 100-point scale
- Larger scores represent more supportive policies
- **Sub-index score =** average of the measures within that sub-index
- **Overall MCH Worker index score =** average of sub-index scores

Descriptive analyses plus correlation with key outcomes

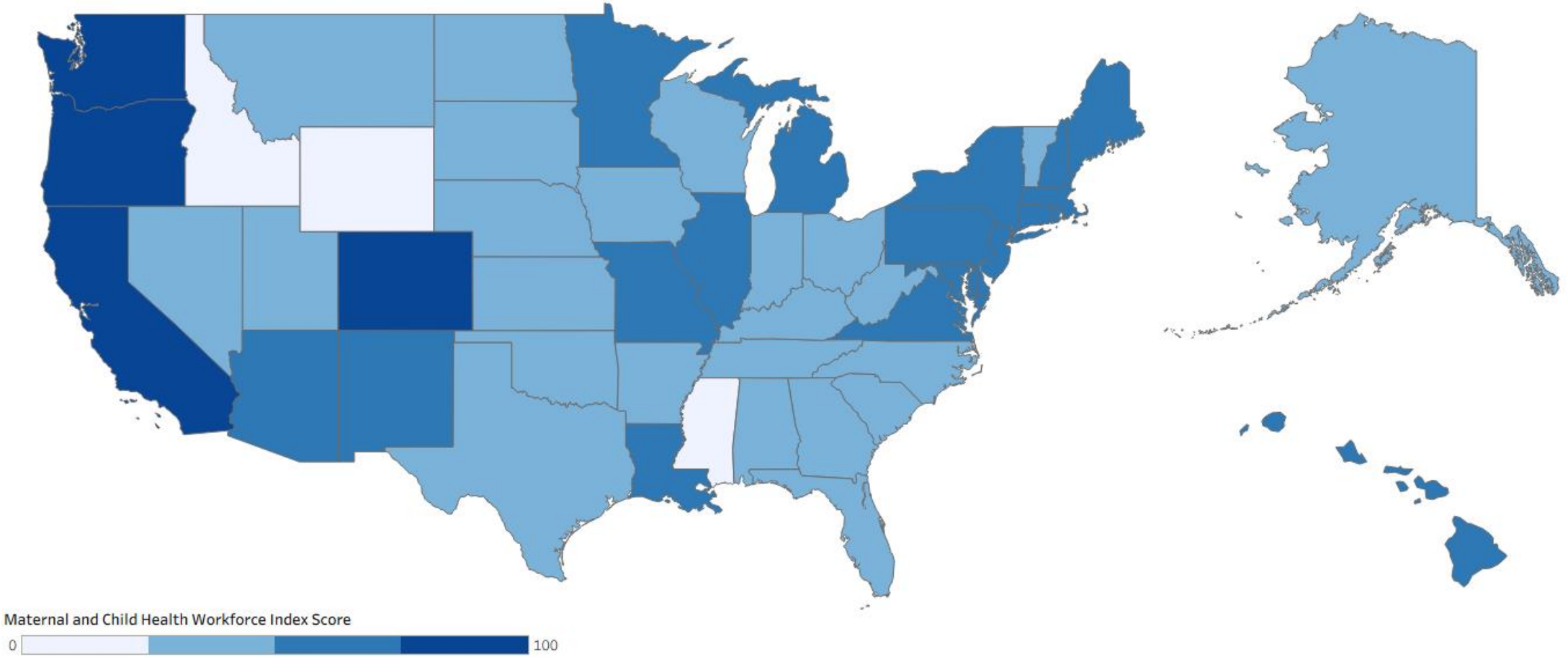
What did we find?

Policy environment

Workforce supply

Access and outcomes

States vary dramatically in how they support the maternal and child health workforce.



State Variation

Policy Patterns

✅ High-Scoring States (e.g., California, Northeast states)

- 🩺 Medicaid expansion
- 👶 Medicaid reimbursement for doula services
- 👩‍⚕️ Supportive midwifery scope-of-practice laws
- 👨‍👩‍👧 Paid family leave policies
- 👫 Protections for LGBTQ+ workers
- 💼 Stronger labor protections and economic support

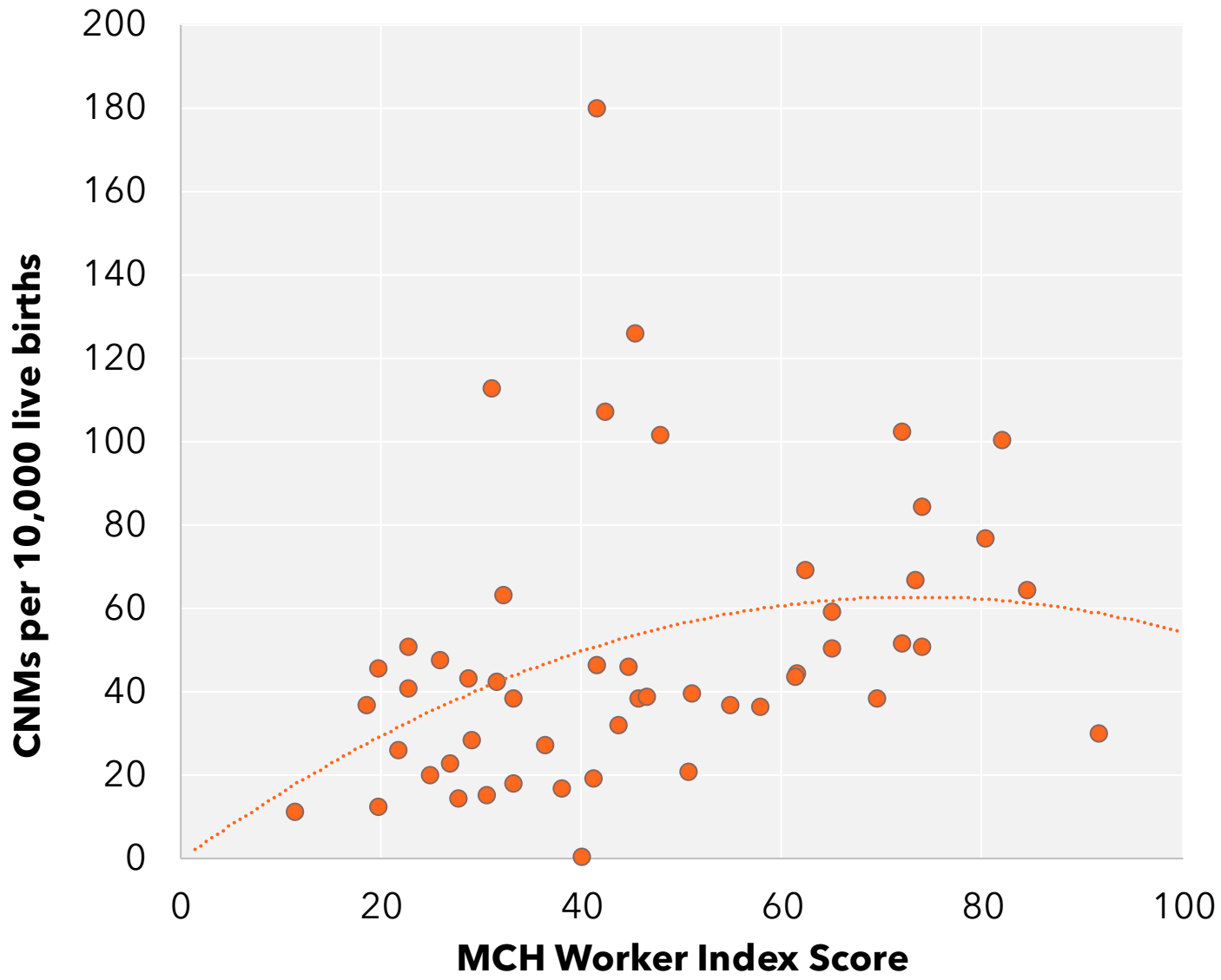
❌ Low-Scoring States (e.g., Wyoming, many Mountain West/Southern states)

- 🚫 No Medicaid expansion
- 🚫 Limited/no doula reimbursement
- ⚖️ Restrictive scope-of-practice for midwives
- 🍼 No paid family leave
- ⚠️ Weaker worker protections (including LGBTQ+ protections)
- 💰 Less robust economic and labor supports

Workforce & Outcomes

Stronger midwifery policy support associated with:

- ↑ Certified nurse midwife supply
  - ↓ Maternity care deserts
  - ↓ Cesarean rates



Interpretation

Strengths & Caveats

Strengths

Novel Index

Multi-domain

Policy → outcome link

Limitations

Correlation only

State-level variation

Policy ≠ implementation

Key Takeaways

WIDE POLICY VARIATION ACROSS STATES

SUPPORTIVE POLICIES ASSOCIATE WITH STRONGER WORKFORCE

POLICY IS ACTIONABLE LEVER

Thank you!

For more information:
https://familymedicine.uw.edu/chws/resources/mch-workforce-data-dashboard/

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