Melissa Cheyney: 37:38
And now we're going to welcome Zul Ruiz Gines, who is a licensed midwife and director of Common Sense Childbirth School of Midwifery and an advocate who is pursuing her master's degree degree in medical anthropology at Oregon State University, where she's researching the impact of community based direct entry midwifery programs. So I'll turn it over to you, Zul.

Zul Ruiz Ginés: 38:05
Thank you, missy. I don't see myself yet in the, in the camera.

Jeanette McCulloch: 38:16
You're good. And your slides are ready for you whenever you are.

Zul Ruiz Ginés: 38:19
Okay, beautiful. Okay, so, hi everyone, and thank you for being here. I'm so excited about this project. So let's begin with, why is this domain important? In 2025, the International Confederation of Midwives launched a global petition calling on governments and health leaders to grow, support and sustain the midwifery workforce by increasing it to reach globally 1 million midwives. The aim was to issue an urgent global call to action on the critical shortage of midwives, pretty much making it impossible to ignore and to place midwives at the center of the conversations in the government, in the media, and in society. We know that access to maternity wards, hospitals, birth centers, doctors, and the rise of cesarean sections worldwide continue to harm women and pregnant people's health and rights. To meet the growing demand for maternity care in the US alone, we need over 8,000 more midwives by 2030 and up to 22,000 midwives by 2050. Now, some of the barriers we're facing in the midwifery workforce in the US is the lack of cultural congruence. This means that midwives that are currently practicing often do not reflect ethnically and culturally, the communities that they're serving or the students that they're training. Next slide, Jeanette. Thank you. Now let's look at some of the opportunities that we're seeing. Well, the greater recognition that physician driven systems are not sustainable. Peer nations have figured out that if origins of poor health are social solutions need to be as well greater awareness that maternity care deserts won't be solved by building more rural hospitals, but by turning to community based providers. So in order to have more midwives, we need to support the growth and sustainability of our current midwifery programs and develop new ones in areas and communities that have been historically underserved, including the rural communities in the U.S. so some of the good news. In the U.S. we currently have 11 make accredited programs, two right now that are pre accredited and four that are in the phase of pre preparation to get pre accreditation. Additionally, it is important to note that not all the states require the Midwifery Education Accreditation Council accreditation and there are other educational programs available in local communities that work in tandem with the portfolio evaluation process. Now, next slide. Some of the challenges. Some of the challenges are the cost of education and it contribute to low retention and low completion rates in the midwifery programs that we currently have. As some of the programs are self pay and we do not have access to financial aid. Unlike peer nations, the US doesn't subsidize education for health care professionals. So some of our students currently are graduating with a debt from anything from $50,000 to as much as $150,000 or more. And you may ask, well, what about grants?

Scholarship support? Sure. But even with the scholarship barriers remain during the education period, they can be seen in in the missed income during training, lack of local preceptors or clinical sites, and household support during the clinical portion of the program. We have not yet found an effective way to provide education while ensuring that our students can survive while attending school. These are some of the barriers that need to be addressed to expand and diversify the midwifery workforce. Thank you so much for being here today. And Missy, back over to you.

Melissa Cheyney: 43:08
Thank you so much Zul.