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Original Research

A Survey of Midwives' Attitudes Toward Men in Midwifery

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Introduction: The midwifery profession in the United States demonstrates a significant lack of diversity. The critical need to address the lack of racial and ethnic diversity in the midwifery workforce is well recognized; little attention, however, has been given to gender diversity. This study focused on gender diversity within midwifery, specifically with regard to men who are midwives. Nearly 99% of midwives in the United States are women. No research has previously explored the attitudes of the predominantly female midwifery workforce toward its male members.

Methods: An invitation to an internet survey was sent to the American College of Nurse-Midwives (ACNM) membership. Quantitative and open-ended questions assessed attitudes toward and experiences with male midwives, whether members thought men belong in the profession, whether gender impacts quality of care, if ACNM should facilitate gender diversification, and whether exposure to male midwives impacts attitudes toward gender diversification. Data analysis of qualitative responses used a qualitative description methodology to identify common themes.

Results: Six thousand, nine hundred sixty-five surveys were distributed, and 864 participants completed the survey. Respondents reported beliefs that men belong in midwifery (71.4%), that gender does not affect quality of care (74%), and that ACNM should support gender diversity (72%). Respondents' perspectives revealed 3 dichotomous themes pertaining to the core nature of midwifery and how men fit within the profession: 1) inclusion versus exclusion, 2) empowerment versus protection, and 3) sharing with versus taking from. Often, the same respondent expressed both aspects of the dichotomy simultaneously.

Discussion: This study contributes new information about midwives' attitudes and beliefs toward gender diversity in midwifery in the United States. The values of professionalism, tradition, feminism, protection, and diversification inform participant responses. Findings support efforts toward gender diversification and have implications for implementation in education and practice.
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INTRODUCTION

The majority of midwives in the United States are women. Midwives who are men represent approximately 1% of the profession, and this percentage has remained stable from 2000 to 2012, when the most recent survey was conducted.[1] Reasons for the persistent lack of gender diversity in midwifery remain undetermined. Possible causes may include the historical role of nursing as a women's profession, as well as the lack of role models for aspiring midwives who are men. Most men contemplating midwifery or entering midwifery programs will study with and be taught by women. Female midwives' views toward male students and colleagues could have a significant impact on the growth and diversification of the midwifery workforce. Education programs, clinical sites, and preceptors can influence the experiences of aspiring midwives and new graduates. Midwives' attitudes about gender could also have implications for the care given to diverse childbearing families and for the care of transgender and nonbinary (TNB) individuals.

In 2012, the authors conducted a prior online survey of American College of Nurse-Midwives (ACNM) members to explore the barriers male or TNB-identified midwives face in the midwifery profession.[2] Most participants reported gender-related challenges in their education (74%) or clinical practice (65%).[2] Although the survey was directed toward men, approximately 1000 women attempted to participate, possibly indicating strong interest in this topic. The purpose of this follow-up survey was therefore to explore similar questions with the majority of ACNM members, to present a more complete picture of the majority of midwives' attitudes and beliefs about men in midwifery and the impact of gender diversity in the profession.

There is growing awareness of the need to increase the diversity and scope of the midwifery workforce to better serve midwifery clients of varying demographic characteristics.[3] Only 11,851 midwives serve the nation's population of women of childbearing age, a workforce shortage currently being addressed on the national stage.[4] More than 10 years ago, the World Health Organization, United Nations Population Fund, International Confederation of Midwives, and *The Lancet* identified the need to urgently recruit, train, and retain more midwives. The American College of Obstetricians and Gynecologists projects that the United States will have 6000 to 8000 fewer obstetrician-gynecologists than needed by the year 2020.[5] ACNM has not yet published a comparable estimate specific to midwives;

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Quick Points

- Midwives who are men consistently represent 1% of the profession.
- Diversifying the workforce requires a critical examination of underlying attitudes toward and beliefs about the role of gender within midwifery.
- The majority of study respondents believe that men belong in the midwifery profession and that gender does not affect quality of care.
- Study participants also expressed ambivalence, moral struggle, and inconsistency in their attitudes toward gender diversification.
- Interventions aimed at gender diversification must support both men and women within the midwifery profession.

however, it is well established that midwives could fill many of the current gaps in maternity care.[6] However, 91% of midwives are white women, and only 1% of midwives are men.[1] Diversifying and expanding the midwifery workforce requires a critical examination of underlying beliefs about gender and midwifery, as well as identification of barriers that may prevent the inclusion of men in the profession.

In 1995, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) approved a position statement asserting that "nurses, regardless of gender, should be employed in nursing based on their ability to provide [quality] care to their patients."[7(p 135)] Ten years later, the ACNM Code of Ethics included the mandate that "midwives in all aspects of their professional practice will act without discrimination based on … gender" and "will promote and support the education of midwifery students and peers."[8(p 1)] In 2009, an ACNM member requested at the annual business meeting that the ACNM board of directors adopt a policy explicitly addressing the issue of bias against men in midwifery, modeled after the AWHONN position statement. The result of this request was the formation of the Gender Bias Taskforce, under the direction of the ACNM Ethics Committee, and the development of these surveys.

Few studies have assessed barriers to accessing midwifery education or employment. A 2006 qualitative research study investigating the practice of midwifery through the lens of diversity found that male midwives experienced gender-based discrimination.[9] The authors asserted that "providing culturally appropriate care for women required not only our best understanding of their beliefs, needs, and desires, but also a wide range of diverse clinicians."[9(p 85)] They further concluded that "it is our responsibility to women, to the profession, and to our future to recruit and mentor as many diverse future midwives as possible."[9(p 90)]

Only one study has specifically explored the experiences of male midwives. The 2012 qualitative survey referenced above directly assessed the experiences of 31 male or TNB midwives or student midwives.[2] Respectively, 74% and 65% of respondents reported challenges related to their gender during their midwifery education or in clinical practice. Participants identified feeling "singled out" by being frequently reminded of their difference or "being treated like some kind of mascot" by colleagues. They reported episodes of overt exclusion from clinical and employment opportunities and being told "it just wouldn't work in our practice." Participants also reflected on the paradoxical or seemingly contradictory nature of experiencing minority status within their chosen profession while benefiting from male privilege. Social networks and pride in one's work were identified as buffers against the effects of negative professional experiences. Neither concern nor resistance from patients was identified as a recurring theme.

Few articles have reported on the perception or experiences of men in maternity nursing. A 2003 cross-sectional survey sampled 599 male registered nurses (6.8% of whom had worked in maternity), 337 AWHONN members, and 130 pregnant women. Of the AWHONN members, 73% had positive attitudes toward men in this field, and "having worked with men in obstetrical nursing was the strongest predictor of a positive perception of men" in this role.[10(p 170)] Of the AWHONN members who had worked with men in an obstetrics setting, 98.5% agreed that men belong in the specialty. Finally, a case study and an editorial have described the experiences of male nursing students considering careers in maternal-newborn nursing and advice from a man working in the field.[11,12] These reports together highlight the resistance and hostility men felt from female colleagues and administrators, but not from female patients.

Given the need to expand and diversify the workforce and the paucity of data pertaining to the influence of gender on the profession, this survey attempted to elucidate the majority of midwives' attitudes toward their male counterparts.

METHODS

The research design was an anonymous cross-sectional internet survey. The Human Subjects Division at the University of Washington determined that the research qualified for exempt status, and ACNM granted permission to disseminate the survey to ACNM members. The survey began with questions that elicited data about participant demographic and practice information. Eight yes-or-no questions followed, which were designed to explore participant attitudes about men in midwifery. Respondents were asked about experiences working with or precepting male midwives and students, perspectives about the impact of men in the profession and the impact of midwife gender on educational experiences and patient care, and the role of ACNM in facilitating the education and

Table 1. Qualitative Survey Questions[a]

11.	Have you ever worked with or precepted a man who is a midwife, prospective midwife, or student midwife? If yes, please describe your experiences.
12.	Have you ever encouraged or discouraged a man from pursuing a career in midwifery? If yes, please describe your experiences.
13.	Do you think men belong in the midwifery profession?
14.	Please explain your answer to question 13.
15.	What is the impact of midwives who are men on the midwifery community and profession?
16.	Do you believe that a midwife's gender impacts the quality of care he/she provides to patients?
17.	Please explain your answer to question 16.
18.	Do you believe that midwives who are men are appropriate preceptors for student midwives?
19.	Please explain your answer to question 18.
20.	Does a student's gender impact their midwifery education?
21.	Please explain your answer to question 20
22.	Do you think that a midwife's gender is important to patients?
23.	Please explain your answer to question 22.
24.	Should the ACNM facilitate the education, employment, clinical practice, and acceptance by patients and colleagues of midwives who are men?
25.	Please explain your answer to question 24.
26.	Is there anything else you would like to share about men in midwifery?

Abbreviation: ACNM, American College of Nurse-Midwives.
[a]Questions 1 to 10 pertain to demographic characteristics and site of employment. Full survey question list available in Supporting Information: Appendix S1 or by request from the authors.

employment of midwives who are men. Respondents elaborated on the yes-or-no questions with free text and via one final open-ended question, which invited them to share any further comments on the topic (Table 1; full questionnaire in Supporting Information: Appendix S1).

The survey questions were developed based on a review of the literature. Development of a reliable and valid measurement of gender acceptance in midwifery was beyond the scope of the study. The survey was pilot tested on a sample of 250 ACNM affiliate officers in the fall of 2013, with 100 respondents (40%). Based on the analysis of pilot qualitative questions, an option of "unsure" was added to most questions with yes-or-no responses (questions 13, 16, 18, 20, 24), to allow for an intermediate response. Responses of "sometimes" and "usually" were added to one question (question 22) to allow further discrimination of responses. Attitude questions therefore had 3-point or 4-point Likert-type response options. No other substantive changes were made prior to administration of the questionnaire to a larger sample.

Sample

In April 2014, an online survey invitation was sent by email to the ACNM membership (N = 6965). Participation by certified midwives, certified nurse-midwives, student midwives, and student nurse-midwives was encouraged. Not every participant answered every question, and partially completed surveys were included in the final analysis.

Data Collection and Analysis

The survey was open for one month, and one reminder email was sent. After the survey closed, narrative responses were retrieved into a text document with participant identifiers removed to maintain confidentiality. Quantitative data were analyzed using descriptive statistics, and the relationship between participant characteristics and attitudes was tested using Pearson's chi-square tests of independence. Missing data were handled pairwise. Qualitative data analysis used qualitative description and content analysis, a methodology suitable for exploratory studies.[13,14] Among the qualitative methodologies, qualitative description is the least interpretive and theory-driven and strives only to summarize unadulterated meaning.

Authors were assigned survey responses randomly, and each independently developed and attributed codes directly from the data; codes were not predetermined. The authors then collaborated to organize codes into categories of common meaning; categories were mutually exclusive and exhaustive. Finally, themes were identified by sorting and organizing categories and linking meanings. The authors met regularly to discuss individual analyses of the data and achieved consensus through a reflective, interactive, and iterative process. Final analysis collated data from all open-ended questions rather than focusing on specific answers to individual questions. This interpretive approach resulted primarily in thematic findings rather than the numeric classifications that result from quantitative analysis. Thus results are presented as themes, with exemplars selected from the raw data.

RESULTS

More than 3000 surveys were opened, 902 surveys were initiated, and 864 were at least partially completed, for a response rate of 12.4%. Participants represented all 7 ACNM regions. The majority (97.4%) identified as female, 2.5% identified as

male, and 0.1% identified as "other." The majority of respondents were white (92%) and had attained a master's degree (72.5%). The majority of respondents (72.9%) were currently practicing midwifery, 13.7% were no longer in practice, and 13.4% were midwifery students. Average duration of certification was 21 years (Table 2).

The majority of respondents stated that they think men belong in the midwifery profession (n = 594, 71.4%) and that they do not believe gender impacts quality of care (n = 595, 74%). Similarly, 72% (n = 568) of respondents stated that ACNM should facilitate the education, employment, clinical practice, and acceptance by patients and colleagues of midwives who are men (Table 3). This question did not require respondents to specify in which of those areas ACNM should participate; however, suggested strategies to create more welcoming environments included using more inclusive language (eg, *they* rather than *she* and *her* when discussing midwives in general), educating preceptors on how to support midwifery students who are men, and encouraging men in nursing school or maternity nursing settings to consider midwifery. Respondents were less certain whether a student's gender had an impact on midwifery education: 39.5% (n = 311) stated it did, but 35.1% (n = 276) stated they were unsure. Midwifery status (student, midwife in clinical practice, or midwife no longer in practice) was not significantly associated with responses to any of the attitude questions ($P > .05$).

Chi-square tests of independence were performed to examine the relationship between participant characteristics such as age, education, region, past experience, and attitudes about men in midwifery. Higher education level was associated with increasing number of affirmative responses to "Do you think men belong in the midwifery profession?" ($P < .001$; Table 4). Affirmative responses ranged from 53.3% (n = 8 out of 15) of participants with an associate's degree to 89% (n = 105 out of 118) of respondents with a doctoral degree. Past experience working with or precepting men in the profession was similarly associated with endorsement of this attitude compared with participants without experience working with or precepting men (77.6% vs 66.2%, respectively; $P = .001$; Table 4). There were no significant relationships between age, region, professional status, and intrapartum practice and the thought that men belong in midwifery. Experience working with men was the only characteristic significantly associated with responses to "Do you believe that a midwife's gender impacts the quality of care he/she provides to patients?" Respondents with experience working with men were more likely to answer "no" to this item than respondents without such experience (80.6% vs 68.2%, respectively; $P < .001$; Table 4).

In the open-ended responses, a range of varying comments revealed dichotomous and conflicting beliefs about the profession of midwifery with regard to gender (Table 5). Three key themes emerged: 1) inclusion versus exclusion, 2) empowerment versus protection, and 3) sharing with versus taking from. In several cases, the same participant expressed opinions spanning both sides of a dichotomy or expressed an uncomfortable tension between what they thought was right ethically and what they felt or desired in their heart. These themes were repeated in significant numbers throughout the data and do not describe individual outlier beliefs.

Inclusion Versus Exclusion

Participants reflected on midwifery values of nondiscrimination, gender equality, and feminism in their responses: "I strongly believe that diversity is the healthiest path and without men's perspective, we are missing a huge piece of diverse perspectives." They identified potential positive outcomes of gender inclusivity, including the diversification of the midwifery workforce, raising the status and pay of the profession, providing choices to women in their care, and offering positive role models to male partners of clients.

Some participants stated that midwifery should be gender inclusive because quality midwifery care was defined by evidence-based practice and not by characteristics of the midwife. They shared examples of successful midwives and mentors who were men. Participants noted that the presence of men within the profession would serve as a reminder of the importance of caring for the entire family, not just the woman patient. These participants also associated aspects of the midwifery model with behaviors and attitudes that exist irrespective of anatomy: "I don't provide midwifery care with my genitalia, but with my mind, my hands, and my heart. Men have those too."

However, other participants understood midwifery through an essentialist lens. In order to provide reproductive care for women, they asserted that the midwife must be a woman: "It feels like a midwife should be a woman. It just feels intuitive to me." They stated that the lived experience of womanhood proffered increased understanding and greater compassion toward women patients. Unlike their counterparts, these participants explained that the traditionally feminine traits of nurturing, compassion, and intimacy are inherently gender-specific. This perspective assumed an absolute limit to men's ability to provide midwifery care: "I don't care how empathetic men can be - they are not women, do not have female hormones, do not have vaginas and cannot give birth." A small minority of participants promoted the exclusion of anyone from the midwifery role who had not given birth vaginally, including women without children and women with a history of operative birth.

A minority of participants stated that the inclusion of men in midwifery and "women's space" would diminish the profession. Concerns about gender and power were reflected in the observations that men are overrepresented in leadership positions, are paid higher salaries, and can be obstacles to the advancement of women. Concerns about trusting men were reflected in responses that questioned the motives of midwives who are men, proposing that they must be self-serving, less altruistic, or motivated by inappropriate sexual desire. Concerns about the sustainability of the midwifery model were reflected in comments referring to a male midwife as a "junior OB," conflating the male gender with the medical model of reproductive care, and fearing the devaluation of midwifery as practiced by men to a medicalized role subservient to the obstetrician.

Several participants shared pragmatic objections to the inclusion of men in midwifery such as patients declining to

Table 2. Demographic Characteristics of Survey Participants	
Characteristic	**Value**[a]
Age, mean (SD), y	49.3 (13.1)
Gender, n (%)[b]	
Female	841 (97.4)
Male	22 (2.5)
Transgender	0 (0)
Intersex	0 (0)
Other	1 (0.1)
Race, n (%)[c]	
White	724 (92.7)
Other	29 (3.7)
Black	18 (2.3)
American Indian	10 (1.3)
Asian	9 (1.2)
Native Hawaiian or Pacific Islander	0
Ethnicity, n (%)[d]	
Not Hispanic	727 (96.3)
Hispanic	28 (3.7)
Education level, n (%)[e]	
Master's degree	569 (72.5)
Doctoral degree	118 (15)
Bachelor's degree	73 (9.3)
Associate's degree	15 (1.9)
None of the above	9 (1.1)
ACNM region, n (%)[f]	
1 (Connecticut, Massachusetts, Maine, New Hampshire, Puerto Rico, New York, Rhode Island, Vermont)	146 (18.6)
7 (Alaska, California, Guam, Hawaii, Idaho, Nevada, Oregon, Samoa, Uniformed Services, Washington)	126 (16.1)
3 (Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee)	125 (15.9)
2 (Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, West Virginia)	120 (15.3)
6 (Arizona, Colorado, Indian Health Service/Tribal, Montana, New Mexico, Texas, Utah, Wyoming)	109 (13.9)
4 (Arkansas, Illinois, Indiana, Kentucky, Missouri, Michigan, Ohio)	92 (11.7)
5 (Iowa, Kansas, Minnesota, Nebraska, North Dakota, Oklahoma, South Dakota, Wisconsin)	66 (8.4)
Professional degree, n (%)[g]	
CNM/CM, practicing	619 (72.9)
CNM/CM, not practicing	116 (13.7)
Student CNM/CM	114 (13.4)
Includes intrapartum in practice, n (%)[h]	
Yes	522 (85.2)
No	91 (14.8)
Attends birth at, n (%)[i]	
Hospital	478 (81.2)
Birth center	59 (10.0)
Home	52 (8.8)

Abbreviations: ACNM, American College of Nurse-Midwives; CNM/CM, certified nurse-midwife or certified midwife.
[a]Total number of responses varies by question because of missing data.
[b]n = 864.
[c]n = 781.
[d]n = 755.
[e,f]n = 784.
[g]n = 849.
[h]n = 613.
[i]n = 589. Percentages total greater than 100 because multiple responses allowed.

Table 3. Attitude Questions with Responses

Question[a]	Yes n (%)	Unsure n (%)	No n (%)	Total[b] n
13. Do you think men belong in midwifery?	594 (71.4)	156 (18.7)	82 (9.9)	832
16. Do you believe that a midwife's gender impacts the quality of care he/she provides to patients?	100 (12.4)	109 (13.6)	595 (74.0)	804
18. Do you believe that midwives who are men are appropriate preceptors for student midwives?	686 (86.2)	67 (8.4)	42 (5.2)	795
20. Does a student's gender impact her or his midwifery education?	311 (39.5)	276 (35.1)	200 (25.4)	787
22. Do you think that a midwife's gender is important to patients?[c]	196 (24.9)	**Usually**: 73(9.3) **Sometimes**: 493(62.6)	25 (3.2)	787
24. Should the ACNM facilitate the education, employment, clinical practice, and acceptance by patients and colleagues of midwives who are men?	568 (72.0)	158 (20.0)	63 (8.0)	789

Abbreviation: ACNM, American College of Nurse-Midwives.
[a] A 3-point Likert scale was used for all but one attitude question.
[b] Total number of responses varies by question because of missing data.
[c] A 4-point Likert scale was used only for question 22, based on analysis of pilot survey.

be cared for by men and the need for a chaperone during physical examinations. Whereas there are multiple reasons a patient might decline care by a man, including cultural or religious beliefs, there is a lack of evidence in the literature supporting these pragmatic concerns, suggesting a possible disconnect between actual and anticipated patient decline rates.

The conflict between the values of inclusion and diversification and protecting midwifery as a feminine space was evident within many responses. Many participants advocated publicly for inclusion while silently mourning the loss of women-only spaces: "It seems like such an anti-midwife thing to do to discriminate against someone because of their gender. But…"

Empowerment Versus Protection

Participants also reflected on safety in their responses, as applied to patients and to the profession itself. Respondents acknowledged the history of violence against women as perpetrated by men, but some asserted that excellent care by a male midwife could be a positive, empowering experience: "For some women … being cared for at such a vulnerable time by a professional and caring male midwife can be a healing experience." In this way, some women patients may feel more empowered after a positive birth experience with a male attendant. Some participants stated that increasing the number of midwives available to serve women, irrespective of gender, would enable more women to access midwifery and provide them greater choice in their care, which ultimately benefits women. Others similarly responded that having the option to receive midwifery care from individuals of multiple genders enhances women's choices, which increases patient autonomy.

However, participants also stated that a midwife's role is to protect women, the pregnancy experience, birth space, and the profession from a variety of threats, including men: "There is a sacredness in women and midwifery is its vessel to carry, celebrate, and also its protector." Several participants stated that the "intimacy" of birth attendance could not be achieved with a midwife who is male, and that male midwives negatively impact a woman's autonomy. Some stated that midwifery has been and should remain an exclusively female domain, and that prohibiting men from joining the profession will protect it. Some respondents described the practice of midwifery as inherently female work and saw themselves as protectors of a sacred female experience. Others questioned whether male midwives are able to "desexualize" their clients. Some noted that because many women have suffered trauma perpetrated by men, they may be uncomfortable or feel unsafe with a midwife who is male: "Many women have been damaged by men in how they are treated in life and need to feel safe during pregnancy and birth."

Pooled responses again communicated a tension between multiple viewpoints. Respondents placed value in protecting the nondiscriminatory nature of the midwifery model and simultaneously expressed a need to protect women patients from male violence. Some asserted that women-only spaces empower women, whereas others questioned whether the inclusion of men into midwifery could empower communities: "Maybe allowing more men to see women giving birth and being powerful and amazing would help women and men to heal the gender divide that keeps us set up as competitors."

Table 4. Participant Characteristics by Responses to Questions, "Do you think men belong in the midwifery profession?" and "Do you believe that a midwife's gender impacts the quality of care he/she provides to patients?"

Variable	Total n (%)[a]	Yes n (%)	Unsure n (%)	No n (%)	*P* Value
Question: "Do you think men belong in the midwifery profession?"[b]					
Education					**<.001**
Associate's degree	15 (1.9)	8 (53.3)	4 (26.7)	3 (20.0)	
Bachelor's degree	73 (9.4)	46 (63.0)	19 (26.0)	8 (11.0)	
Master's degree	567 (73.4)	397 (69.8)	112 (19.7)	58 (10.2)	
Doctoral degree	118 (15.2)	105 (89.0)	9 (7.6)	4 (3.4)	
Experience working with or precepting male midwives or students					**.001**
Yes	380 (45.7)	295 (77.6)	58 (15.3)	27 (7.1)	
No	452 (54.3)	299 (66.2)	98 (21.7)	55 (12.2)	
Question: "Do you believe that a midwife's gender impacts the quality of care he/she provides to patients?"[c]					
Experience working with or precepting male midwives or students					**<.001**
Yes	376 (46.8)	43 (11.4)	30 (8.0)	303 (80.6)	
No	428 (53.2)	57 (13.3)	79 (18.5)	292 (68.2)	

[a]Total number of responses varied by question because of missing data.
[b]Responses to this question were not significantly different by age, American College of Nurse-Midwives (ACNM) region of residence, professional status, or intrapartum practice. Data shown in Supporting Information: Table S1.
[c]Responses to this question were not significantly different by age, ACNM region of residence, education, professional status, or intrapartum practice. Data shown in Supporting Information: Table S2.

Table 5. Conflicting Beliefs About the Profession of Midwifery with Regard to Gender

Dichotomous Themes	Exemplar Quotations
Inclusion versus exclusion	"Any diversity in a profession is a positive thing. It's important to reflect the community we serve, and men are members of the families of women we care for."
	"I am very tolerant and appreciate diversity but women and birth are sacred and men do not belong there."
Empowerment versus protection	"There are capable men with the desire to empower and be with women."
	"I have little respect or faith that male providers can 'desexualize' their clients and provide respectful care."
Sharing with versus taking from	"They draw attention to the distinctions between midwifery and medicine in a helpful way. It isn't that we are great because we are women caring for women, it is the WAY that we take care of women that makes us midwives."
	"They bring all the privileges of being male in a patriarchal, misogynistic culture with them and receive a disproportionate amount of attention."

Sharing With Versus Taking From

Finally, participants reflected on ownership of the profession in their responses. Some respondents anticipated that the presence of men in midwifery could elevate the status of the profession: "Male midwives in the right positions and with the right message could really make a positive impact for midwives nationally." A number of respondents expected that midwives and the issues challenging maternal-child health nationally would be taken more seriously as a result of the presence of men in the field: "I would hope [men] would use their privilege to bring awareness to problems in childbirth and pregnancy care."

This anticipated status change was seen to benefit midwives as well as patients, as an increase in the social legitimacy of the profession could make midwifery care a more appealing option to a wider range of patients. Some also anticipated that the benefits of male privilege would serve to elevate salaries and other tangible benefits for all midwives. These responses demonstrated a belief that midwives of all genders could enjoy a balanced uptake of the market share of midwifery expansion by increasing the diversity of practitioners within the

field and by leveraging the benefits of male privilege for the good of all midwives. For many respondents this bittersweet observation underscored the patriarchal underpinnings of the medical system and the profound impact of sexism on the lives and practices of female health professionals.

Other respondents stated that the presence of men in the field detracted from the profession and/or from other midwives. Many expressed concern that ACNM's limited resources should not be allocated to serve a privileged group. Some stated that male midwives would supplant women seeking leadership positions because men are disproportionately represented in positions of authority within hospital systems, academia, and professional organizations: "If men get promoted to positions of authority more quickly … men midwives may diminish women midwife roles." "Men bring all the privileges of being male in a patriarchal, misogynistic culture with them and receive a disproportionate amount of attention." For these respondents, the presence of men in midwifery was perceived as inherently damaging to the profession.

DISCUSSION

Midwifery in the United States is not gender diverse, and the absolute number of midwives in the United States is not adequate to serve the nation's women and their families. It is possible that welcoming men into midwifery may diversify and expand the profession and improve its ability to serve a growing and increasingly diverse patient population.

The survey findings support the hypothesis that midwives with exposure to their male counterparts are more gender inclusive, which is consistent with earlier findings regarding men in obstetrical nursing.[10] Many participants reported positive previous experiences working with or precepting male colleagues or students, and these experiences did predict a positive attitude toward inclusivity. The recruitment and retention of qualified male midwives will gradually serve to make the profession more welcoming to these care providers; however, the entry point for intervention lies beyond the men themselves.

These findings also support efforts toward pursuing gender diversification within midwifery. The majority of participants stated that ACNM should facilitate the education, employment, clinical practice, and acceptance by patients and colleagues of midwives who are men. Responses to the free text follow-up question included suggestions and recommendations for achieving these goals. Increased outreach to men interested in pursuing midwifery, and improved efforts toward retention of male and TNB students, are therefore warranted.

Many participants expressed a belief, fear, or assumption that patients would resist gender diversification within the profession. This belief is not supported by the literature. In fact, in the only study that assessed pregnant women's perceptions of male obstetric nurses, 68% had positive responses.[10] Future studies are needed to survey patients' experiences with and attitudes toward midwives who are men.

Similarly, some participants expressed concern that the need for chaperones would overburden practices inclusive of midwives who are men. The literature is limited and divided on the use of chaperones specifically for male health care providers working with female patients. Only one study conducted in the United States, a 2016 retrospective review of study data including 155 adult female patients, assessed this question and found that approximately half of respondents scheduled for transvaginal pelvic sonography preferred a chaperone if their sonographer was male.[15] However, a 2003 Scottish survey questioned 1000 women about their attitudes toward pelvic examinations and found that 34% actively objected to a chaperone.[16] Additionally, the women in this study who reported greater levels of distress regarding the examination were still no more likely to want a chaperone present.[16] Likewise, a 2009 Turkish descriptive, cross-sectional survey of 433 women found that half expressed no preference for their physician's gender during gynecologic examinations, 4.2% preferred a male physician, 24.7% preferred to have only a single physician present (no chaperone regardless of gender), and that the examination could be a positive experience if the physician (of any gender) communicated information about the examination and its findings.[17] Although international studies may not be directly applicable to a US population, the limited amount of available domestic data and diversity of cultures present in the United States allow for consideration of alternative perspectives, which challenge the assumption that chaperones must accompany midwives who are men.

Generalization of survey findings may be limited by the low response rate and small sample size; however, the demographic characteristics of these participants were consistent with ACNM membership demographics. The internet facilitated the dissemination of survey questions across the country and provided anonymity for survey respondents. It is unclear whether a social desirability bias would encourage or discourage participation rates and honesty in responses; although survey responses indicate support for gender diversification overall, an individual respondent's community or practice environment could bias a respondent toward negative attitudes or discourage participation. The passage of time may also influence the applicability of survey findings to current discussion, as gender relations are in constant flux and perspectives may have changed in as little as 5 years.

Participants identifying with a gender other than female were not excluded from study results for 2 reasons. First, results were interpreted to indicate the majority of midwives' attitudes and beliefs toward men in the field, and it is possible for a minority population to agree with the majority perspective or to internalize the majority's biases; second, the number of these respondents was very small and unlikely to influence outcomes.

This study was not able to identify specific reasons why some midwives support gender diversification in midwifery while others do not, although exposure to midwives who are men clearly had a positive influence on perspectives about men in the profession. Future studies should include in-depth focus group interviews, which allow for multilayered responses to challenging questions, to explore which

interventions other than exposure will allow more midwives to feel safe supporting gender diversification within the profession. It is likely that a thorough investigation of midwives' personal experiences and validation of historical discrimination against women and midwives will need to be undertaken in order to pursue gender diversification fully and respectfully.

CONCLUSION

The midwifery profession suffers from a lack of gender diversity, and midwives who are men and TNB report challenges in education and practice related to their gender. This study elicited new information about the attitudes and beliefs of the predominantly female midwifery workforce toward its male members. The majority of participants reported a belief that midwifery should be a gender-inclusive profession and that ACNM should facilitate this diversification. However, participants also expressed ambivalence, moral struggle, and inconsistency in their responses. Findings demonstrate support for diversification but also concern related to the potential loss of power, safety, and community. Responses were informed by varying and sometimes conflicting interpretations of equity, feminism, professionalism, protection, and empowerment. Many respondents interpreted the existence of different perspectives within the profession as a benefit. Reconciling disparate perspectives is both a challenge and an opportunity for the profession.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

Table S1. Participant Characteristics by Responses to Question, "Do you think men belong in the midwifery profession?"

Table S2. Participant Characteristics by Responses to Question, "Do you believe that a midwife's gender impacts the quality of care he/she provides to patients?"

Appendix S1. Full Survey Questions.

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