

interested in international work, and nursing was a great venue for keeping that door open throughout my career. It was a good fit for me.

**WCN:** Is anyone else in your family a nurse?

**Rikki Peck:** No. I am the first nurse in my family. However, my family was and continues to be very supportive of me. I am also the first person in my immediate family to get a four-year degree and go to graduate school. Without support from my parents and extended family, I honestly don't think I would be where I am today.

**WCN:** What are some of the challenges you have had to navigate becoming a nurse?

**Rikki Peck:** Some of the biggest challenges I've had center around strategic career moves. A lot of people graduate from nursing school expecting to work on a medical-surgical floor, but that was not the path I took. Finding just the right niche or specialty in nursing has been difficult for me. I don't think I have

totally found it yet but also acknowledge that this is an ongoing process. I am looking forward to focusing more on disaster preparedness and recovery and I am passionate about immigrant and refugee health, both here in America and abroad. My decision to go back to school was so I could continue to grow my knowledge and be a part of solutions that addressed health problems on a macro level instead of on a case-by-case or individual basis.

As nurses, we can positively impact people on an individual level or a larger population level. I think we can influence more than one patient at a time. We can influence a larger public through our compassion, our advocacy, and by being involved in policy creation and change, among other things.

**WCN:** Why do you think diversity is important in the nursing workforce?

**Rikki Peck:** Because we live in a world of diversity, it is important that our profession reflects that. I think it is important to have diverse care teams that under-

stand our patients and can bring a deeper understanding and comfort to what a patient might be experiencing. A diverse nursing workforce, in my opinion, is a more competent workforce.

**WCN:** Thank you Rikki!

**May 2020 Update:** Rikki has accepted a job with Neighborhood House and will start work after graduation as a Community Health Nurse in Child Development. She's looking forward to using the skills she obtained in the DNP program while maintaining her connection to pediatric health. Additionally, she has begun serving a two-year term as an at-large member for the Boise State Honors College Alumni Chapter.

While working at WCN during the winter quarter of 2020, Rikki produced a podcast on WCN sharing some information on who we are and the work we do. To listen to the podcast and learn more about WCN, please click [here](#).

## An Interview with a Midwife

Interest in midwifery as a health care career is growing in Washington State and across the U.S. But, knowledge of the value midwives bring to integrated health care in our communities is often misunderstood, or more often, completely missing. In honor of 2020 as The Year of the Nurse and the Midwife, and to learn more about midwives, who they are, what they do, and who they serve; WCN sat down with Judy Lazarus, DNP, CNM, ARNP, FACNM, a senior lecturer at the UW School of Nursing's Nurse-Midwifery program, and midwife since 1988.

**WCN:** Why did you choose midwifery?

**Judy Lazarus:** My journey started in the late '70s when I worked as a birth assistant and loved it! This early experience was very influential in my choice to become a midwife. However, before deciding on my career, I did think about different roles that involved caring for women and realized that my interest specifically aligned with nursing and midwifery. Midwifery is really the care for people from adolescence through menopause and the American College of Nurse-Midwives' vision is, "A midwife for every woman".

**WCN:** In the U.S., there are Certified Nurse-Midwives (CNMs), Certified Midwives (CMs) and Certified Professional Midwives (CPMs). CNMs and CMs hold a Bachelor of Science in Nursing (BSN) degree before being accepted into a certified midwife program. And in Washington, some programs offer a Master's in Midwifery, and others, such as UW's program, offer a Doctor of Nursing Practice (DNP). CPMs are not required to have an academic



degree but must demonstrate a clinical education under the supervision of a nationally certified midwife who has been in practice for over three years and who has attended 50 out-of-hospital births after receiving their certification.

**Judy Lazarus:** The big difference between CNMs/CMs and CPMs is where they can work. CNMs/CMs can attend births in all settings, hospitals, homes, birth centers, and offices. CPMs generally only attend births in homes, birth centers, and offices. I thought about becoming a CPM but chose to become a CNM because, ultimately, I wanted to be able to be with my clients in any environment.

**WCN:** How do midwives get patients?

**Judy Lazarus:** There are several ways midwives connect with clients. For me, I work in a primary care Federal Qualified Health Center (FQHC) that also has midwives. Our patients are primarily community members who typically experience difficulties or barriers in accessing healthcare, such as immigrants, those experiencing homelessness, those who are under- or uninsured, and other marginalized community members. However, we do have wide a range of clients, including ones with insurance and those who choose us as their primary care provider because of the quality of care we offer.

Many midwives are part of hospital-based midwifery programs where larger healthcare institutions offer patients the option of a midwife as part of their care.

There are other midwives still, who are in private practice and get many of their patients through word of mouth.

**WCN:** What do you like most about being a midwife?

**Judy Lazarus:** One of the things I like a lot is the flexibility the role provides. I have the chance to be in both the clinical practice setting and to teach, and I fully enjoy the combination of these two things.

And of course, I love being with the pregnant person and the families we care for and providing care through the journey of pregnancy, birth, and postpartum. I also really love the chance to stay in people's lives and to be with a person through several pregnancies. Additionally, because I am part of a primary care clinic, I also get to see the children grow over time, which is so fun.

Recently, I ran into a pregnant person visiting the clinic whom I had helped with a pregnancy eleven years earlier. As she walked up to me, she introduced me to her daughter as the one who helped bring her into the world. The little girl just opened her arms and gave me a big hug. It was a super sweet moment for me.

I think most of us who get to support a pregnant person during birth just love the chance to be involved in that incredible moment.

**WCN:** What are some of the challenges?

**Judy Lazarus:** One of the biggest challenges is that most people don't know what midwives are or what we do. It feels like there is a constant need to explain to people the value of a midwife. A lot of people assume that they can't give birth in a hospital or have pain medications, but that is simply not true. Midwifery is about the pregnant person and the family. It is all about you, your needs and the type of birth you want. There are no judgments. Midwives are there to support the family.



Another challenge here in the U.S. is the struggle to integrate midwives as a more common part of the prenatal care team. In Europe, midwives attend about two-thirds of all births, while in the U.S. that number hovers around 8%. This is because, in Europe, they have a process of evalu-

ating pregnancies and integrate midwives into most low-risk pregnancies. That is what midwifery care is, care for low-risk pregnancies. Europe's process is more efficient and offers better care at a lower cost. In the U.S., we still subscribe to a model that relies primarily on obstetrics and underutilizes the value and skills of midwives.

Diversity in the field is another challenge. We need to increase the diversity of students choosing to study midwifery to ultimately increase diversity in the midwife workforce. This includes uncovering and removing barriers underrepresented groups of students might encounter when applying and/or paying for advanced practice nursing and midwifery programs. Although this work can be difficult, the work of breaking down and rebuilding institutionalized systems to make them more equitable is crucial to improving health outcomes for mothers and babies from all cultures and ethnicities.

However, one of the biggest obstacles facing midwifery now is the lack of clinical sites and preceptors for placing students into the higher levels of education necessary for midwifery training. Challenges in funding for these programs limit the number of students who can enter the profession. Although there is money available for medical education, there is little to none available for advanced practice nursing and midwifery.

**WCN:** What would you say to encourage someone considering a career in midwifery?

**Judy Lazarus:** When I talk to someone interested in a career as a CNM or CM, I encourage them to act. Take a class, get your BSN, take one step at a time, and know, that it may take some time, but you are doing it.