



# Investing in Maternal Health to Empower Communities



Indiana  
Department  
of  
Health



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## Acknowledgements

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# Investing in Maternal Health to Empower Communities

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The [Health Workforce Council \(Council\)](#) was established in 2024 based on a recommendation from the [Public Health Commission Report](#). The council's [mission](#) is "to create and lead an integrated and intentional framework for strengthening Indiana's health workforce capacity." Comprised of clinicians, educators, employers, and state leaders from various geographic locations across the state, the council seeks to integrate a diverse range of perspectives, while united in their mission of supporting the health workforce.

To further their work, the council formed subcommittees which met throughout the 2024-2025 fiscal year, convening monthly or bimonthly depending on the intensity of the topic and the availability of members. Members of the subcommittees include experts in their respective fields who are dedicated to finding solutions for Indiana's healthcare workforce. The three subcommittees focused on the following areas:

1. Behavioral and mental health
2. Family medicine and pediatrics
3. Obstetrics/gynecology (OB/GYN)

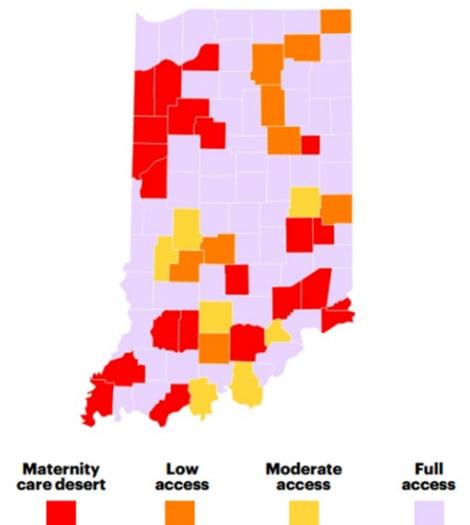
The following report summarizes the actions completed by the OB/GYN subcommittee and recommendations focused on expanding and improving Indiana's OB/GYN workforce.

## OB/GYN Subcommittee

The mission of the OB/GYN workforce subcommittee is to **assess the status of Indiana's OB/GYN workforce, make recommendations to improve maternal and child health outcomes, and explore solutions to maternity care deserts.**

### The Context

Although recent data show [improvements](#) in infant mortality rates, Hoosier women, children, and families struggle to access the necessary care, particularly in rural Indiana. In 2022, [the March of Dimes](#) categorized 22 of Indiana's 92 counties as maternity care deserts, counties without obstetric facilities (see figure). In 2023, [thousands](#) of Hoosier babies were born in these maternity care deserts. While Indiana has made progress in reducing infant mortality, ongoing gaps and [shortages](#) in the maternal care workforce hinders access to timely and essential care for Hoosier women and babies.



These workforce challenges contribute to the rise of maternity care deserts, with [14 Indiana hospitals](#) closing their OB/GYN units since 2020, citing staff shortages as a primary reason. Addressing this growing gap in maternity care will require innovative and sustainable workforce solutions. With nearly [1 million Hoosiers](#) living in rural communities, the subcommittee evaluated each proposed solution through a rural lens to ensure meaningful support for these populations. Since its launch in September 2024, the subcommittee has convened 16 times to advance its work.

To effectively address the challenges facing the OB/GYN workforce, the subcommittee organized its efforts into three focus areas:

1. **OB/GYN residencies:** Indiana’s OB/GYN physicians are required to complete medical residencies, thus in-state residency positions are an important aspect of developing this workforce. This focus area concentrated on evaluating expansion of OB/GYN graduate medical education programs.
2. **Family medicine OB/GYN training/fellowship:** Family medicine physicians have historically played a role in the provision of maternity care services and are especially critical in rural communities. This focus area aimed to understand how to enhance the OB/GYN training available to family medicine physicians through expanded training experiences or fellowship programs.
3. **Certified nurse midwives (CNM):** CNMs are advanced practice registered nurses that have completed graduate training that prepares them to play an important role in expanding access to maternity care services. This focus area explored the unique opportunities associated with the CNM workforce, including the development of a training program in the state.

## OB/GYN Residencies

### The Background

#### Workforce Shortages

Indiana is projected to experience a significant shortage in its obstetrics and gynecology (OB/GYN) workforce in the coming years. According to the [Health Resources and Services Administration \(HRSA\)](#), the supply of OB/GYNs in Indiana is expected to decline by 7.7% by 2030. As of [2023](#), Indiana’s maternity care workforce included 613 actively practicing OB/GYNs. These trends underscore the importance of expanding the pipeline of OB/GYNs in Indiana and the work in this focus area.

#### Medical Resident Capacity

Currently, Indiana has three accredited OB/GYN residency programs, offering a total of 20 PGY-1 (first-year residency) positions [annually](#) (see Table 1 below). These residency programs are located within urban centers. The most recently accredited program was created in Northwest Indiana. According to a [recent evaluation](#), the number of Indiana medical school graduates interested in OB/GYN residencies exceeds the number of residency positions. One key factor to building the physician workforce in Indiana will be increasing the availability of residency positions like these for medical graduates interested in entering OB/GYN training programs.

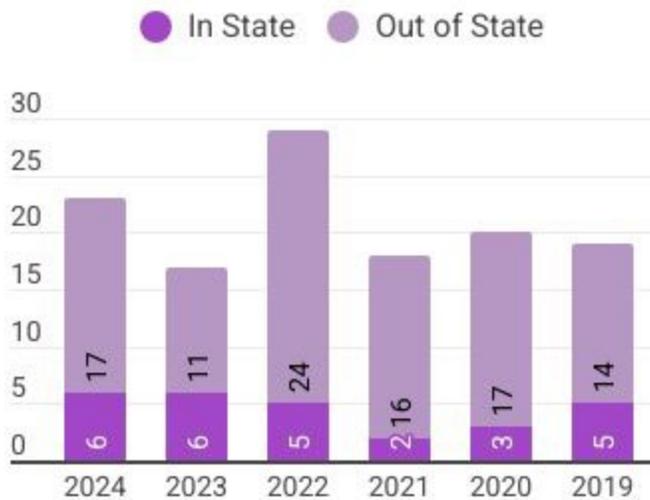


**Table 1: Indiana OB/GYN PGY-1 Residency Positions**

Program	Location	Available Positions
Parkview Health	Fort Wayne	Five
Ascension St. Vincent Hospital Hospital- Indianapolis	Indianapolis	Five
Indiana University School of Medicine	Indianapolis	10

Source: Accreditation Council for Graduate Medical Education (ACGME)-Public Advanced Program Search

**Figure 2: Location of OB/GYN Medical Residency**



While increasing the number of residency positions is a crucial component of health workforce development, it is also essential to recruit medical students into these residency programs. The [2024 evaluation](#) of Indiana’s medical education pipeline demonstrated that among Indiana medical graduates going into OB/GYN, only 25% stayed in-state to complete their

residency (see figure 2). This suggests that efforts to expand OB/GYN residency positions should be coupled with efforts to recruit medical students into this pathway.

#### Understanding Residency Requirements

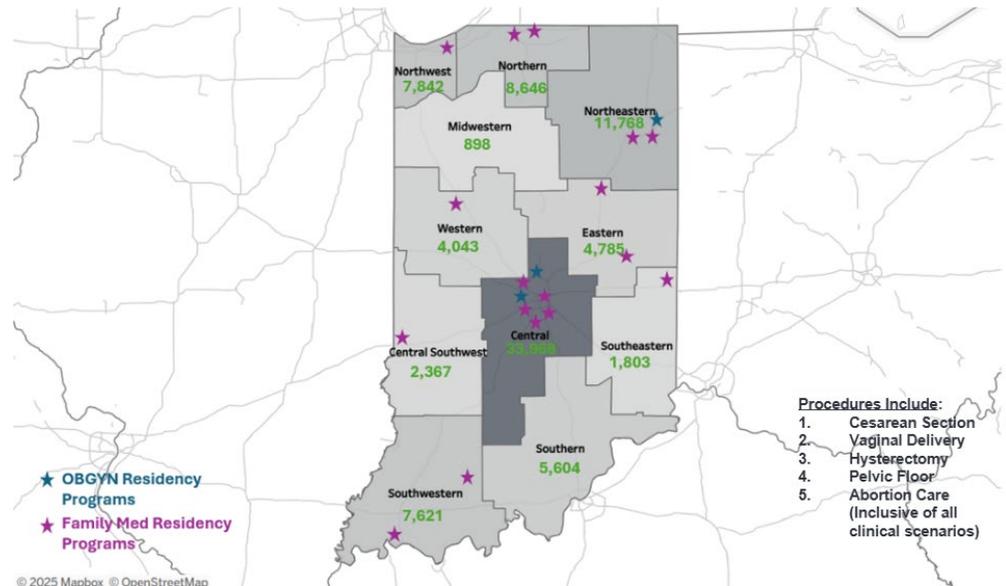
During stakeholder engagement, residency program directors indicated that when considering the development of new OB/GYN residency programs in Indiana, it is essential to examine the procedural training requirements established by the [Accreditation Council for Graduate Medical Education \(ACGME\)](#). ACGME standards specify the minimum number of procedures that OB/GYN residents must perform to achieve competency and ensure program compliance. For example, residents are required to complete at least 200 spontaneous vaginal deliveries, 145 cesarean deliveries, and 85 total hysterectomies, along with other procedures across 15 different



categories. Unfortunately, rural communities may not have the procedural capacity to support entire OB/GYN residencies.

In partnership with the Indiana Hospital Association, heat maps illustrating the distribution and volume of OB/GYN procedures performed across Indiana were created and reviewed to assess regional capacity for OB/GYN residencies. This map provides evidence for evaluating whether specific regions can support the clinical training needs of a residency program.

The heat map (Figure 3) identified **northwest Indiana** and **southwest Indiana** as regions with procedural volumes that meet or exceed several ACGME minimums, particularly in vaginal deliveries, cesarean deliveries, and hysterectomy procedures. Despite these numbers, neither region currently hosts an OB/GYN residency program. While these areas may be able to



**FIGURE 3: IN OB/GYN PROCEDURAL CAPACITY**

support procedural needs for residency programs, many of Indiana’s rural communities do not meet these requirements and would call for another approach, such as rural rotations, to provide training opportunities. Rural communities may also need special consideration to support clinical preceptors necessary for graduate medical education.

### Retaining After Training

Expanding OB/GYN residency programs is an important part of strengthening the workforce, but retaining residency graduates in-state is equally important for increasing the number of providers serving Hoosiers. Although public information on the retention of OB/GYN residents into practice in the state is limited, [the Association of American Medical Colleges \(AAMC\)](#) indicates that more than 55% of individuals who completed a OB/GYN residency are practicing in the state where they completed that residency. This retention rate surpasses those of other specialty fields such as general surgery (54.3%) and ophthalmology (45.6%). Additionally, the other subcommittee focus areas of family medicine and psychiatry show even stronger in-state retention rates of 66.5% and 67% respectively, underscoring the strategic value of investing in these specialties to address statewide workforce shortages.

### Indiana Initiatives

It is also important to acknowledge Indiana’s strategic investment in Graduate Medical Education (GME) through the establishment of the GME Board in 2015. The board has directed more than \$42 million toward residency feasibility studies, program development, and program



expansion. Of this total, approximately \$2.1 million has been allocated to support OB/GYN residency programs, representing 5% of the overall GME funding.

**Table 2: Indiana GME Funding (2017-2025)**

<b>Overall GME Funding</b>	<b>GME Funding to Support OB/GYN</b>
\$42 million	\$2.1 Million

*Source: Graduate medical education board data.*

### **Action of the OB/GYN Residency Focus Area**

Throughout the past year, this focus area has explored Indiana OB/GYN graduate medical education programming and potential expansion. Below are the highlights of the research conducted under this focus area:

- **Research on rural rotations and retention.** [Research](#) indicates that exposure to rural communities during physician residency is associated with an increase in subsequent rural practice. Given this, research into integration of rural training experiences into OB/GYN residency programs was prioritized.
  - The [Wisconsin Collaborative for Rural GME \(WCRGME\)](#) presented information on their compelling model for rural residency. This model demonstrates how regional collaboration among health systems, medical schools and community hospitals can expand rural training capacity.
  - Similarly, the [Maine Rural GME Education \(MERGE\)](#) Collaborative has developed a statewide partnership among four sponsoring institutions to launch new elective rural rotation sites. Their network supports a rural obstetric training intensive offering OB/GYN residents a four-to-six-week-long experience across multiple rural sites, providing a potential model for rural obstetric education.

Informed by these models, two Indiana hospitals have expressed interest in adding OB/GYN rural rotations, pending funding availability. To support ongoing dialogue and planning, the subcommittee facilitated four meetings among interested organizations to explore collaborative approaches for expanding rural training infrastructure.

- **Exploring program development.** Members of this focus area have identified interest among a hospital employer regarding the establishment of a new OB/GYN residency program. Preliminary conversations with hospital leadership indicate that there might be an opportunity to expand training infrastructure in southwestern Indiana.
- **Medical student engagement.** Members of this focus area partnered with the Indiana University School of Medicine Department of Obstetrics and Gynecology to hold informational sessions for medical students, raising awareness of career opportunities in rural health care. These sessions aim to engage first and second-year medical students and foster early interest in rural and OB/GYN practice.
- **Strategic alignment with GME and IDOH.** Another area for examination was the transition of the GME Board to the Health and Family Services vertical, which includes IDOH. This shift may present an opportunity to better align GME funding priorities with statewide health and medical education objectives.



## The Solution

Building on the momentum from the work completed thus far including research, stakeholder engagement, and strategic planning, the following solutions are presented for consideration by the Health Workforce Council to advance OB/GYN residencies.

1. **Advance OB/GYN residencies rural health competencies by supporting rural rotations.** Indiana policymakers and healthcare leaders should consider funding to support rural clinical rotations for OB/GYN residents. Funding should include incentives for preceptors and providers, recognizing their contributions and offsetting losses in productivity. These rotations provide critical exposure to rural communities and rural health to OB/GYN residents and have been shown to [increase](#) the likelihood of long-term rural practice. Funding should prioritize rural based housing, and programmatic/administrative support to ensure adequate training for residents.
2. **Expand the pipeline of OB/GYN residents by prioritizing GME funding.** The GME Board should consider prioritizing funding for the expansion of OB/GYN residency programs, with a specific emphasis on rural and community-based training sites.
3. **Ensure rural voices are represented on the GME board.** To align funding decisions with statewide workforce needs, the GME Board should consider dedicating a seat for a representative of the rural health perspective. This may include leaders from rural hospitals or leadership from the Indiana Rural Health Association. Rural representation will help ensure that funding priorities reflect the unique challenges and opportunities of training in these regions.

## Expanded OB/GYN Training for Family Medicine Physicians

### The Background

#### Family Medicine and Maternity Care Services

Strengthening access to maternity care services in Indiana requires “all-hands-on-deck.” Family medicine (FM) physicians have [traditionally](#) played a key role in providing maternity care services, particularly in rural areas. As of 2023, over 25% of [actively practicing Indiana FM](#) physicians reported offering obstetric services, with 18% providing labor and delivery services. Nearly all of Indiana’s 92 counties have a FM physician but not all counties have an OB/GYN physician. Preparing FM physicians with the skills they need to confidently provide maternity care services in their communities is critical to expanding access in Indiana’s rural communities.

#### Residency Standards

[ACGME defines the education standards](#) for family medicine graduate medical education programs. Within these standards, ACGME outlines minimum clinical hours required providing OB/GYN care. Table 3 describes these below. In summary, family medicine residents spend 100 hours in gynecological care and 200 hours dedicated to obstetric care. Residents who choose to integrate comprehensive pregnancy care into their independent practice are required to complete 400 hours providing labor and delivery services. There may be opportunities to expand this training to support FM residents interested in providing OB/GYN services.



Table 3: ACGME OB/GYN requirements for FM residents

	<b>Basic Requirements</b>	<b>Independent Pregnancy Care Practice</b>
Gynecological issues	100 hours (one month)	100 hours (one month)
Pregnancy related care	200 hours (two months)	400 hours (four months)
Vaginal deliveries	20	80
Cesarean sections	No requirement identified	

Source: ACGME program requirements for GME in family medicine.

### Targeted Fellowships

Another [potential strategy](#) for increasing FM training in OB is the development of a fellowship program. OB fellowships for FM are [designed](#) to equip family physicians with the skills necessary to provide comprehensive maternity care, including vaginal deliveries, cesarean sections, and surgical procedures. [Research](#) indicates that advanced training in obstetrics for family medicine physicians may support their provision of maternity care. Currently, OB fellowships for FM are limited in scale and geographic reach. There is only one OB fellowship for FM physicians in Indiana, located at Memorial Hospital in South Bend offering [limited spots](#) per year.

Through these identified strategies, increasing FM physician’s competency in OB may help improve access to care for communities most affected by OB unit closures.

### Action of the Expanded OB/GYN Training for Family Physicians Focus Area

This focus area has conducted various activities to explore opportunities to expand OB/GYN training for FM physicians. The following highlights the efforts made to assess feasibility of expanding OB/GYN training for FM physicians:

- Research into programs offering expanded OB/GYN training for FM residents.** To understand how FM residency programs may offer expanded OB/GYN training for interested residents, research into the [University of Illinois College of Medicine Structured Training for Rural Enhancement of Community Health in Obstetrics \(STRETCH-OB\)](#) was completed. This innovative three-year residency program seeks to improve access to maternity care by increasing evidence-based obstetrical skills in family medicine physicians. Through this program, residents receive direct experience in 100 cesarean sections, 100 vaginal deliveries, and training in newborn resuscitation. Acknowledging access issues in rural areas and the importance of rural training, residents also participate in rural rotations. Additional research was done in Indiana to identify the [Indiana University School of Medicine Family Medicine residency with an obstetrics track](#). This track allows residents to gain additional experience and exposure to surgical obstetric procedures by working with family medicine physicians who have obstetric privileges. In addition to the program at Indiana University, [Community Health Network](#) offers an obstetrics track for family medicine residents to help prepare them for obstetrics practice.
- Research on the feasibility of expansion of OB fellowship for FM programs.** Research to evaluate the feasibility of expanding OB fellowships for family medicine physicians in Indiana has also been conducted. To identify potential clinical training sites,



members of this focus area reviewed the Indiana Procedures Heat Map ([included above](#)) to pinpoint counties with limited OB procedural coverage. They analyzed the [American Academy of Family Physicians \(AAFP\) Fellowship Directory](#) to assess existing program models and development needs, and evaluated current family medicine residency programs to determine their capacity to support an OB fellowship for FM. Research has also been conducted to identify potential federal [funding availability](#) to support the operational costs associated with creating a new fellowship program. Finally, the focus area has explored how best to develop a fellowship within an existing residency program infrastructure. The focus area has engaged with the [Alabama Academy Family Physicians](#) to gather insights on program design, sustainability, funding, and integration into existing residency structures.

- **Sharing findings of research through storytelling:** To summarize the research done on OB fellowships for FM physicians, members of this focus area developed a fact sheet. This fact sheet summarizes how innovative workforce solutions are necessary to address gaps in maternity care, including collaborative models of care or fellowships for FM physicians, and considerations for implementation of these models. This fact sheet will be disseminated widely to increase awareness about this issue and potential solution.
- **Innovative FM/OB stakeholder engagement:** Stakeholder engagement occurred across the state with individuals who are advocates for educating interprofessional gynecology care teams and innovative workforce solutions. This work has included evaluating the capacity, interest, and readiness of health systems to support the development or expansion of such a program. As part of this engagement, Dr. Nicholas Nussbaum from Adams Memorial Hospital presented a comprehensive overview of the hospital's model, which integrates OB/GYNs, FM physicians, and certified nurse midwives (CNM) to staff labor and delivery units. This model employs two FM physicians, two OB/GYNs, and three CNMs working together to provide full-spectrum maternal and newborn care. Importantly, a fellowship structure was identified that aligns with this model: a one-year, multi-site program that includes both urban and rural rotations, designed to ensure adequate procedural volume and diverse clinical experience. This care model may offer a strong foundation for developing a scalable fellowship that meets Indiana's maternal health workforce needs.

## Solution

Informed by this comprehensive assessment of Indiana's workforce challenges and opportunities, the following recommendations are proposed to guide strategic investment at the state level. These solutions aim to potentially address gaps in training, rural access, and administrative barriers for OB/GYN care in Indiana.

1. **Funding to support expanded family physician capacity for OB/GYN care.** The council should recommend that the Medical Education Board (MEB) support expanded family medicine physician capacity for OB/GYN. The MEB could incentivize higher education institutions to expand the OB/GYN training provided through FM residencies beyond the minimum guidelines from the ACGME. The MEB could also allocate funds to support the expansion of OB fellowship programs for FM physicians through a



competitive process. Regardless of approach, the MEB prioritization of expanded OB/GYN training may help increase access to maternity care in rural or underserved areas.

2. **Exploring interdisciplinary staffing models of care.** To support alternative models of care, the council recommends that the Indiana Department of Health (IDOH) convene a meeting of hospital and health system leaders. The intention of this meeting will be to bring together stakeholders representing various perspectives. Discussion will focus on system-approved standards for credentialing and privileging of qualified family medicine physicians with a goal of identifying pathways for hospitals to actively support and participate in the enhancement of OB training for FM programs.

## Certified Nurse-Midwives (CNM) – Strengthening and Growing the Workforce

### The Background

#### Current Workforce

Improving access to maternity care services is critical for enhancing the health and well-being of infants, mothers, and families in Indiana. The [March of Dimes](#) identifies access to midwifery care as a vital factor in achieving this access to care. Certified Nurse-Midwives (CNMs), as defined by the [American College of Nurse-Midwives](#), are advanced practice registered nurses who provide comprehensive care “throughout pregnancy, including prenatal, labor, and delivery, postpartum, and newborn care up to 28 days of life.” The [American College of Nurse-Midwives](#) reports that the midwifery care model is linked to improved outcomes, such as reductions in preterm birth and breast-feeding integration. This suggests that CNMs may be well-positioned to address gaps in [maternal healthcare](#). In Indiana, there are currently [250 CNMs](#) with active licenses. However, it is important to note that Indiana's workforce reporting approach may limit visibility of CNMs. Although CNMs are licensed separately from other Advanced Practice Registered Nurses (APRN), workforce reporting is often aggregated under the broader APRN category making it challenging to accurately assess their distribution and impact. Additionally, there are currently no CNM training programs in the state, which may hinder recruitment and retention efforts.

#### Action of the CNM Focus Area

The CNM focus area has engaged in strategic research, review, and outreach to understand the landscape of CNMs in the state and identify areas of opportunity. Throughout the past year, assessing the workforce's capacity and finding ways to raise awareness of the critical role CNMs play in women's healthcare have been priorities. Below are highlights of these efforts:

- **Assessing interest in developing a CNM program.** To address the lack of nurse-midwifery degree programs, the CNM subcommittee has initiated outreach to nursing education leaders across the state to evaluate their interest and operational capacity for establishing a nurse-midwifery program. These efforts included the development of a letter outlining maternal care access issues, the lack of Indiana based education programs, and the potential opportunity as well as engagement with academic



stakeholders to explore logistical requirements and institutional readiness. This letter will be disseminated to continue generating stakeholder interest. Given that all of Indiana's [neighboring states](#) have accredited nurse-midwifery programs, the subcommittee collaborated with these programs to identify best practices. Additional initiatives are underway to highlight exemplary CNM programs in other states to inform future workforce development strategies. These conversations, along with research into the existing programs, have provided valuable insight into program structure, [accreditation](#) requirements, and program sustainability.

- **Demonstrating CNM workforce demand through accessible data and storytelling.** Another priority of this focus area is to enhance awareness of the role of CNMs and the demand for this workforce. In collaboration with The Bowen Center for Health Workforce Research and Policy, the focus area spearheaded the development of the [Workforce Spotlight: Certified Nurse-Midwives](#). This one-page document outlines the current role of CNMs in Indiana's maternity care system, licensure requirements, practice settings, and projected demand. To further illustrate the contributions of CNMs in Indiana's maternity care system, IDOH produced a video series featuring CNMs from [Indianapolis HealthNet](#) and [IU Riley Children's Hospital](#), showcasing their day-to-day work. These resources have been widely disseminated by both IDOH and the Bowen Center and are intended to serve as educational tools for stakeholders and the public, clarifying the scope and impact of midwifery care in Indiana.

Additionally, in partnership with Indiana Hospital Association, a survey was disseminated to Indiana hospitals to gather insight on system demand for CNM. Data was collected from more than 30 birthing facilities across the state about whether their facilities would employ and integrate CNMs into their workflow processes. Findings from that survey show that 55% of respondents have considered integrating CNMs into their clinical processes. About 20% of respondents already employed CNMs in their practice. This highlights that there is demand for CNMs among Indiana health systems, which might support the need for an Indiana-based training program.

## Solutions

The following solutions are recommended to strengthen the pipeline and visibility of CNMs across the state. These strategies aim to address gaps in education and workforce data to support long-term improvements in OB/GYN care for Hoosiers.

1. **Development of a CNM program.** The subcommittee recommends that the state, with support from the Indiana Health Workforce Council, identify and empower a higher education champion to lead the establishment of an in-state CNM training program. Indiana has the infrastructure and academic foundation, with its existing nursing schools, to enhance the pipeline of Indiana-educated CNMs and address critical maternal health needs. The state can assist in establishing a sustainable CNM program that not only fills a current educational void but also strengthens Indiana's maternity care workforce for generations to come.



2. **Enhanced reporting of the CNM workforce.** To strengthen the visibility of the CNM workforce, updated workforce reporting strategies are needed. CNMs are the [only type of APRN](#) that has a dedicated state license in Indiana. Future workforce supply reports should include identification of CNMs through licensing data, rather than being dependent upon self-report and/or prescriptive authority license. This may improve data reporting and support informed decision making about this workforce.

