

State Case Studies of Non-nurse Midwives

The DHMH Midwives Workgroup, along with the Chair, requested case studies from states that license Certified Professional Midwives (CPMs), which could serve as models for Maryland. Ten states were selected for study. Each of the ten states has differing degrees of specificity in their laws and regulations that oversee midwives. Some laws/regulations focus more on the duties of the regulatory board or council, while others go into detail on the scope of practice for midwives. Every state has requirements related to application and renewal fees, but these are not mentioned in the comments section for the sake of brevity.

California - 1973

<i>Regulatory Body</i>	<i>Title</i>	<i>State Oversight</i>	<i>Certification/ Exam</i>	<i>Prescriptive Authority?</i>	<i>Education/ Pre-requisites</i>
Midwifery Advisory Council; members appointed by the Medical Board	Licensed midwife	Medical Board	NARM exam	No	3 year post-secondary midwifery education program (84 semester units or 126 quarter units)

Comments: Licensed midwives practice under the supervision of a licensed physician or surgeon and the ratio of midwives to supervising physicians may not exceed 4:1. Half of the Midwifery Advisory Council is made up of licensed midwives and the other half is licensees of the board and members of the public who have an interest in midwifery. Academic and clinical preparation must be equivalent to programs accredited by ACNM or deemed equivalent by the board if the applicant holds licensure in another state with licensing standards equivalent to those of California. Midwives who attend out-of-hospital births must report annually to the Office of Statewide Health Planning and Development on a criteria specified by the board. If a midwife fails to report, s/he will be unable to renew her/his license until the report is submitted. Licenses must be renewed every two years, along with proof of 36 hours of continuing education. Wherever possible, midwives must make a good faith effort to ensure that a second midwife, or qualified birth attendant certified in adult and infant CPR, is available during delivery. Midwives may provide care to a client with significant risk factors if the client provides informed refusal to be evaluated and transferred to a physician. Referrals to physician during antepartum care does not preclude the possibility of home birth if, after the referral, the client does not have or no longer has any of the conditions listed in the Standards of Care. Midwives must provide clients with informed consent if clients are attempting a VBAC.

Delaware – 1978

<i>Regulatory Body</i>	<i>Title</i>	<i>State Oversight</i>	<i>Certification/ Exam</i>	<i>Prescriptive Authority?</i>	<i>Education/ Pre-requisites</i>
Division of Public Health	Direct-entry/ non-nurse midwife	Department of Health and Social Services	CPM from NARM or CM from ACNMCC	No	Complete accredited midwifery program

Comments: Before a permit is granted, an applicant must provide proof the s/he has not been convicted of a felony; been professionally penalized or convicted of substance addiction; had a professional midwifery license suspended or revoked in this or another state; been professionally penalized or convicted of fraud; and is physically and mentally capable of engaging in the practice of midwifery. A collaborative agreement must be established with a physician who has obstetrical hospital privileges. An applicant must also submit a sample contract between the midwife and patient outlining scope of practice and potential risk factors and complications. Permits must be renewed annually. Any midwives practicing without a permit are subject to a fine.

Florida - 1995

<i>Regulatory Body</i>	<i>Title</i>	<i>State Oversight</i>	<i>Certification/ Exam</i>	<i>Prescriptive Authority?</i>	<i>Education/ Pre-requisites</i>
Council of Licensed Midwives; 9 members appointed by the secretary	Licensed midwife	Department of Health	NARM exam	No	3 year approved training program with clinical, didactic, and practical preceptorship; at least 21 years old

Comments: The Council of Licensed Midwives is made up of one physician who is certified by the American Board of Obstetrics and Gynecology and practices obstetrics, one physician who is certified by the American Board of Family Physicians, one physician who is certified by the American Board of Pediatrics, four licensed midwives, and one resident who is not a midwife and has no financial interest in midwifery practice or in any health care facility, agency, or insurer. The department sets the standards for midwifery training programs, which must incorporate the core competencies of MANA and ACNM, be at least three years long, and include basic nursing skills. In order to be accepted into an approved midwifery program, an applicant must have a high school diploma or equivalent and have taken three college-level credits each of math and English or demonstrated competencies in communication and computation. An applicant for licensure must be at least twenty-one years old, have a certificate or diploma from a foreign institution or out of state program that is substantially equivalent to the State's programs or hold a valid certificate or license to practice midwifery in another state if the requirements are equivalent to the State's, submit proof of completion of a four-month pre-licensure course, and pass the state exam. Student midwives must care for no less than fifty women in each of the prenatal, intrapartum, and postpartum periods and observe an additional twenty-five women in the intrapartum period. Of note is that any hospital or birth center that receives public funds is required to provide student midwives access to observe labor, delivery, and postpartum procedures. Licenses must be renewed every two years, along with proof of continuing education (not to exceed 20 hours biennially). A licensed midwife may fulfill up to 5 hours of credits by providing pro bono services to indigent person or underserved populations in areas of critical need within Florida and may receive up to 3 hours of credits for presenting continuing educational programs. The department may issue temporary certificates to practice in areas of critical need (as determined by the department) for no more than two years. The

midwife may only practice in those specific areas, under supervision of physician, CNM, or licensed midwife. Practicing midwifery unlicensed is a third degree felony.

Louisiana - 1985

<i>Regulatory Body</i>	<i>Title</i>	<i>State Oversight</i>	<i>Certification/ Exam</i>	<i>Prescriptive Authority?</i>	<i>Education/ Pre-requisites</i>
Louisiana Advisory Commission on Midwifery; 7 members appointed by the governor and confirmed by the senate	Licensed midwife/ apprentice midwife/ senior apprentice midwife	Board of Medical Examiners	NARM exam	No	Apprentice program; didactic and supervised clinical under MD, CRNM, or CM

Comments: The Louisiana Advisory Committee on Midwifery is made up of one physician, one pediatrician, one registered nurse with obstetrical experience or a certified nurse midwife, three midwives, and one consumer of midwifery services. A physician must determine whether a pregnant woman is essentially normal for pregnancy and childbirth initially and then again at thirty-six weeks of pregnancy. Full CPM credential is required for licensure. Permits must be renewed every two years, along with evidence of 30 contact hours of continuing education and current certification in CPR. Midwives are prohibited from providing prenatal and intrapartum care to patients who are attempting a VBAC, except upon the express approval of the board. The midwife or client may apply to the board if a physician has previously evaluated the client and determined that vaginal delivery represents no untoward medical/obstetrical risk for the client and is not contraindicated.

New Jersey - 2002

<i>Regulatory Body</i>	<i>Title</i>	<i>State Oversight</i>	<i>Certification/ Exam</i>	<i>Prescriptive Authority?</i>	<i>Education/ Pre-requisites</i>
Board of Medical Examiners, Midwife Liaison Committee	Certified midwife or certified professional midwife	Professions and Occupations	NARM, ACC, or ACNM	No	Complete accredited midwife program

Comments: The Midwifery Liaison Committee is made up of at least one certified nurse midwife, at least one certified professional midwife, at least one certified midwife, two other midwives, one certified nurse midwife who is a member of the Board of Medical Examiners, and two physicians, one of whom is a member of the Board of Medical Examiners and one of whom is Board-certified by either by the American Board of Obstetrics and Gynecology, the American Osteopathic Board of Obstetrics and Gynecology, or any other certification organization with comparable standards. In addition to the application for licensure, the applicant must submit proof that s/he is over age eighteen; an official transcript from an accredited midwifery program;

a notarized copy of Certification issued by either ACNM, ACC, or NARM; the applicant's curriculum vitae; and three photographs of the applicant, signed, dated, and notarized. Midwives must be affiliated with a physician who has hospital privileges in operative obstetrics/gynecology, has a binding agreement with a physician who has hospital privileges in operative obstetrics/gynecology, or holds hospital privileges in gynecology if a licensee limits his/her practice to non-obstetrical. Licenses must be renewed every two years. A midwife must manage antepartum patients who have had a previous cesarean delivery with a physician and may only deliver these patients in a licensed hospital.

New Mexico - 1978

<i>Regulatory Body</i>	<i>Title</i>	<i>State Oversight</i>	<i>Certification/ Exam</i>	<i>Prescriptive Authority?</i>	<i>Education/ Pre-requisites</i>
Licensed Midwifery Advisory Board; 9 members and 1 ex-officio member appointed by the division	Licensed midwife (CPMs must be licensed)	Public Health Division of the Department of Health	NARM exam	No	New Mexico midwifery standards

Comments: The Licensed Midwifery Advisory Board is made up of three licensed midwives, at least two of whom are actively practicing; one actively practicing certified nurse midwife; three consumers; one physician actively practicing obstetrics; one member from the division; and a representative of the Maternal and Child Health Bureau in the division who will be an ex-officio member. An applicant for an apprentice midwife permit must provide proof of high school diploma or equivalent. An applicant for midwifery licensure must pass the division-approved exam or submit proof of CPM certification, submit proof of current certification in CPR for adults and intravenous therapy, and submit proof of current recognition by the Neonatal Resuscitation Program of the American Academy of Pediatrics. Licenses must be renewed every two years must include proof of completion of thirty contact hours of continuing education, current certification in CPR for adults and intravenous therapy, current recognition by the Neonatal Resuscitation Program of the American Academy of Pediatrics, evidence of peer review participation with the last four years, and proof of having submitted quarterly reports to the division in the interim. Every woman seeking midwifery care must be referred at least once to a physician within four weeks of initiating midwifery care. It is the responsibility of the midwife to consult with a physician or refer/transfer to a physician/hospital if there are deviations from normal in either the woman or neonate.

Oregon - 1993

<i>Regulatory Body</i>	<i>Title</i>	<i>State Oversight</i>	<i>Certification/ Exam</i>	<i>Prescriptive Authority?</i>	<i>Education/ Pre-requisites</i>
State Board of Direct Entry Midwifery; 7 members appointed by the governor	Direct entry midwife	Health Licensing Agency	NARM	No	Didactic and clinical requirement

Comments: Licensure is voluntary for purposes of reimbursement under Medical Assistance programs and is not required for practice of direct entry midwifery. Licensed midwives are permitted to use medications while unlicensed midwives are not. The State Board of Direct Entry Midwifery is made up of four licensed direct entry midwives, one certified nurse midwife, one physician involved in obstetrical care or education, and one member of the public. An applicant for licensure need only submit an application. Licenses must be renewed annually. Proof of current certification in CPR for infants and adults and continuing education that must include training in use of legend drugs and devices (number of hours are not specified in the regulations) must be submitted with renewal application. The CPM credential is accepted as meeting all licensure criteria. If a midwife has attended fewer than five births in the previous year, s/he must take an additional ten hours of continuing education as prescribed by the board.

Texas - 1983

<i>Regulatory Body</i>	<i>Title</i>	<i>State Oversight</i>	<i>Certification/ Exam</i>	<i>Prescriptive Authority?</i>	<i>Education/ Pre-requisites</i>
Midwifery Board; 9 members appointed by the commissioner	Licensed midwife	Department of Health Services	NARM exam or any other approved by the Board	No	NARM-approved or MEAC-accredited program, didactic and clinical training or apprenticeship

Comments: The Midwifery Board is made up of five licensed midwives, one physician who is certified in obstetrics and gynecology, one physician who is certified in family medicine or pediatrics, and two members of the public who are not health care professionals and one of whom is a parent of at least one child delivered by midwife. The midwifery board must prepare and publish reports on midwifery practice in Texas that include statistics on fetal morbidity and mortality. The board must approve any basic midwifery education offered in the state. In order to be accepted in to a midwifery training program, an applicant must have a high school diploma or equivalent and current CPR certification. Licensure is required to practice midwifery. In addition to submitting a dated application, an applicant must submit a statement that s/he read the Occupations Code and board rules and agrees to abide by both, proof of basic midwifery education, proof of proper training in newborn screening tests or arrangements for the performance of those tests, proof of current certification in CPR for health care providers, proof of current certification in neonatal resuscitation, and evidence of passing the jurisprudence exam.

The jurisprudence exam covers the Texas Midwifery Act, chapter, and other Texas laws that pertain to midwifery practice. Licenses must be renewed every two years and must include a statement of all misdemeanor and felony offenses for which the licensee has been convicted, proof of completion of at least twenty contact hours of continuing education in the last two years, proof of current certification in CPR, proof of current neonatal resuscitation, and proof of passing the jurisprudence exam in the last four years. If a midwife states or advertises that s/he is “certified”, s/he must also include a statement that s/he is certified by the North American Registry of Midwives, not a governmental entity. A person who practices without a license is liable for a civic penalty. It is the midwife’s responsibility to initiate emergency care. The midwife must recommend referral to patients who have had a previous cesarean section and the midwife must recommend transfer for patients who have had a previous cesarean section with a vertical or classical incision or any uterine surgery which required incision in the uterine fundus. In lieu of referral or transfer, a midwife may manage a patient in collaboration with an appropriate health care professional.

Virginia - 2005

<i>Regulatory Body</i>	<i>Title</i>	<i>State Oversight</i>	<i>Certification/ Exam</i>	<i>Prescriptive Authority?</i>	<i>Education/ Pre-requisites</i>
Advisory Board of Midwifery; 5 members appointed by governor with senate approval (NARM document incorrectly stated it was a 10-member board)	Certified professional midwife	Department of Health Professions, Virginia Board of Medicine	NARM	No	No educational requirement

Comments: The Advisory Board is made up of three certified professional midwives, one physician or certified nurse midwife who has experience in out-of-hospital birth settings, and one citizen who has used out-of-hospital midwifery services. An applicant must submit proof that s/he has obtained the CPM credential and that there has been no adverse action taken against the applicant based on a report from NARM. Licenses must be renewed every two years. Attestation of current, active CPM certification by NARM must be submitted with renewal.

Washington - 1991

<i>Regulatory Body</i>	<i>Title</i>	<i>State Oversight</i>	<i>Certification/ Exam</i>	<i>Prescriptive Authority?</i>	<i>Education/ Pre-requisites</i>
Midwifery Advisory Committee; 7 members appointed by the secretary	Midwife	Department of Health	NARM exam and state exam	No	High school diploma, certificate or a diploma from midwifery program accredited by the secretary, minimum of 3 years of training

Comments: The Midwifery Advisory Committee is made up of one physician who is practicing obstetrics, one practicing physician, one certified nurse midwife, three midwives, and one public member who has no financial interest in the rendering of health services. An applicant must obtain at least three years of midwifery training that includes the study of basic nursing skills. Student midwives must care for no less than fifty women in each of the prenatal, intrapartum, and postpartum periods and observe an additional fifty women in the intrapartum period. Applicants must also pass a state exam unless they are credentialed in another state and the secretary determines that the other state's credentialing standards are substantially equivalent to Washington's. In addition to submitting an application, an applicant must provide proof the s/he has received a high school diploma or equivalency, is at least twenty-one years of age, and has received a certificate or diploma from a midwifery program accredited by the secretary or a foreign institution on midwifery of equal requirements conferring the full right to practice midwifery in the country in which it was issued. Licenses must be renewed annually and must include the midwife's written plan for consultation with other health care providers, emergency transfer, transport of an infant to a newborn nursery or neonatal intensive care unit, and transport of a woman to an appropriate obstetrical department or patient care area. It is the midwife's duty to consult with a physician if a patient deviates from normal.

Acronyms:

ACC: American College of Nurse Midwives Certification Council

ACNM: American College of Nurse Midwives

CNM: certified nurse midwife

CPM: certified professional midwife

CPR: cardiopulmonary resuscitation

MANA: Midwives Alliance of North America

MEAC: Midwifery Education Accreditation Council

NARM: North American Registry of Midwives

VBAC: vaginal birth after cesarean

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