

State Licensure of Certified Professional Midwives

Overview

NARM is the agency that sets standards for the nationally accredited Certified Professional Midwife (CPM) credential.

NARM Statement on Licensure

NARM is dedicated to advancing the profession by supporting legal recognition at the state and federal level. To aid in the efforts to educate the public and policy makers regarding the purpose and advantages of CPM licensure at the state level, NARM has issued the following Statement on Licensure:

- NARM supports and affirms that licensure is a valuable tool in providing access to competent and accountable professional midwives.
- NARM supports and affirms licensure that recognizes the importance of Shared Decision Making.
- NARM supports and affirms the Common Ground Statement on Licensure from the 2011 Home Birth Consensus Summit.
- NARM supports and affirms the Values and Principles of the International Confederation of Midwives (ICM) Global Standards for Regulation.

NARM affirms that when midwives work within a framework that includes licensure based on the above statements and the following principles, the profession will be supported and enabled to provide access to high quality maternity care to women and their families.

This statement was adopted by NARM on April 2nd, 2012 and has received early endorsement from the following organizations:

- *Citizens for Midwifery*
- *International Center for Traditional Childbearing*
- *Midwives Alliance of North America*
- *National Association of Certified Professional Midwives*

We invite additional endorsements from national and state professional organizations. Contact info@narm.org for more information.

Resources

NARM Position Statement on Shared Decision Making and Informed Consent

“Shared Decision Making is the collaborative process that engages the midwife and client in decision-making and facilitates the incorporation of client preferences and values into the plan of care.”

www.narm.org/accountability/informedconsent

2011 Home Birth Consensus Summit Common Ground Statement on Licensure:

“It is our goal that all health professionals who provide maternity care in home and birth center settings have a license that is based on national certification that includes defined competencies standards for education and practice.

We believe that guidelines should allow for independent practice, facilitate communication across providers and care settings, encourage professional responsibility and accountability, and include mechanisms for risk assessment.”

www.homebirthsummit.org

ICM Values and Principles for Regulation*

“Recognition that regulation is a mechanism by which the social contract between the midwifery profession and society is expressed. Society grants the midwifery profession authority and autonomy to regulate itself. In return society expects the midwifery profession to act responsibly, ensure high standards of midwifery care and maintain the trust of the public.”

*ICM describes “Regulation” in the context of the combined process of certification and licensure.

www.internationalmidwives.org

Principles of Certification and Licensure

There is a consistency among U.S. health professions of a framework that dovetails certification with licensure to provide access for consumers to a comprehensive professional provider who maintains the skills necessary for safe practice as well as being accountable to the public.

Certification is a mechanism by which members of the midwifery profession take responsibility for ensuring that there are standards for the core competencies necessary for safe practice, and to ensure midwives achieve and maintain the defined competencies.

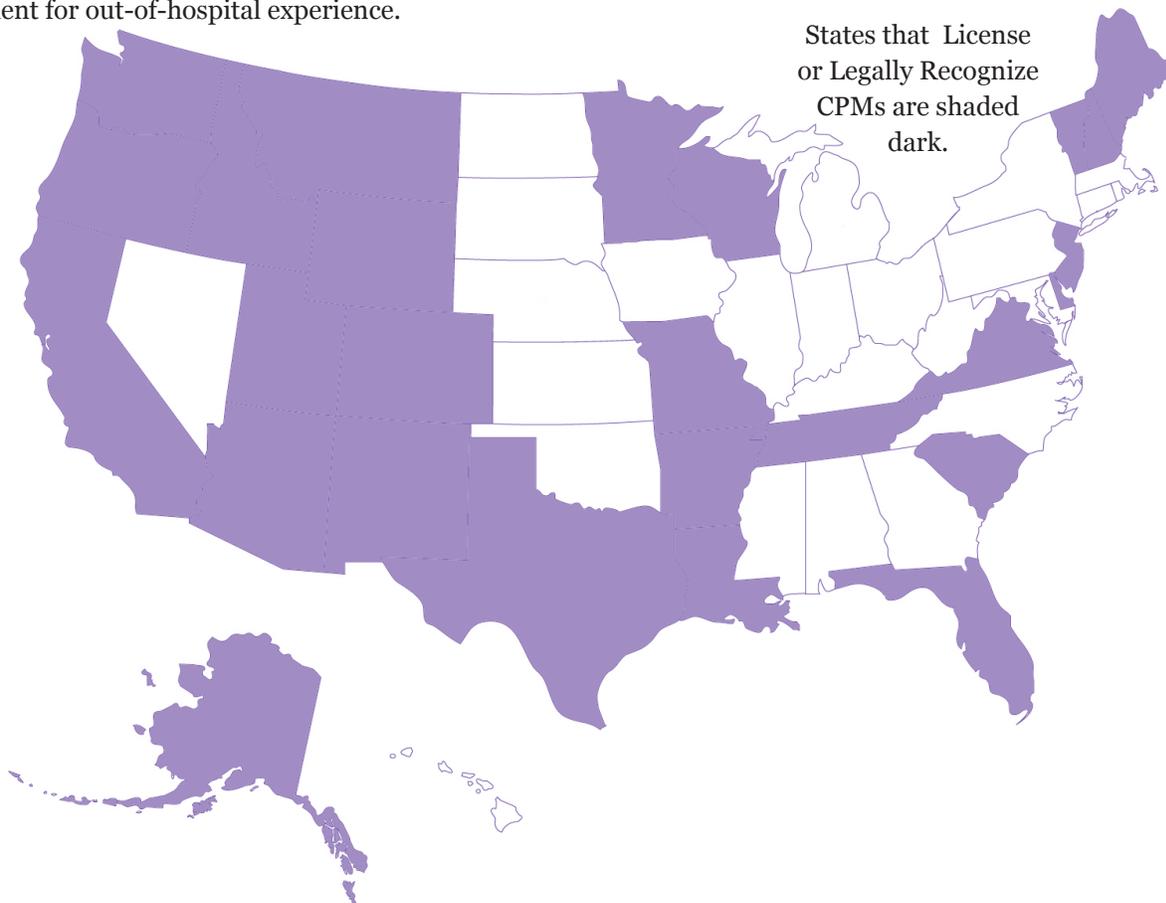
CPM Certification

The Certified Professional Midwife credential, issued by NARM, is accredited by the National Commission for Certifying Agencies (NCCA), the accrediting body of the Institute for Credentialing Excellence (ICE, formerly NOCA). The mission of ICE is to promote excellence in credentialing for practitioners in all occupations and professions. NCCA accredits many healthcare credentials, including the Certified Nurse-Midwife (CNM). NCCA encourages their accredited certification programs to have an education evaluation process so candidates with prior experience, knowledge, and skills in the field of midwifery may have their qualifications evaluated for credentialing. The NARM Portfolio Evaluation Process (PEP) meets this recommendation. The CPM is the only NCCA-accredited midwifery credential that includes a requirement for out-of-hospital experience.

Licensure is a mechanism by which members of the midwifery profession are held accountable to the public for providing safe care that is consistent with the scope of practice defined by the profession and upheld by state law and subsequent regulatory guidelines.

CPM Licensure

Twenty-six states have some kind of legal recognition of Certified Professional Midwives. Of those twenty-six, seventeen states have licensure based on CPM certification. Seven states have established educational requirements and qualifications for professional status and legal recognition that pre-date the existence of the CPM; all of these states now use the NARM (CPM) written exam as a critical part of the requirements for licensure. Two states have statutory authority for CPMs to practice without the need for licensure.



Availability of licensure based on national certification for CPMs would increase NARM's ability to strengthen the profession in multiple areas:

Licensure Improves Consumer Protection

NARM recognizes that there is a synergistic relationship in professional midwifery between national certification and state licensure. The unique state-based regulatory landscape of U.S. health care professions requires that nationally certified midwives practice within a varied scope of practice and level of integration within regional health systems. Setting a common standard among CPMs in all 50 states of being licensed and legal will greatly increase consumer awareness of who midwives are and what kind of care they can and cannot provide.

Licensure Supports Quality Assurance

NARM's Accountability Process provides quality reassurance to women who choose CPMs as their care providers and to states who utilize the CPM for legal recognition. The process validates continued competency and professional conduct. In addition to requirements for recertification, NARM utilizes three levels of oversight and review of CPM practice: Community Peer Review, Complaint Review, and the Grievance Mechanism.

Community Peer Review is routine, confidential, professional, non-punitive, and educational. Complaint Review addresses a complaint against a Certified Professional Midwife. This initiates a formal process that must include the participation of the midwife and the client. Grievance Mechanism addresses a second or subsequent complaint against a CPM or CPM applicant. Any recommendations derived as a result of this process are binding and may include probation, suspension, or revocation of a CPM credential, or suspension or denial of a NARM application.

Formal Complaint Review by NARM cannot occur simultaneously to state level review. Midwives who are engaged in any legal proceedings are restricted from divulging information about their cases to NARM. A case brought through the criminal court system rather than the licensing body is not only more expensive for the state, but often takes much longer to complete. The stress and strain of a criminal review of their midwife often leads to fatigue for a family who will not follow up or participate with a complaint to NARM, even if they have doubts about the quality of the care they received.

Licensure provides mechanism for regional community standards to be considered in a midwife's practice guidelines. All CPMs are required to practice under professional standards and guidelines that include mechanisms for risk assessment. These guidelines work to define a plan of care that is informed by a midwife's training, competency, practice guidelines, regional community standards of both medical and midwifery maternity care providers, and legal requirements.

Licensure Increases Visibility and Accessibility

Every woman deserves access to quality midwifery care for her pregnancy, birth and postpartum period. When the profession of midwifery is underground, only very persistent women will seek and find invisible midwives. Lack of access to qualified health providers for maternity care is a significant contributing factor in the unconscionable disparities in maternal and child health outcomes in the U.S. Although there is no evidence that CPMs practicing in illegal states are less competent or professional than their licensed counterparts in legal states, expanding access to midwifery care for more women will not happen without establishing accountability on both the state and national level.

Licensure Improves Protection of Midwives

Availability of licensure eliminates the risk of criminal prosecution. This reduces the need to spend precious community resources for legal defense of midwives. Consumers usually raise most of these funds where beloved midwives are literally taken from their homes in shackles. These high profile cases are generally unpopular, cost the state taxpayers thousands of dollars and are ultimately unsuccessful in restricting women's access to home birth. However, they are successful in driving midwives even further underground, heightening the tension between the midwifery and medical communities and potentially creating situations that limit collaborative and integrative practice among midwives and other maternity care professionals.

Though there are increased fees involved for maintaining a license and supporting a licensing board at the state level, these costs can be shared across the profession and rarely lead to complete devastation of the life and livelihood of a midwife.

Licensure Supports Midwives as Primary Maternity Care Providers

CPMs are the first point of contact for their clients and assist them with accessing all of their maternity care needs. CPMs are trained and credentialed to offer expert care and support to women and their babies for pregnancy, birth and the post-partum period. CPMs practice as autonomous health professionals working within a network of relationships with other maternity care professionals who can provide consultation and collaboration when needed.

Licensure supports and enables CPMs to participate in an integrated system that includes opportunities for consultation, referral, and multi-disciplinary peer review.

Licensure Supports Workforce Development of Maternity Care Providers

The CPM credential was designed to support the principles of workforce development that include the recognition of the value of adult learners. The midwives of the future who will help to meet the demand for maternity care services are most likely to be the adults across the country who serve as “health promoters” in their communities. Childbirth educators, Dou-las, Lactation Consultants, Labor and Delivery Nurses, and many other specialty professions who support the childbearing woman will likely rise to the challenge to increase the number of primary maternity care providers in the US. These midwives of the future have full or part time jobs, children, and other barriers to brick and mortar educational pathways. There are multiple pathways to establish eligibility for certification, all of which require the same verification of competency and knowledge base.

There is a need to establish community-based midwifery education programs within private and public education systems. It is very hard to establish schools in illegal states. Even when states do achieve licensure, there is a development period of 7-10 years to establish schools that are eligible for state or national accreditation.

Challenges of Licensure

Licensure can be detrimental to effective midwifery practice when it’s not tied to certification that defines competencies and upholds the ethical framework for shared decision making in maternity care.

The core competencies for any health care profession are not generally established through a legislative process. Competencies are developed and continually evaluated by the experts in the profession itself, not by licensing bodies. Educational pathways are only effective when tied directly to the competencies needed to provide safe midwifery care. This is why the certifying body is charged with the task of evaluating both the competencies and the education needed to achieve them.

The systematic restriction of the scope of practice of midwives in the United States has created a challenge for establishing educational pathways that are sustainable, affordable, and lead to a legally recognized professional practice. When a statute or regulation limits the scope of practice to less than the entire competency of the profession, then education opportunities are also limited and critical knowledge and skills are lost.

Restrictive laws that don’t allow for patient autonomy place the midwife in challenging legal jeopardy when the statute or regulations limit midwifery-led care. When consumers experience licensure of midwives as a mechanism to restrict their choices among care options that support physiologic birth they are more likely to seek unlicensed midwives and midwives are more likely to resist licensure in order to support women’s access to autonomy in the decision making for their own care.

Summary

NARM affirms that when midwives work within a framework that includes licensure based on the above statements and principles, the profession will be supported and enabled to provide access to high quality maternity care for women and their families.

CPM Informed Consent Process:

An established process that includes ongoing verbal and written education about risks, benefits and alternatives to the Midwife’s Plan of Care. Alternatives include interventions and treatments (provided by the midwife as well as those available through other resources in the community) and the options of delaying or declining testing or treatment. The midwife utilizes individualized counseling based on her practice guidelines and skill level, the woman’s medical history, and written documentation of a care plan that includes signatures of the client and midwife when appropriate. The Informed Consent Process necessitates revisiting areas of consent over time and as changes occur.