

State Fact Sheet: Alabama

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 46

Number of CNM/CM Attended Births, 2013: 969

Percent of CNM/CM Attended Births, 2013: 1.67%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 0

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The practice of midwifery in Alabama is defined as "care for the mother during pregnancy and labor providing continuous physical and emotional support and continuous evaluation of progress throughout labor and delivery" [Ala. Code § 34-19-2].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Alabama requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 80% of the physician rate.

Regulatory Board: Joint Committee of the Board of Nursing and Board of Medical Examiners

<https://www.abn.alabama.gov/>

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Alaska

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Number of AMCB Certified Midwives, 2014: 83

Number of CNM/CM Attended Births, 2013: 3,063

Percent of CNM/CM Attended Births, 2013: 26.80%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 9

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The Alaska Board of Nursing, through its regulations, recognizes the scope of practice statements of national certification bodies recognized by the Board. CNM scope of practice in Alaska is therefore defined by the American College of Nurse-Midwives' (ACNM) Standards for the Practice of Nurse-Midwifery [Alaska Admin. Code tit. 12, §44.430].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Alaska is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 85% of the physician rate.

Regulatory Board: Board of Nursing

<http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/BoardofNursing.aspx>

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: None Currently



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State Fact Sheet: Arizona

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 190

Number of CNM/CM Attended Births, 2013: 5,568

Percent of CNM/CM Attended Births, 2013: 6.51%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 6

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: Certified nurse-midwives (CNM) in Arizona are regulated as a category of “registered nurse practitioner” (RNP) by the Board of Nursing. CNMs are noted to have an expanded scope of practice within a specialty area that includes: (i) Assessing clients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level. (ii) Managing the physical and psychosocial health status of clients. (iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment. (iv) Making independent decisions in solving complex client care problems. (v) Diagnosing, performing diagnostic and therapeutic procedures, and prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board. (vi) Recognizing the limits of the nurse's knowledge and experience and planning for situations beyond the nurse's knowledge, educational preparation and expertise by consulting with or referring clients to other health care providers when appropriate. (vii) Delegating to a medical assistant pursuant to § 32-1456. (viii) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a nurse practitioner [Ariz.Rev. Stat. Ann. §32-1601].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Arizona is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 90% of the physician rate.

Regulatory Board: Board of Nursing

<https://www.azbn.gov/>

Recognized Midwifery Credentials: CNM, CPM



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Midwifery Education Programs: None Currently



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State Fact Sheet: Arkansas

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 34

Number of CNM/CM Attended Births, 2013: 210

Percent of CNM/CM Attended Births, 2013: 0.56%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The practice of nurse-midwifery in Arkansas is defined as "the performance for compensation of nursing skills relevant to the management of women's health care, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning, and gynecological needs of women, within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client" [Ark. Code Ann. § 17-87-102].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Arkansas requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 80% of the physician rate.

Regulatory Board: Board of Nursing

<http://www.arsbn.arkansas.gov/Pages/default.aspx>

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: None Currently



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State Fact Sheet: California

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 1026

Number of CNM/CM Attended Births, 2013: 43,126

Percent of CNM/CM Attended Births, 2013: 8.72%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 24

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The statute defines the scope of practice of nurse-midwifery as the furthering or undertaking...to assist a woman in childbirth so long as progress meets criteria accepted as normal. This scope of practice specifically excludes the assisting of childbirth by any artificial, forcible, or mechanical means and the performance of any v

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): California requires a supervisory relationship with a physician as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Registered Nurses

<http://www.rn.ca.gov/>

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: California State University - Fullerton; San Diego State University; University of California - San Francisco



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State Fact Sheet: Colorado

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 348

Number of CNM/CM Attended Births, 2013: 8,106

Percent of CNM/CM Attended Births, 2013: 12.47%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 2

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The Board of Nursing recognizes ACNM's "Standards for the Practice of Midwifery" as defining the appropriate scope for nurse-midwifery practice in Colorado.

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Colorado is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

www.dora.colorado.gov/professions/nursing

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: University of Colorado-Denver



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State Fact Sheet: Connecticut

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 200

Number of CNM/CM Attended Births, 2013: 3,968

Percent of CNM/CM Attended Births, 2013: 11.01%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 2

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

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admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: Nurse-midwifery is defined as "the management of women's health care needs, focusing particularly on family planning and gynecological needs of women, pregnancy, childbirth, the postpartum period and the care of newborns, occurring within a health care team and in collaboration with qualified obstetrician-gynecologists" [Conn. Gen. Stat. §20-86a].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Connecticut is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 90% of the physician rate.

Regulatory Board: State Department of Public Health

www.ct.gov/dph/

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: Yale University



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State Fact Sheet: Delaware

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 30

Number of CNM/CM Attended Births, 2013: 949

Percent of CNM/CM Attended Births, 2013: 8.77%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

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admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The Board of Nursing recognizes ACNM's "Standards for the Practice of Midwifery" as defining the appropriate scope for nurse-midwifery practice in Delaware.

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Delaware requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

dpr.delaware.gov/boards/nursing/

Recognized Midwifery Credentials: CNM, CM

Midwifery Education Programs: None Currently



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State Fact Sheet: DC

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 37

Number of CNM/CM Attended Births, 2013: 996

Percent of CNM/CM Attended Births, 2013: 10.73%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

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admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: CNMs, as APRNs, may (1) Initiate, monitor, and alter drug therapies; (2) Initiate appropriate therapies or treatments; (3) Make referrals for appropriate therapies or treatments; and (4) Perform additional functions within his or her specialty determined in accordance with rules and regulations promulgated by the board [D.C. Code § 3-1206.04]. Under the regulations CNMs may perform the following functions: “(a) Manage the care of the normal obstetrical patient; (b) Perform minor surgical procedure; (c) Manage the normal obstetrical patient during labor and delivery to include amniotomy, episiotomy, and repair; (d) Initiate and perform local anesthetic procedures and order the necessary anesthetic agents to perform the procedures; (e) Manage care of the newborn; (f) Perform post-partum examination; (g) Provide gynecological care for women; (h) Prescribe appropriate medications; (i) Provide family planning and STD services; (j) Provide primary health care; and (k) Such other functions and services the Board deems appropriate upon review and analysis of professional and association literature which articulates scopes and standards for nurse-midwifery practice” [D.C. Mun. Regs. tit. 17,§5808.2].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Washington DC has independent practice, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

doh.dc.gov/service/board-nursing

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: Georgetown University



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State Fact Sheet: Florida

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Number of AMCB Certified Midwives, 2014: 635

Number of CNM/CM Attended Births, 2013: 22,416

Percent of CNM/CM Attended Births, 2013: 10.41%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 29

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: Certified nurse-midwives in Florida are regulated by the Board of Nursing (BON) as a category of advanced registered nurse practitioner (ARNP). The statute defines “advanced or specialized nursing practice” as “the performance of advanced-level nursing acts . . . which, by virtue of post-basic specialized education, training, and experience, are proper to be performed by an ARNP.” Those acts include “nursing diagnosis and nursing treatments” as well as “acts of medical diagnosis and treatment, prescription, and operation which are identified and approved by a joint committee” of representatives from the Boards of Medicine and Nursing [Fla. Stat. Ann. §§464.003].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Florida requires a supervisory relationship with a physician as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 80% of the physician rate.

Regulatory Board: Board of Nursing

floridasnursing.gov/

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: University of Florida



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State Fact Sheet: Georgia

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 441

Number of CNM/CM Attended Births, 2013: 17,958

Percent of CNM/CM Attended Births, 2013: 14.02%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The certified nurse-midwife (CNM) provides independent management of women's health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women. The certified nurse-midwife practices within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client. The certified nurse-midwife must practice in accordance with the Board-approved American College of Nurse-Midwives' current Standards for the Practice of Nurse-Midwifery [Ga. Comp. R. & Regs. 410-1-2-.02].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Georgia requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

sos.ga.gov/index.php/licensing/plb/45

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: Emory University



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State Fact Sheet: Hawaii

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 50

Number of CNM/CM Attended Births, 2013: 1,671

Percent of CNM/CM Attended Births, 2013: 8.81%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 0

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: CNMs are regulated as a category of advanced practice registered nurse (APRN). the advanced practice registered nurse may perform the following generic acts which include, but are not limited to:(1) Provide direct care by utilizing advanced scientific knowledge, skills, nursing and related theories to assess, plan, and implement appropriate health and nursing care to patients;(2) Provide indirect care. Plan, guide, evaluate and direct the nursing care given by other personnel associated with the health care team;(3) Teach, counsel, or plan care for individuals or group, utilizing a synthesis of advanced skills, theories, and knowledge of biologic, pharmacologic, physical, sociocultural and psychological aspects of care to accomplish desired objectives;(4) Serve as a consultant and resource of advanced clinical knowledge and skills to those involved directly or indirectly in patient care;(5) Participate in joint and periodic evaluation of services rendered including, but not limited to, chart reviews, case reviews, patient evaluations, and outcome of case statistics;(6) Establish collaborative, consultative, and referral networks as appropriate with other health care professionals. Patients who require care beyond the scope of practice of an APRN shall be referred to an appropriate health care provider;(7) Manage the plan of care prescribed for the patient;(8) Initiate and maintain accurate records and authorize appropriate regulatory and other legal documents;(9) Recognize, develop, and implement professional and community educational programs related to health care;(10) Conduct research and analyze the health needs of individuals and populations and design programs which target at-risk groups and cultural and environmental factors which foster health and prevent illness;(11) Participate in policy analysis and development of new policy initiative in the area of practice specialty; and(12) Contribute to the development, maintenance, and change of health care delivery systems to improve quality of health care services and consumer access to services [Haw. Code R. § 16-89-81].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Hawaii is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered,



and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 75% of the physician rate.

Regulatory Board: Board of Nursing

hawaii.gov/dcca/pvl/boards/nursing

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Idaho

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 44

Number of CNM/CM Attended Births, 2013: 1,753

Percent of CNM/CM Attended Births, 2013: 7.84%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 6

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The advanced practice registered nurse in the role of certified nurse midwife provides the full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, care of the newborn and reproductive health care treatment of the male partners of female clients [Idaho Admin. Code r. 23.01.01.280].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Idaho is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 85% of the physician rate.

Regulatory Board: Board of Nursing

ibn.idaho.gov/

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: None Currently



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State Fact Sheet: Illinois

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 443

Number of CNM/CM Attended Births, 2013: 9,792

Percent of CNM/CM Attended Births, 2013: 6.24%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The scope of practice includes, but is not limited to, advanced nursing patient assessment and diagnosis; ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures, providing palliative and end-of-life care; providing advanced counseling, patient education, health education, and patient advocacy; prescriptive authority as defined in §65-40; and delegating selected nursing activities or tasks [225 Ill. Comp. Stat. §65/65-30.].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Illinois requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Department of Financial and Professional Regulation

www.idfpr.com

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: University of Illinois - Chicago



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State Fact Sheet: Indiana

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 150

Number of CNM/CM Attended Births, 2013: 5,298

Percent of CNM/CM Attended Births, 2013: 6.38%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 3

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: “Practice of nurse-midwifery” means the practice of nursing and the extension of that practice, including well-woman gynecological healthcare, family planning, and care to the normal and expanding family throughout pregnancy, labor, delivery, and post-delivery [848 Ind. Admin. Code 3-1-2].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Indiana requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 75% of the physician rate.

Regulatory Board: Board of Nursing

www.in.gov/pla/nursing.htm

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: University of Indianapolis



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State Fact Sheet: Iowa

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 92

Number of CNM/CM Attended Births, 2013: 2,866

Percent of CNM/CM Attended Births, 2013: 7.33%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The certified nurse-midwife is authorized to manage the care of normal newborns and women, antepartally, intrapartally, postpartally or gynecologically [Iowa Admin. Code r. 655-7.1(152)].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Iowa is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 85% of the physician rate.

Regulatory Board: Board of Nursing

www.state.ia.us/nursing

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Kansas

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 80

Number of CNM/CM Attended Births, 2013: 1,920

Percent of CNM/CM Attended Births, 2013: 4.94%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 3

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: CNMs are authorized by the regulations to perform the following: “(a) Provide independent nursing diagnosis; (b) develop and manage the medical plan of care for patients or clients, based on the authorization for collaborative practice; (c) provide health care services for which the nurse-midwife is educationally prepared and for which competency has been established and maintained; (d) in a manner consistent with subsection (c), provide health care for women, focusing on gynecological needs, pregnancy, childbirth, the postpartum period, care of the newborn, and family planning, including indicated partner evaluation, treatment, and referral for infertility and sexually transmitted diseases; and (e) provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions” [Kan. Admin. Regs. §60-11-105].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Kansas requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

www.ksbn.org/

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: University of Kansas



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State Fact Sheet: Kentucky

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 120

Number of CNM/CM Attended Births, 2013: 3,313

Percent of CNM/CM Attended Births, 2013: 5.95%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 0

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: ACNM's "Standards for the Practice of Midwifery" as defining the appropriate scope for nurse-midwifery practice in Kentucky.

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Kentucky requires a collaborative agreement for the obtainment of prescriptive authority.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 75% of the physician rate.

Regulatory Board: Board of Nursing

www.kbn.ky.gov

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: Frontier Nursing University



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State Fact Sheet: Louisiana

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 49

Number of CNM/CM Attended Births, 2013: 1,654

Percent of CNM/CM Attended Births, 2013: 2.62%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: CNM practice is defined in the statute as “the nurse-midwifery care of newborns and women in the antepartum, intrapartum, postpartum, and/or gynecological periods” [La. Rev. Stat. Ann. §37:913(1)(a)].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Louisiana requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 80% of the physician rate.

Regulatory Board: Board of Nursing

www.lsbns.state.la.us

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: None Currently



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State Fact Sheet: Maine

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 94

Number of CNM/CM Attended Births, 2013: 2,260

Percent of CNM/CM Attended Births, 2013: 17.78%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 2

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The certified nurse-midwife provides only those health care services for which the certified nurse-midwife is educationally and clinically prepared and for which competency has been maintained. Such health care services for which the certified nurse-midwife is independently responsible and accountable includes:(1) primary health care and case management of women during pregnancy, childbirth, and the postpartum period(2) primary health care of the newborn up to age one(3) provision of gynecological care, family planning services, and treatment of sexually transmitted diseases in contacts [Code Me. R. 02-380, Ch. 8, § 1].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Maine is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

www.maine.gov/boardofnursing/

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Maryland

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 306

Number of CNM/CM Attended Births, 2013: 6,990

Percent of CNM/CM Attended Births, 2013: 9.74%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 2

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: “Practice nurse midwifery” means the management and care of essentially normal newborns and of essentially normal women antepartally, intrapartally and postpartally. Practice nurse midwifery” includes: (i) Family planning and well woman reproductive care ;(ii) The prescribing of substances commonly used in the practice of nurse midwifery as determined by the Board in consultation with the State Board of Pharmacy and the State Board of Physicians; (iii) The prescribing of controlled substances on Schedules II, III, IV, and V commonly used in the practice of nurse midwifery as determined by the Board in consultation with the State Board of Pharmacy and the State Board of Physicians; and (iv) The dispensing of the substances prescribed in accordance with the provisions of subparagraphs (ii) and (iii) of this paragraph in the course of treating a patient at: 1. A medical facility or clinic that is operated on a nonprofit basis; 2. A health center that operates on a campus of an institution of higher education; or 3. A public health facility, a medical facility under contract with a State or local health department, or a facility funded with public funds [Md. Code Ann., Health Occ. § 8-601].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Maryland is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

www.mbon.org/

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Massachusetts

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 431

Number of CNM/CM Attended Births, 2013: 10,920

Percent of CNM/CM Attended Births, 2013: 15.22%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 2

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The scope of practice for nurse-midwives is defined to include: "(a) Assessing the health status of women and infants by obtaining health and medical histories, performing physical examinations, and diagnosing health and developmental problems.(b) Instituting and providing health care to patients in a continuous manner, helping patients develop an understanding of the importance of following a prescribed therapeutic regimen, and arranging patient referrals to physicians or other health care providers.(c) Providing instruction and counseling to women, their families, and other patient groups concerning the promotion and maintenance of personal health during pregnancy and the post-natal period.(d) Acting in collaboration with other health care providers and agencies to provide coordinated services to women and their families.(e) Managing the care of women with normal pregnancies during the labor, delivery, and post-partum period.(f) Assessing the growth and development of infants.(g) Managing diagnostic and therapeutic regimens for contraception and acute and chronic gynecologic illness.(h) Such other additional professional activities as authorized by the guidelines under which a particular nurse midwife practices" [244 Mass. Code Regs. 4.26].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Massachusetts is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate for independent providers.

Regulatory Board: Board of Registration in Nursing

www.mass.gov/eohhs/gov/departments/dph/.../nursing

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: Baystate Medical Center



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State Fact Sheet: Michigan

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 315

Number of CNM/CM Attended Births, 2013: 7,411

Percent of CNM/CM Attended Births, 2013: 6.53%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The scope of practice of nurse-midwifery is not defined or specified by statute or rule. The statutes only define the practice of nursing and registered professional nursing (RN) nursing.

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Michigan requires a collaborative agreement for the obtainment of prescriptive authority.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

http://www.michigan.gov/lara/0,4601,7-154-35299_63294_27529_27542---,00.html

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: University of Michigan; Wayne State University



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State Fact Sheet: Minnesota

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 262

Number of CNM/CM Attended Births, 2013: 7,586

Percent of CNM/CM Attended Births, 2013: 10.99%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 5

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: Nurse-midwife practice means "(1) the management, diagnosis, and treatment of women's primary health care including pregnancy, childbirth, postpartum period, care of the newborn, family planning, partner care management relating to sexual health, and gynecological care of women across the life span;(2) ordering, performing, supervising, and interpreting diagnostic studies, excluding interpreting computed tomography scans, magnetic resonance imaging scans, positron emission tomography scans, nuclear scans, and mammography;(3) prescribing pharmacologic and nonpharmacologic therapies; and(4) consulting with, collaborating with, or referring to other health care providers as warranted by the needs of the patient" [MN LEGIS 235 (2014), 2014 Minn. Sess. Law Serv. Ch. 235 (S.F. 511)].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Minnesota is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

mn.gov/health-licensing-boards/nursing/

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: University of Minnesota



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State Fact Sheet: Mississippi

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 40

Number of CNM/CM Attended Births, 2013: 882

Percent of CNM/CM Attended Births, 2013: 2.28%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 0

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: Scope of practice is not specifically defined for CNMs. However, certified nurse practitioners, including CNMs, are required to practice “according to standards and guidelines of the national certification organization” for the specialty group [30-18-2840 Miss. Code R. §2.3(a)].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Mississippi requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 90% of the physician rate.

Regulatory Board: Board of Nursing

www.msbn.state.ms.us/

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Missouri

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 86

Number of CNM/CM Attended Births, 2013: 2,489

Percent of CNM/CM Attended Births, 2013: 3.31%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 3

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: ACNM's "Standards for the Practice of Midwifery" are incorporated by reference and given full force and effect as the scope setting document within the administrative rules [Mo. Code Regs. Ann. tit. 20, §2200-4.100]

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Missouri requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

www.pr.mo.gov/nursing.asp

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Montana

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 43

Number of CNM/CM Attended Births, 2013: 1,201

Percent of CNM/CM Attended Births, 2013: 9.70%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 7

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: According to the regulations, "Nurse-midwifery practice means the independent management of care of essentially normal newborns and women, antepartally, intrapartally, postpartally and/or gynecologically, This occurs within a health care system that provides for medical consultation, collaborative management, and referral" [ARM §24.159.1475].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Montana is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 90% of the physician rate.

Regulatory Board: Board of Nursing

bsd.dli.mt.gov/license/bsd_boards/nur_board/board_page.asp

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: None Currently



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State Fact Sheet: Nebraska

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 42

Number of CNM/CM Attended Births, 2013: 1,533

Percent of CNM/CM Attended Births, 2013: 5.87%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: CNMs attend cases of normal childbirth, providing “prenatal, intrapartum, and postpartum care,” as well as “normal obstetrical and gynecological services for women,” and “care for the newborn immediately following birth” [Neb. Rev. Stat. §38-611]. While CNMs can practice within hospitals, physician’s offices or any other approved health care facility, CNMs may not attend home deliveries [Neb. Rev. Stat. §38-613].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Nebraska requires a supervisory relationship with a physician as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Department of Health and Human Services–Division of Public Health

dhhs.ne.gov/publichealth

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Nevada

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 31

Number of CNM/CM Attended Births, 2013: 1,387

Percent of CNM/CM Attended Births, 2013: 3.96%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: CNMs are regulated as advanced practitioners of nursing (APN). An advanced practitioner of nursing may perform the following acts in addition to the functions of a registered nurse if the advanced practitioner of nursing is properly prepared and the acts are currently within the standard of practice for his or her clinical specialty and appear in his or her protocols: 1. Systematically assess the health status of persons and families by: (a) Taking, recording and interpreting medical histories and performing physical examinations; and (b) Performing or initiating selected diagnostic procedures. 2. Based on information obtained in the assessment of a person's health, manage the care of selected persons and families with common, acute, recurrent or long-term health problems. Management may include: (a) Initiation of a program of treatment; (b) Evaluation of responses to health problems and programs of treatment; (c) Informing a person or family of the status of the patient's health and alternatives for care; (d) Evaluation of compliance with a program of treatment agreed upon by the person or family and the advanced practitioner of nursing; (e) Modification of programs of treatment based on the response of the person or family to treatment; (f) Referral to appropriate providers of health care; and (g) Commencement of care required to stabilize a patient's condition in an emergency until a physician can be consulted [Nev. Admin. Code § 632.255].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Nevada is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 88% of the physician rate.

Regulatory Board: Board of Nursing

nevadanursingboard.org/

Recognized Midwifery Credentials: CNM



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Midwifery Education Programs: None Currently



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State Fact Sheet: New Hampshire

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 103

Number of CNM/CM Attended Births, 2013: 2,349

Percent of CNM/CM Attended Births, 2013: 18.96%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 4

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: CNMs are regulated as a category of advanced practice registered nurse (APRN). APRN scope of practice specifically includes “performing acts of advanced assessment, diagnosing, prescribing, selecting, administering, and providing therapeutic measures and treatment regimes; obtaining consultation, planning, and implementing collaborative management, referral, or transferring the care of the client as appropriate; and providing such functions common to a nurse practitioner for which the ARNP is educationally and experientially prepared” [N.H. Rev. Stat. Ann. §326-B:11].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): New Hampshire is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

www.nh.gov/nursing/

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: None Currently



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State Fact Sheet: New Jersey

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 305

Number of CNM/CM Attended Births, 2013: 7,437

Percent of CNM/CM Attended Births, 2013: 7.25%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 0

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The statute provides a broad scope of practice, stating midwifery practice as “a person [who] attends a woman in childbirth as a midwife” [N.J. Stat. Ann. §45:10-1].

The regulations are more detailed, defining specific practice functions in the area of normal antepartum, intrapartum, postpartum, and well-women health care [N.J. Admin. Code §§13:35-2A.8 through 13:35-2A.13].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): New Jersey is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 70% of the physician rate.

Regulatory Board: Board of Medical Examiners

<http://www.njconsumeraffairs.gov/bme/>

Recognized Midwifery Credentials: CNM, CM, CPM

Midwifery Education Programs: Rutgers Biomedical Health Sciences



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State Fact Sheet: New Mexico

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 196

Number of CNM/CM Attended Births, 2013: 6,574

Percent of CNM/CM Attended Births, 2013: 24.95%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 3

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: "Practice by CNMs encompasses independently providing a full range of primary health care services for women from adolescence to beyond menopause. These services include primary care, gynecologic and family planning services, pre-conception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; independently prescribe, distribute and administer dangerous drugs, devices and contraceptive methods, and controlled substances in Schedules II-V of the Controlled Substances Act (NMSA 1978, Section 30-31-1); admit, manage and discharge patients; order and interpret laboratory and diagnostic tests; and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling" [N.M. Admin. Code § 16.11.2].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): New Mexico is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Department of Health

nmhealth.org

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: University of New Mexico



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State Fact Sheet: New York

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 973

Number of CNM/CM Attended Births, 2013: 23,978

Percent of CNM/CM Attended Births, 2013: 10.12%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 2

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: "The practice of the profession of midwifery is defined as the management of normal pregnancies, child birth and postpartum care as well as primary preventive reproductive health care of essentially healthy women, and shall include newborn evaluation, resuscitation and referral for infants" [N.Y. Educ. Law § 6951].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): New York is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 85% of the physician rate.

Regulatory Board: Board of Regents

www.regents.nysed.gov

Recognized Midwifery Credentials: CNM, CM

Midwifery Education Programs: Columbia University; New York University; Stony Brook University; SUNY Downstate Medical Center



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State Fact Sheet: North Carolina

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 373

Number of CNM/CM Attended Births, 2013: 14,977

Percent of CNM/CM Attended Births, 2013: 12.59%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 2

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The practice of midwifery is defined in the statute as “the act of providing prenatal, intrapartum, postpartum, newborn and interconceptional care.” These categories are further defined to specifically include the following: family planning and gynecological care; attending women in “uncomplicated labor;” attending “spontaneous deliveries of infants in vertex presentation from 37 to 42 weeks gestation;” and amniotomy, local anesthesia, episiotomy and repair, and repair of lacerations. Newborn care appears to be limited to assessment and care immediately after delivery. Although the scope of practice is defined in “laundry list” manner, it is expressed as “including but not limited to,” thus allowing some leeway [N.C. Gen. Stat. §90-178.2(1-5)].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): North Carolina requires a supervisory relationship with a physician as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 97% of the physician rate.

Regulatory Board: Midwifery Joint Committee

www.ncmedboard.org

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: East Carolina University



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State Fact Sheet: North Dakota

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 17

Number of CNM/CM Attended Births, 2013: 645

Percent of CNM/CM Attended Births, 2013: 6.17%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 0

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: Scope of practice is not specifically defined for CNMs. APRN scope of practice may include "a. Perform a comprehensive assessment of clients and synthesize and analyze data within a nursing framework; b. Identify, develop, plan, and maintain evidence-based, client-centered nursing care; c. Prescribe a therapeutic regimen of health care, including diagnosing, prescribing, administering, and dispensing legend drugs and controlled substances; d. Evaluate prescribed health care regimen ;e. Assign and delegate nursing interventions that may be performed by others; f. Promote a safe and therapeutic environment; g. Provide health teaching and counseling to promote, attain, and maintain the optimum health level of clients; h. Communicate and collaborate with the interdisciplinary team in the management of health care and the implementation of the total health care regimen; i. Manage and evaluate the clients' physical and psychosocial health-illness status; j. Manage, supervise, and evaluate the practice of nursing; k. Utilize evolving client information management systems; l. Integrate quality improvement principles in the delivery and evaluation of client care; m. Teach the theory and practice of nursing; n. Analyze, synthesize, and apply research outcomes in practice; and o. Integrate the principles of research in practice" [N.D. Admin. Code 54-05-03.1-03.2].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): North Dakota is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 75% of the physician rate.

Regulatory Board: Board of Nursing

<https://www.ndbon.org/>

Recognized Midwifery Credentials: CNM



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Midwifery Education Programs: None Currently



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State Fact Sheet: Ohio

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 358

Number of CNM/CM Attended Births, 2013: 9,444

Percent of CNM/CM Attended Births, 2013: 6.80%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 4

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: CNM scope of practice is defined in the statute as “nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience”.

CNMs may, in collaboration with physicians, provide the management of preventive services and those primary care services necessary to provide health care to women "antepartally, intrapartally, postpartally, and gynecologically" [Ohio Rev. Code Ann. §4723.43(A)]. CNMs may perform episiotomies and repair vaginal tears. They are prohibited from performing version, delivering breech or face presentation, using forceps, doing any obstetric operation, or treating any other abnormal condition, except in emergencies [Ohio Rev. Code Ann. §4723.43(A)].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Ohio requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

www.nursing.ohio.gov

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: Case Western Reserve University; Ohio State University; University of Cincinnati



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State Fact Sheet: Oklahoma

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 58

Number of CNM/CM Attended Births, 2013: 2,157

Percent of CNM/CM Attended Births, 2013: 4.04%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: “Nurse-midwifery practice” means providing management of care of normal newborns and women, antepartally, intrapartally, postpartally and gynecologically, occurring within a health care system which provides for medical consultation, medical management or referral, and is in accord with the standards for nurse-midwifery practice as defined by the American College of Nurse-Midwives [Okla. Stat. Ann. tit. 59, § 567.3a].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Oklahoma requires a collaborative agreement for the obtainment of prescriptive authority.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

<https://www.ok.gov/nursing/>

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Oregon

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 314

Number of CNM/CM Attended Births, 2013: 8,043

Percent of CNM/CM Attended Births, 2013: 17.81%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 15

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The Nurse-Midwife Nurse Practitioner independently provides health care to women, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases, and reproductive health. Counseling related to sexuality, relationship, and reproductive issues is included in this scope” [Or. Admin. R. §851-050-0005(9)(c)].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Oregon is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

www.osbn.state.or.us/

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: Oregon Health & Science University



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State Fact Sheet: Pennsylvania

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 426

Number of CNM/CM Attended Births, 2013: 16,075

Percent of CNM/CM Attended Births, 2013: 11.41%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 5

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: “Midwifery practice” is defined in the regulations as “management of the care of essentially normal women and their normal neonates. This includes antepartum, intrapartum, postpartum and nonsurgically- related gynecological care” [49PA. Code §18.1].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Pennsylvania requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: State Board of Medicine

www.dos.state.pa.us/med

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: Midwifery Institute of Philadelphia University; University of Pennsylvania



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State Fact Sheet: Rhode Island

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 67

Number of CNM/CM Attended Births, 2013: 1,203

Percent of CNM/CM Attended Births, 2013: 11.13%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 0

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The license to practice midwifery authorizes the holder to practice the independent management of cases of normal childbirth, including prenatal, intrapartum, postpartum, and normal newborn care, and well woman care including the management of common health problems that provides for consultation, collaborative management, or referral as indicated by the health status of the client in accordance with standards established by the American College of Nurse-Midwives...[R.I. Code R. 31 5 35].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Rhode Island is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: State Department of Health

www.health.ri.gov/

Recognized Midwifery Credentials: CNM, CM

Midwifery Education Programs: None Currently



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State Fact Sheet: South Carolina

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 126

Number of CNM/CM Attended Births, 2013: 2,438

Percent of CNM/CM Attended Births, 2013: 4.30%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 6

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: A scope of practice statement specific to nurse-midwifery is not contained within statute or administrative rule.

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): South Carolina requires a supervisory relationship with a physician as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

<http://www.llr.state.sc.us/pol/nursing/>

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: None Currently



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State Fact Sheet: South Dakota

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 28

Number of CNM/CM Attended Births, 2013: 824

Percent of CNM/CM Attended Births, 2013: 6.73%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The nurse practitioner or nurse midwife advanced practice nursing functions include: (1) Providing advanced nursing assessment, nursing intervention, and nursing case management; (2) Providing advanced health promotion and maintenance education and counseling to clients, families, and other members of the health care team; (3) Utilizing research findings to evaluate and implement changes in nursing practice, programs, and policies; and (4) Recognizing limits of knowledge and experience, planning for situations beyond expertise, and consulting with or referring clients to other health care providers as appropriate [S.D. Codified Laws § 36-9A-13.1].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): South Dakota requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Joint Regulation: Board of Nursing and Board of Medicine

<https://doh.sd.gov/boards/nursing/>

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Tennessee

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 206

Number of CNM/CM Attended Births, 2013: 4,574

Percent of CNM/CM Attended Births, 2013: 5.72%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 4

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: CNM practice is not defined in the statute or regulations, nor has any national scope of practice been adopted.

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Tennessee requires a collaborative agreement for the obtainment of prescriptive authority.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 90% of the physician rate.

Regulatory Board: Board of Nursing

health.state.tn.us/boards/nursing/

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: Vanderbilt University



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State Fact Sheet: Texas

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 411

Number of CNM/CM Attended Births, 2013: 12,236

Percent of CNM/CM Attended Births, 2013: 3.16%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 62

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: Regulation adopts the ACNM Standards as the official scope for CNM practice [22 Tex.Admin. Code §221.12(1)].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Texas requires a collaborative agreement for the obtainment of prescriptive authority.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 92% of the physician rate.

Regulatory Board: Board of Nursing

www.bne.state.tx.us/

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: Baylor University; Texas Tech University Health Sciences Center



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State Fact Sheet: Utah

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 136

Number of CNM/CM Attended Births, 2013: 4,096

Percent of CNM/CM Attended Births, 2013: 8.04%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 10

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The practice of nurse-midwifery is defined to mean the practice of nursing within the generally recognized scope and standards of nurse midwifery as defined by rule and consistent with professionally recognized preparations and educational standards of a certified nurse midwife by a person licensed under this chapter, which practice includes:(i) having a safe mechanism for obtaining medical consultation, collaboration, and referral with one or more consulting physicians who have agreed to consult, collaborate, and receive referrals, but who are not required to sign a written document regarding the agreement;(ii) providing a patient with information regarding other health care providers and health care services and referral to other health care providers and health care services when requested or when care is not within the scope of practice of a certified nurse midwife; and(iii) maintaining written documentation of the parameters of service for independent and collaborative midwifery management and transfer of care when needed; and(c) the authority to:(i) elicit and record a patient's complete health information, including physical examination, history, and laboratory findings commonly used in providing obstetrical, gynecological, and well infant services to a patient;(ii) assess findings and upon abnormal findings from the history, physical examination, or laboratory findings, manage the treatment of the patient, collaborate with the consulting physician or another qualified physician, or refer the patient to the consulting physician or to another qualified physician as appropriate;(iii) diagnose, plan, and implement appropriate patient care, including the administration and prescribing of:(A) prescription drugs;(B) schedule IV-V controlled substances; and(C) schedule II-III controlled substances in accordance with a consultation and referral plan;(iv) evaluate the results of patient care;(v) consult as is appropriate regarding patient care and the results of patient care;(vi) manage the intrapartum period according to accepted standards of nurse midwifery practice and a written intrapartum referral plan, including performance of routine episiotomy and repairs, and administration of anesthesia, including local, pudendal, or paracervical block anesthesia, but not including general anesthesia and major conduction anesthesia;(vii) manage the postpartum period;(viii) provide gynecological services;(ix) provide noncomplicated newborn and infant care to the age of one year [Utah Code Ann. § 58-44a-102].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Utah is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.



Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Department of Commerce–Division of Occupational and Professional Licensing

www.dopl.utah.gov

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: University of Utah



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State Fact Sheet: Vermont

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 76

Number of CNM/CM Attended Births, 2013: 1,247

Percent of CNM/CM Attended Births, 2013: 20.87%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 0

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The Board of Nursing recognizes ACNM's "Standards for the Practice of Midwifery" as defining the appropriate scope for nurse-midwifery practice in Vermont.

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Vermont is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

<https://www.sec.state.vt.us/professional-regulation/professions/nursing.aspx>

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: None Currently



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State Fact Sheet: Virginia

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 258

Number of CNM/CM Attended Births, 2013: 7,376

Percent of CNM/CM Attended Births, 2013: 7.22%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 8

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: CNMs practice in accordance with ACNM's Standards of Practice.

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Virginia requires a supervisory relationship with a physician as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Joint Regulation: Board of Nursing and Board of Medicine

www.dhp.virginia.gov/nursing/

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: Shenandoah University



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State Fact Sheet: Washington

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 362

Number of CNM/CM Attended Births, 2013: 8,063

Percent of CNM/CM Attended Births, 2013: 9.32%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 14

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: There is not a specific nurse-midwifery scope statement contained within law or rule, although general elements of scope of practice are addressed under the umbrella of advanced nursing practice. ACNM's Standards of Practice has been recognized by the regulatory board.

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Washington is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Washington State Nursing Quality Care Assurance Commission
<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: Seattle University; University of Washington



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State Fact Sheet: West Virginia

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 62

Number of CNM/CM Attended Births, 2013: 2,575

Percent of CNM/CM Attended Births, 2013: 12.37%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 1

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The West Virginia statute does not define a particular scope of practice for nurse-midwifery. Rather, nurse-midwifery is defined as practice according to ACNM standards for nurse-midwifery practice, [W.V.C. §§30-15-2; 30-15-7], which means that the ACNM Standards for the Practice of Midwifery have been adopted by reference.

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): West Virginia requires a collaborative agreement for the obtainment of prescriptive authority.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Examiners for Registered Nursing Professionals

www.wvrnboard.com

Recognized Midwifery Credentials: CNM

Midwifery Education Programs: None Currently



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State Fact Sheet: Wisconsin

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 199

Number of CNM/CM Attended Births, 2013: 6,075

Percent of CNM/CM Attended Births, 2013: 9.12%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 73

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The scope of practice for a CNM includes the overall “management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse-Midwives (ACNM) and the education, training, and experience of the nurse midwife” [Wis. Stat. Ann. §441.15(1)(b)].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Wisconsin requires a collaborative agreement as a condition for practice.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate for master's prepared CNMs.

Regulatory Board: Board of Nursing

dps.wi.gov/Boards-Councils/Board.../Board-of-Nursing-Main-Page/

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: Marquette University



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State Fact Sheet: Wyoming

The American College of Nurse-Midwives (ACNM) is the national organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States. CNMs and CMs are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate that they meet ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Midwives are trained to offer a full range of primary health care services for women from adolescence beyond menopause.

Number of AMCB Certified Midwives, 2014: 15

Number of CNM/CM Attended Births, 2013: 342

Percent of CNM/CM Attended Births, 2013: 4.48%

Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers. According to the CDC, in 2012 the vast majority of midwifery-attended births occurred in the hospital setting (94.8%). Other birth locations included birth centers (2.6%), home births (2.6%), and approximately 0.1% in a clinic or other setting.

Number of Birth Centers in State, 2014: 0

A 2012 meta-analysis of midwifery outcomes when compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."

ACNM considers the scope of midwifery practice to include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods;



admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

State Scope of Practice Statement: The regulations do not define nurse-midwifery but, rather, adopt the respective national organizations' scope of practice statements for each specialty, which would include ACNM's Standards for the Practice of Nurse-Midwifery [Rules, Board of Nursing Ch. 4 §7].

Regulatory Environment (Autonomous Practice, Collaborative Requirement, or Supervisory): Wyoming is an independent practice state, meaning any required relationships with a physician or other provider do not rise to the level of a contractual agreement.

Medicaid Coverage: Medicaid covers approximately half of all births in the United States, with the percent ranging from 20 to over 60 percent among states. As such, it is a key payer for midwifery services and it is critical that midwives understand when their patients may qualify for Medicaid coverage, what services are covered, and how to get paid for their services to Medicaid beneficiaries. The fee-for-service Medicaid reimbursement rate for midwives is currently 100% of the physician rate.

Regulatory Board: Board of Nursing

<https://nursing-online.state.wy.us>

Recognized Midwifery Credentials: CNM, CPM

Midwifery Education Programs: None Currently



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