NACPM | national association of certified professional midwives

CPMs: Midwifery Landscape and Future Directions

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NACPM Vision & National Landscape for CPMs

NACPM envisions a primary maternity care system in our country where all women access care through a midwife, where birth place is the choice of the family, and where all women and babies have the same chance to be healthy. There is a critical and urgent need to make the benefits of midwifery care available to all families, regardless of means, in every state and every community. **NACPM is committed to securing a place in the maternity care system for the unique and valuable services of CPMs.**

In the United States today, fewer than 10% of all childbearing families are cared for by midwives, and most childbirth occurs in expensive hospital facilities with physicians who are not trained to support physiologic birth and therefore rely on unnecessary interventions to manage labor and birth. In countries with primary maternity care systems staffed by midwives, 50-75% of all childbearing families receive care from midwives, and the intervention rates are significantly lower than what they are in our country. **NACPM is committed to safeguarding the right to normal, physiologic birth for every person having a baby.**

To make matters worse, there are tragic disparities in health outcomes for childbearing people and infants of color. In the United States, black people are 4 times more likely to die of pregnancy-related complications than their white counterparts and their babies are 2.5 times likely to die in their first year of life. Native Americans and Alaska Natives have an infant death rate 60% higher than the rate for whites. **NACPM is committed to eliminating these unconscionable disparities in birth outcomes for childbearing people and infants of color, dismantling systemic racism in maternity care, and influencing state and national policy to improve maternity outcomes throughout the United States.**

While physicians still attend the majority of births, an analysis completed by the American College of Obstetrician-Gynecologists reveals that more than one-half of all counties in the United States do not have an obstetrician available and that the actual number of obstetric providers is declining and will be insufficient to meet the need in the coming years. Despite these facts, Certified Professional Midwives still do not have an avenue for licensure in every state and are not universally recognized as providers eligible for third-party reimbursement, including Medicaid which covers approximately one-half of all childbearing families. This profoundly limits opportunities for expanding the midwifery workforce to meet the needs now and into the future. **NACPM is committed to securing licensure and equitable reimbursement for CPMs in all 50 states and territories.**

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While CPMs have built an impressive network of schools and preceptorships, educational opportunities for aspiring midwives are limited, and studies have found that people of color experience particular challenges accessing education. Additional support is needed to increase the number of accredited programs to expand the midwifery workforce and to ensure there are more pathways which meet the need to create a more representative workforce. **NACPM is committed to supporting excellence and innovation in midwifery education, to supporting states to align new legislation with the US MERA agreements that includes MEAC-accredited education, and to investing in a strong and diverse workforce of CPMs.**

Midwifery in the United States has a complicated history of marginalization and division. Prior to the twentieth century, midwives served in their communities as the primary maternity care providers for childbearing people in the U.S. The percentage of midwife-attended births declined steadily over time as chattel slavery ended, native and indigenous communities were decimated, and community midwives, foreign-trained midwives, and home birth were stigmatized through disinformation and anti-midwifery campaigns. These primarily physician-led campaigns were fueled by racism, classism, sexual discrimination, and anti-immigrant fervor.

By the end of World War II, only 5% of childbearing people were attended by midwives in the United States. While nurse-midwifery began to emerge in the 1930s as one strategy to professionalize midwifery and increase providers to serve the childbearing population, especially those in underserved areas, traditional midwives were denied access to, or support from, the systems of regulation, payment, and employment in which other health care providers participate. Another strategy to strengthen organized medicine's position was to move all birthing women into the hospital where physicians began managing both normal and complicated births, a system still firmly in place today. This transition had profound impacts on people having babies, especially people of color. Where once people were served by their own community members, they were now served primarily by white male physicians, helping to fuel the impact of racism on poor birth outcomes that continues to cause suffering today.

The home birth movement and a new generation of direct-entry midwives emerged in the 1970s as the last of the traditional midwives and grand midwives of the American South passed on or were being phased out or retired. Given the fraught history of midwifery in the United States, CPMs understandably struggle to gain legitimacy. And yet, CPMs—through a model of care based in respect, client autonomy, choice in place of birth, and shared decision-making—are positioned to help address and dismantle the systems of patriarchy, sexism, racism, and discrimination that so adversely impact the health and lives of people having babies today. As midwives whose clinical education takes place in communities and whose sites of service are in communities, the CPM profession is positioned to help people, including people of color who want to train and serve in their own communities. **NACPM is committed to investing in a strong and diverse workforce of CPMs to meet the needs of childbearing people, and to doing all we can to ensure that traditional and community midwives are not left behind in the process of professionalization.**

While the current situation reflects our fractured history, midwifery is gaining important ground today through focused and strategic efforts by state leaders and advocates, through concerted initiatives by professional associations, and through historic CPM/CNM/CM collaborations. Bringing the threads of midwifery together after so many years of marginalization and misrepresentation is extraordinarily challenging, but building a viable role for all midwives in the United States depends on it. **NACPM is committed to unifying and strengthening professional midwifery in the U.S. through partnerships with midwives, consumers, and policy makers.**

In the last decade, long-simmering movements to reform maternity care and empower midwifery have contributed to several important developments globally and nationally. In 2012, the International Confederation of Midwives became the first international health professional organization to adopt global standards for education and regulation. Many global initiatives and reports now recognize midwives as central to the maternal-newborn healthcare workforce and strengthening midwifery as key to improving quality of care and prevention of maternal-newborn mortality.

In the United States, the national midwifery associations, certifying agencies, and accrediting bodies have embraced the global standards as the basis for unifying and strengthening midwifery in our country. The US Midwifery Education, Regulation, and Association (US MERA) collaboration has generated a set of principles and agreements that serve as the foundation for mutual support in efforts to achieve state licensing and federal recognition for all nationally-certified midwives. The American Congress of Obstetricians & Gynecologists (ACOG) has also endorsed the ICM standards and the US MERA agreements regarding midwifery qualifications based on completion of an accredited education program or, if a CPM certified prior to 2020, completion of the NARM Bridge Certificate.

In 2016 and 2017, Alabama, Maine, Michigan, and South Dakota, four states where progress for midwives had been stymied for years, the legislatures passed new state licensing laws containing the US MERA language. Several additional states have current or planned licensing initiatives to take advantage of the US MERA agreements.

At the national level, NACPM continues to work with Congress to recognize CPMs in the Social Security Act, which would mandate coverage of all licensed CPMs by Medicaid and open the doors to other federal programs, such as the National Health Service Corps and the Indian Health Service. Drafting language that describes qualifications based on the US MERA agreements, NACPM, in consultation with stakeholders, is now working in partnership with the American College of Nurse-Midwives to secure the necessary support.

Looking to the future, NACPM believes national certification will be required for licensure in most, if not all, states. Over the next decade, following the trend evidenced in Alabama, Maine, Michigan, and South Dakota, new licensing laws will likely require an accredited educational program for new CPMs to qualify for licensure and that CPMs who have not completed an accredited program acquire the NARM Midwifery Bridge Certificate. Participation in federal programs, such as Medicaid, third-party insurance, and employment are likely to have similar requirements in the coming years.

NACPM believes the landscape is shifting in favor of our vision and that of CPMs, and that CPMs have the chance to position ourselves to truly address the needs of people having babies, now more than ever. Yet there is much work to be done in service of achieving this vision. NACPM is committed to being a reliable resource for CPMs and stakeholders and to partnerships, programs, and initiatives to accomplish this goal.