Midwifery Advocacy – Tools You Can Use

NACPM Webinar
March 23, 2017

Presenters:
Jo Anne Myers-Ciecko
Mary Lawlor and
Susan Smartt Cook
## A Few Milestones in the Changing Landscape

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**Activities:**
- ACOG Legislative Toolkit re. CPMs
- ACOG: Planned Home Birth
- ACOG: Midwifery Education and Certification
- ACOG: Supports Bridge Certificate
- ACOG: SMFM Joint Statement on Levels of Maternal Care
- ACOG: Endorses ICM Standards
- ACOG: Limit Intervention in Labor/Birth

**Locations:**
- MD
- ME
- MI
- SD
NACPM State Legislation and Advocacy Toolkit
http://nacpm.org/state-legislative-and-advocacy-toolkit/

Purpose of Toolkit:

✓ To support CPMs and allies engaged in legislative, regulatory, public policy and other advocacy work

✓ To link state efforts with national and international vision and standards for midwifery

✓ To provide training materials and planning tools for professional development

✓ To inform policymakers and others about CPMs and the benefits of CPM care
NACPM State Legislation and Advocacy Toolkit

http://nacpm.org/state-legislative-and-advocacy-toolkit/

Preparation
Guidance for learning, discussion, and planning

Persuasion
Outreach materials about CPMs

References
Additional resources to further inform and support your work
NACPM State Legislation and Advocacy Toolkit

http://nacpm.org/state-legislative-and-advocacy-toolkit/

NACPM shares the **ICM values and principles** that underpin the **Global Standards of Midwifery Regulation**:

- Regulation is a mechanism by which the social contract between the midwifery profession and society is expressed.
- Each woman has the right to receive care in childbirth from an educated and competent midwife authorized to practice midwifery.
- Midwives are autonomous practitioners; they practice in their own right and are responsible and accountable for their own clinical decision-making.
- Midwifery is a profession that is autonomous, separate and distinct from nursing and medicine.
Three pillars of strong midwifery profession: Education, Regulation, and Association

http://www.internationalmidwives.org/what-we-do/education-regulation-association/

ICM Regulation Toolkit

- Purpose of regulation
- Key elements of regulatory authority
- Managing the change to regulation
- Skills to influence & achieve change
- Board governance
- Resources and tools
ICM Regulation Toolkit

1: Understand regulation
Read and understand the ICM documentation

2: Assess your status
Use the Gap Analysis Tool to get a picture of where you are in relation to the ICM Global Standards for Midwifery Regulation

3: Identify your goals

4: Make your strategic plan with goals in mind

5: Monitor and evaluate your actions

6: Provide information, skills and tools
ICM Regulation Toolkit

- **Aspirational**
  - What do we stand for?
  - Ethics, principles, beliefs

- **Achievable**
  - Where are we going?
  - What do we aspire to achieve?
  - Hope, ambition

- **Specific and tangible**
  - What do we do?
  - Who do we do it for?
  - Motivation, purpose

- **Values**
  - How are we going to progress?
  - Plan, goals, sequencing

- **Vision**
  - What do we have to do?
  - How do we know
  - Actions, owners, timeframes, resources, outcomes

- **Mission**

- **Strategic objectives**

- **Actions and KPI’s**

(Source: [http://knowledgenet.carrickcentre.ie/](http://knowledgenet.carrickcentre.ie/))
Recognizing barriers to change:

- When seeking to have midwifery recognized as an autonomous profession you will find that **other health professionals can be both allies and objectors.** Doctors and nurses may be opposed due to protectionism (of their own obstetric role) or hold a limited view of midwifery, but equally some may be supportive...

- Another barrier to the establishment of regulation may come from **your fellow midwives.** You must equally persuade those amongst your profession unconvinced of the value of regulatory reform of the purpose and importance of establishing a regulatory authority that ensures regulation standards are met...
Everything down to the nitty gritty of planning protest:

Protests are a final resort and should not be considered before other means have been attempted. If necessary, it is important to plan protests properly to ensure they are effective. You need to consider...what activities will have the greatest impact in achieving your goals.

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<th>TIMING</th>
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<td>Where should you hold a protest?</td>
<td>Are there special events, or times than you can use to make your protest have the greatest impact?</td>
<td>Who will support your protest and actually take part?</td>
<td>What kind of protest will have the most impact?</td>
<td>How can you engage the media early on and inform them of the reason for your protest in a professional manner?</td>
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ICM Regulation Toolkit: Gap Analysis Tool

Parts 1-5: Information required to assess your situations

Part 6: Assessment Against ICM Global Standards for Midwifery

Part 7: Identification of Needs and Barriers

→ The NACPM Regulatory Assessment Tool is based on the US MERA Principles for Model Midwifery Legislation and Regulation and can be used instead of ICM’s Part 6
Health professional regulation is the responsibility of the states, unlike many countries where that responsibility lies with the national government.

Most states recognize the value of using national standards for certification and accreditation developed by each profession as a component of their licensing laws and regulations.

National certifying and accrediting agencies are accountable both within the profession and to external oversight for maintaining standards informed by the practitioners and educators of that profession.

NACPM State Legislation and Advocacy Toolkit

http://nacpm.org/state-legislative-and-advocacy-toolkit/
Remember these **ICM values and principles**?

- Midwives are autonomous practitioners; they practice in their own right and are responsible and accountable for their own clinical decision-making.
- Midwifery is a profession that is autonomous, separate and distinct from nursing and medicine.

→ In the US, midwifery autonomy is preserved, in part, when state regulation is based on the national midwifery standards for certification and midwifery education program accreditation.
NARM and MEAC are governed by midwives and must set standards for certification and accreditation based on input received from practicing midwives and educators.

CPMs also define scope of practice, standards of practice and ethical conduct by participating in NACPM and providing input to NARM.

→ So important that we grow membership and engagement in NACPM and that CPMs understand why it matters that they complete NARM and MEAC surveys like the task analysis and review of accreditation standards
Professional Association = NACPM
Certifying Agency (NCCA accredited) = NARM
Accrediting Agency (USDE recognized) = MEAC

Members of the Profession = CPMs

State Legislation and Regulation
Adapting ICM Global Standards to Midwifery Licensure and Regulation in the United States

- US Midwifery, Education, Regulation and Association (US MERA) collaboration begins work in 2011
- US MERA Principles for Model U.S. Midwifery Legislation and Regulation October 2015
- US MERA Statement on the Licensure of Certified Professional Midwives June 2015

→ NACPM continuing education webinars that address what the US MERA agreements could mean for CPMs are available online

http://nacpm.org/state-legislative-and-advocacy-toolkit/

http://nacpm.org/for-cpms/resources/webinars/
# NACPM Regulatory Assessment Tool

Based on the “Principles for Model U.S. Midwifery Legislation and Regulation” adopted by US MERA October 2015


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*We’d give this a 5!*  
There should be a midwifery board that regulates midwives!  
There hasn’t been a new board created for any newly-licensed profession in our state in years. They say it’s too expensive. | We’d have to convince our legislative sponsor.  
Our lobbyist would need to do help us assess opposition.  
We need to learn more about why boards are expensive.  
It may cost more/take longer for our bill to be successful with this provision – maybe not worth it to us if we could be assured of second clause in the US MERA Principle... |
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We’d have to build a case for the value of national standards and the credibility of NARM and MEAC.  
Could reach out to ACNM, ACOG, others who’ve taken affirmative positions. |
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<td>Midwifery or insurance regulation should mandate third party payment, including Medicaid payment, for licensed midwives.</td>
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Hang on – just one more important piece of the US MERA agreements on supporting legislation.
US MERA encourages the inclusion of the following two statements in legislative language for states developing licensure statutes for CPMs:

1. For the licensure of CPMs who obtain certification after January 1, 2020, in states with new licensure laws, all applicants for licensure will be required to have completed an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) and obtained the CPM credential.

2. For CPMs who obtained certification through an educational pathway not accredited by MEAC:
   a. CPMs certified before January 1, 2020, through a non-accredited pathway will be required to obtain the Midwifery Bridge Certificate issued by the North American Registry of Midwives (NARM) in order to apply for licensure in states using the US MERA language for licensure, or
   b. CPMs who have maintained licensure in a state that does not require an accredited education may obtain the Midwifery Bridge Certificate regardless of the date of their certification in order to apply for licensure in a state that includes the US MERA language.

Oklahoma CPMs meet with NACPM Executive Director Mary Lawlor

NACPM OK State Chapter reports having a fruitful, inspiring work session with Mary using the NACPM Regulatory Assessment Tool. Their feedback on using the tool:

- Brings big ideas into focus as discrete considerations
- Is structured to evaluate each US MERA endorsed principle in terms of particular state situation and priorities
- Helps clearly organize information and next steps with the interactive chart format
- Empowers midwives to shift out of the defensive and begin to work proactively on legislation that supports our work and practice and protects our autonomy
Outreach materials

Why We Need Certified Professional Midwives

NACPM State Legislation and Advocacy Toolkit

http://nacpm.org/state-legislative-and-advocacy-toolkit/
Outreach materials

Certified Professional Midwives: Frequently Asked Questions

http://nacpm.org/state-legislative-and-advocacy-toolkit/
Outreach materials

Significant Cost Savings & Improved Outcomes Found in Washington State Study of Care Provided by Certified Professional Midwives

http://nacpm.org/state-legislative-and-advocacy-toolkit/
NACPM State Legislation and Advocacy Toolkit

http://nacpm.org/state-legislative-and-advocacy-toolkit/

Outreach materials about CPMs:

✓ Why We Need Certified Professional Midwives

✓ Certified Professional Midwives: Frequently Asked Questions

✓ Significant Cost Savings & Improved Outcomes Found in Washington State Study of Care Provided by Certified Professional Midwives

→ These are available with NACPM logo and contact info on the website. Can also be made with NACPM State Chapter logo and contact info.
HOW TO WORK SUCCESSFULLY WITH A LOBBYIST

*Good advice:* Choose an individual with integrity, who is respected--even if not always loved--by legislators, with a reputation for being truthful and knowledgeable.

*Be prepared:* No lobbyist in the world can pursue your goals if you don’t have a consensus on what they are, or you are not able to clearly communicate them to him or her. Take the time necessary to clearly define your expectations. Be explicit in the description of your expectations and duties in a written contact.

*Evaluate regularly:* How well is the lobbyist performing? Who is our opposition and what relationship does our lobbyist have with theirs? Has the association provided information on midwifery and other issues the lobbyist needs to understand?
HOW TO WORK SUCCESSFULLY WITH A LOBBYIST

Sample questions to ask your lobbyist:
Have we been easy to communicate with if you needed information or a decision?
Have we been responsive when you needed us to take some action?
Is there any way to change our relationship that would help you represent us more effectively?

Sample questions leaders should ask themselves:
Is the lobbyist accessible, returning contact in reasonable amount of time?
Has the lobbyist provided useful guidance and assistance in framing our issue and developing a legislative strategy?
Is the lobbyist well respected by legislators, work well with policy makers and regulators?

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References

Best Practice Guidelines:
Transfer from Planned Home Birth to Hospital
  • Model practices for the midwife
  • Model practices for the hospital provider and staff
  • Quality improvement and policy development

Home Birth Summit, Collaboration Task Force

NACPM State Legislation and Advocacy Toolkit
http://nacpm.org/state-legislative-and-advocacy-toolkit/

References

Utah Women and Newborns Quality Collaborative: Out-of-Hospital Birth Project

• Data gathering and analysis
• Standardized Maternal / Neonatal Transport Forms
• Educational Materials for Obstetric Providers and Pregnant Women

Lots of useful materials and examples to inspire other states. Check out this excerpt from their midwifery infographic...
Midwives in Utah
Midwives attend approximately 9% of the total births in Utah - approximately 5,500 births annually.

Types of Midwives

Certified Nurse Midwife (CNM)
Certified Professional Midwife (CPM)
Licensed Direct Entry Midwife (LDEM)
Unlicensed Direct Entry Midwife (UDEM)
Direct Entry Midwife (DEM)

Midwife Statistics in Utah
Location of Midwife Attended Births

- **CNM**
  - 4,145 Total Births
  - 3,926
  - 120
  - 98

- **LDEM**
  - 521 Total Births
  - 0
  - 264
  - 251

- **Other Midwife**
  - 785 Total Births
  - 0
  - 70
  - 709

Similarities Among Midwives

- All Want Healthy Moms & Healthy Babies
- Partnership Model of Care
- Prenatal Care
- Care During Birth
- Postpartum Care
- Early Newborn Care & Lactation
- Access to Labs & Ultrasound
- Emphasis on Supporting Physiologic Birth
- Suture 1st & 2nd Degree Lacerations
- Collaborate with other Medical Providers
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http://nacpm.org/state-legislative-and-advocacy-toolkit/

References

**Smooth Transitions:**
Enhancing the safety of hospital transfers from planned community-based births in Washington State

**NNEPQIN:**
Northern New England Perinatal Quality Improvement Networks

**Maine CDC:**
Video: Best practice recommendations for handoff communication during a transport from home or freestanding birth center to hospital
Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, AND NACPM  April 2012

This statement is placed in the context of the current, widespread application of technological interventions that lack scientific evidence to a primarily healthy birthing population.

Definition: A normal physiologic labor and birth is one that is powered by the innate human capacity of the woman and fetus.
Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, AND NACPM  April 2012

Recommendations for policy, education, and research to promote normal physiologic childbirth include, but are not limited to, the following:

- Introduction of policies into hospital settings to support normal physiologic birth;
- Comprehensive examination and dissemination of the evidence and care practices supportive of normal physiologic birth;
- Midwifery care as a key strategy to support normal physiologic birth;
- Increasing the midwife workforce and enhancing regulations and funding strategies to support their practice;
- Competency-based, inter-disciplinary education programming for maternity health care clinicians and students on the application of care that promotes normal physiologic birth; and (see the Normal Birth Summit Statement)
- Development of a future research agenda on short and long-term effects of normal physiologic birth.
ACOG-SMFM Joint Statement on Levels of Maternal Care  February 2015

- Goal of regionalized maternal care is for pregnant women at high risk to receive care in facilities that are prepared to provide the required level of specialized care.

- Proposed classification system for birth centers, basic care (level I), specialty care (level II), subspecialty care (level III), and regional perinatal health care centers (level IV). Does not include home births.

http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Levels-of-Maternal-Care
In a freestanding birth center, every birth should be attended by at least two professionals.

The primary maternity care provider that attends each birth is educated and licensed to provide birthing services.

Primary maternity care providers include certified nurse–midwives (CNMs), certified midwives, certified professional midwives, and licensed midwives who are legally recognized to practice within the jurisdiction of the birth center; family physicians; and obstetrician–gynecologists.
ACOG Committee Opinion on Planned Home Birth
August 2016

- ACOG believes hospitals and accredited birth centers are the safest settings for birth, but each woman has the right to make a medically informed decision about delivery.

http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Planned-Home-Birth

Note: This Committee Opinion replaces ACOG Committee Opinion on Home Birth February 2011 and Reaffirmed 2015
And the ACOG Statement on Home Births February 2008
Women should be informed of factors critical to reducing perinatal mortality rates and achieving favorable home birth outcomes:

- appropriate selection of candidates for home birth;
- the availability of a certified nurse–midwife, certified midwife or midwife whose education and licensure meet International Confederation of Midwives’ Global Standards for Midwifery Education, or physician practicing obstetrics within an integrated and regulated health system;
- ready access to consultation; and
- access to safe and timely transport to nearby hospitals.

The Committee on Obstetric Practice considers fetal malpresentation, multiple gestation, or prior cesarean delivery to be an absolute contraindication to planned home birth.
Ob-Gyns, in collaboration with midwives, nurses, patients and those who support in labor, can help women meet their goals by using techniques that are associated with minimal interventions and high rates of patient satisfaction. Examples:

- PROM → assessment and expectant management
- Intermittent auscultation, not routine continuous monitoring
- Nonpharmacologic techniques to cope with labor pain

Obstetric care providers should be familiar with and consider using low-interventional approaches
"You can do what I cannot do. I can do what you cannot do. Together we can do great things."

— Mother Teresa
ACOG State Legislative Toolkit: Licensure and Regulation of Certified Professional Midwives 2014

• Provides insights for the careful reader into the way that ACOG gives guidance regarding concepts for regulating midwives and recommendations for specific legislative language

• BUT it has not been updated to align with more recent statements from ACOG – so don’t make assumptions based on this toolkit!

ACOG Statement on Midwifery Education and Certification  Amended, Reaffirmed July 2014

- ACOG has long recognized the educational and professional standards currently used by the American Midwifery Certification Board (AMCB) to evaluate and certify midwives.

- ACOG now also recognizes and accepts the International Confederation of Midwives (ICM) Global Standards as the common worldwide education, licensure, regulatory and practice standards for midwifery and expresses support for ACNM’s endorsement of the ICM Standards.

ACOG Statement on Midwifery Education and Certification  Amended, Reaffirmed July 2014

- ACOG supports the development of legislation and regulations that utilize the ICM educational standards as the baseline for midwifery education and training her in the United States and the rest of the world.

- ACOG supports women having a choice in determining their providers of care. ACOG specifically supports the provision of care by midwives who are certified by AMCB or whose education and licensure meet the ICM Global Standards. ACOG does not support provision of care by midwives who do not meet these standards.
ACOG Endorses the International Confederation of Midwives Standards for Midwifery Education, Training, Licensure and Regulation April 2015

- ACOG endorses the ICM education and training standards and strongly advocates the ICM criteria as a baseline for midwife licensure in the United States, through legislation and regulation.

- Women in every state should be guaranteed care that meets these important minimum standards.

http://www.acog.org/About-ACOG/News-Room/Statements/2015/ACOG-Endorses-the-International-Confederation-of-Midwives-Standards-for-Midwifery-Education#.V-qikMk35s0.email
ACOG Endorses the International Confederation of Midwives Standards for Midwifery Education, Training, Licensure and Regulation April 2015

- A March 2015 consensus document, *Levels of Maternal Care*, developed jointly by ACOG and the Society for Maternal-Fetal Medicine, calls for systems-level improvements, including implementation of a new uniform classification system for how maternal care is delivered across the US, and specifies new regional criteria for facilities including birth centers.

- While *Levels of Maternal Care* references certified professional midwives, ACOG holds firm that all midwife providers must meet or exceed the ICM education and training standards.
Here in the US, midwifery groups have no agreed-upon definition of a midwife. There are three separate midwifery credentials — certified nurse midwives (CNMs), certified midwives (CMs), and certified professional midwives (CPMs) — with differing levels of education and training. CNMs and CMs meet and exceed ICM’s minimum education standards.

However, possibly as many as two-thirds of CPMs do not meet the ICM standards.
ACOG Endorses the International Confederation of Midwives Standards for Midwifery Education, Training, Licensure and Regulation April 2015

- It’s time for the US to uphold the standards for midwifery care expected by women in other nations around the world. Today, US state laws and regulations governing midwifery vary widely; few states require a common, minimum requirement for education and accredited training that every midwife must meet to practice legally.
ACOG Endorses the International Confederation of Midwives Standards for Midwifery Education, Training, Licensure and Regulation April 2015

• Our health care partners and state lawmakers must work with us to ensure that no woman in the US receives midwifery care that wouldn’t meet the standards received by women in other, even less developed, nations. ACOG advocates for implementation of the ICM standards in every state to assure all women access to safe, qualified, highly skilled providers.

• All midwives — whatever their title or professional designation and regardless of where they practice — should meet the ICM standards, to ensure access to safe, qualified, highly skilled midwives in all settings including birth centers.
ACOG Statement on the US MERA Bridge Certificate  April 2016

- ACOG supports the International Confederation of Midwives (ICM) educational standards as the minimum education and licensure requirement for all midwives practicing in the US.

- ACOG recognizes that the US MERA bridge certificate is an attempt to elevate the training and education of midwives who lack accredited education and do not currently meet ICM criteria.

The US MERA bridge certificate at present is only intended to address the training and educational needs of CPMs in states that do not currently license these providers.

ACOG strongly encourages all apprentice (PEP) trained CPMs to utilize this bridge certificate opportunity.

Every CPM, no matter when they were credentialed or where they practice, should at least meet the educational and training standards required of midwives in other nations.
ACOG looks forward to working with ACNM and the other US MERA organizations.

It is essential that we send a unified message to legislators, regulators, the public, and our patients that we support nothing less than high quality maternity care.
Don’t ever forget!

• You offer a unique and important service to the families of your community

• Your care is grounded in the knowledge of normal physiologic birth, risk assessment, evidence-informed practice and shared decision-making -- hallmarks of high-quality, high value health care

• When given the opportunity to assume your rightful place among recognized health care professionals -- you will create incredible value in the maternity care system as a whole!
You are part of a circle of support that includes the NACPM leadership. We are available to provide guidance, review proposed language, and advocate when requested.
NACPM State Legislation and Advocacy Toolkit

http://nacpm.org/state-legislative-and-advocacy-toolkit/

What’s next?

- Guidance for CPMs, students and other midwives:
  - Value of certification, accreditation and federal recognition
  - Importance of reimbursement, including Medicaid
  - Strategy for federal recognition
  - Critical role of the Midwifery Bridge Certificate

- NACPM Scope of Practice Statement
- NACPM Practice Guidelines
- NACPM Core Competencies
NACPM State Legislation and Advocacy Toolkit

http://nacpm.org/state-legislative-and-advocacy-toolkit/

Questions?
Feedback?
Discussion?

What else do you want in your toolkit?