

CPMs: Midwifery Landscape and Future Directions

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Certified Professional Midwives: What We Have Learned and How We Practice Midwifery Is Critical to Improving Health & Saving Lives in the U.S.

Labor, Birth and Postpartum—A Healthy Life Process

The value provided by Certified Professional Midwives and our care is deeply rooted in our understanding that birth is a healthy life process—in fact, a pivotal life experience. CPM care embodies the knowledge that birth is designed from the cellular level to be significantly challenging and at the same time eminently doable. CPM care recognizes that the purpose of birth is inherently transformational and that labor and birth are good for babies and transformational for them as well.

CPM practice reflects the belief that both the outcomes and the experience of birth matter. This belief is grounded in the recognition that the challenges of the process of birth are not mistakes to be remedied, but rather are designed by our bodies to transform the person giving birth into a parent, fully capable of caring for a baby.

Birth is designed to generate the power, self-reference, and confidence it takes to care for a newborn, to be deeply and permanently attached to our infants, and to do the hard work of raising a child. CPM care is based on the principle that health and safety are inherent in the process of labor and giving birth and, therefore, many poor outcomes can be avoided by refraining from interfering in the process.

Support for Normal, Physiologic Process

Practices described in recent U.S. and international reports and statements that promote safe, normal, healthy physiologic birth and excellent outcomes for childbearing people and their infants are hallmarks of CPM care. Support for physiologic processes and avoidance of unnecessary medical interventions reduce poor outcomes experienced all too often. For childbearing people, these include unnecessary surgery, infection,

chronic pain, placental complications, hemorrhage, depression, disrupted attachment with their infants, and rarely, although far too often, death and ‘near misses.’ For babies, these poor outcomes include low birth weight, prematurity, respiratory distress, disruption of attachment, and mortality.

Value Rooted in Relationship

The value of CPM care is rooted in the belief in, and the commitment to, relationship and partnership with people having babies, to sharing power through shared decision-making and supporting the childbearing person’s experience of control. This experience leads to satisfaction, a sense of self-worth and fulfillment, and health and well-being for people having babies. It supports sturdy and healthy parenting, strengthening families and communities, and it reinforces the midwife’s beliefs and understanding of birth. In this way, it builds on the power and effectiveness of the model of care.

The care of CPMs results in excellent outcomes for parents and infants, and not insignificantly, saves millions of dollars for payers, health systems, individuals, and communities. CPM care, based as it is in the community and rooted in a commitment to relationship, supports and empowers the whole family. When the whole family system is supported and engaged during the experience of pregnancy and birth and the early life of the newborn, relationships are strengthened and healed, leading in turn to stronger communities—“villages” for raising our children.

Setting & Independent Practice Matter

CPM care reflects the understanding that setting and environment for birth matter and that independent, autonomous practice matters, making possible policies and practices that

support relationship building, information-sharing, continuity of care, and the midwife's generous commitment of time. The experience of control, autonomy, value, and worth for the person giving birth occurs within the context of the midwife's commitment, respect, and responsiveness.

The overuse of medical intervention and technologies locates power with providers. CPM care, taking place within the context of relationship, respect and support, locates power with the person having the baby. Care that supports the normal physiology of labor and birth confers critical, positive, short and long-term physical and behavioral health effects on the person having a baby, on the baby, on the family, and on the functioning of societies.

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An Essential Role for CPMs

CPMs provide unique and critical access to normal, healthy birth which profoundly benefits people having babies and their newborns. The over-use of expensive medical interventions has reached epidemic proportions in the U.S., and the underuse of many beneficial forms of care has become the norm. CPMs bring to the table decades of acquired knowledge of the safety and power inherent in supporting the normal unfolding of the birth process. As community-based midwives providing care in homes and free-standing birth centers away from the typical medical interventions experienced by most people giving birth today, CPMs are experts in facilitating the innate processes of birth.

Unfortunately, more than half of all labors today are induced or augmented, and almost one-third of babies are delivered by cesarean section. The U.S. is the only developed nation on earth where maternal mortality is on the rise, and people of color and their babies experience tragic inequities and health disparities. Certified Professional Midwives have a critical role to play, both in providing direct care and also in influencing the systems of care for all people having babies.

Our Emerging Landscape Equals Opportunity

The critical needs of childbearing people—and the urgency for CPMs to better meet these needs—drive the vision for the future of the profession described in these briefing papers. The very values embraced by midwives throughout history in the U.S. also motivated a new generation of midwives in the 1970s who emerged to serve people who were rediscovering and reclaiming normal birth and choosing to give birth at home. These are the same values that have defined the professionalization of CPMs. It is these values, described above, that have and continue to define and reflect our unique model of care, the credential, and the standards for education. NARM certification of midwives, MEAC educational program accreditation, and the professional standards of NACPM and MANA were created and are periodically updated through processes in which everyone's input is solicited. Our certification and standards for education and practice are not separate from ourselves or imposed by others. In fact, they reflect, describe and protect our values and our model of care: they are who we are.

As with all professions, change causes valid concern and worry—**will our values be lost with professionalization?** NACPM believes that the changing landscape for CPMs holds great promise. Rather than being diminished by current changes, in fact, the opportunities for CPMs have never been greater: to serve more people, be more relevant to the changing needs and demographics of the childbearing population, be of more service in eliminating racial inequities in care, and infuse the systems of care with CPM knowledge, experience, and values! NACPM is committed to supporting CPMs to position ourselves for this exciting future.

Childbirth practices shape individuals and culture in ways that no other influence can match. The care of CPMs offers an alternative model to the current medical management of birth in the U.S., one that restores the humanity of birth, produces better health, and promotes the agency and empowerment of people giving birth, their families, and their communities.