

Preparation for Providing Care

Normal Full Term Pregnancies

Minimum Clinical Maternity Care Requirements

	Certified Professional Midwives ¹	Certified Nurse Midwives ²	Family Practice Physicians ³
Prenatal Exams	100	85	not specified
Initial Exams	20	15	10
Births Attended	55	20	40
As Primary Attendant	25	20	not specified
With Continuity of Care	5	none	10
Out-of-Hospital	10	none	none
Newborn Exams	40	20	10
Postpartum Exams	50	35	10

Emergency Medical Technicians: EMT's may not have any clinical training in birth though they all have theoretical and anatomical training. You couldn't expect an EMT to wait to get licensed until an accidental birth happened in an ambulance or at a home.

Obstetricians: OBs get the same preparation as Family Practice Physicians in their initial medical school training. Then they also do training with high risk births when they do their internships. Those are not comparable to normal full term pregnancies. Obstetric residency programs offer little if any experience in normal physiologic childbirth without interventions.

All Care Givers: The goal of all care givers is to assess and identify those pregnancies that are of a higher risk and move those cases to the Obstetrician; while providing assistance for normal full term pregnancies with as little intervention as possible as all interventions have some side effects.

¹ North American Registry of Midwives Certified Professional Midwife Candidate Information Bulletin, Revised July 2012. <http://www.narm.org/pdf/files/cib.pdf>

² Accreditation Commission for Midwifery Education Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation, Revised June 2010. <http://www.midwife.org/acmedocs/ACME.Programmatic.Criteria.12.09.%206.10.pdf>

³ Accreditation Council for Graduate Medical Education Program Requirements for Graduate Medical Education in Family Medicine, Effective July 1, 2006. http://www.acgme.org/acWebsite/downloads/RRC_progReq/120pr706.pdf

Important Facts Addressing Concerns about Licensing Midwives

SAFETY:

- **The largest study of home births attended by Certified Professional Midwives has found that home birth is safe for low risk women and involves far fewer interventions, such as cesarean sections and inductions, than similar births in hospitals.** “Outcomes of planned home births with certified professional midwives: large prospective study in North America.” Kenneth C Johnson and Betty-Anne Daviss. *BMJ* 2005;330:1416 (18 June).
- **“Recognizing the evidence that births to healthy mothers, who are not considered at medical risk after comprehensive screening by trained professionals, can occur safely in various settings, including out-of-hospital birth centers and homes. ...Therefore, APHA supports efforts to increase access to out-of-hospital maternity care services...”** American Public Health Association, “Increasing Access to Out-of-Hospital Maternity Care Services through State-Regulated and Nationally-Certified Direct-Entry Midwives (Policy Statement)”. *American Journal of Public Health*, Vol 92, No. 3, March 2002.
- **The low CPM rates of intervention are benchmarks for what the majority of childbearing women and babies who are in good health might achieve.** The Milbank Memorial Fund, a nonpartisan institute devoted to health policy analysis, issued a new report titled “Evidence-Based Maternity Care: What It Is and What It Can Achieve.” October, 2008

ECONOMIC BENEFITS:

- **An economic analysis of the cost benefits of a licensed midwife program indicate that “The cost savings to the health care system (public and private) is estimated to be ten times the cost of the program.”** Midwifery Licensure and Discipline Program in Washington State: Economic Costs and Benefits, (A report to the Washington Department of Health), Health Management Associates, October, 2007

EDUCATION:

- **The education of the CPM follows an extensive curriculum based on the NARM Job Analysis. Instructors are the preceptors and the education may occur in a classroom, private, or clinical setting. Instructors must verify that the student has mastered all knowledge and skills, and has demonstrated competency in the clinical setting, before proceeding through the testing process. Students then must pass a hands-on Skills Assessment and an 8-hour Written Examination. The process used to create this credential has been evaluated and accredited by the National Commission for Certifying Agencies. The excellent outcomes documented in the CPM 2000 study were a result of over 5,000 births attended by CPMs, most of which were attended by midwives who received the CPM credential through the NARM Portfolio Evaluation Process.**