

What is a Certified Professional Midwife?

Autonomous, distinct profession separate from nursing and medicine

Provide primary maternity care and well-person care

Provide critical access to physiologic birth

Expertise providing care in homes and freestanding birth centers



NACPM

National Association of Certified Professional Midwives

Informing Policy with Values Inherent in CPM Care

Improving Outcomes

Strengthening Midwifery

What is US MERA?

Coalition of representatives of national midwifery associations, credentialing bodies and education accreditation agencies

Vision

An integrative US healthcare system where everyone has access to midwives and midwifery care that improves health.

Unified Support

US MERA organizations support MEAC education for midwives certified after January 1, 2020.

Member Orgaizations

NAABB ACME MANA NACPM NARM AMCB ACNM

PEP Program

Educational evaluation process

Minimum 2-year apprenticeship

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Fulfill general education requiremets



NARM skills verification

Midwifery Bridge Certificate

- 15 CEUs for Emergency skills
- 15 CEUs for emergency skills for newborns
- 20 CEUs for "Other"

The Bridge Certificate requires 50 accredited CEUs over 5 years

What is a MEAC Accredited Program and its Benefits?

- Verifies that a program meets established standards of education
- Provides a basis for inter-and intra-institutional cooperative practices

- Promotes ongoing improvement and effective system for accountability
- Helps identify programs and institutions for investment of funds



WHY IS ACCREDITATION AND LICENSURE GOOD FOR THE PROFESSION?

Promotes standards of practice and advocates for rigorous preparation

Fosters accountability

Ensures consistency of skills among midwives

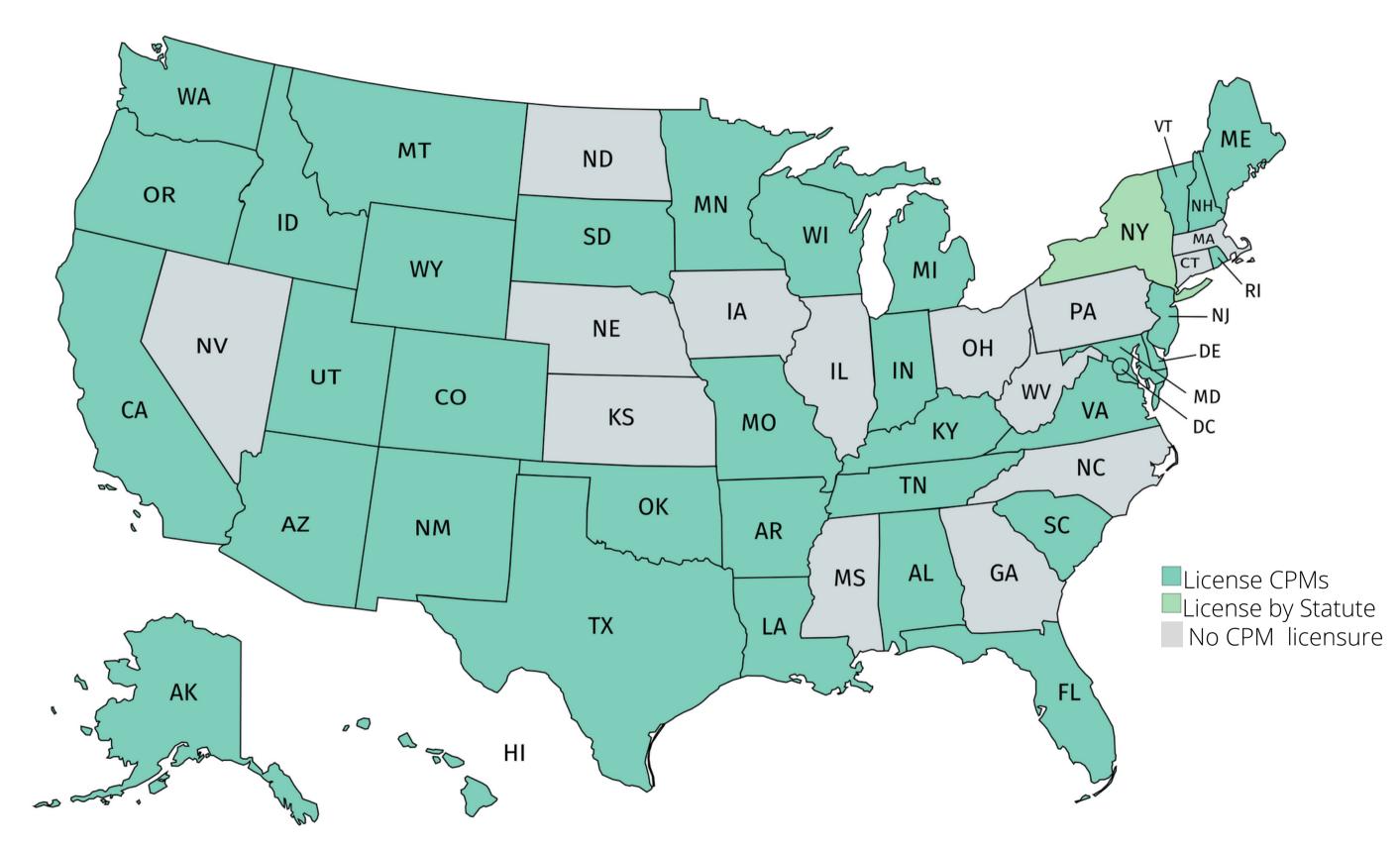
Facilitates recognition of the profession by other health care professionals

Access to financial aid opportunities

Licensure Trends for CPMs

Nevada Stands Alone in the West

- 35 states regulate CPMs through licensure
- 1 state
 authorizes
 practice by
 statute



WHAT HAS BEEN SHOWN TO IMPROVE HOME BIRTH OUTCOMES?

Collaboration

Integration

Autonomous Practice



guidelines?

Midwifery Integration State Score Comparison

Nevada ranks 35th in the US with a MISS score of 29. Washington, New Mexico, and Oregon are the states with the highest integration scores in the US.

ARE CERTIFIED PROFESSIONAL MIDWIVES		NEVADA SCORE: 29		WASHINGTON SCORE: 61		NEW MEXICO SCORE: 59	OREGON SCORE: 58	
Licensed to Practice?	Collective	NO	1	YES		YES	YES	
Covered By Medicaid?		NO		YES		YES	YES	
Able to easily access physician referral?	idwifery	NO		YES		YES	NO	
Restricted in site of practice?	dtown Midwif	Home		Home Birth Center		Home Birth Center	Home Birth Center	
Authorized to obtain, carry, and administer medications?	= Miid	NO		YES		YES	YES	2000年
Held to regulated safety standards and accountability		NO		YES	IS NOT THE	YES	YES	1 W. W.

10.3% of USbirthsare attended by midwives

Midwifery Integration State Score Comparison

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	5.3%	13.4%	26.4%	20.0%	
STATE OUTCOMES	NEVADA SCORE: 29	WASHINGTON SCORE: 61	NEW MEXICO SCORE: 59	OREGON SCORE: 58	
Spontaneous Vaginal Birth US Average: 49.2%	48,4%	55.2%	53.1%	49.4%	
Induction US Average: 23.2%	21.9%	21.1%	28.4%	27.9%	
Cesarean US Average: 32.2%	34.5%	27.6%	23.8%	27.4%	
VBAC US Average: 11.3%	11.9%	18.4%	19.2%	18.0%	
Low Birth Weight US Average: 8.0%	8.3%	6.5%	8.8%	8.0%	
Neonatal Mortality US Average: 4.0/1000	3.7/1000	3.1/1000	3.9/1000	3.5/1000	
Premature Birth US Average: 9.6%	10.1%	8.1%	9.2%	7.7%	
Breastfeeding at Birth US Average: 80.3%	81.7%	94.2%	84.6%	93.7%	
Breastfeeding at Six Months US Average: 24.9%	14.7%	25.5%	24.5%	31.3%	



Accredited Education Requirements after 2023

Direct On-Site Supervision of Students and Assistants

Training for Birth Assistants

Requirements for cultural sensitivity, bias and antiracism training for license renewal

HOW DO THE PROPOSED ASSEMBLY AND SENATE BILLS CURRENTLY DIFFER?

Our goals are to improve outcomes, provide accountability, and improve accessibility, while providing CPMs the ability to practice to their full scope



DIRECT SUPERVISION

The licensed midwife must be physically present on the premises, and able to intervene when a student midwife performs any clincal task at births, prenatal, and postpartum care visits.

Birth Assistants function under the direct supervision of the licensed midwife who must be on premises to oversee all clinical tasks.

- If a student does not perform any clinical midwife function, i.e. cervical exams, BP, FHTs, and only provides emotional support, this does not violate NACPM essential documents.
- If a person is at the stage of labor where they require midwifery care, then the midwife must be in attendance.
- Any assessment of the client without supervision is a violation of NACPM Essential Documents.

Regulation is a mechanism by which the social contract between the midwifery profession and society is expressed.

Society grants the midwifery profession authority and autonomy to regulate itself. In return, society expects the midwifery profession to act responsibly, ensure high standards of midwifery care and maintain the trust of the public.

