



**Testimony in support of House Bill 4598, Legislation Establishing Education and Training Standards for Non-Nurse Midwives Attending Out-of-Hospital Births  
By Kate Mazzara, Immediate Past President, Michigan Midwives Association**

June 10, 2015

Chairman Franz, members of the House Regulatory Reform Committee, thank you for this long-awaited hearing, and for the opportunity to express our support for House Bill (HB) 4598, Rep. McBroom's bill establishing licensure for direct-entry midwives with the Certified Professional Midwife or "CPM" credential.

Today I would like to do three things:

- Address which midwives are affected by the bill (and which midwives are not);
- Briefly summarize the provisions in the bill and how it 'works'; and
- Talk about the educational credential in this bill, the "Certified Professional Midwife" or "CPM," issued by the North American Registry of Midwives, as well as the possibility of an agreement at the national level, on education and training standards for all midwives.

**First: which midwives will be impacted by this bill?**

There will always be Michigan consumers who desire the option of an out-of-hospital birth. But very few doctors or Certified Nurse Midwives attend births outside the hospital setting, so these consumers turn to non-nurse midwives (sometimes also referred to as "direct-entry midwives" because, rather than entering the field after receiving formal training in nursing, they directly enter the field of midwifery).

Right now Michigan makes no distinction between midwives with no formal education or training, and highly trained and educated midwives who have earned the Certified Professional Midwife (CPM) credential.

**So how many midwives will be impacted by this licensure act, should the bill pass?**

Our best guess is 75-100, over a two-three year period. Right now, there are 33 midwives in the state with the CPM credential, approximately 30 other direct-entry midwives, and approximately 15 student midwives.

## Second: How does the bill work?

HB 4598 defines what a licensed midwife can do and what he or she cannot do (otherwise known as “scope of practice”), requires midwives (specifically excluding Certified Nurse Midwives or “CNMs,” who are already licensed and have their own distinct scope of practice) to meet certain education and training standards, apply for and obtain a license from the Michigan Department of Licensing and Regulatory Affairs - Health Professional Licensing Division, to complete continuing education requirements needed for re-licensure, and to comply with the other requirements of the Public Health Code.

This bill currently doesn't have a customary grandmothering provision allowing existing midwives to forego obtaining the CPM, yet still obtain a license, because the North American Registry of Midwives has already provided a way to grandmother in long-time practitioners through its “Experienced Midwife” route to the CPM.

## Third: More about the Certified Professional Midwife (CPM) Credential

The CPM credential is issued by the North American Registry of Midwives (which is accredited by the National Commission on Certifying Agencies). CPMs are not untrained or “lay” midwives. Rather, prior to receiving the CPM, students must demonstrate knowledge in clinical and didactic settings for over 750 topics related to birth, pass two exams, and document extensive birth experience.

In order to reduce the fiscal impact of licensure, many states (including Michigan) recognize private-sector certifications, including the CPM standard. This arrangement ensures that each licensure applicant has met specific education and training standards and has performed supervised practice, but the state is released from creating a duplicate evaluation program that would add to government costs and bureaucracy.

I also want to make you aware of on-going discussions at the national level, between professional midwifery groups called the United States Midwifery Education, Regulation and Association or “US MERA” workgroup. These discussions may soon result in consensus, including between Certified Nurse Midwives and Certified Professional Midwives, on common education and training standards for all midwives. When this agreement is released, MMA has agreed to work with our sponsor and consider amending this bill to incorporate the US MERA standards.

**Thank you for considering MMA's views. We urge you to vote “Yes” on HB 4598. I am happy to answer any questions you may have at this time.**

### **Kate Mazzara**

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# Preparation for Providing Care Normal Full-Term Pregnancies Minimum Clinical Maternity Care Requirements

	Certified Professional Midwives <sup>1</sup>	Certified Nurse Midwives <sup>2</sup>	Family Practice Physicians <sup>3</sup>
Prenatal Exams as Primary	100	85	not specified
Initial Exams as Primary	20	15	10
Births Attended	55	20	40
As Primary Attendant	25	20	not specified
With Continuity of Care	5	none	10
With at least 1 prenatal prior to birth	10	none	none
Out-of-Hospital	10	none	none
Newborn Exams	40	20	10
Postpartum Exams	50	35	10

The goal of all these providers is to care for women experiencing normal full-term pregnancies with as little intervention as possible; all interventions carry some risks. They continually assess women in their care, identifying any whose pregnancies or births become high risk and transferring their care to an Obstetrician.

### Other Care Providers

**Obstetricians<sup>4</sup>** receive the same preparation as Family Practice Physicians in their initial medical school training. Then they also have additional training with high-risk births, including surgical procedures, as part of their internships, but these cases are not comparable to normal, full-term pregnancies. Obstetric residency programs rarely offer any experience in normal physiologic childbirth free from interventions.

**Emergency Medical Technicians<sup>5</sup>** are not required to have any clinical training in birth, although they do have theoretical and anatomical training. An EMT would not be expected to wait until an accidental birth happened in an ambulance or at a home before becoming qualified for licensure.

<sup>1</sup> North American Registry of Midwives Certified Professional Midwife Eligibility Requirement Update, effective September 1, 2012. <http://www.narm.org/req-updates/>

<sup>2</sup> 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>

<sup>3</sup> 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](http://www.acgme.org/acWebsite/downloads/RRC_progReq/120pr706.pdf)

<sup>4</sup> Accreditation Council for Graduate Medical Education Program Requirements for Residency Education in Obstetrics and Gynecology, Effective July 1, 2005. [http://www.acgme.org/acWebsite/downloads/RRC\\_progReq/220pr705.pdf](http://www.acgme.org/acWebsite/downloads/RRC_progReq/220pr705.pdf)

<sup>5</sup> United States Department of Transportation National Highway Traffic Safety Administration EMT-Basic: National Standard Curriculum, Revised June, 12 1997. <http://www.nhtsa.gov/people/injury/ems/pub/emtbns.c.pdf>