

SCOPE OF PRACTICE – MIDWIVES AND DOULAS

AAFP Position

The American Academy of Family Physicians recognizes the valuable contributions of the midwife profession in maternal care. The AAFP [believes](#) that the certified nurse midwife distinction should be reserved for those that undergo specific training programs following attainment of a registered nurse license. Certified nurse midwives should only function in an integrated practice arrangement under the direction and supervision of a practicing, licensed physician qualified in maternity care. Certified nurse midwives should not function as independent health practitioners. The AAFP understands the role that doulas can play in the continuous emotional and physical support of women during pregnancy and birth, but they are not trained healthcare professionals and thus should not provide medical care.

Education and Training

Midwives are trained health professionals who provide primary and reproductive care at all stages of pregnancy including prenatal care, care during labor, after birth care, and care for the newborn. The three types of midwives include traditional midwives, certified nurse midwives, and direct-entry midwives (including certified midwives and certified professional midwives). Education and training vary among the [different](#) classes of midwives.

Traditional midwives are rare in the United States as they are not certified or licensed. Certified nurse midwives first attend an accredited nursing school to gain formal training and education as nurses. They are then required to attend a master's program in nurse midwifery, followed by a certification exam given by the [American Midwifery Certification Board](#). Certified nurse midwife training is mostly hospital-based and most go on to practice in clinics and hospitals. Certified midwife education, training, and certification requirements mirror those of certified nurse midwives, without the nursing component.

Certified professional midwives are trained in the [Midwives Model of Care](#) and primarily serve in outpatient settings. They gain their education and training through either an apprenticeship with a certified and legally recognized midwife followed by an entry-level portfolio process, or through a midwifery school or program. Formal schooling after a high school degree is [not required](#), meaning certified professional midwives lack the same level of formal academic, accredited education that certified nurse midwives and certified midwives both have. Certified professional midwives are certified through the [North American Registry of Midwives](#).

While midwives have medical training and focus on delivering a healthy baby during birth, doulas differ in that they are not considered health care professionals; instead, they specialize in providing emotional and physical comforts as well as informational support for women throughout pregnancy. Doulas attend training programs to learn about the birthing process and postpartum period. They can then go on to receive certification through organizations such as [DONA International](#) or the Childbirth and Postpartum Professional Association ([CAPPA](#)), but there is no licensure requirement for doulas to practice.

Continuing Education Requirements

The American Midwifery Certification Board for certified nurse midwives and certified midwives [requires](#) at least 20 hours of continuing education over a period of 5 years to maintain certification, while the North American Registry of Midwives [requires](#) certified professional midwives to complete 30 continuing education units over a period of 3 years to maintain certification. To compare, the American Board of

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Family Medicine [requires](#) family physicians to complete an average of 50 hours per year to maintain certification.

Scope of Practice

Certified nurse midwives are legally able to practice and prescribe in all 50 states and DC with varying levels of autonomy. Twenty-seven states (AK, AZ, CO, CT, HI, IA, ID, IL, MA, MD, ME, MN, MT, ND, NH, NJ, NM, NV, NY, OR, RI, SD, UT, VT, WA, WY, WV) and DC grant certified nurse midwives full independent practice while four states (CA, FL, NE, NC) require physician supervision.¹ The remaining 18 states (AL, AR, DE, GA, IN, KS, KY, LA, MI, MO, MS, OH, OK, PA, SC, TN, TX, WI) require a collaborative agreement with a physician. Collaborative agreements are broadly similar to physician-supervision requirements in that they outline parameters under which the nurse midwife may practice. Certified midwives are recognized, licensed, and authorized to practice in nine states ([DE](#), [HI](#), [ME](#), MD, NJ, [NY](#), OK, [RI](#), VA). Prescriptive authority has been granted in New York, Rhode Island, and Maine.²

Certified professional midwives are the only midwifery profession that requires knowledge about and experience in settings outside of a hospital. Most certified professional midwives attend births in homes and freestanding birth centers while most certified nurse midwives and certified midwives attend births in hospitals. As more women decide to forgo hospital births in favor of home births, efforts to legalize and regulate certified professional midwives are growing. Certified professional midwives who practice primarily in the homes of patients have a path to licensure in 34 states (AK, AL, AZ, AR, CA, CO, DE, FL, HI, ID, IN, KY, LA, MD, ME, MI, MN, MT, NH, NJ, NM, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WY) and DC, however, they do not have prescriptive authority.³

Medicaid Coverage

Medicaid covers approximately 42.1 percent of all births and Medicaid payment for certified nurse midwives is required by [federal mandate](#) in all 50 states and DC.⁴ By contrast, only thirteen states (AK, AZ, CA, FL, ID, NH, NM, OR, SC, TX, VT, VA, WA) cover certified professional midwives in their Medicaid programs, but they vary on payment, while five states (AK, FL, NH, VT, WA) mandate private payer payment for certified professional midwives.⁵

Two states, [Oregon](#) and [Minnesota](#), have passed legislation that provides Medicaid coverage for services provided by doulas in order to address maternal mortality and significant racial, ethnic, and socioeconomic disparities in birth outcomes.⁶ [Indiana](#) also passed legislation but the funding for doulas was cut from the state budget. [New York](#) is currently undergoing a pilot program implemented in two counties that have high maternal and infant mortality rates. Support from doulas is associated with lower Caesarian section rates, fewer obstetric interventions, fewer complications, less pain medication, and shorter labor hours.⁷ Doulas also serve as patient advocates, helping to address the challenges women of color and rural women face in accessing medical and maternity care. While these are critical benefits, it is important that doulas work in a team-based, physician-led, collaborative environment with licensed healthcare professionals such as certified nurse midwives to prevent and remedy complications, ensure safe delivery, and provide appropriate medical care for the mother and child.

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¹ Georgetown University School of Nursing and Health Studies. (2019). "How does the Role of Nurse Midwives Change from State to State?" Web.

² American College of Nurse-Midwives. (2017). "Comparison of Certified Nurse-Midwives, Certified Midwives, Certified Professional Midwives Clarifying the Distinctions Among Professional Midwifery Credentials in the U.S." Web.

³ National Association of Certified Professional Midwives. (2020). "Legal recognition of CPMs." Web.

⁴ CDC. (2021). "Birth Data: 2019." *National Vital Statistics System*. Web.

⁵ National Association of Certified Professional Midwives. (2017). "CPMs: Midwifery Landscape and Future directions." Web.

⁶ Platt T, Neva K. (2020). "Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid." *National Academy for State Health Policy*. Web.

⁷ Kozhimznnil K, Hardeman R. (2015). "How Medicaid Coverage for Doula Care Could Improve Birth Outcomes, Reduce Costs, and Improve Equity." *Health Affairs*. Web.