



Comparison of Certified Nurse-Midwives (CNMs®) and Licensed Midwives (LMs)

Clarifying the distinctions between professional midwifery credentials in California



	Certified Nurse-Midwife (CNM)	Licensed Midwife (LM)
Professional Association	California Nurse-Midwives Association (CNMA) california.midwife.org	California Association of Midwives (CAM) represents midwives from multiple educational routes and birth settings, but primarily is composed of Licensed Midwives. www.californiamidwives.org
Regulatory Body	CA Board of Registered Nursing (BRN)	Medical Board of California (MBC)
◆ License	License as a registered nurse with CA certificate to practice nurse-midwifery. The BRN categorizes CNMs as Advanced Practice Nurses (APRNs).	License to practice Midwifery.
◆ Requirements	Prior to receiving certification as a nurse-midwife from the BRN, the applicant must have a license as a registered nurse and graduate from a Board approved nurse-midwifery program. There are routes for CNMs with out-of-state education and/or certification to meet equivalency standards with the BRN. CCR § 1460	In order to obtain a license, an LM 1. has completed an MBC-approved three year midwifery education program and passed a licensing exam which is equivalent, but not identical, to the examination given by the American College of Nurse Midwives. The approved exam is the National Association of Registered Midwives (NARM) exam. OR 2. has documented substantial clinical experience and education prior to coming to CA, taken a challenge exam at an institution approved by the MBC, and passed the NARM exam. After January 1, 2015, all new licensees must have formal didactic training. (B&P Section 2512.5).
◆ Enabling Statute	Nurse Practice Act, B&P Code 2746	Licensed Midwifery Practice Act , B&P Code 2505-2521
◆ Numbers	Approximately 1200 CNMs in CA	Approximately 400 LMs in CA
Midwifery Scope of Practice	The CA nurse-midwife provides the necessary supervision, care and advice in a variety of settings to women during pregnancy, labor and postpartum periods, conducts deliveries on his or her own responsibility and cares for the newborn and the infant. This includes preventative measures and the detection of abnormal conditions in mother and child and procurement of physician assistance and consultation when indicated, and execution of emergency care until physician assistance can be obtained. The nurse-midwife also provides well-woman care including interconceptional periods, and family planning needs. For any activities provided outside of this scope, the CNM utilizes standardized procedures as described in Section 2725 of the Code. (CCR § 1463)	The CA licensed midwife provides the necessary supervision, care and advice to women prior to and during pregnancy, labor, and the postpartum period, conducts deliveries and cares for the newborn infant during the postnatal. This includes preventative measures, protocols for variations and deviations from normal, detection of complications in the mother and child, the procurement of medical assistance when necessary and execution of emergency measures in the absence of medical help. The licensed midwife also provides family planning care, including the interconceptional periods. (B&P 2507 (a)) and (Standard of Care for CA Licensed Midwives)



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Prescriptive Authority	CNMs have authority to furnish, including schedule II controlled substances, under "Standardized Procedures." CNMs do not have the authority to procure (obtain) these medications directly.	LMs have the authority to directly procure (obtain) and administer drugs that are necessary to his or her practice of midwifery and consistent with his or her scope of practice. LMs do not administer schedule II controlled substances and do not require "Standardized Procedures." (B&P Section 2507(f))
Practice Settings	Home, birth centers, offices, clinics and hospitals.	Home, birth centers, offices, clinics and hospitals.
Education		
◆ California Clinical Experience Requirement	<p>Attainment of clinical skills must meet Core Competencies for Basic Midwifery Education (ACNM 2012).</p> <p>Clinical education must occur under the supervision of an AMCB-certified CNM or Advanced Practice RN (APRN) who holds a graduate degree and has clinical expertise and didactic knowledge commensurate with the content taught.</p> <p>Clinical skills include management of primary care for women throughout the lifespan, including reproductive health care, pregnancy and birth.</p>	<p>"The midwifery education program shall provide both academic and clinical preparation equivalent, but not identical to that provided in programs accredited by the American College of Nurse Midwives" (B&P 2512.5 (a) (3))</p> <p>Clinical and academic education obtained in California must be supervised by an LM, CNM or a physician.</p> <p>Clinical skills include management of reproductive health care, pregnancy, birth and immediate care of the newborn.</p>
◆ Board Approved Education Programs in CA	<p>All California Nurse-Midwifery education programs approved by the BRN are Masters degree programs within Schools of Nursing:</p> <ul style="list-style-type: none"> • University of California at San Francisco (UCSF) • Cal State University- Fullerton • San Diego State University 	<p>Medical Board approved programs:</p> <ul style="list-style-type: none"> • Nizhoni Institute of Midwifery • Florida School of Traditional Midwifery • International School of Midwifery • Miami-Dade Community College • Birthwise Midwifery School • National College of Midwifery • Birthingway College of Midwifery • Maternidad La Luz • Utah College of Midwifery • National Midwifery Institute • Bastyr University Department of Midwifery Program



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Physician Supervision	In California, CNMs are required to practice under supervision of a licensed physician and surgeon. Supervision does not require the physical presence of the physician. The BRN actively enforces the requirement for physician supervision, suspending licenses. It is the position of the American College of Nurse-Midwives (ACNM) and the American College of Obstetricians and Gynecologists (ACOG) that "Ob-gyns and CNMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients." (ACOG/ACNM Joint Statement 2011)	In California, LMs are NOT required to practice under supervision of a licensed physician and surgeon. Physician supervision was removed from statute in 2013; LMs have never been able to readily obtain physician supervision, and the MBC did not enforce the physician supervision requirement, based on an administrative law case known as the Osborn decision. LMs have therefore been practicing without supervision since 1993.
National Certification	<i>*The BRN does not require national certification.</i> However, most clinics and hospitals require national certification. National certification requirements are beyond those of the BRN in that they require graduate degrees from Accreditation Commission for Midwifery Education (ACME) approved programs and certification by American Midwifery Certification Board (AMCB).	<i>*The MBC does not require national certification.</i> Licensed Midwives may be nationally certified as Certified Professional Midwives (CPM) by the North American Registry of Midwives (NARM). The Medical Board of California's content and length requirements exceed those of the national certifying body.
Third-Party Reimbursement - California	Some private insurance plans; CNMs are an "essential benefit" under Medicaid and Medicaid coverage of CNMs is mandated in all 50 states; Medicare; Champus.	Some private insurance plans provide reimbursement to LMs; Current Medi-Cal regulations only allow LM reimbursement through a physician or clinic which utilizes their services. <i>Regulations are currently being updated to allow LMs to enroll as independent Medi-Cal providers.</i>
State Mandated Data Collection	CNMs are not required to submit annual data to the Office of Statewide Health Planning and Development (OSHPD); OSHPD Health Workforce Planning Projects #1, 3, 6, 13, 41, 88, 117, 171 collected data on nurse-midwife outcomes in California.	LMs are required to submit annual data to the Office of Statewide Health Planning and Development.
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