Licensed Midwives

Education & Training

Licensed Midwife (LM) Overview

Business & Professions Code Sec. 2507

“The license to practice midwifery authorizes the holder to attend cases of normal pregnancy and childbirth, as defined in paragraph (1) of subdivision (b), and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.”

Licensed Midwife (LM) Overview

Regulated by Medical Board of California

- 609 active LM licenses as of July 9, 2026
- many LMs also obtain and carry the national CPM certification

Professional Associations include California Association of Licensed Midwives (CALM), National Association of Certified Professional Midwives (NACPM), International Confederation of Midwives (ICM)

Practice Locations include all settings however most LMs work in community settings such as clinics, homes and/or freestanding birth centers (homes > birth centers). Few LMs work in hospitals, FQHCs, mobile clinics. Licensure is not location-specific.

LM Education Requirements (BPC 2512-2514)

- 3-Year Accredited Postsecondary Program
  - 84+ semester units
  - Academic and clinical preparation “equivalent, but not identical to that provided in programs accredited by the American College of Nurse Midwives”
- No programs currently located in California, however two new programs are coming soon
  - California students are highly motivated to become midwives, and frequently travel out-of-state to complete academic/clinical requirements

LM Education Requirements (BPC 2512-2514)

- Comprehensive Licensing Examination
  - North American Registry of Midwives (NARM) Exam or Equivalent

LM Education Requirements (BPC 2512-2514)

- Other options for licensure:
  - Reciprocity with other states licensing direct-entry midwives
  - Approved Challenge Mechanism at National Midwifery Institute
    - Must complete all education, clinical, & exam requirements of BPC

Program Curriculum Requirements (BPC 2512-2514)

Maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and postpartum care

- Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment.
- Concepts in psychosocial, emotional, and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breast feeding, family planning, principles of preventive health, and community health.
- Aspects of the normal pregnancy, labor and delivery, postpartum period, newborn care, family planning or routine gynecological care in alternative birth centers, homes, and hospitals
- Communication skills, personal hygiene, client abuse, cultural diversity, and the legal, social, and ethical aspects of midwifery

Curriculum Requirements (BPC 2512-2514) cont'd

"Midwifery Management Process"

(i) Obtaining or updating a defined and relevant data base for assessment of the health status of the client.

(ii) Identifying problems based upon correct interpretation of the data base.

(iii) Preparing a defined needs or problem list, or both, with corroboration from the client.

(iv) Consulting, collaborating with, and referring to, appropriate members of the health care team.

(v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.

(vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.

(vii) Assuming direct responsibility for implementing the plan of care.

(viii) Initiating appropriate measures for obstetrical and neonatal emergencies.

(ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.

How do LMs identify and manage risk?

Basic understanding of the midwifery model:

- Midwives are health professionals who practice the discipline of **midwifery**.
- Midwifery care is globally recognized as the gold standard of primary care for birthing parents and their babies. All countries with better MCH outcomes than the US utilize midwives for this.
- Midwifery integration into maternal-child health systems is closely associated with better MCH outcomes and better midwifery care outcomes.
- Midwives are the health professionals ***best suited*** to determine midwifery scope, including midwifery risk criteria.
- Midwifery care takes place in partnership with clients, recognizing the right to self-determination.
- Midwifery care is respectful, personalized, continuous, and non-authoritarian.

How do Licensed Midwives identify and manage risk?

- Risk assessment is continuous
  - Every encounter
    - Routine visits
    - Acute/after-hours contacts
    - Onset of labor
    - Through the course of labor
    - Birth
  - LMs provide 24/7 direct contact between client and provider for all acute concerns
  - Robust patient education about warning signs in pregnancy and postpartum
  - Prenatal, birth, postpartum, & newborn primary care all from one practitioner. This is the ultimate in continuity.

How do LMs identify and manage risk?

- The everyday work of an LM is recognizing and supporting physiology
  - Knowing what is normal for the individual client, normal for the pregnant/birthing population, normal for the community
- Continuity of care
  - Visit length 30-60+ minutes
  - Same midwife/small group of midwives throughout childbearing continuum
    - Preeclampsia case example
    - FGR/IUGR case example
  - Partnership model: relationship of mutual trust, knowingness, information sharing, and negotiation
  - CoC is “baked into” midwifery education and midwifery model.
    - Student Midwives are required to care for individuals through the entire childbearing continuum

Some examples/"I didn't know you knew _____"

- Academic Understanding
  - Mechanisms of labor by position of the baby
  - Variations of normal within BPC
  - Variations of normal outside of BPC
  - Early identification & management of complications and emergencies
  - Pharmacology: intrapartum antibiotics, postpartum hemorrhage, fluid replacement, shock
  - Nonpharmacologic methods to influence variations & resolve complications
- Clinical Skills Training
  - Complete & focused physical examination
  - Newborn examination
  - Pelvic examination
  - Episiotomy & perineal repair
  - Routine screening and diagnostic testing: Referrals for imaging, microscopy, phlebotomy, fetal monitoring including intermittent auscultation, postdates testing including nonstress testing and biophysical profile
  - Simulations and real-life experience with management of complications and emergencies

Some examples/"I didn't know you knew _____"

- Hand Skills
  - Abdominal palpation
  - Bimanual exam
  - Manual removal of placenta
  - Manual rotation of fetal head
  - Manual cervical dilation (emergency skill)
  - Skills outside BPC legal scope: breech birth, twin birth, care of the preterm infant, care of the post-term infant
- Low Resource/Remote/Rural Skills
  - Some variations & complications are inevitable in any setting.
  - Emergency management is a core competency: neonatal resuscitation, shoulder dystocia, postpartum hemorrhage, cord prolapse
  - 1+:1 provider to patient ratio, continuously in labor, = early response to clinical needs
- Vaginal birth after cesarean(s) (VBAC)
- Water immersion in labor and birth (waterbirth)
- Clinical decision making in training
  - Practiced in training in real time under direct supervision
  - Advancement with "skill mastery"--often clinical integration takes longer than "3 year program" to be acquired=students study longer
- Ethical Approaches to Complex Care/Emergencies
  - Patient as primary decision maker.
  - Three-Legged Stool: Evidence, Client Perspective/Values, Clinical Expertise

How do LMs make transfer decisions?

- Informed decision making
- AB 1308 (Bonilla), passed in 2013, amended Licensed Midwifery scope.
  - B&P does not provide for ethical decision making when clients refuse consultation, collaboration, or transfer of care
    - Common ethical dilemmas faced by LMs
      - BPC requires LM to transfer care under certain conditions (such as >42 WGA). Client may not consent to or agree to this transfer/may choose not to enter into physician care.
      - Physician care may not even be available, based on geography or payer
- LMs have available to them:
  - Best Practice Guidelines from Home Birth Summit
  - CMQCC Community Birth Partnership toolkit
  - Individual understanding with hospitals
- Quality Improvement
  - Continuing education requirements (MBC, NARM)
  - Peer review

Safety of Licensed Midwifery Care

- Licensed Midwives are autonomous health practitioners
- Care is relationship-based, centering the pregnant person, their baby, and their family
- Training adapts to all settings in which the care is provided (homes, birth centers, hospitals, clinics)
  - All midwives are trained to assess safety and time consultation, collaboration, and transfer appropriately
- LMs recognize the principles of self-determination, equity, and partnership
- LM care integrates cultural safety including age or generation, gender, sexual orientation, class, ethnicity, race, migration status, religious or spiritual belief, disability

A Note on Licensed Midwife Disclosure

- Licensed Midwives are required by BPC to make certain disclosures in oral and written form to all clients
- Includes detailed information about midwifery practice, specific arrangements for consultation, collaboration, and transfer of care should medical care be necessary
- Disclosures surrounding malpractice insurance coverage, physician supervision, type of midwife (specifying the midwife is not a certified nurse midwife)
- Recommendation for the client to preregister at a hospital
- Information about the complaints process at MBC

MBC has a sample document that LMs can use, located here:

https://www.mbc.ca.gov/Download/Forms/midwives-disclosure.pdf

MBC Involvement in LM Cases

MBC hears about LM cases where there is a complaint or concern surrounding consumer protection.

“Consumers” of midwifery care are pregnant and birthing people, newborn babies.

Importance of LM participation in and midwifery approach to complaints process, investigation, and discipline

- Central Complaints Unit
- Investigative Stage
- Expert Reviewers

Regulatory Stalemate/lack of consistent guidance on midwifery care standards

- **AB1308 Bonilla required MBC to pass regulations listing diseases and conditions requiring a referral for an exam with a physician. A**s of 2026 those regulations have not been promulgated.
- **Standards of Care for CA Licensed Midwives** (September 2005)
- **Practice Guidelines for CA Licensed Midwives** (May 2014) edited to comply with AB1308 but did not go through rule making.

More Information About Licensed Midwives

CMQCC
Community Birth Partnership Initiative
https://www.cmqcc.org/toolkits-quality-improvement/community-birth-partnership-initiative

CALM
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Q&A