

AFFILIATE OF



Certified Nurse Midwives in North Carolina

Certified Nurse-Midwives (CNMs) have been licensed and practicing in North Carolina for 30 years, in hospitals, health departments, birth centers and homes across the state. CNMs are Advanced-Practice Registered Nurses who have earned advanced degrees and have achieved certification by the American Midwifery Certification Board.

Access to care by Certified Nurse-Midwives has specifically been shown to decrease rates of neonatal and infant mortality, low birth weight, medical intervention and caesarean section, and care by Certified Nurse-Midwives within a health-care system has been shown to produce high quality outcomes at lower costs.

Unfortunately, restrictions on Certified Nurse-Midwives' practice have made it increasingly difficult for these expert providers to provide care, especially to those who need it most, compromising outcomes and leading to higher health care costs.

Physician “Supervision” of Certified Nurse-Midwives – Not What it Seems

North Carolina is one of only five states that require Certified Nurse-Midwives to obtain a signed “supervisory” agreement from a physician in order to practice. This agreement does not require the physician be present during treatment, sign off of on care or even be in the same county as the Certified Nurse-Midwife he or she is “supervising”. The requirement does expose the signing physician to vicarious liability however, and to higher medical malpractice insurance premiums as a result.

Such Arrangements are Restrictive – and Costly.

More and more, increased liability premiums have resulted in supportive physicians being forced to withdraw from these arrangements, leaving their Nurse-Midwife colleagues unable to practice and their patients without access to their chosen provider.

North Carolina Has an Access to Care Problem.

The requirement also limits the practice of certified nurse-midwives to areas where a willing physician is available. Currently 31 of North Carolina's 100 counties have no practicing Ob/Gyn, and more than half of the total Ob/Gyn in the state are concentrated in just 7 counties. Lack of access to qualified care has been cited as a main reason **North Carolina ranks 44th in the nation in infant mortality and 37th in maternal mortality.**



Certified Nurse Midwives in North Carolina

Findings & Recommendations of the Legislative Midwifery Study Committee

In 2014 the Joint Legislative Oversight Committee on Health and Human Services unanimously passed their final report, which contained the findings and recommendations of the joint Midwifery Study Committee. Among these findings:

- Certified Nurse-Midwives (CNMs) are highly educated, experienced, and trained in the practice of midwifery and taught to practice in consultation and collaboration with physicians and other health care providers.
- Certified Nurse-Midwives are taught to practice within the health care system that provides for consultation, collaboration, or referral to a physician or other health care provider as indicated by the health status of the woman or newborn.
- In addition to fundamental courses covering reproductive physiology, pharmacology, physical assessment, and others, midwifery education and training includes specific courses on patient safety and quality assurance of patient safety, advanced life support for obstetrics, and certification in advanced fetal monitoring.
- North Carolina's requirement of physician supervision places some unnecessary restrictions on CNM practice and can result in well-qualified CNMs choosing to practice in other states.
- The physician supervision requirement for CNM's has, in some cases, prevented CNM's from practicing in the State. Some CNM's have been unable to find a supervisory physician despite diligent efforts to secure an agreement. Others have had their practice abruptly closed as a result of the physician unexpectedly terminating the supervisory agreement. The abrupt closure of a CNM practice can present difficulties to patients who are forced to find alternative obstetrical care mid-way through a pregnancy.

Modernize Nursing Practice Act - Senate Bill 695, filed by Sens. Hise and Pate, and House Bill 807, filed by Reps. Avila, Lambeth, Stevens and Dobson would allow Certified Nurse-Midwives to practice to the fullest extent of their training and expertise without unnecessary restrictions.

Certified Nurse-Midwives in North Carolina

What the Experts Say:



“Certified Nurse-Midwives are highly educated, experienced, and trained in the practice of midwifery. North Carolina's requirement of physician supervision places some unnecessary restrictions on Nurse-Midwifery practice and can result in well-qualified Certified Nurse-Midwives choosing to practice in other states.”

North Carolina General Assembly - Joint Legislative Oversight Committee on Health and Human Services
2014 Final Report, Passed Unanimously



“Ob-gyns and Certified Nurse-Midwives 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. (They) should have access to a system of care that fosters collaboration among licensed, independent providers.”

American College of Obstetricians and Gynecologists
Joint Statement with American College of Nurse-Midwives, February 2011



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

“No studies suggest that care is better in states that have more restrictive scope-of-practice regulations for Advanced Practice Registered Nurses than in those that do not. The cost of care is increased and much time is wasted by unnecessary physician supervision. (Certified Nurse-Midwives) should practice to the full extent of their education and training.”

Institute of Medicine
“Future of Nursing” Report, 2010

Removing the physician supervision requirement for Nurse-Midwives “would reflect how the rest of the country regulates Nurse-Midwifery; it would increase the ability and likelihood of Certified Nurse-Midwives to practice in underserved and rural areas where there’s not readily available physician coverage. The move in that direction will improve the health of women and children in North Carolina.”

Dr. John M. Thorp, Jr.

Professor of obstetrics and gynecology, and Director, Women’s Primary Healthcare, UNC-Chapel Hill School of Medicine. *Quoted in “Bill Would Expand Access to Midwives in N.C.”, North Carolina Health News, March 2013*