

	BOARD OF NURSING		OHIO DEPARTMENT OF COMMERCE WITH LICENSED MIDWIFERY ADVISORY COUNCIL		TRADITIONAL MIDWIFE
	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)	CERTIFIED INTERNATIONAL MIDWIFE (CIM)	
EDUCATION					
Minimum Degree Required for Certification	Graduate Degree	Graduate Degree	Certification does not require an academic degree but is based on demonstrated competency in specified areas of knowledge and skills.	High school diploma or equivalent and recognized formal didactic Midwifery education program.	Varies, however vast majority hold a High School diploma and have attended many Midwifery courses over their career.
Minimum Education Requirements for Admission to Midwifery Education Program	Bachelor's degree or higher from an accredited college/university AND Earn RN license prior to or within midwifery education program	Bachelor's degree or higher from an accredited college/university AND successful completion of required science & health courses and related health skills training proper to or within midwifery education program	Completion of high school education or equivalent.	Completion of high school education or equivalent.	Training is through community apprenticeship and evidence-based tradition passed down through generations. These traditional midwives often seek educational opportunities in other states and abroad, and are also frequently enrolled in distance education midwifery programs.
Clinical Experience Requirements	Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education. Clinical education must occur under the supervision of an American Midwifery Certification Board (AMCB)-certified CNM or other qualified preceptor who holds a graduate degree, has preparation for clinical teaching, and has clinical expertise and didactic knowledge commensurate with the content taught; >50% of clinical education must be under CNM supervision.	Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education. Clinical education must occur under the supervision of an American Midwifery Certification Board (AMCB)-certified CM or other qualified preceptor who holds a graduate degree, has preparation for clinical teaching, and has clinical expertise and didactic knowledge commensurate with the content taught; >50% of clinical education must be under CM supervision.	Attainment of knowledge and skills, identified in the periodic job analysis conducted by NARM. NARM requires that the clinical component of the educational process must be at least two years in duration and include a minimum of 55 births in three distinct categories. Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births post certification. CPMs certified via the PEP may earn a Midwifery Bridge Certificate (MBC) to demonstrate they meet the International Confederation of Midwives (ICM) standards for minimum education.	The CIM certification requires extensive clinical training, including assisting, junior primary, and senior primary roles. This includes a specified number of births, prenatal/antenatal exams, postpartum/postnatal exams, newborn exams, gynecology exams, and breastfeeding support hours. There are requirements for clinical training in both out-of-hospital and low resource country births. The clinical training spans a minimum of 3 years, though typically takes 5 years.	Clinical training is based on hands-on experience and mentorship from elder midwives. This training includes assisting and primary roles during births, prenatal/antenatal care, and postpartum/postnatal care. The duration and specifics of training can vary widely but are most often a minimum of 3-5 years.
SCOPE OF PRACTICE					

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Range of Care Provided	<p>Midwifery as practiced by CNMs encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. CNMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care as practiced by CNMs includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.</p>	<p>Midwifery as practiced by CMs encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. CMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care as practiced by CMs includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.</p>	<p>Midwifery as practiced by CPMs offers care, education, counseling and support to women and their families throughout the caregiving partnership, including pregnancy, birth and the postpartum period. CPMs provide on-going care throughout pregnancy and continuous, hands-on care during labor, birth and the immediate postpartum period, as well as maternal and well-baby care through the 6-8 week postpartum period. CPMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. CPMs are trained to recognize abnormal or dangerous conditions requiring consultation with and/or referral to other healthcare professionals. They conduct physical examinations, administer medications, and use devices as allowed by state law, order and interpret laboratory and diagnostic tests.</p>	<p>CIMs are trained to provide comprehensive midwifery care, including prenatal, birth, postpartum, and newborn care, as well as gynecology and breastfeeding support. Midwifery as practiced by CIMs offers care, education, counseling, and support to women and their families throughout the caregiving partnership, including pregnancy, birth, postpartum, well-woman, gynecologic, and lactation care. CIMs provide ongoing care throughout pregnancy and continuous, hands-on care during labor, birth, and the immediate postpartum period, as well as maternal and well-baby care through the 6-8 week postpartum period.</p> <p>CIMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment in pregnancy, postpartum, well-woman, gynecologic, and lactation cases. They are trained to recognize abnormal or dangerous conditions requiring consultation with and/or referral to other healthcare professionals. They conduct physical examinations, administer medications, and use devices as allowed by their certifying organization, order and interpret laboratory and diagnostic tests.</p> <p>CIMs are uniquely trained to practice in a wide variety of settings around the world, from high-risk to low-risk environments. Their training encompasses both developed and developing countries, equipping them to handle diverse medical and cultural contexts.</p>	<p>Traditional Midwives provide comprehensive midwifery care based on traditional and time-tested practices. This includes prenatal, birth, postpartum, and newborn care, often using natural and holistic methods.</p>

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Practice Settings	All settings - hospitals, homes, birth centers, and offices. The majority of CNMs attend births in hospitals.	All settings - hospitals, homes, birth centers, and offices. The majority of CMs attend births in hospitals.	Homes, birth centers, and offices. The majority of CPMs attend births in homes and/or birth centers.	On a global scale, CIMs practice in various settings including government hospitals, private hospitals, birth centers, humanitarian centers, and homebirth practices.	Traditional Midwives typically practice in homebirth settings and may also serve in rural or underserved areas where hospital access is limited. In many states such as Ohio, Traditional Midwives often work in state recognized, religiously exempt birth centers.
Prescriptive Authority	All U.S. Jurisdictions	Maine, Maryland, New York, Rhode Island, Virginia, and Washington, DC	CPMs do not maintain prescriptive authority; however, they may obtain and administer certain medications in select states.	CIMs do not have prescriptive authority in the United States. Globally they often have prescriptive authority limited to Midwifery/ Gynecology.	Traditional Midwives do not have prescriptive authority.
Third Party Reimbursement	Most private insurance; Medicaid coverage mandated in all states; Medicare, TRACER	Most private insurance; Medicaid coverage in Maine, Maryland, New York, Rhode Island, and Washington, DC.	Private insurance mandated in 6 states; coverage varies in other states; 13 states include CPMs in state Medicaid plans.	CIMs are typically considered out-of-network providers in the United States.	Traditional Midwives are generally not eligible for third-party reimbursement in the United States. However, clients often find success in submitting claims for partial reimbursement after they have paid for services out of pocket.
CERTIFICATION					
Certifying Organization	American Midwife Certification Board (AMCB).	American Midwife Certification Board (AMCB).	North American Registry of Midwives (NARM).	International Registry of Midwives (IRM).	Traditional Midwives are typically recognized within their communities and by the midwives who train them. Certifications like CPM and CIM have only been available in the United States since 1994. Before this, nearly all community midwives were non-certified Traditional Midwives.
Requirements Prior to Taking National Certification Exam	Graduation from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME); AND Verification by program director of completion of education program AND Verification of master's degree or higher *CNMs must also submit evidence of an active RN license at time of initial certification	Graduation from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME); AND Verification by program director of completion of education program AND Verification of master's degree or higher	Graduation from a midwifery education program accredited by the Midwifery Education Accreditation Council (MEAC) OR Completion of NARM's Portfolio Evaluation Process (PEP). All applicants must also submit evidence of current adult CPR and neonatal resuscitation certification or course completion	Completion of clinical phases and didactic education Minimum requirements: - 75 births - 117 prenatal/antenatal exams - 117 postpartum/postnatal exams - 90 newborn exams - 20 gynecology exams - 20 hours of breastfeeding support with at least 10 dyads - NASG certification - Pharmacology for Midwives Certification - IV Therapy for Midwives Certification - Passing scores on pre-exam - Current certifications in NRP/HBB and BLS CPR - Letters of recommendation - Submission of official transcripts and proof of didactic midwifery education	Not applicable, as Traditional Midwives do not have a formal national certification exam.
Recertification Requirement	Every 5 years	Every 5 years	Every 3 years	Every 4 years	Not applicable
LICENSURE					
Legal Status	Licensed in 50 states plus the District of Columbia and U.S. territories as midwives, nurse-midwives, advanced practice registered nurses, or nurse practitioners.	Licensed in Delaware, Hawaii, Maine, Maryland, New Jersey, Oklahoma, Rhode Island, Virginia, and the District of Columbia.	Licensed in 35 states and the District of Columbia.	CIMs are practicing globally as Registered and Licensed Midwives. In the United States, they primarily practice in unregulated states due to the current lack of licensing opportunities.	The legal status of Traditional Midwives varies by region and country. In some areas, they are recognized formally and respected within their communities, while in others, they may face legal restrictions or lack formal recognition.

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Licensure Agency	Boards of Midwifery, Medicine, Nursing, or Departments of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers or Departments of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers; Departments of Health or Department of Professional Licensure or Regulation	Licensure is overseen by various organizations including International Health Ministries, Boards of Midwifery, and Boards of Medicine.	Traditional Midwives do not have a formal licensure agency. Their legitimacy comes from community recognition and the lineage of midwives who trained them. In many states, such as Ohio, Traditional Midwives do have the option to register with the Department of Health in order to complete such tasks as Birth Certificate/Social Security Number filings, Newborn Metabolic Screening, and verification of pregnancy and live birth.
IMPACT OF HOUSE BILL 545					
	Gain 1 seat on the BON Provide newborn care Informed consent - OOH birth Written plan for consult/transfer maintains parent right of refusal OOH ability for VBAC/twins/breech with written informed consent and physician consult maintains parent right of refusal Written transfer of care plan Adverse incident reporting for OOH birth Parents rights upheld (4723.60)	Gain 1 seat on the BON Acquire licensing mechanism to equal CNM Provide newborn care Informed consent - OOH birth Written plan for consult/transfer maintains parent right of refusal OOH ability for VBAC/twins/breech with written informed consent and physician consult; maintains parent right of refusal Written transfer of care plan Adverse incident reporting for OOH birth Parents rights upheld (4723.60)	Acquire licensing mechanism Scope of practice established (includes: suturing, frenectomies, obtain/admin standard maternal and newborn Rx; order and interpret laboratory testing and US) Informed consent Written plan for consult/transfer; maintains parent right of refusal OOH ability for VBAC/twins/breech with written informed consent and physician consult; maintains parent right of refusal Written transfer of care plan Adverses incident reporting for OOH birth Parent rights upheld (4724.12)	Acquire licensing mechanism Scope of practice established (includes: suturing, frenectomies, obtain/admin standard maternal and newborn Rx; order and interpret laboratory testing and US) Informed consent Written plan for consult/transfer; maintains parent right of refusal OOH ability for VBAC/twins/breech with written informed consent and physician consult; maintains parent right of refusal Written transfer of care plan Adverses incident reporting for OOH birth Parent rights upheld (4724.12)	Maintains legal status to practice without Rx authority Written informed consent required
BENEFITS					
	In conclusion, the passing of HB545 will enable various types of Midwives to legally practice in Ohio, giving consumers the freedom to choose the type of Midwife and birth setting that best suits their circumstances and family. Midwives of all kinds are essential in addressing healthcare gaps within our communities. When allowed to practice to the full extent of their expertise, Midwives advance health equity and ensure that diverse care options are accessible to all families across Ohio, regardless of culture, location, or socioeconomic status.				

We all practice the Midwives Model of Care ©