

AMA RESOLUTION 205

Whereas, Twenty-one states currently license midwives to attend home births, all using the certified professional midwife (CPM) credential (CPM or "lay" midwives), not the certified midwives (CM) credential which both the American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse Midwives (ACNM) recognize; and

Whereas, There has been much attention in the media by celebrities having home deliveries, with recent Today Show headings such as "Ricki Lake takes on baby birthing industry: Actress and former talk show host shares her at-home delivery in new film" ; and

Whereas, An apparently uncomplicated pregnancy or delivery can quickly become very complicated in the setting of maternal hemorrhage, shoulder dystocia, eclampsia or other obstetric emergencies, necessitating the need for rigorous standards, appropriate oversight of obstetric providers, and the availability of emergency care, for the health of both the mother and the baby during a delivery; therefore be it

RESOLVED, That our American Medical Association support the recent American College of Obstetricians and Gynecologists (ACOG) statement that "the safest setting for labor, delivery, and the immediate post-partum period is in the hospital, or a birthing center within a hospital complex, that meets standards jointly outlined by the American Academy of Pediatrics (AAP) and ACOG, or in a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, The Joint Commission, or the American Association of Birth Centers" (New HOD Policy); and be it further

RESOLVED, That our AMA develop model legislation in support of the concept that the safest setting for labor, delivery, and the immediate post-partum period is in the hospital, or a birthing center within a hospital complex, that meets standards jointly outlined by the AAP and ACOG, or in a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, The Joint Commission, or the American Association of Birth Centers." (Directive to Take Action)

AMA RESOLUTION 239

Whereas, A bill has been filed in the Massachusetts (MA) Senate, and passed the first two reads, that would establish a separate "board of registration in midwifery," with expansion of scopes of practice and with educational requirements for licensure being left to the discretion of membership organizations¹; and

Whereas, This would remove the current oversight exercised by the Massachusetts (MA) Board of Registration in Nursing (involving Certified Nurse Midwives, CNM), and potentially grant MA licenses to certified midwives (CM) and "lay" midwives (or "certified professional midwives, CPM); and

Whereas, As of 1997, CMs were deemed eligible to sit for the national American Midwifery Certification Board, with the requirement being 3 years of university-affiliated training, but no nursing prerequisite²; and

Whereas, CPMs, as defined in the American College of Nurse-Midwives (ACNM) position paper, are "traditional, independent (of the health care system), non-formally trained and community-based provider(s) of care during pregnancy, childbirth and the postnatal period," often are self taught and in an unregulated apprenticeship-model²; and

Whereas, Twenty-one states currently license midwives to attend home births using the CPM credential, not using the the CM credential which is recognized by both the American College of Obstetricians and Gynecologists (ACOG)³ and ACNM²; and

Whereas, According to the AMA Scope of Practice site, in the 2008 legislative session there are a number of states confronting similar public health issues regarding "lay midwives" of CPMs (certified professional midwives), including Missouri (direct access), Idaho (authority to perform surgery), Massachusetts (separate licensing board), Delaware and Idaho (licensure); and

Whereas, An apparently uncomplicated pregnancy or delivery can quickly become very complicated in the setting of maternal hemorrhage, shoulder dystocia, eclampsia or other obstetric emergencies, necessitating the need for rigorous educational standards and appropriate oversight of obstetric providers to ensure the health of both the mother and the baby during a delivery; therefore be it

RESOLVED, That our American Medical Association develop model legislation regarding appropriate physician and regulatory oversight of midwifery practice, under the jurisdiction of either state nursing or medical boards (Directive to Take Action); and be it further RESOLVED, That our AMA continue to monitor state legislation activities regarding the licensure and scope of practice of midwives (Directive to Take Action); and be it further

RESOLVED, That our AMA work with state medical societies and interested specialty societies to advocate in the interest of safeguarding maternal and neonatal health regarding the licensure and the scope of practice of midwives. (Directive to Take Action)