This report is submitted pursuant to House Resolution 1341, which created the House Study Committee on Direct Entry Midwifery. Members were appointed by the Speaker of the House in accord with House Resolution 1341.
House Resolution 1341

By: Representatives Benfield of the 85, Thomas of the 55, Smith of the 168, Sims of the 169th, Holmes of the 61st, and others

A RESOLUTION
Creating the House Study Committee on Direct Entry Midwifery; and for other purposes.

WHEREAS, pregnancy and childbirth are normal life events; and
WHEREAS, the citizens of Georgia need access to midwives who provide maternity care and attend births in homes and freestanding birth centers and who offer the best chance for a natural birth; and
WHEREAS, there exists a shortage of maternity care in certain areas of the state and a shortage of consumer choices for maternity care throughout the state; and
WHEREAS, ninety-nine percent of births in the United States currently take place in hospitals, and many involve unnecessary interventions; and
WHEREAS, nearly one-third of births, the highest rate ever reported, now occur by means of Cesarean section, a rate exceeding recommended rates including the national health goals; and
WHEREAS, the very large prospective study of out-of-hospital births with Certified Professional Midwives recently published in the British Medical Journal showed that the outcomes (intrapartum and neonatal mortality) of planned home birth for low risk women in North America using Certified Professional Midwives are equivalent to outcomes for similar women giving birth in hospitals, with much lower rates of medical interventions; and
WHEREAS, "granny" midwives were Direct Entry Midwives and have played an important role in the history of this state and their many contributions are deserving of respect and recognition; and
WHEREAS, the state of Georgia has no mechanism to provide licensure for Direct Entry Midwives; and
WHEREAS, the Georgia Board of Nursing authorizes certified nurse midwives (CNMs) to attend women in childbirth, but those so certified must be registered professional nurses who have graduated from an American College of Nurse-Midwives accredited program, and almost none practice in out-of-hospital settings; and
WHEREAS, the Certified Professional Midwife, a national certification recognized in a number of states, is now available to midwives who meet the standardized requirements for knowledge, skills, and experience for entry level practice; and
WHEREAS, 24 states currently provide licensure for Direct Entry Midwives who practice in out-of-hospital settings; and
WHEREAS, the large majority of out-of-hospital births that occur in the United States are attended by Direct Entry Midwives; and
WHEREAS, out-of-hospital births attended by Direct Entry Midwives cost much less than hospital births, potentially saving the government of Georgia millions of dollars, and result in healthier babies with fewer complications; and
WHEREAS, the American Public Health Association supports efforts to increase access to out-of-hospital maternity care services and increase the range of quality maternity care choices available to consumers, through recognition that legally-regulated and nationally certified
professional midwives can serve clients desiring safe, planned, out-of-hospital maternity care services; and
WHEREAS, the American Public Health Association encourages the development and implementation of guidelines for the licensing, certification, and practice for professional midwives for use by state and local health agencies, health planners, maternity care providers, and professional organizations.

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES that there be created the House Study Committee on Direct Entry Midwifery to be composed of four members of the House of Representatives, one obstetrician, one certified professional midwife, and one lay person to be appointed by the Speaker of the House of Representatives. The Speaker shall designate a member of the House who shall serve as the chairperson of the committee. The committee shall meet at the call of the chairperson.

BE IT FURTHER RESOLVED that the committee shall undertake a study of the conditions, needs, issues, and challenges mentioned above or related thereto to assist in the issue of infant mortality in rural and urban areas of Georgia and recommend any actions or legislation which the committee deems necessary or appropriate. The committee may conduct such meetings at such places and at such times as it may deem necessary or convenient to enable it to exercise fully and effectively its powers, perform its duties, and accomplish the objectives and purposes of this resolution. The members of the committee shall receive the allowances authorized for legislative members of interim legislative committees but shall receive the same for not more than five days unless additional days are authorized; and the non-legislative members shall serve without compensation. The funds necessary to carry out the provisions of this resolution shall come from the funds appropriated to the House of Representatives. In the event the committee makes a report of its findings and recommendations, with suggestions for proposed legislation, if any, such report shall be made on or before December 1, 2006. The committee shall stand abolished on December 1, 2006.
Georgia House of Representatives

HOUSE STUDY COMMITTEE ON DIRECT ENTRY MIDWIFERY

Members of the Commission

Representative Stephanie Stuckey Benfield, Co-Chair
Representative “Able” Mable Thomas, Co-Chair

Representative Donna Sheldon
Representative Buddy Carter
Debbie Pulley, Certified Professional Midwife
Dr. John Schiller, OB/GYN
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Introduction

The House Study Committee on Direct Entry Midwifery was created by HR 1341.

The Committee held five meetings, and heard from midwives licensed in other states, obstetricians and other interested parties.

The meetings took place on November 27, 2006, December 4, 2006, December 14, 2006, December 18, 2006, and December 28, 2006. The meetings were held in Room 403 of the State Capitol.
Midwifery History in Georgia

Midwives are practicing in Georgia, and granny midwives have been practicing for decades. In the 1960s Medicaid began to pay for poor mothers to give birth in hospitals, and DHR only certified midwives if there was no doctor within 50 miles. In 1979 DHR took the formal position that it would not certify lay midwives. In the 1990s the Midwifery Task Force was formed, but only met once before disbanding, and in the 1990s DHR ceased licensing midwives.

Current law in Georgia allows midwives to practice but there have been no new DHR certifications since 1979. Midwives are routinely denied certification by the department of health.

The North American Registry of Midwives

The North American Registry of Midwives (NARM) certifies the Certified Professional Midwife (CPM). There are over 1200 CPMs in the United States. The National Organization for Competency Assurance (NOCA) accredits NARM, and NARM’s Job Analysis determines what is needed for safe practice. CPMs use practical training in homes or birth centers.

The NARM Model of Care does not write regulations, but uses state regulations. In states that license midwives, the practitioners are autonomous, and do not practice under a doctor or in hospitals.

Midwives would like to see Georgia use the Certified Professional Midwife (CPM) process and exempt midwives from the Medical Practice Act. Twenty-two states use the CPM process, and only two states require lay midwives to have a formal relationship with MDs.

There are approximately 40-50 practicing midwives in Georgia; about 10 are CPMs. The average midwife attends about 20-40 births per year. Schooling takes about 3-5 years, and can be community based or involve distance learning.

Certified Nurse-Midwives

Minimum requirements for midwives vary according to type. Nurse-Midwives complete the American College of Nurse Midwives (ACNM) program, and Direct Entry Midwives’ requirements vary by state, most use the NARM/CPM licensing exam. Nurse Midwives work with women in preventative health care, encourage a woman’s participation in her pregnancy and birth, and believe that pregnancy and birth are normal.

The ACNM is a professional organization that sets the standards for nurse midwives, and maintains core competencies and a code of ethics. Certified Nurse Midwives participate in about 10.7% of vaginal births. In 2004 they attended almost 300,000 live births.

In Georgia Certified Nurse Midwives (CNMs) attend about 23.7% or 23,110 of all vaginal births. CNMs work in consultation, collaboration and referral with doctors. Most CNMs get their education through nursing schools; the ACNM will also certify certified midwives (CMs) who are not nurses who have completed an ACNM educational program.

There are CMs in three states: NY, RI and NJ and about 50-60 total in the United States. Midwives do not just deliver babies; they provide primary care for women.

CNMs support home birth but they alone cannot meet the demand – the births they attend in Georgia are 100% in the hospital. CNM authority in Georgia comes from the Nurse Practice Act
and they work in private practice, in doctor’s offices and in hospitals. CNMs have excellent outcomes – several studies show that their outcomes are better than MDs on infant mortality, fetal distress and low birth weight. CNMs use less technology than MDs and provide effective labor support.

**Infant Mortality**

Infant mortality is twice as high for African-American babies as it is for white babies, and Latino infant mortality is on the rise. Community based midwives can help reduce the mortality rate because they provide more one-on-one attention for expectant and new-birth families. Often expecting families who chose to have their babies at home chose direct entry midwives, certified professional midwives and doula services as their care providers. In some of Georgia’s rural counties hospitals are more than 50 miles away from small towns where care providers are needed. Families and providers want better birth outcomes for every family in rural and urban communities.

The International Center for Traditional Childbearing (ICTC) is a national non-profit engaged in the prevention of infant mortality, midwifery education, and pregnancy support. Its mission is to address infant mortality factors to increase education awareness and create better birth outcomes. The ICTC suggests using midwifery as a model for reducing infant mortality in Georgia and improving birth outcomes.

**Midwives, MDs and Hospitals**

Midwives want a respectful relationship with doctors, not an adversarial one. Midwives are well trained to assess risks and refer problems to doctors, and do not want women to be forced to get a “sign-off” to give birth as they choose.

Midwives spend more time focused on women than doctors are able to do; midwives can focus on the nutritional and emotional needs of pregnant women. Families and babies should have what’s best for them; for many that means having the choice to have a home birth. Midwives want to be able to accompany their patients to the hospital and work with staff and doctors without fear of criminal repercussions.

Midwives want to be able to practice safely. Safe practices require a legal status for midwives, the ability to order tests; the ability to obtain and use emergency medicine and a respectful interface with hospital staff including records and information exchange between hospitals and midwives. Midwives do not want to fear punitive treatment so that they can feel free to transfer a birth to the hospital at the first sign of trouble. Likewise doctors need to honor the legacy of the African-American granny midwives.

According to the Georgia Gynecological Society maternal death from pregnancy/birth was the number one cause of death for women in the early 20th century, but that rate plummeted when women started delivering in hospitals. Georgia is 43rd for perinatal and maternal mortality; that is up from 49th. The American College of Obstetricians and Gynecologists (ACOG) wants to require educational and professional standards and does not recognize midwives not certified by the American Midwifery Certification Board (AMCB).

The major problems doctors have with home birth include maternal and neonatal mortality rates, responsibility for a pregnant woman in trouble, and that there are people with no formal education delivering babies with no supervision. When people transfer to the hospital the
MD and the hospital become liable. Lay midwives should be backed by a doctor, but that is not always happening. Midwives cannot just leave people in the emergency room without taking responsibility for their care, as often happens now. ACOG believes that there should be no home births.

**Medicaid**

In fiscal year 2005 Medicaid served 22,755 “unique” moms; $13.6 million was spent on midwifery services, and 213 enrolled providers filed claims. Medicaid policy requires that midwives are licensed in Georgia as nurses, but does not require that they be nurse practitioners; they also must be certified by the American College of Nurse Midwifery (ACNM) and remain in good standing. Federal Regulations allow Medicaid coverage of services if they are performed in an in or out-patient hospital setting and by a registered nurse licensed in the state according to ACNM requirements.

According to the regulations at 42 C.F.R. 440.165, Nurse Midwife services are provided by an individual who is a registered nurse. However, the state may cover nurse-midwife-like services provided by someone other than a nurse midwife under 42 C.F.R. 440-60 (“Other Licensed Practitioners”). The state would need to describe the providers’ qualifications, credentials and the services that would be provided. This description would need to be in the state plan.

**Considerations in Legislation**

Georgia needs to recognize all midwives currently in practice, including “granny” midwives, when the law passes; “grandmother” them in. Granny midwives should be recognized as having a skill set and they should be able to practice without fear of going to jail. Legislation needs to satisfy every sector of midwife culture.

The official position of the ACNM is that midwives should be educated in an accredited program. The ACNM does care about women and hears what women are saying about birth.

NARM recognizes apprenticeship and self study, but requires that CPMs train with an approved preceptor, document clinical training, and pass an exam to become certified. Midwives need accountability but it shouldn’t be a crime to deliver a baby. A possible solution is to require informed consent forms that detail the midwife’s credentials, experience and anything that can go wrong and how they will handle it.

Midwives need to work together to curb infant mortality; prevention of just one infant death per county can reduce infant mortality by 10% statewide. Midwives teach women during pregnancy how to be healthy in order to have healthy babies. But the Committee is also concerned about unsafe births and wants to improve overall quality of care in Georgia.
Recommendations

Regulations

The committee has reviewed all the presentations and testimonies heard during the Study Committee meetings, and also reviewed information that was sent to committee members outside the meetings. Home births are happening in this state and families are asking that direct entry midwives attend them.

When a state has an underground network of health care providers it has a responsibility to deal with the problem through regulation rather than prosecution. The committee finds that the most logical solution to this problem is for the Department of Health to resume certification of direct entry midwives.

OCGA 31-26-3 states:  
The department shall have the authority and power to adopt and promulgate such rules and regulations as may appear necessary and proper to carry out the purposes of this chapter, including, but not limited to, minimum educational and physical requirements for midwives and procedures and techniques to be employed and ethics to be observed in the practice of midwifery.

The committee recommends putting together a task force that would review what is being done in other states that license direct-entry midwives, and change the current rules and regulations to reflect this. The committee recommends the midwife member on the study committee be part of this committee.

Infant Mortality

Infant mortality is twice as high for African American babies as it is for white babies; community based midwives can help reduce the mortality rate because they provide more one-on-one attention for mothers.

The Committee would like to work with the Department of Human Resources to fund a demonstration project to lower the infant mortality rate including funding for a Mobile Midwifery Unit that can travel to different communities to provide pre-natal health care for expectant mothers.

The Committee would like to create a demonstration model of midwifery care to teach the public about what midwives do and work to create another birth center similar to the one in existence in Savannah, Georgia, as well as help reduce infant mortality in Georgia’s rural counties and urban centers.
Medicine and Midwifery

The Committee would like to work with regulators and legislators to provide midwives with a formulary card to allow them to administer certain prescription drugs in the course of their work and make midwives exempt from the Medical and Nurse Practice Acts.

Midwives want a respectful relationship with the Department of Human Resources (DHR) and Department of Public Health (DPH). The Committee would like to see these departments revisit their rules and regulations to form a Midwifery Task Force to reduce Infant Mortality, build partnerships with hospitals, doctors and healthcare providers and see midwives trained to access and minimize all risk factors related to infant mortality.