

Certified Nurse-Midwives and The SAVE Act:
Why It Matters to the Health of North
Carolinian Women

CNM Impact

- **CNM's compared with Physicians** (Newhouse, 2011)
 - Similar APGARs and low birth weight infants
 - Same or lower NICU admit
 - Lower perineal laceration rate
 - Improved outcomes with epidural, episiotomy, induction and increased initiation of breastfeeding
- **States with full practice authority** (Yang, et al, 2016)
 - 13% decreased odds cesarean section
 - 13% decreased odds preterm birth
 - 11% decreased odds low birth weight infant



Impact of Practice Laws on the Workforce

- Full practice authority (Yang, Attanasio, Kozhimannil, 2016)
 - Double supply of midwives per 1000 births
 - 60% chance of having a midwife as delivery attendant

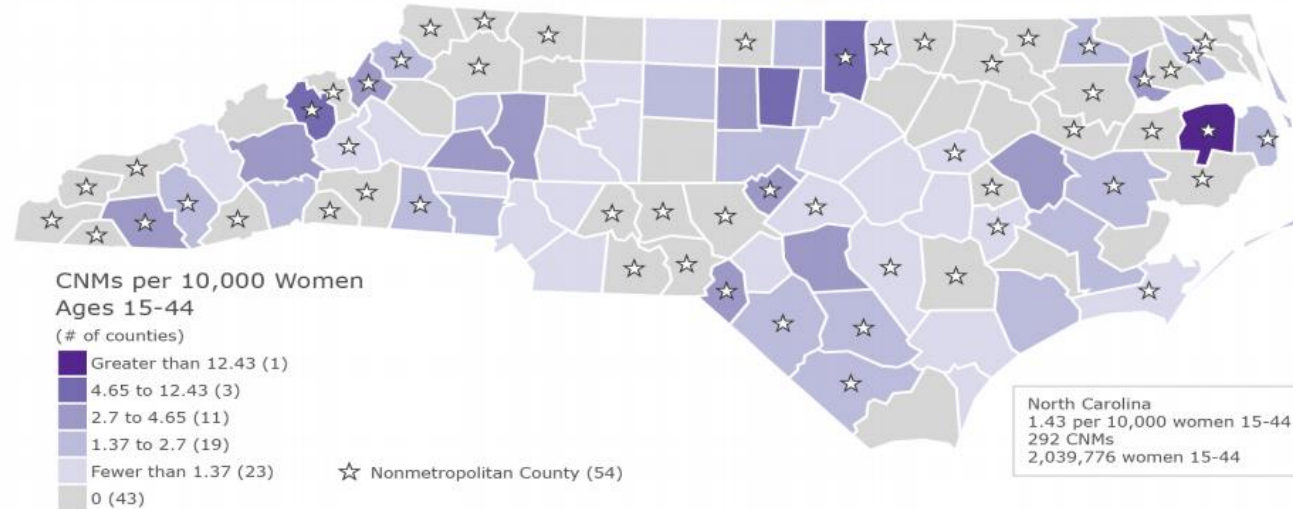


ECU Graduate Data

- 80% of CNM graduates remain in state after graduation
- Greater than 50% of these Certified Nurse-Midwives are in rural areas
- Graduates continue to have difficulty finding work in North Carolina including those finishing in in 2017

Certified Nurse Midwives report primary practice locations in 57 Counties

Certified Nurse Midwives (CNMs) per 10,000 Childbearing Age Females, North Carolina, 2017

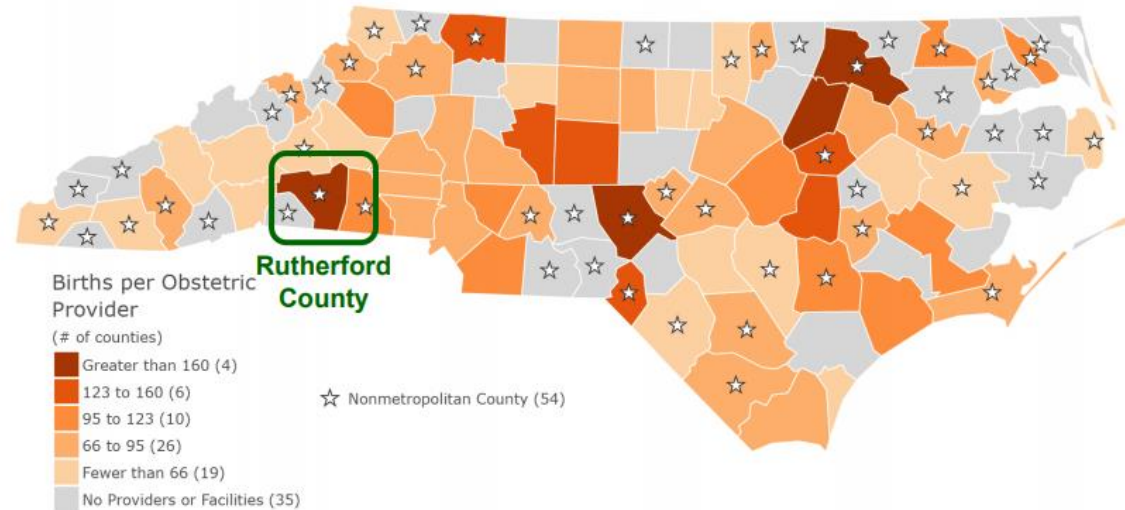


Notes: Data include active, licensed professionals in practice in North Carolina as of October 31 of each year. Data are derived from licensure data from each profession's licensing board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.

**SHEPS HEALTH
WORKFORCE NC**

Combining data on physicians and CNMs reveals that there are no providers or delivery facilities in 35 counties

Births per Provider of Obstetric Deliveries by Facility County, North Carolina, 2017



Notes: Data include active, licensed certified nurse midwives, non-federal physicians who indicated that they provide obstetric services, and Ob-Gyn or Family Medicine physician residents in practice in North Carolina as of October 31, 2017. Data are derived from licensure data from the North Carolina Medical Board and the North Carolina Board of Nursing. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of

**SHEPS HEALTH
WORKFORCE NC**

Institute of Medicine Report The Future of Nursing

- **Recommendation 1 from The Future of Nursing: Remove Scope-of-Practice Barriers**
 - **For state legislatures:**
 - **Reform scope-of-practice regulations to conform to the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules (Article XVIII, Chapter 18).**
 - **Require third-party payers that participate in fee-for-service payment arrangements to provide direct reimbursement to advanced practice registered nurses who are practicing within their scope of practice under state law.**
- **The Future of Nursing notes that although APRNs are highly trained and able to provide a variety of services, they are prevented from doing so because of barriers, including state laws, federal policies, outdated insurance reimbursement models, and institutional practices and culture (IOM, 2011).**

NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules Section on APRN

"APRNs are expected to practice as licensed independent practitioners within standards established and/or recognized by the BON. Each APRN is accountable to patients, the nursing profession and the BON for complying with the requirements of this Act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience; planning for the management of situations beyond the APRN's expertise; and for consulting with or referring patients to other health care providers as appropriate."

- NCSBN: National Council of State Boards of Nursing

JOINT STATEMENT OF PRACTICE RELATIONS BETWEEN OBSTETRICIANGYNECOLOGISTS AND CERTIFIED NURSE- MIDWIVES/CERTIFIED MIDWIVES

These clinicians practice to the full extent of their education, training, experience, and licensure and support team-based care.

ACOG and ACNM advocate for health care policies that ensure access to appropriate levels of care for all women.

Quality of care is enhanced by collegial relationships characterized by mutual respect and trust; professional responsibility and accountability; and national uniformity in full practice authority and licensure across all states.