



# Resolving Conflicts in National and Global Standards

---

Summer 2023 Community Learning  
Series



# Recap:

---

- 1977 - a licensing program for CNMs is created (CNMs act under a physician's supervision)
- 1993 - a bill to regulate midwives as independent providers passes and the DEM program begins
- 2000 - CNMs become independent providers
- 2003 - the DEM program requires the CPM credential
- 2023 - licensing program for CMs (mirroring CNMs) is created

**Today, three credentials of independent midwives are regulated in CO:**

**CPM, CNM, CM**

# Key dates related to national and global standards

---

- 2010 - ICM Global Standards for Midwifery Education are Adopted
- 2011- ICM Global Standards for Midwifery Regulation are Adopted
- 2012 - US midwifery groups endorse ICM Standards
- 2013 - US Midwifery, Education, Regulation and Association (US MERA) meets for the first time
- 2015 - ACOG Endorses ICM Standards
- 2015 - US MERA Publishes “Principles for Model U.S. Midwifery Legislation & Regulation”
- 2019 - ICM Updates the Essential Competencies for Midwifery Practice

# What is the context?

---



World Health  
Organization

**56**  
maternal / neonatal

outcomes were found to be improved  
through midwifery practice and  
philosophy of care



**94% of**  
all maternal deaths

occur in low and lower middle-income  
countries

[Find out more](#)



# Improving Health

## 2019 - "Framework for Action: Strengthening Quality Midwifery Education for Universal Health Coverage 2030"



### Executive summary



Photo 1: Quality midwifery education in Viet Nam ensures positive communication between midwife and mother with her baby.

#### The impact of midwifery education: why we need to act now

The evidence is clear. Strengthening midwifery education to international standards is a key step to improving quality of care and reducing maternal and newborn mortality and morbidity.

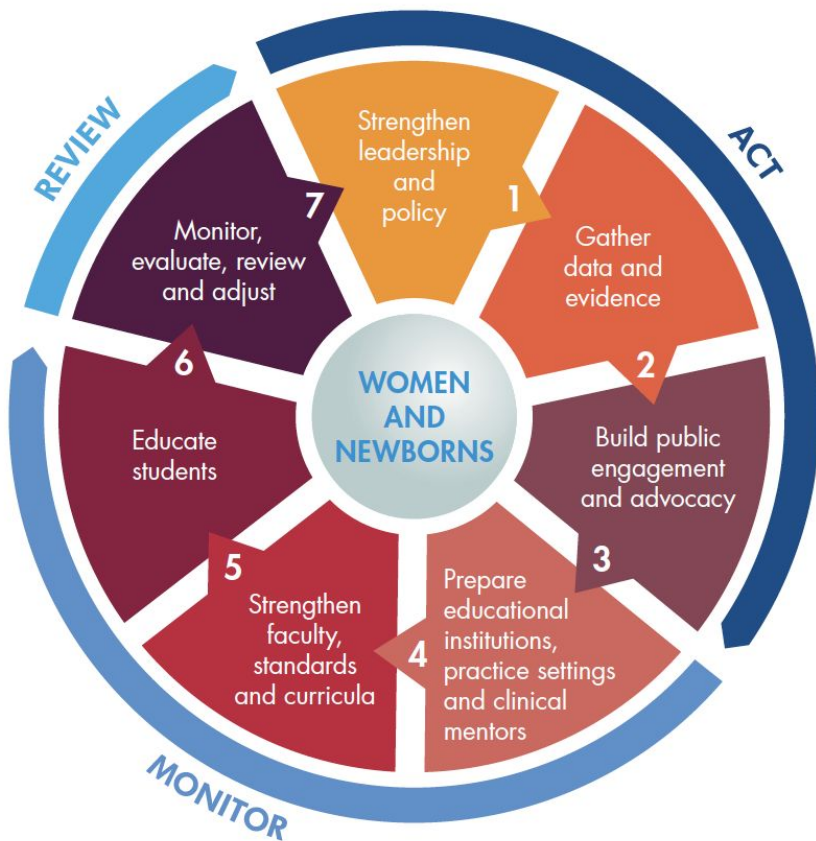
Midwifery, where care includes proven interventions for maternal and newborn health as well as for family planning, "could avert over 80% of all maternal deaths, stillbirths, and neonatal deaths" (1).

# Action Plan

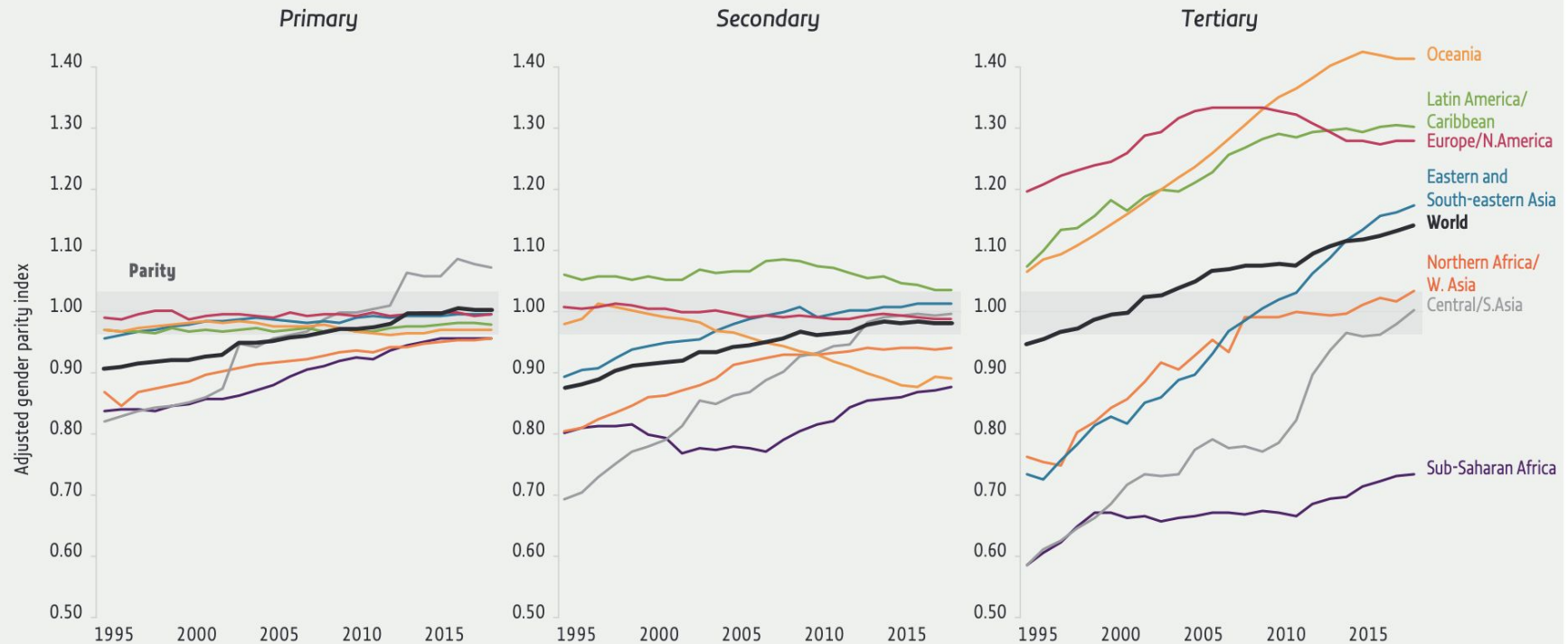
## The 7 Step Action Plan

“Framework for Action:  
Strengthening Quality Midwifery  
Education for Universal Health  
Coverage 2030”

Seven-step action plan to strengthen quality midwifery education



## Adjusted gender parity index of gross enrolment ratio, by region and education level, 1995–2018



Source: UIS database.

So, are there conflicts?

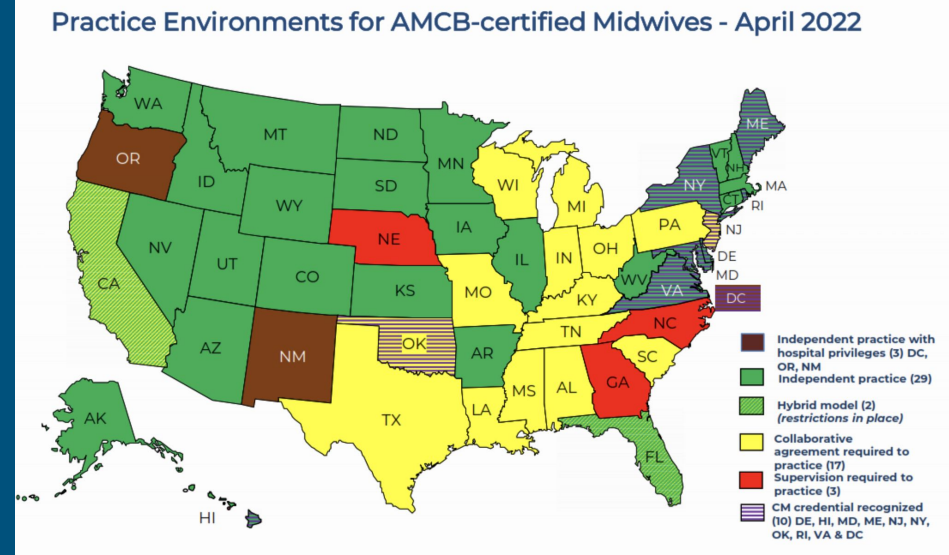
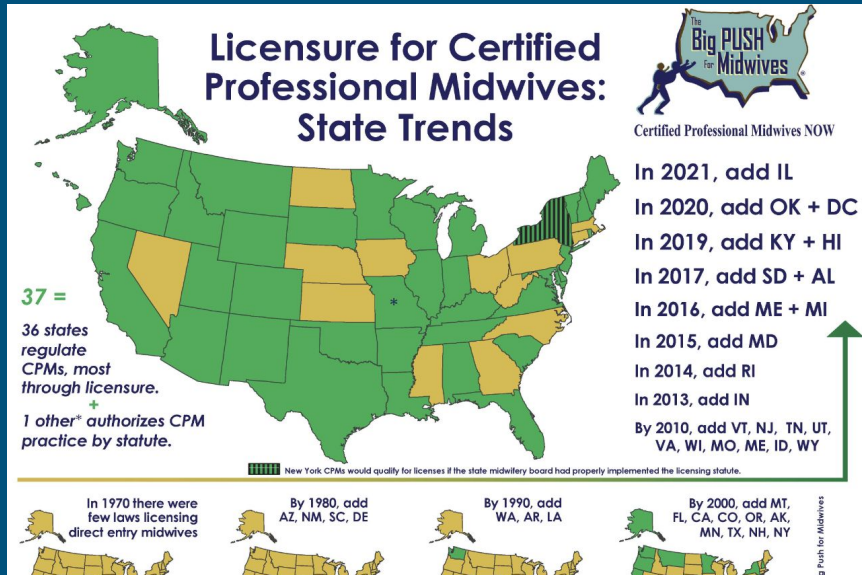
---





# US Policies Lag Behind Standards

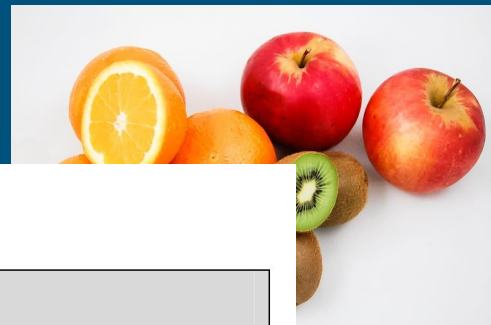
- Recognition that midwives are autonomous practitioners; that is they practise in their own right and are responsible and accountable for their own clinical decision making.





## **Intended use of Standards**

The *Global Standards for Midwifery Regulation (2011)* are deliberately generic and take a principle rather than a detailed approach to midwifery regulation. These standards provide a benchmark for global standardisation of midwifery regulation. They have two purposes. Firstly, they provide the basis for review of existing regulatory frameworks. Secondly, they provide guidance and direction to countries seeking to establish regulatory frameworks for midwifery where none currently exist.



## ICM Global Standards for Midwifery Regulation

Category	Standard	Explanation
<b>1. Model of regulation</b>	<b>1.1 Regulation is midwifery specific</b>	<p>Midwifery requires legislation that establishes a midwifery-specific regulatory authority with adequate statutory powers to effectively regulate midwives, support autonomous midwifery practice and enable the midwifery profession to be recognised as an autonomous profession.</p> <p>Midwifery-specific legislation protects the health of mothers and babies by ensuring safe and competent midwifery practice.</p>
	<b>1.2 Regulation should be at a national level</b>	<p>Where possible regulation should be at a national level. However, if this is not possible there must be a mechanism for collaboration and communication between the midwifery regulatory authorities. National regulation enables uniformity of practice standards and facilitates freedom of movement of midwives between jurisdictions.</p>



- Recognition that midwifery is a profession that is autonomous, separate and distinct from nursing and medicine. What sets midwives apart from nurses and doctors is that only midwives can exercise the full scope of midwifery practice and provide all the competencies within this scope.
- Recognition that wherever a registered/qualified midwife with a midwifery practising certificate works with pregnant women during the childbearing continuum, no matter what the setting, she<sup>5</sup> is practising midwifery. Therefore when a midwife holds dual registration/qualification as a nurse she cannot practise simultaneously as a midwife and a nurse<sup>6</sup>. In a maternity setting a registered/qualified midwife always practises midwifery.



## Intended Use of the Standards

ICM developed the *Global Standards for Midwifery Education* to assist primarily three groups of users: 1) countries who do not yet have basic midwifery education but are wanting to establish such programmes to meet country needs for qualified health personnel, 2) countries with basic midwifery education programmes that vary in content and quality who wish to improve and/or standardize the quality of their midwifery programme(s), and 3) countries with existing standards for midwifery education who may wish to compare the quality of their programme to these **minimum** standards. ICM expects that those countries whose current standards exceed these minimum standards will continue to offer the higher level of preparation for midwives in their region.

The midwifery education standards\* were developed globally using a modified Delphi survey process during 2009-2010 and represent the **minimum** expected for a quality midwifery programme, with emphasis on competency-based education rather than academic degrees.

# US MERA

---


- Was a facilitated process among invite-only organizations which excluded or poorly included midwives of color
- Used a similar process (Delphi) to create Standards for Midwifery Regulation in the US
  - Other annual reports did not go through a Delphi process
- Midwife autonomy and midwifery-specific regulation are key standards that Colorado somewhat achieves
  - CNMs, CMs, and CPM are autonomous providers in CO by statute - but that autonomy is constrained by the culture that is still restrictive
  - CNMs and CMs do not have midwifery-specific regulation since they are regulated by the Board of Nursing
  - CPMs do not have midwifery-specific regulation since they are regulated by DORA without midwifery oversight

# Bridge Certificate

---

Do CO CPMs require a  
“Midwifery Bridge  
Certificate”

Since CO statute has  
required the CPM  
credential since 2003,  
NO.



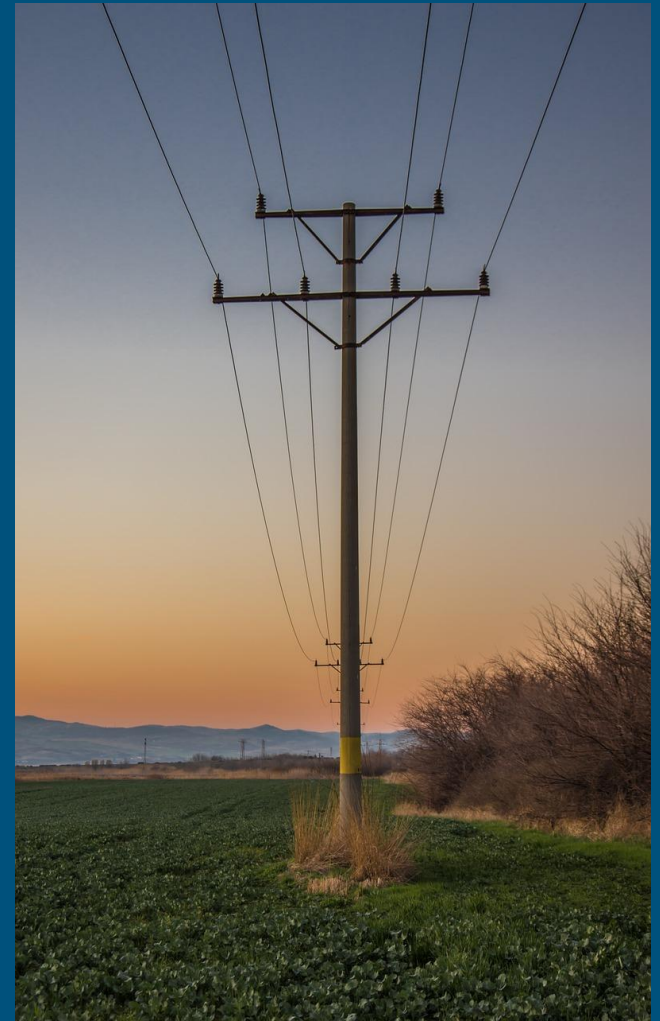
US MERA Professional Regulation Committee  
Statement on the Licensure of Certified Professional Midwives (CPM)  
June 2015

US Midwifery Education, Regulation, and Association (US MERA) organizations support legislative language stating that by 2020, all new applicants for midwifery licensure must have successfully completed an educational program or pathway accredited by an organization recognized by the U.S. Department of Education (USDE) or obtained the Midwifery Bridge Certificate. All applicants for licensure must pass a national midwifery certification examination offered as part of a National Commission for Certifying Agencies (NCCA) accredited credentialing program, as well as hold a CPM, Certified Nurse Midwife (CNM) and/or Certified Midwife (CM) credential.

In 2014, US MERA approved this resolution to support new legislation for the licensure of CPMs in states that do not currently license CPMs. The US MERA Professional Regulation Committee, made up of representatives of US MERA organizations, was then charged with developing legislative language regarding the licensure of CPMs in states proposing new licensure bills. At this time, this language does not apply to states where there are existing statutes for CPM licensure.

# Power

---





# Questions & Discussion

---



This concludes the Summer 2023 Community Learning Series

Get resources at:

<https://www.elephantcircle.net/events-1/2023/6/15/direct-entry-midwifery-summer-2023-community-learning-series>