



SENATE BILL 107: Decriminalize Direct Entry Midwifery

2013-2014 General Assembly

Committee:	Senate Judiciary I	Date:	March 6, 2013
Introduced by:	Sens. Goolsby, Clodfelter, Bingham	Prepared by:	Bill Patterson
Analysis of:	PCS to First Edition S107-CSTG-8		Committee Counsel

SUMMARY: *The PCS to Senate Bill 107 would permit any person certified as a Certified Professional Midwife by the North American Registry of Midwives to practice certain midwifery services in accordance with the Standards for Practice of the National Association of Certified Professional Midwives. The PCS substantially rewrote the original bill.*

[As introduced, this bill was identical to H155, as introduced by Reps. Wilkins, Hurley, which is currently in House Health and Human Services, if favorable, Judiciary Subcommittee B.]

CURRENT LAW: Under Article 10A of Chapter 90 of the General Statutes, no person may practice midwifery who is not approved to do so by the [Midwifery Joint Committee](#) of the North Carolina Medical Board and the Board of Nursing. To be approved, an applicant must complete an [application form](#), submit evidence of certification by the [American College of Nurse-Midwives](#),¹ submit evidence of arrangements for physician supervision, and pay an application fee. G.S. 90-178.5. Certified Nurse Midwives (CNMs) are licensed as registered nurses in North Carolina and are required to practice under the supervision of a physician who also does obstetrics including obstetricians and family physicians. It is a Class 3 misdemeanor for a person who is not approved pursuant to Article 10A to practice midwifery. G.S. 90-178.7(b).

BILL ANALYSIS: The PCS to House Bill 107 would permit any person certified as a [Certified Professional Midwife](#) by the [North American Registry of Midwives](#)² to provide prenatal, intrapartum, postpartum, newborn and interconceptional care as defined in G.S. 90-178.2³ in accordance with the [Standards for Practice](#) of the [National Association of Certified Professional Midwives](#). The primary difference between the requirements for certification as a professional midwife and as a nurse midwife is that the professional midwife certification does not require licensure as a registered nurse.

EFFECTIVE DATE: This act is effective when it becomes law.

¹ The American College of Nurse Midwives requires certification of nurse midwives by the [American Midwifery Certification Board](#) (AMCB), which certifies both Certified Midwives and Certified Nurse Midwives.

² According to their websites, the North American Registry of Midwives and the American Midwifery Certification Board are accredited by the [National Commission for Certifying Agencies](#) (NCCA).

³ G.S. 90-178.2 defines these terms as follows:

"Interconceptional care" includes but is not limited to:

- a. Family planning;
- b. Screening for cancer of the breast and reproductive tract; and
- c. Screening for and management of minor infections of the reproductive organs;

"Intrapartum care" includes but is not limited to:

- a. Attending women in uncomplicated labor;
- b. Assisting with spontaneous delivery of infants in vertex presentation from 37 to 42 weeks gestation;
- c. Performing amniotomy;
- d. Administering local anesthesia;
- e. Performing episiotomy and repair; and



- f. Repairing lacerations associated with childbirth.
- "Newborn care" includes but is not limited to:
- a. Routine assistance to the newborn to establish respiration and maintain thermal stability;
 - b. Routine physical assessment including APGAR scoring;
 - c. Vitamin K administration; and
 - d. Eye prophylaxis for ophthalmia neonatorum.
- "Postpartum care" includes but is not limited to:
- a. Management of the normal third stage of labor;
 - b. Administration of pitocin and methergine after delivery of the infant when indicated; and
 - c. Six weeks postpartum evaluation exam and initiation of family planning.
- Prenatal care" includes but is not limited to:
- a. Historical and physical assessment;
 - b. Obtaining and assessing the results of routine laboratory tests; and
 - c. Supervising the use of prenatal vitamins, folic acid, iron, and nonprescription medicines.