CALIFORNIA CNM SCOPE OF PRACTICE

California law grants CNMs an independent scope of practice to provide health care services for women from adolescence beyond menopause including:

- all essential factors of well-woman care in clinics, hospitals, birth centers and at home
- furnishing authority to provide drugs and devices as needed for care. (CNMs have DEA numbers for prescribing controlled substances)
- care of normal childbirth and to provide prenatal, intrapartum and post partum care
- perform and repair episiotomies
- signing of birth certificates
- immediate newborn care (first 28 days of life)
- treatment of sexually transmitted diseases (treatment of male partners as well)
- family planning services
- Regulatory "supervision" does not require the physical presence of the physician when care is rendered by CNM.

“Scope of practice” is a legal and regulatory framework, whereas “competency” is the ability to demonstrate one can safely perform a given skill. Competencies are set by national organizations; scope of practice is set by the states.

SERVING THE WOMEN and FAMILIES OF CALIFORNIA

Certified Nurse-Midwives can be found working in any number of health care settings: clinical, teaching, research. They work in community health centers, university medical centers, federally qualified health centers, public health departments, boutique clinics, out-of-hospital birth centers, managed health care systems, as well as in a home birth setting.

Kaiser Permanente is a large employer of CNMs in the state. In Northern California, CNMs provide midwifery care at eleven Kaiser hospitals (Antioch, Hayward, Modesto, Redwood City, Roseville, San Jose, Santa Rosa, South Sacramento, Vacaville, Vallejo, Walnut Creek). In Southern California, CNMs provide midwifery care at thirteen Kaiser hospitals (Anaheim, Baldwin Park, Downey, Fontana/Ontario, Irvine, Orange County, Panorama City, Riverside, San Diego, South Bay, Sunset/Los Angeles, West Los Angeles, Woodland Hills).

Certified Nurse-Midwives also play a significant role in caring for women with Medi-Cal; CNM care is a federally mandated Medicaid benefit. In California, in 2012, according to CDC, 30% of CNM attended births were Medicaid, 65% were private pay, 2% self-pay and 3% "other." (http://www.cdc.gov/nchs/data_access/vitalstats/vitalstats_births.htm) Of note, CNMs receive Medicaid reimbursement at 100% of physician fee levels.

Certified Nurse-Midwives demonstrate excellent maternal outcomes among Medi-Cal populations. Below you will find three snapshots of large urban CNM practices that primarily serve women with Medi-Cal: San Francisco General Hospital, UC San Diego, and Eisner Pediatric and Family Medical Center in Los Angeles.
San Francisco General Hospital
1001 Potrero Ave, San Francisco

San Francisco General Hospital is home to the longest-standing nurse-midwifery practice in the city. Established in 1975 by a team of Obstetricians and Nurse-Midwife community leaders, it reflected a desire to provide more options for childbearing women, and this collaborative effort is going strong today. This collaborative perinatal care model has been recognized as exemplary by both the American College of Nurse-Midwives and the American Congress of Obstetrics and Gynecology, and recent statewide analysis showed that San Francisco General Hospital (SFGH) leads the state in perinatal quality indicators. Notable among these is the second lowest cesarean section rate in the state.

SFGH’s midwifery service, called “The Nurse-Midwives of San Francisco General Hospital”, has 11 core and 5 per diem midwives on staff. These midwives provide prenatal, labor and delivery, and postpartum care to approximately 450 women each year, and care for women in a variety of community-based outpatient settings. In these clinics pregnant women are seen in “CPSP”, the Comprehensive Perinatal Services Program. This program has guaranteed that our systems are set up to address the myriad and often complex educational, nutritional and psychosocial needs of our clients, so as to provide opportunity for pregnant women to make positive health behavior change during this often transformative time in their lives.

All of the women served by the SFGH midwives are low-income, with 100% publicly insured (on Medi-Cal). Approximately 75% of these women are Latina, with a majority monolingual Spanish-speaking recent immigrants, and the remainder from diverse ethnic and cultural backgrounds. All CNMs are Spanish-speaking, and all share a commitment to providing sensitive, high quality and compassionate service to the most vulnerable women and families of San Francisco.
In 2000, a nurse-midwifery / freestanding birth center practice closed and joined with the midwifery education program to form what is now the University of California (UC), San Diego Nurse-Midwifery service. The education program moved to another university, but the UC San Diego Nurse-Midwives have continued to provide care for the women of San Diego County for 14 years.

Currently, sixteen certified nurse-midwives (CNMs) provide prenatal care to about 900 women each year at both UC-owned locations and community clinics. Births are attended at the UC San Diego Medical Center, either in the labor and delivery unit or in a unique, homelike birth center.

Nearly half of these women have care funded by Medi-Cal, all of which includes Comprehensive Perinatal Care Program (CPSP) services. This program, which was piloted 30 years ago in San Diego, provides women with more psychosocial services and education about health and nutrition than they would receive in traditional care. This leads to improved outcomes for both mother and baby.

The UC San Diego CNMs work closely with the faculty and resident physicians in the Department of Reproductive Medicine. Consultation occurs frequently and collegially, both inpatient and outpatient. One of the missions of the Nurse-midwifery service is teaching resident physicians to become excellent consultants and collaborators. First year OB/GYN residents have a rotation with the midwifery service to both learn normal birth and build interdisciplinary relationships.

Some women that begin prenatal care with the UC San Diego Nurse-Midwifery service have medical or obstetrical conditions that are outside the scope of midwifery care. These women are then referred to the OB/GYN physicians for evaluation. They may receive collaborative care provided by both midwives and physicians, or may see only physician for the remainder of the pregnancy. The same process occurs in the inpatient setting. This system of consultation, collaboration, and referral provides expert care to all women in the practice.

Over 12,000 babies have been born since the practice began in 2000, with over 4000 of those in the birth center. The overall cesarean rate, including planned cesarean, is 14%. Women admitted to the midwifery service for labor and birth have a 10% cesarean rate. Our breastfeeding rates are high- both inpatient (98.3%) and at the 6 week postpartum visit (95 %), and we have been recognized as a “Best Practice” by the American College of Nurse-Midwives for this measure.
Eisner Pediatric & Family Medical Center
1530 South Olive Street, Los Angeles, CA

Eisner Pediatric & Family Medical Center (EPFMC) nurse-midwives care for women who want natural childbirth in a hospital setting. There are 11 nurse-midwives on staff and 95% of our clients have Medi-Cal. We deliver babies at California Hospital Medical Center. EPFMC's nurse-midwives have been providing care to the medically underserved women in our Los Angeles neighborhoods for 20 years. We enjoy a supportive working relationship with OB/GYN physicians.

EPFMC nurse-midwives are nationally recognized VBAC (vaginal birth after c-section) specialists. Seventy-five percent of our patients who attempt a trial of labor after a cesarean section (TOLAC) are successful. We received the Best Distinction award from the ACNM (American College of Nurse-Midwives) in recognition of these results when compared nationally with practices of similar size:

- Lowest rate of primary cesarean section
- Lowest rate of epidural use
- Lowest rate of 5-minute infant APGARs below 7
- Lowest rate of NICU (neonatal intensive care unit) admissions

Eisner Pediatric & Family Medical Center nurse-midwives were honored for having the lowest rate of primary c-sections among practices that deliver 500 or more babies each year. Of the women admitted and managed in labor by the CNMs, less than 10% had a cesarean section.

EPFMC nurse-midwives received the Best Practice distinction award from the ACNM for the lowest rate of epidural use among practices of similar size. We offer Lamaze and exercise classes as part of the prenatal education program at EPFMC. Both can help prepare mothers for delivery without medication. Epidurals and intravenous sedation are available for pain control. Nurse-midwives order both if needed. We work with clients to honor birth plans and clients personal decisions about using medication to relieve pain.