

ISSUE BRIEF



BMMA
BLACK MAMAS MATTER ALLIANCE

EXPANDING MIDWIFERY LICENSURE IN GEORGIA

PROBLEM

Georgia has the second highest maternal mortality ratio of any state in the country, second only to Louisiana.¹ From 2015-2017, there were 68.9 pregnancy-associated² deaths and 25.1 pregnancy-related³ deaths per 100,000 live births in the state.⁴ Eighty-seven percent (87%) of these pregnancy-related deaths were preventable.⁵ **In Georgia, Black, non-Hispanic women were 2.3 times more likely to die from pregnancy-related causes than white, non-Hispanic women.**⁶ The rate of preterm birth (one of the leading causes of infant mortality) among Black women in the state is 45 percent higher than the rate among all other women.⁷ While the causes of maternal and infant mortality in the United States (U.S.) are complex, a critical component of

addressing this public health crisis is the need to increase and invest in the maternity care provider workforce. Georgia has one of the most restrictive state policies in relation to licensing midwives. The state only licenses Certified Nurse Midwives (CNMs) and gives credentialing authority through the Georgia Board of Nursing, making it illegal to practice midwifery in the state without a nursing credential.⁸ Although CNMs can practice legally in Georgia, they experience numerous challenges, including difficulty finding jobs in rural areas, identifying physician collaborators, and obtaining hospital privileges – all of which further restrict the availability of midwives, particularly Black midwives, in Georgia.⁹

BMMA POSITION

The Black Mamas Matter Alliance recommends that the state of Georgia license community midwives, including certified professional midwives, certified midwives, lay, traditional, and grand midwives.

We also recommend that Georgia establish a State Board of Community Midwifery, through which community midwives can inform and shape state midwifery policies, and provide specialized care to women and their infants during antenatal, childbirth, and postpartum periods. As of April 2022, these policies are outlined in the Georgia Community Midwife Act.¹⁰



Midwife wrapping her kit to go on a call in Greene County, Georgia, 1941. PHOTO COURTESY OF LIBRARY OF CONGRESS

BACKGROUND AND RATIONALE

THE SUPPRESSION OF BLACK MIDWIFERY IN GEORGIA

Georgia's present-day midwifery laws and restrictions are legacies of unjust policies that were implemented by the state at the turn of the 20th century. Historically in the U.S., the majority of births were attended by midwives, with Black midwives providing care for both Black and white birthing people from the 1600s until the mid-1900s.^{11,12} Starting in the 1910s, white Progressive reformers began to advocate for a shift away from traditional midwifery models of care, including home births, and towards physician and nurse-based care and hospital births.¹³ These reformers characterized midwives' practices as "unsanitary and superstitious," and blamed midwives for high infant and maternal mortality rates. With the rise of obstetrics and gynecological physicians in medicine, the development of hospital systems, and the push to control infectious diseases by the United States Public Health Service, births occurred more frequently in a hospital setting for those who could afford it.¹⁴ The transition from home births to hospital births partially justified the push to license midwives, with physician groups and public health officials strongly recommending not only midwifery licensure, but also mandated supervision and teaching antiseptic techniques during the birthing process.¹⁵

In 1921, the U.S. government enacted the Sheppard-Towner Act (full name: the Promotion of the Welfare and Hygiene of Maternity and Infancy Act), which provided federal matching funds to states to support infant and maternity care. The Act played a critical role in the medicalization of pregnancy and childbirth, including through establishing hygiene requirements for public health nurses, distributing educational materials on prenatal care, and regulating and licensing

midwives.¹⁶ By imposing burdensome restrictions on midwives, the Sheppard-Towner Act precipitated the decline of Black midwifery care.^{17,18} Between 1921 and 1924 the Georgia State Board of Health enacted a number of resolutions and initiatives to support the training, regulation, licensing, and hiring of public health nurses, including assigning

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the "first Negro nurse" to the Maternal and Child Health Division in 1923 to supervise work with Black midwives in Atlanta.¹⁹ Inevitably, by 1941 the State Board of Health of Georgia decided to discontinue certification of midwives, therefore, reducing the number of practicing midwives to a little over 2,000, down from 9,000 in 1925.^{20,21} As a legacy of these policies, the number of practicing midwives in Georgia has continued to decrease, making it exceedingly challenging for birthing people, particularly Black birthing people, to access midwifery care.

MIDWIFERY IN GEORGIA: THE STATUS QUO

Today, 54% of U.S. counties have moderate, low, or no access to maternity care and 35% of counties are considered maternity care deserts.^{22,23} In Georgia, 73% of counties have no hospital or birth center offering maternity care and 36.7% of counties are considered maternity care deserts.²⁴ Rural Black women in Georgia have a 30% higher maternal mortality rate than urban Black women in the state



Georgia Midwives, 1938. PHOTO COURTESY OF GEORGIA HISTORICAL SOCIETY

and 83% of Georgia women must travel outside their home county to deliver. Despite a clear need for increased access to maternity care providers, including midwives, there were only 550 certified nurse midwives in the state of Georgia as of 2018.²⁵

The criminalization of midwifery practice without a license, which often means without a nursing credential, makes providing and receiving midwifery care more precarious. Midwives and patients may experience challenges accessing hospital and other health care, if needed during the childbirth process, because community midwifery care is not integrated into state and local health systems.²⁶ Unlicensed midwives may be taken advantage of financially or face legal challenges and threats due to their status.²⁷ For unlicensed Black midwives, the criminalization of their practice is compounded by the barriers and surveillance they face due to racism and other intersecting forms of oppression. Taken together, these restrictions structurally limit access to providing and receiving midwifery care.²⁸

In the face of this maternal health crisis, Georgia has activated several initiatives, including a Maternal Mortality Review Committee (MMRC), as well as a Perinatal Quality Collaborative (GaPQC) consisting of neonatologists, obstetricians, midwives, public health professionals and other stakeholders. In

2018, Georgia's legislature funded rural birthing hospitals for quality improvement projects and sixteen hospitals to implement the Alliance for Innovation on Maternal Health (AIM) Hemorrhage Bundle Initiative.²⁹ Notably, these and other initiatives are dominated by physician associations and hospital systems that have historically failed to

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incorporate and implement health equity strategies in addressing this issue. These initiatives are largely unresponsive to mounting evidence that the combination of expanding midwifery licensure, scope of practice, and integration in health systems is the most equitable, effective, and cost-saving approach to addressing the maternal health crisis in the state.^{28,29}

LEGISLATIVE OPPORTUNITY

In response to the activism and organizing of Black midwives, women, and birthing people, the Georgia legislature has introduced a bill that would meaningfully expand midwifery licensure in Georgia. **The Georgia Community Midwife Act seeks to license community midwives, grand mothering in traditional and grand midwives, and create a State Board of Community Midwifery.**³² Unlike other bills that expand licensure to Certified Professional

Midwives only or require education from Midwifery Education and Accreditation Council (MEAC) accredited institutions,³³ this bill is inclusive of community midwives who have developed their midwifery practice through other accreditation bodies and educational pathways, apprenticeships, and/or years of experience providing midwifery care in their communities. If enacted, this legislation would empower community midwives to provide the lifesaving, holistic maternity care that birthing people in Georgia need, demand, and deserve.

CALL TO ACTION

Black Mamas Matter Alliance calls on policymakers, institutions, professional associations, accreditation bodies, and other stakeholders to:



Center Black Midwives, Women, and Birthing People in Policy and Program Development and Implementation

- Build and invest in spaces for Black midwives of all designations to convene and build consensus on policies and programs impacting their practice.
- Engage the experiences and insights of Black women and birthing people, particularly those living in rural communities, maternity care deserts, and who have experienced harm due to Georgia's suppression of midwifery.
- Repair historic and ongoing harms to Black midwives, women, and birthing people by engaging in accountability processes led by these communities.



Expand Midwifery Licensure in Georgia

- Enact the policies currently included in the Georgia Community Midwife Act, including licensing community midwives, establishing a State Board of Community Midwifery, and grand mothering in grand midwives.



Continue to Fight the Maternal Health Crisis

- Work to eliminate other barriers to providing midwifery care, including low reimbursement rates, scope of practice restrictions, burdensome birth center regulations, and physician supervision requirements.
- Address other barriers to accessing midwifery care, including public and private insurance coverage limitations, maternity care deserts, and other social determinants of health inequities.

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2. A death during pregnancy or within one year of the end of pregnancy due to a cause that is not related to pregnancy.
3. A death during pregnancy or within one year of the end of pregnancy from pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy
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2018 Black Maternal Health Conference and Training Institute. PHOTO COURTESY OF THE BLACK MAMAS MATTER ALLIANCE

APPENDIX MIDWIFERY CATEGORIES IN THE UNITED STATES

Certified Nurse-Midwife (CNM)

CNMs are registered nurses who have graduated from a midwifery education program accredited by the American College of Nurse-Midwives (ACNM) Division of Accreditation and have passed a national certification exam administered by the American Midwifery Certification Board (AMCB). Many CNMs have received their midwifery education as part of a master's degree program.

Certified Midwife (CM)

Certified midwives are direct-entry midwives who have graduated from a midwifery education program accredited by the ACNM Division of Accreditation and have passed a national certification exam administered by the AMCB.

Certified Professional Midwife (CPM)

Direct-entry midwives are usually credentialed as Certified Professional Midwives (CPMs) by the North American Registry of Midwives (NARM).

Lay Midwife

Some direct-entry midwives choose not to pursue any credential, license, or registration and complete their training through apprenticeship and self-study. Other names for a lay midwife are traditional midwives, granny (grand) midwives, traditional birth attendants or independent midwives.

Licensed Midwife (LM) or Registered Midwife (RM)

Some direct-entry midwives are state-licensed and in some states, national certification is optional. A midwife who holds a license but may or may not have attained the CPM credential are called licensed or registered midwives.
