

FAQ - Licensed Midwifery in Washington State

What is the legal status of licensed midwifery in Washington State?

- Licensed midwives (LMs) are regulated under [RCW 18.50](#).

How are licensed midwives educated?

- All students complete rigorous academic instruction as well as extensive supervised clinical experiences in all aspects of midwifery care.
- LMs must attend an accredited three-year midwifery education program or the equivalent. Historically, there were only two programs approved by the state of Washington: Birthingway College of Midwifery and the Midwifery Department at Bastyr University (formerly the Seattle Midwifery School). In 2014, any MEAC accredited school graduate has access to a process whereby they can demonstrate equivalence to the standards of these two schools and be licensed in WA. Standards for education in these programs are consistent with those established by the International Confederation of Midwives (ICM) and the International Confederation of Gynecology and Obstetrics (FIGO) and exceed the requirements for certification by the North American Registry of Midwives (NARM). Washington LMs are required to attend a minimum of 100 births under supervision in the course of their clinical training.

What services can licensed midwives provide?

- LMs provide care during the normal childbearing cycle. They consult with physicians if complications arise and refer clients to physicians and other healthcare providers as appropriate. The midwives' scope of practice includes:
 - Prenatal care
 - Education & counseling regarding pregnancy, birth and infant care
 - Continuous support during labor
 - Delivery of the baby
 - Care of the newborn up to two weeks
 - Postpartum care
 - Family planning counseling
 - Limited prescriptive authority is an option with additional training

How do licensed midwives practice?

- LMs typically attend births in home settings or in freestanding birth centers. LMs are licensed to perform all of the procedures that may be necessary during the course of normal pregnancy, birth, and the postpartum/newborn period, including the administration of selected medications.
- LMs may practice independently or in a group with other midwives, physicians, and/or other health care providers. Should a case deviate from normal, a licensed midwife consults with a qualified provider and makes appropriate referrals. In an emergency, a midwife is trained and equipped to carry out life-saving measures.

Do medical insurance plans cover midwifery care?

- Most private insurance plans do reimburse for midwifery care, but coverage is not universal. In Washington State, Medicaid covers licensed midwifery care.

Can licensed midwives obtain "malpractice" insurance?

- The Midwifery and Birthing Center Professional Liability Insurance Joint Underwriting Association is a non-profit licensed insurance provider that insures LMs in Washington State. The insurance covers midwives attending births in state-licensed freestanding birth centers and homes. The JUA was established in 1994 based on [Chapter 48.87 RCW](#).
- There is also one out-of-state liability carrier that provides liability insurance for some WA LMs.

How prevalent is licensed midwifery practice in Washington?

- The number of births attended by Washington State LMs has been increasing steadily since 2005¹ and the demand for community-based birth is growing.
- There are currently ~220 Licensed Midwives in WA State. By maintaining the \$525 cap on our licensing fee since 2008, the number of LMs practicing in the state has increased by over 40%.
- Between 2005 and 2022, the number of LM-attended births in WA increased by 152%, from 1,441 to 3,640. In 2005, LMs attended 1.7% of the births in WA; in 2022, 4.36%.
- In 2005, 771 births took place in licensed freestanding birth centers in WA. In 2022, that number was 1,670—an increase of 116%.

Is midwifery care cost effective?

- The average overall cesarean birth rate for Licensed Midwives is ~5% (2019-2020 data), compared to ~24% (2017 data) for comparable low-risk populations. It's been well-established by data out of our own (Healthcare Authority) HCA that LM care saves the state nearly **\$1.9 million annually**, more than was previously imagined.
- The average cost to Medicaid for an uncomplicated vaginal delivery in the hospital is ~\$10,000. By comparison, the average cost to Medicaid for an uncomplicated vaginal delivery in a freestanding birth center is \$3700 (2018 data), which is far below the cost of providing the care.
- According to a 2018 report from the Center for Medicare and Medicaid Services on the Strong Start Study, "Women who received prenatal care in Birth Centers had better birth outcomes and lower costs relative to similar Medicaid beneficiaries not enrolled in Strong Start. In particular, rates of preterm birth, low birthweight, and cesarean section were lower among Birth Center participants, and costs were more than \$2,000 lower per mother-infant pair during birth and the following year."² WA Medicaid data (2017) confirms these cost savings.

Other Important Licensed Midwifery data:

- Average breast/chestfeeding rate "at time of discharge" is 95%, with continued chestfeeding at 6 weeks postpartum in excess of 92%. While overall breast/chestfeeding has increased in the United States and Washington State, midwives have always been ahead of the curve on this, and while we don't have the pleasure (yet!) of caring for our patients at 6+ months postpartum, we think that exclusive and continuing chestfeeding rates in the first year of life would exceed national and state averages.
 - Continued, frequent chestfeeding is associated with greater growth and protects child's risk of morbidity and mortality
 - It can also extend the interpregnancy interval, protecting the health of birthing parents
- Fewer low birth weight and preterm birth rates than hospital birth

What is the Midwives' Association of Washington State?

- Founded in 1983, the Midwives' Association of Washington State (MAWS), is the professional association representing the majority of the state's licensed midwives. MAWS has established standards for midwifery practice, maintains a quality management program for peer review and incident review, provides continuing education opportunities, represents licensed midwifery on the Department of Health's Perinatal Collaborative, and lobbies on behalf of various issues related to perinatal and infant health in the state.

¹ http://www.doh.wa.gov/portals/1/Documents/Pubs/950-153_PerinatalIndicatorsforWashingtonResidents.pdf

² https://www.washingtonmidwives.org/uploads/1/1/3/8/113879963/strong_findings_at_a_glance-nov2018.pdf

There is a significant and justified focus right now on how to increase the workforce, and particularly how to increase workforce in rural areas and thus increase access to care to various parts of the state:

- OB/GYNs have been the traditional workforce for reproductive health, and this workforce is shrinking. Experienced OB/GYN providers are aging out of the workforce, and fewer residents are choosing OB/GYN as a specialty. The population of WA State is expected to increase by 2.5 million people by 2040, and the largest cohorts of human history are about to enter their reproductive years. While the nursing workforce is filling some of this need, it's unlikely to be sufficient, especially as rural hospitals anticipate closing.
- Licensed Midwives are the primary perinatal care providers for ~ 5% of reproductive individuals in Washington State, which is more than 3x the national average, and midwifery is the fastest growing profession in Washington (workforce has increased 40% in the last several years). For many healthy individuals of reproductive age, LMs are the only point of contact with the healthcare system, and midwives are often already being used as clients' de facto first choice, primary care provider.
- Licensed midwifery care in Washington State results in significant cost savings to the healthcare system (see data above)
- Licensed Midwives have an existing knowledge and skill set specializing in low-risk individuals of reproductive age and are already prepared to assist individuals in more expansive care, and have proven themselves in a position quickly to learn new skills.
- The Midwives' Model of Care is ideal for education and counseling about overall health and well-being. Satisfaction with one's care provider has been shown to positively impact rates of uptake and adherence to preventative health services. Satisfaction with midwifery care is high (over 97%)
- Individuals who see the same care provider are more likely to adhere to preventative healthcare plans; Licensed Midwives practice in small settings and focus on client-centered care
- Transportation is an issue for rural patients, and this issue is going to increase in the coming years as rural hospitals begin to close and the provider shortage increases. Licensed Midwives are already the primary maternity care providers for many pregnant people. Doesn't it make sense to allow these individuals to continue to see their midwife for primary care outside of their 8-10 months they are pregnant?
- Midwifery care is particularly impactful for the most marginalized communities – evidence shows that even **one visit** with a midwife reduces the risks and complications experienced in pregnancy and childbirth. Expanding practice to meet the needs of this growing population in a truly identity-affirming and client-centered manner increases overall health outcomes to the most vulnerable.