

Types of midwives in Utah

April 2025

The International Confederation of Midwives defines a midwife as, “A responsible and accountable professional who works in partnership with women to give the necessary support, care, and advice during pregnancy, labor, and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant.” Midwives practice according to the Midwives Model of Care:¹

- Monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle.
- Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support.
- Minimizing technological interventions.
- Identifying and referring women who require obstetrical attention.

The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.¹

Midwifery is an ancient profession. Over the centuries it has taken many paths, resulting in a rather patchwork assortment of midwives in modern practice. For most of U.S. history, midwifery was not regulated. Midwives were the primary care providers for pregnant and laboring women, and babies were delivered in the home. In the 1980s, the [American College of Nurse-Midwives](#) (ACNM) developed the certified nurse-midwife (CNM) credential.² This national certification was designed to make sure there was a basic competence of midwives by adding *midwifery* training to a previously earned *nursing* degree. All 50 states require certified nurse-midwives to be licensed, and the national CNM credential is required to obtain a state license.

Community midwife. A midwife who practices outside the hospital, primarily in homes and birth centers.

CNM—Certified nurse-midwife. National certification for a nurse with additional midwifery training. Licensure is required to practice in Utah.

DEM—Direct-entry midwife. A person who completes midwifery training without first obtaining a nursing degree.

CPM—Certified professional midwife. National certification for direct-entry midwives. In Utah, may choose to license or not.

LDEM—Licensed direct-entry midwife. A CPM who chooses to license in the state of Utah.

UDEM—Unlicensed direct-entry midwife. A midwife in Utah—who may or may not be a CPM—who chooses to practice without a license from the state.

UDEM-CPM—An unlicensed midwife who has earned and maintains the national Certified Professional Midwife credential.

UDEM-øCPM—An unlicensed midwife who has not earned the national Certified Professional Midwife credential.

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Many midwives have followed the path laid out by the ACNM of being both a *nurse* and a *midwife*. Originally, CNMs had to be supervised by a physician, so they usually had to practice in a hospital. Other midwives³ have chosen to preserve the long history of birth in the community (outside the hospital, mostly in homes). For many years there was no national certification equivalent to the CNM for these midwives. In 1994, the [North American Registry of Midwives](#) (NARM) developed the certified professional midwife (CPM) credential to fill this gap. The CPM is designed to make sure direct-entry (non-nurse) midwives (DEMs) have the minimum training needed for safe, independent practice in out-of-hospital settings.⁴ All 36 states that license direct-entry midwives require the CPM for licensure,⁵ just as they require the national CNM credential to license as a nurse-midwife.⁶ In Utah, the first DEM license was issued in 2006.

Utah is unique, however, in that it is legal to practice as a direct-entry midwife with or without a license.⁷ Voluntary licensure has created a mixed landscape of direct-entry midwives in Utah. All licensed direct-entry midwives (LDEMs) are also CPMs. However, unlicensed direct-entry midwives (UDEMs) may be CPMs, or they may not be. There is a very wide variety of education and training among UDEMs who are not CPMs. In the rest of this document, we will refer to unlicensed midwives who are also CPMs as UDEM-CPMs and those who are not as UDEM-ØCPMs.

The scope of DEM practice differs depending on licensure status. The following tables show the similarities and differences between the education, certification, and scopes of practice of LDEMs, UDEM-CPMs, and UDEM-ØCPMs.

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Similarities among all direct-entry midwives

MUST DO

Obtain signed informed consent document

MAY DO

Practice autonomously (no physician supervision required)

Provide antepartum, intrapartum, postpartum, newborn, and limited interconception care for essentially normal clients

Order labs and ultrasounds

Obtain and administer oxygen

Cut episiotomy

Suture 1st and 2nd degree tears/episiotomy

Execute an order received from a licensed healthcare provider

MUST NOT DO

Suture 3rd and 4th degree tears/episiotomy

Perform abortion

Use vacuum or forceps

Administer regional anesthesia or narcotic analgesia

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Differences between types of direct-entry midwives

Feature of education, certification, or scope	Licensed	Unlicensed	
	LDEM	UDEM-CPM	UDEM-ØCPM
Education	<u>As required for national (CPM) certification</u>		No specific requirements
<u>National (CPM) certification</u>	Required		Optional
Neonatal resuscitation certification	Required		Optional
Delivery gestation window	37.0-43.0 weeks		Unregulated
Obtain and administer limited list of prescription medications	May do		Must not do
Obtain and administer additional prescription medications	May do with signed personal formulary		Must not do
Rules for specific conditions	Must be obeyed		Do not apply
VBAC	May manage vaginal birth after fewer than 3 prior cesareans with prescribed informed consent and other requirements	May manage vaginal births after any number of prior cesareans, unregulated	
Breech	Must not do		May do, unregulated
Multiples	Must not do		May do, unregulated

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Because there is no specific training required to practice as a UDEM-ØCPM, it is possible—though rare—for a practitioner to have very little training or none at all. All direct-entry midwives are required by Utah law to provide a document that describes their training and experience, and have it signed by the client before care begins.

[Administrative rules](#) (R156-77) governing LDEMs (which do **not** apply to UDEMs of either type) are quite specific regarding how LDEMs must respond to various client conditions and complications. Those rules are summarized in [LDEM rules tables](#).

Community midwives in Utah today

Certified nurse-midwives in Utah are no longer required to be supervised by a physician and a small number have chosen to practice in the community, delivering in homes or birth centers, with the same scope as all other CNMs. They join about 70 licensed and more than 80 unlicensed direct-entry midwives who practice in Utah. About 5% of all Utah births are planned to occur in homes or birth centers, compared to 2.1% nationally.

More information

For more information about out-of-hospital birth in Utah, see [Planned out-of-hospital births in Utah, 2016–2021: A descriptive review](#). For more information on Utah laws related to direct-entry midwives and birth centers, see [Out-of-hospital birth: Utah laws](#).

The Utah Department of Health and Human Services may occasionally link to outside sources of information. DHHS and the state of Utah do not necessarily endorse the provider of the content and are not responsible for any content published on the external site.

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Endnotes

1. Copyright (c) 1996-2008, Midwifery Task Force, Inc., All Rights Reserved. Source: <https://www.nacpm.org/midwives-model-of-care>
2. In 1990 the credentialing and testing processes for the CNM were taken over by the newly incorporated American Midwifery Certification Board (AMCB), which today is the body that issues that credential.
3. These midwives are called “direct-entry midwives,” indicating they entered midwifery training directly, without first becoming a nurse, or “community midwives,” because they practice outside the hospital. Because “lay” means “not professional,” the term “lay midwife” is considered offensive and should not be used.
4. North American Registry of Midwives, <https://narm.org/about/the-cpm-credential/history-of-the-development-of-the-cpm-credential/>
5. North American Registry of Midwives, *Legal Recognition of CPMs* <https://www.nacpm.org/legal-recognition-of-cpms-1#:~:text=Alabama%2C%20Alaska%2C%20Arizona%2C%20Arkansas,Carolina%2C%20South%20Dakota%2C%20Tennessee%2C>, accessed July 11, 2024.
6. In 1994, the AMCB developed a direct-entry (non-nurse) midwifery credential called the Certified Midwife (CM), which is effectively the same education and training as for a CNM but without the nursing component. However, this credential is only legally recognized in Arkansas, Colorado, Delaware, Hawaii, Maine, Maryland, New Jersey, New York, Oklahoma, Rhode Island, Virginia, and the District of Columbia, and their number is relatively small compared to CPM-credentialed direct-entry midwives.
7. Utah State Code 58-77-501(2)(a) declares “it is lawful to practice direct-entry midwifery in the state without being licensed”. https://le.utah.gov/xcode/Title58/Chapter77/58-77-S501.html?v=C58-77-S501_2016051020160510 accessed July 11, 2024.

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