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# MIDWIFERY IN TEXAS:

## Ensure Safety and Transparency in Non-Hospital Birth Settings

### BACKGROUND

Based on longstanding data, the Texas Medical Association (TMA) and the American College of Obstetricians and Gynecologists (ACOG) consider hospitals and accredited birth centers to be the safest places to give birth.<sup>1</sup> Certified nurse midwives, working in association with physicians, can provide quality care for expectant mothers in Texas and can help overcome some of the state’s barriers to access to maternal care.<sup>2</sup> However, greater accountability and oversight are needed to ensure patient safety and evaluate the effect of midwifery care on maternal and infant health outcomes and disparities in Texas.

Texas allows for the practice of two types of midwives of varying credentials and regulatory oversight (See chart below). And birthing centers in Texas must be licensed by the Texas Health and Human Services Commission, but they do not have to be accredited by the Commission for the Accreditation of Birth Centers. Accredited centers must meet higher standards of care established by the American Association of Birth Centers. Lay midwives or birth attendants have no accredited training and are not licensed in the state of Texas.

TMA opposes the expansion of lay midwifery. TMA policy also holds the practice of certified nurse midwives (CNMs) and certified professional midwives (CPMs) should only take place under the supervision of a licensed physician practicing

### TMA RECOMMENDATIONS

- Case review by the Midwifery Advisory Board for CPM-assisted pregnancies transferred or referred to emergency care.
- Transfer agreements between midwives and physicians or hospitals.
- Data-reporting by CNMs and CPMs on pregnancy and birth outcomes to their licensing bodies.

ing obstetrics and include regular record review to ensure appropriateness of care, as well as protocols for addressing indications of high-risk pregnancy and immediate consultation or transfer to a physician.

CNMs and CPMs attend approximately 3.3% and 2.1% of the state’s births annually; about 1.2% of births occur in birthing centers (4,413 births out of 380,266). As of Jan. 10, 2025, Texas has 92 licensed birthing centers, four of which are accredited.<sup>3</sup>

But the statistical sliver they represent can provide care options for women who may seek alternative providers for care, such as Black women and other women of color, in some cases due to a lack of trust in the health care system. TMA wants to ensure transparency and safety for patients who choose such settings to help them make informed decisions about their care options, and supports additional measures to promote the safety and health of mothers and newborns who receive care from midwives.

	CERTIFIED NURSE MIDWIFE (CNM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)
<b>Minimum Degree Required for Certification</b>	At least a masters-level degree in nursing	Certification <i>does not require</i> an academic degree
<b>Licensure and Regulatory Agency in Texas</b>	Texas Board of Nursing (TBON)	Texas Department of Licensing and Regulations (TDLR)
<b>Practice Settings</b>	Hospitals, homes, birth centers, ambulatory care clinics, and offices <i>Most CNMs attend births in hospitals</i>	Homes, birth centers, and offices <i>Most CPMs attend births in homes and/or birth centers</i>
<b>Texas Professional Association</b>	Consortium of Texas Certified Nurse Midwives	Association of Texas Midwives

**Note:** This table does not address individuals who are not certified and may attend births with or without legal recognition, such as lay midwives and birth attendants.

#### Sources

1. ACOG Statement on Birth Settings. April 2020.
2. Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2024. Sept. 1, 2024.
3. Texas Health and Human Services Commission, 2025.
4. P. Mimi Niles and Laurie Zephyrin, How Expanding the Role of Midwives in U.S. Health Care Could Help Address the Maternal Health Crisis (Commonwealth Fund, May 2023).