



## The Truth About the “Midwifery Modernization Act” (MMA) S5007 / A8117-a

MYTH: The MMA would expand the scope of practice for New York State licensed midwives

**FACT: A midwife's scope of practice will be exactly the same after passage of the MMA.**

The MMA *does not* change or expand the midwifery scope of practice in any way. Midwives' scope of practice will remain the same, only they will no longer need a Written Practice Agreement (WPA) signed by a physician in order to practice legally. Midwives will continue to be employed by physicians, hospitals, clinics and engage in private practice. The WPA will not change employment contracts.

MYTH: If the MMA passes, midwives will not have immediate access to physicians in emergencies.

**FACT: Midwives establish clinical relationships with obstetricians and other providers.**

Midwives routinely consult with physicians when indicated, for the safe care of the mother and baby. These established clinical relationships ensure timely communication and coordinated practice expectations. Clinical relationships form the backbone of the consultation, collaboration and referral network of the entire health care system. For low risk women, midwives are already legally qualified for independent practice.

MYTH: Without a WPA, midwives will not be safe .

**FACT: Midwifery education and unique model of care result in the safest care for New York women and infants.**

Maternal / infant clinical evidence and public health policy documents all reach the same consensus. More low risk mothers and babies have optimal health outcomes when receiving midwife-led care. Midwifery care tends to be associated with use of fewer medical interventions, lower rates of cesarean section, lower rates of low birth rate, lower rates of prematurity and lower rates of newborn high risks care, with higher rates of satisfaction and breastfeeding.

MYTH: There are obstetricians in every area who are willing to sign a Written Practice Agreement

**FACT: Many doctors are either unwilling or unable to sign Written Practice Agreements**

Midwives who are self-employed have the greatest difficulty finding doctors willing or able to sign WPAs. Even midwives employed by OBs can lose their practices if they lose their WPA, as when a physician retires. Physicians interested in signing a WPA are often prevented by their malpractice carrier, by concerns over liability for patients they may never see, and by colleagues in call coverage groups who do not share an interest signing these agreements. Ordinarily, physicians provide consultation as a professional duty.

MYTH: Midwives will not be able to get professional liability (malpractice) insurance without a WPA and will increase the risk exposure of midwives.

**FACT: Malpractice insurance is available from a variety of insurers in NY has not been difficult to obtain in other states that have already removed the WPA requirement because it does not increase liability risk. Midwifery care has low rates of malpractice claims.**

The American College of Nurse Midwives has endorsed liability insurance for midwives and their consulting physicians through Contemporary Insurance Services (301-933-3651), which does not require a WPA. This company and a number of others are poised to pick up market share if there is a change in insurance availability for midwives from MLMIC, which seems unlikely. Because removing the WPA will not change the way midwives practice, it will not change overall liability risk. This fact is supported by the availability of malpractice insurance for midwives in states that do not require a WPA. However, removing the WPA will likely lower physician risk, because they will not have signed responsibility for clients they never see.

For more information, contact: Laura Sheperis, NYSALM President, 518-852-7965