

Certified Nurse-Midwife Practice in NC following the Enactment of the 2023 Care for Women, Children, and Families Act

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Provider Number: ABNP 1583 – Valid Through: 5/20/2028



EARN CE CREDIT: 1.5 Contact Hours

Learning Objectives

- Discuss how North Carolina law defines a CNM.
- Identify the core regulatory requirements CNMs must satisfy to practice under the Post-SB-20 framework.

Instructions

1. Read the article, online reference documents (if applicable), and review the Reflective Questions. The article can also be found at www.ncbon.com under Education – Bulletin Articles.
2. Log in to your Nurse Portal account.
3. Hover over the Applications tab on the top menu bar.
4. Scroll down and select Workshops.
5. Select the article you're interested in and complete your registration.
6. Once registered, select "Course Complete" and scroll to the bottom of the page to begin the evaluation.
7. Once the evaluation is complete, your contact hour certificate will be emailed to you. It can also be located in your Nurse Portal.

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Introduced in 2023, [Senate Bill 20 \(SB-20\)](#), titled the **“Care for Women, Children, and Families Act”**, ([Session Law 2023-14](#)), was written to reshape how Certified Nurse-Midwives (CNMs) are defined and authorized to practice in North Carolina. SB-20 passed, and significant changes to the Midwifery Practice Act became effective October 1, 2023. In practical terms, the law moved CNM regulation away from universal physician supervision toward a graduated model in which newer CNMs’ practice requires a Collaborative Provider Agreement (CPA), while experienced CNMs may qualify for independent practice under defined experience thresholds and obtaining approval from the Midwifery Joint Committee (MJC). This article focuses on (1) how North Carolina law defines a CNM and (2) the core regulatory requirements CNMs must satisfy to practice under the Post-SB-20 framework.

Why CNM Regulation in North Carolina Matters?

The Midwifery Practice Act, [Chapter 90 - Article 10A](#), defines who may practice midwifery and under what conditions. Although the changes to the Midwifery Practice Act following SB-20 include additional provisions beyond the scope of this article, its CNM-related changes are significant for maternal health delivery as they offer full CNM practice authority to increase access to care and reduce structural barriers for experienced CNMs. The information provided below summarizes the legal definition of a CNM under North Carolina law and highlights the steps CNMs must meet to practice and remain compliant with regulations.

What is a “Certified Nurse-Midwife” (CNM) in North Carolina?

A CNM is a registered nurse who has completed a graduate-level, accredited nurse-midwife education program and holds national certification from the American Midwifery Certification Board (AMCB), which is required for approval to practice as a CNM in North Carolina under [NCGS 90-178.2\(1\)](#).

North Carolina’s Midwifery Practice Act recognizes that the title and practice of midwifery are tied to active RN and CNM status, approval by the MJC, and compliance with the applicable oversight structure.

Core Regulatory Change following the Enactment of SB-20: From Supervision to Transition to Independent Practice

Before SB-20, CNM practice in North Carolina required physician supervision regardless of experience or setting. After SB-20, North Carolina adopted a graduated approach and expanded who could supervise a CNM: experienced CNMs may qualify for independent practice, while earlier-career CNMs must practice under a Collaborative Provider Agreement (CPA) until they meet the requirements for independent practice approval.



Supervision Changes following the Enactment of SB-20

Under the law before October 1, 2023, CNMs could only practice under physician supervision without regard to the CNM's experience level or practice setting. Following the enactment of SB-20, CNMs with a certain level of experience can qualify for independent practice. Additionally, the language of SB-20 broadened who may supervise a CNM to include experienced CNMs. An approved collaborating provider may be either a North Carolina-licensed physician (clinical experience benchmark of at least four (4) years and 8,000 hours) or an experienced CNM who already holds approval (also has practiced as a CNM for at least four (4) years and 8,000 hours) pursuant to [NCGS 90-178.2\(1a\)](#).

Independent Practice Eligibility for Experienced CNMs

The law following the enactment of SB-20 establishes an independent practice pathway for experienced CNMs. A CNM who has accrued at least 24 months and at least 4,000 hours of clinical practice as a CNM may be eligible to practice without CPA requirements, provided the CNM also applies and obtains independent practice approval through the MJC pursuant to [G.S. 90-178.5](#). In other words, the experience threshold is necessary but not self-executing: therefore, the CNM must apply for the MJC's approval for independent practice status.

CNMs required to have Collaborative Provider Agreements

CNMs who have not been approved to practice independently by the MJC shall practice subject to the terms of a Collaborative Provider Agreement (CPA). A CPA is a formal, written collaboration agreement that remains in place until the CNM obtains independent practice approval.

Prescriptive Authority: What CNMs Can Prescribe and Registration Requirements

North Carolina CNMs have prescriptive authority and, when within scope, may prescribe controlled substances in Schedules II–V. CNMs who prescribe controlled substances must also maintain an active Diversion Control Division DEA registration and register with the North Carolina Controlled Substances Reporting System (CSRS) via NCDHHS pursuant to [21 NCAC 33 .0117 Prescribing Authority](#) and the [Strengthen Opioid Misuse Prevention \(STOP\) Act](#).

Out-of-Hospital Birth: Additional Requirements for Home and Birth Center Deliveries

[NCGS 90-178.4](#) grants the MJC the authority to create the CNM rules. According to [21 NCAC 33 .0118](#), there are requirements a CNM shall meet to attend births outside of the hospital setting, such as home births or birth center deliveries. CNMs must use an informed and written consent process that addresses the risks associated with a non-hospital birth and must maintain a documented emergency transfer plan designed to facilitate timely escalation of care when emergent or non-emergent issues arise.



For planned home births, a CNM is prohibited from knowingly providing midwifery services in any of the following:

- Fetal malpresentation
- Multiple gestation
- Prior cesarean delivery

North Carolina law also limits liability for hospitals and clinicians who treat emergent complications arising from CNM-managed non-hospital births, absent gross negligence or willful misconduct in [NCGS 90-178.8](#).

Practical Impact and Conclusion

The SB-20 2023 legislation allowed for independent practice for experienced CNMs and replaced the historical supervision requirements with a structured transition period. The practical impact of SB-20 is an increase in public access to prenatal and intrapartum care, particularly in underserved and rural communities. The changes to the Midwifery Practice Act following SB-20 removed administrative barriers for experienced CNMs, while maintaining formal collaboration requirements through written CPAs for CNMs earlier in their career.

The following tools are included for quick reference: (1) a side-by-side comparison of key regulatory changes Pre- and Post-SB-20, and (2) a one-page compliance checklist CNMs can use for documentation and audit readiness.

Appendix A. Quick Comparison (Pre- vs. Post-SB-20)

Topic	Pre-SB-20	Post-SB-20 (effective Oct. 1, 2023)
Practice relationship requirement	Physician supervision required for CNM practice.	Graduated model: CPA required until CNM qualifies for independent practice approval.
Independent practice pathway	Not available (supervision required).	Eligibility threshold: ≥24 months and ≥4,000 clinical hours, plus Joint Committee approval.
Collaborating provider options	Supervising physician model.	CPA collaborators may be an experienced NC-licensed physician or an experienced CNM.
Prescriptive authority	Available via joint approval; controlled substances require DEA registration.	Same framework (joint approval; controlled substances require DEA registration).
Out-of-hospital birth requirements	CNM practice permitted subject to existing statutory requirements.	Same core requirements emphasized in SB-20 context: informed consent + transfer plan + liability provision.



Appendix B. One-Page CNM Compliance Checklist (NC)

Professional status

- Confirm RN licensure and CNM verification via transcripts and national certification.
- Confirm approval to practice as a CNM in North Carolina.

Practice authority status (SB-20 framework)

- If applying for **independent practice** ≥24 months and ≥4,000 hours of clinical practice and obtain MJC approval.
- If not yet eligible: maintain a current CPA with an eligible collaborating provider.

Prescribing

- Maintain required documentation related to CPAs.
- If prescribing controlled substances (Schedules II–V): maintain **DEA and CSRS (also known as PMP Aware) registration** and comply with scope/credentialing limits.

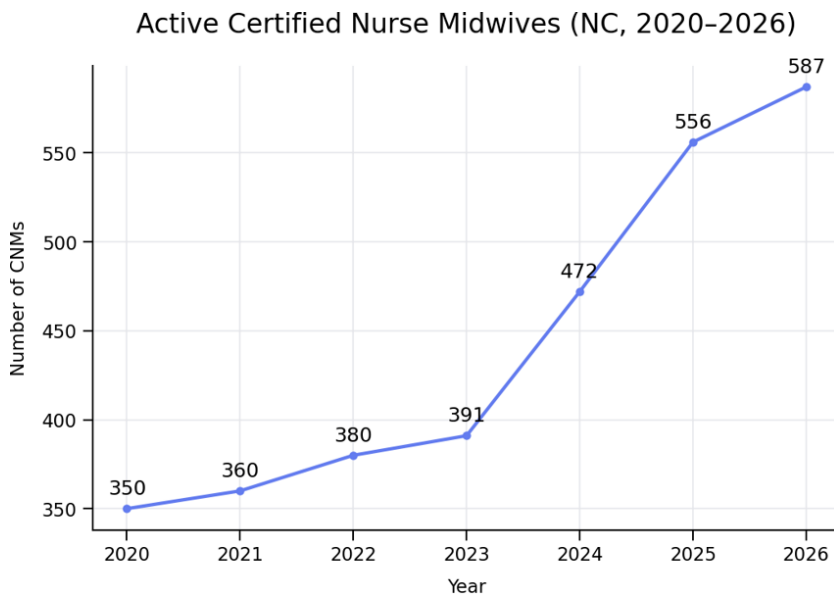
Out-of-hospital birth (home/birth center)

- Use a documented informed-consent process addressing risks of non-hospital birth.
- Maintain a documented emergency transfer plan and hospital transfer process.
- Be aware of contraindications.

Documentation & audit readiness

- Keep copies of all CPAs, DEA registration, certifications, and approval to practice for past 5 years.

Figure 1. Active Certified Nurse-Midwives from 2020 – 2026

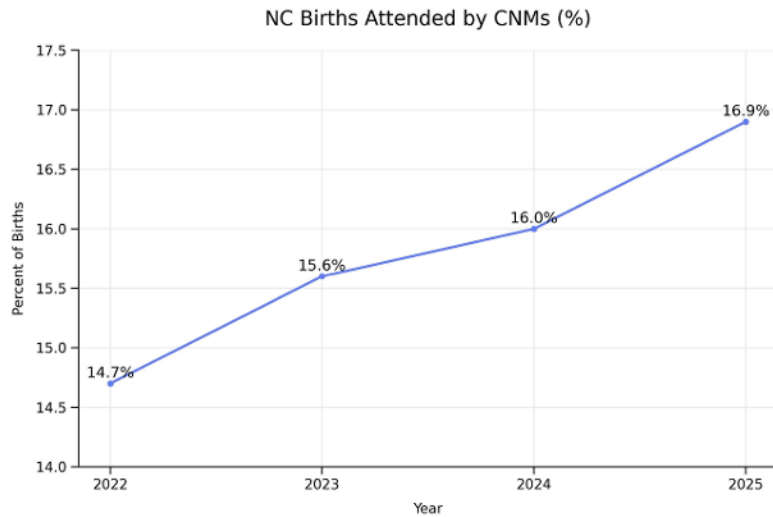


The number of Certified Nurse-Midwives (CNMs) in North Carolina has increased since 2020, rising from 350 to 587 providers—a growth of nearly 68% over this measured period. The upward trend reflects an expansion of the CNM workforce and signals evolving dynamics in maternity healthcare delivery across the state.

Source: NC Board of Nursing



Figure 2. North Carolina Resident Births by Certified Nurse–Midwives 2022–2025



This figure illustrates an upward trend in the births attended by Certified Nurse–Midwives (CNMs).

The proportion of births attended by Certified Nurse–Midwives increased steadily from 14.7% in 2022 to 16.9% in 2025 (year-to-date), indicating a gradual yet consistent expansion of nurse–midwifery care in North Carolina.

Source. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics, Provisional Vital Statistics Data (Resident Births by County of Residence and Attendant Type).

Reflective Questions

1. Is physician supervision always required for CNM practice in NC?
2. What are 3 main contraindications for home birth assisted by a CNM?
3. When can a CNM apply for independent practice in NC?
4. Do CNMs in NC have prescriptive authority for controlled substances?
5. Since the General Assembly passed Care for Women, Children, and Families Act in 2023, has there been a consistent expansion of nurse–midwifery care in North Carolina?

Kimberly Luisana, DNP, MSN, FNP–C, RN
Advanced Practice Consultant



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North Carolina Office of Administrative Hearings. (2024). *Chapter 33 – Midwifery Joint Committee.*

<http://ncrules.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2033%20-%20midwifery%20joint%20committee/chapter%2033%20rules.pdf>

North Carolina General Assembly. (2023, May 16). *Senate Bill 20 / Session Law 2023-14: Care for Women, Children, and Families Act.*

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North Carolina Department of Health and Human Services. (n.d.). *NC Controlled Substances Reporting System.*

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North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. (2026, May 26). *Provisional vital statistics data.*

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