

Midwifery Opportunities for New Jersey: Autonomous Practice and an Independent Board of Midwifery

This policy brief is based on the report, [*Approaches for Modernizing the Midwifery Profession: New Jersey's Regulatory and Licensing Structure*](#), authored by Magda Schaler-Haynes, JD, MPH.

New Jersey's current regulatory structure limits midwives' ability to practice independently and constrains the growth of a profession that could significantly improve maternal health outcomes. Unlike many other states, New Jersey maintains statutes that require physician oversight and place midwifery regulation under the Board of Medical Examiners. These outdated requirements prevent midwives from using the full scope of their education and expertise, reduce access to high quality maternity care, and contribute to persistent provider shortages.

These barriers result in:

- Limited access to midwifery care in many counties, particularly for rural communities and Medicaid beneficiaries.
- Workforce instability that ties midwifery availability to physician interest rather than consumer demand.
- Higher maternity care costs and increased use of unnecessary interventions, including cesarean births.
- Reduced birth options and fragmented care for pregnant individuals seeking midwifery services in the community.

Modernizing statutes and regulations to establish autonomous practice and creating an independent midwifery board would align New Jersey with national best practices, support a more diverse and sustainable workforce, and expand access to safe, person-centered maternity care. These policy changes are essential to improving maternal health outcomes, increasing provider availability, and ensuring families in every part of the State can choose midwifery care without facing unnecessary barriers.

Implementing an Independent Midwifery Board

Most health professions in New Jersey have independent regulatory boards that establish standards, oversee licensure, and ensure consumer protection. Midwifery is an exception. The Board of Medical Examiners governs midwifery and prioritizes physician-led care, which restricts professional autonomy and limits workforce growth.

An independent midwifery board would:

- Provide self-governance consistent with other licensed health professions.
- Ensure regulation is guided by experts in midwifery practice.
- Establish evidence-based standards that reflect current education and competencies.
- Strengthen workforce development and recruitment.
- Enable reimbursement policies that require independent licensure.
- Make New Jersey a more attractive practice location for midwives trained in other states.

To advance autonomous midwifery practice and establish modern, profession-specific oversight, New Jersey should:

- Enact legislation establishing an independent New Jersey Board of Midwifery.
- Remove statutory and regulatory requirements that tie midwifery practice to physician supervision or collaborative agreements.
- Grant full practice authority to Certified Nurse Midwives, Certified Midwives, and Certified Professional Midwives, including prescriptive authority where training and certification support it.
- Transfer regulatory authority for midwives from the Board of Medical Examiners to the new board.
- Implement a transition plan for rulemaking and regulatory continuity during the period between enactment and full board operation.
- Ensure board composition reflects diversity in:
 - Midwifery license type (CNM, CM, CPM)
 - Years of practice
 - Race, ethnicity, and gender
- Require transparency and public accountability in board appointments, including publicly posted criteria, application processes, board membership lists, and opportunities for community input.

Conclusion

New Jersey can strengthen maternal health, align with national best practices, and reduce disparities by implementing midwifery autonomy and establishing an independent midwifery board. These reforms will expand access to high quality maternity care, build a resilient midwifery workforce, and give families more control over their birth experiences.