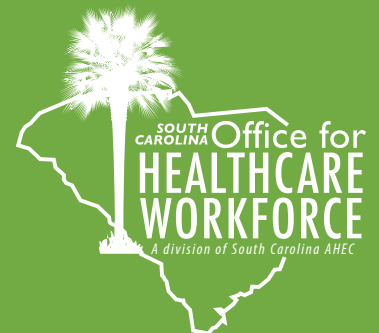


The South Carolina Certified Nurse Midwife Workforce | 2022

December 2025



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Report Preparation

This document was produced by the South Carolina Office for Healthcare Workforce (SCOHW) – a division of the South Carolina Area Health Education Consortium (SC AHEC) in Charleston, South Carolina. It contains information about certified nurse midwives actively employed in South Carolina as reported by the nurses themselves during their biennial license renewal process ending on April 30, 2022.

For additional information about nurses and many other health professionals in South Carolina, please contact us at scohw@scahec.net or visit our website: www.scahec.net/scohw.

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- The South Carolina Department of Labor, Licensing and Regulation and the South Carolina Board of Nursing for the organization and administration of the licensure data collection process
- The South Carolina Revenue and Fiscal Affairs Office, Data Integration and Analysis Division, for the management and integrity of the licensure files

About the South Carolina Office for Healthcare Workforce

SCOHW, a division of South Carolina AHEC, studies issues that affect the balance of supply and demand for different types of healthcare professionals across South Carolina. Its primary mission is to develop accurate, reliable information about the healthcare workforce in South Carolina and to make that information widely available to support planning and policy decisions.

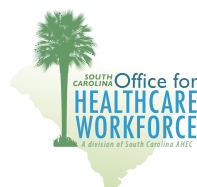


Table of Contents

Executive Summary	i
Introduction	1
Methods/Data	1
Trends in CNM Supply and Distribution, 2012-2022	2
Demographic Characteristics of the CNM Workforce	5
CNM Education	6
CNM Employment and Practice	7
CNM Practice Hours	7
CNM Practice Settings	7
CNM Wages	8
Demand for CNMs	9
Conclusions	10
References	10

Executive Summary

Certified nurse midwives (CNMs) are highly skilled, advanced practice registered nurses (APRNs) who work collaboratively with physicians, other nurses, and other healthcare specialties. CNMs can diagnose, treat, and manage care related to pregnancy, birth, primary care, and gynecological health for patients ranging from adolescents to older adults.¹ They may also provide care for infants during the first 28 days of life. This report, produced by the South Carolina Office for Healthcare Workforce (SCOHW) at the South Carolina Area Health Education Consortium (SC AHEC), describes the CNM workforce in South Carolina using data from the 2022 nursing licensure renewal process that ended April 30, 2022.

Data Highlights

- **Supply:** The number of active CNMs in South Carolina declined from 80 in 2012 to 67 in 2018, before increasing to 82 CNMs in 2022.
- **Demographics:** The majority of CNMs were White (87%) and female (99%). The CNM workforce is becoming slightly younger, decreasing from a median age of 51 years in 2012 to 47 years in 2022.
- **Education:** In 2022, 79% of CNMs held a master's degree as the highest education received, and 10% of CNMs held a doctorate.
- **Employment:** More CNMs were employed in hospital-inpatient settings (23%), medical offices (22%) and nurse practitioner clinics (18%) than in other practice settings.
- **Demand:** Demand for CNMs in South Carolina is expected to grow moderately – by 17% – through 2032.

Key Takeaways

To support maternal and infant health care outcomes in South Carolina, CNMs will continue to be an important part of the nursing and maternal and infant health workforce. Their scope of practice and education allow them to deliver essential care for pregnancy, birth, primary care, and gynecological health to the state's population.

The data in this report represent the activity status and practice location of CNMs in South Carolina in 2022, **during the midst of the COVID-19 pandemic**. Due to the disruptive influence of the pandemic on the healthcare services and employment patterns of health professionals, caution should be used in interpreting these data for current conditions.

Introduction

Understanding the characteristics of the certified nurse midwife (CNM) workforce will help provide critical information about access to obstetrical and gynecological healthcare that can help support maternal and infant healthcare outcomes in South Carolina. CNMs are highly skilled, advanced practice registered nurses (APRNs) who work collaboratively with physicians, nurses, and other healthcare professionals. CNMs can diagnose, treat, and manage care related to pregnancy, birth, primary care, and gynecological health for patients ranging from adolescents to older adults.¹ They may also provide care for infants during the first 28 days of life. Additionally, CNMs are qualified to teach nursing students, both those who are getting their first nursing degree and those seeking additional nursing degrees.

CNMs are one of four types of APRNs – also including nurse practitioners (NPs), clinical nurse specialists (CNSs), and certified registered nurse anesthetists (CRNAs). CNMs make up 1.2% of active APRNs in South Carolina.² They must hold a valid registered nurse (RN) license, complete an accredited CNM program, and pass a national certification exam in their specialty area to be granted their APRN license. They must have a practice agreement with a physician and may apply for prescriptive authority from the South Carolina Board of Nursing (SCBON).³ They are authorized to bill for services under Medicare, Medicaid, and private insurers.⁴

Methods/Data

Licensure data were obtained from the South Carolina Revenue and Fiscal Affairs Office (RFA), the official repository of data collected by the state's licensing boards under the South Carolina Department of Labor, Licensing and Regulation (LLR). All data were self-reported to the SCBON by CNMs during the biennial nursing license renewal period ending on April 30, 2022.

The 2022 CNM workforce described in this report includes only active licensees with an APRN license indicating a primary practice location in South Carolina. Prior to 2020, CNMs with a South Carolina license who were employed in a federal or military setting could be identified in the licensure file and excluded from analysis. Starting in 2020, federal and military CNMs are no longer identifiable, so they are included in this report.

Trends in CNM Supply and Distribution, 2012-2022

In 2022, there were 82 CNMs licensed in South Carolina and 86.6% reported actively practicing as a CNM. Between 2012 and 2022, the number of CNMs fluctuated, decreasing from 80 in 2012 to 67 in 2018, and increasing to 82 by 2022 (**Table 1**). Most CNMs practiced in metropolitan counties. Non-metropolitan counties saw a 100% increase in the number of CNMs, going from 3 CNMs in 2012 to 6 in 2022. **Figure 1** and **Figure 2** show CNM distribution across the state.

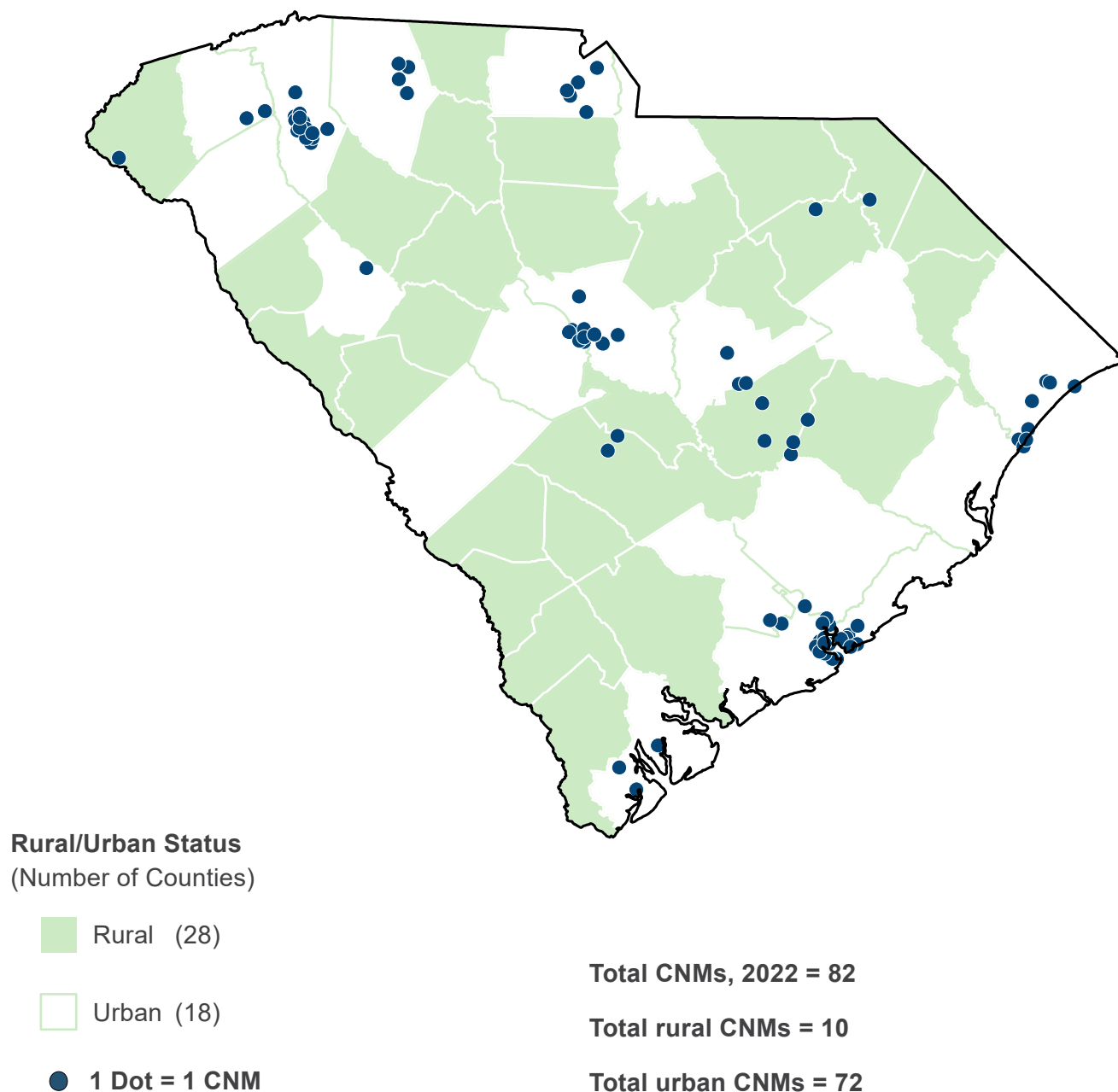
Table 1. Changes in the size of the South Carolina CNM workforce, 2012-2022.

	2012	2014	2016	2018	2020	2022	% Change 2012-2022
Number of CNMs							
Metropolitan counties (n = 26 counties)	61	62	59	60	68	69	13.1%
Micropolitan counties (n = 7 counties)	16	6	10	6	8	7	-56.3%
Non-metropolitan counties (n = 13 counties)	3	4	2	1	1	6	100.0%
Total state (n = 46 counties)	80	72	71	67	77	82	2.5%
CNMs per 10,000 Population							
Metropolitan counties	0.8	0.8	0.7	0.7	0.8	0.8	4.6%
Micropolitan counties	2.0	0.8	1.3	0.8	1.0	1.0	-51.7%
Non-metropolitan counties	0.5	0.7	0.4	0.2	0.2	1.1	108.4%
Total state	0.9	0.8	0.7	0.7	0.8	0.8	-3.2%
State Population							
Metropolitan counties	794,448	809,389	826,377	845,413	869,128	859,530	8.2%
Micropolitan counties	81,424	80,107	78,866	78,885	78,024	73,676	-9.5%
Non-metropolitan counties	55,497	54,016	52,580	50,313	49,138	53,262	-4.0%
Total state	931,369	943,512	957,823	974,611	996,290	986,468	5.9%

Note: Metropolitan and micropolitan statistical areas are geographic entities defined by the U.S. Office of Management and Budget (OMB) for use by federal statistical agencies in collecting, tabulating, and publishing federal statistics. A metropolitan area contains a core urban area of 50,000 or more population. A micropolitan area contains an urban core of at least 10,000 but less than 50,000 population. Each metropolitan or micropolitan area consists of one or more counties and includes the counties containing the core urban area, as well as any adjacent counties that have a high degree of social and economic integration with the urban core (as measured by commuting to work). Any county that is not designated a metropolitan or micropolitan area is designated as a non-metropolitan area. These designations are based on 2020 delineations as updated in July 2023. See <https://www.census.gov/programs-surveys/metro-micro/about/delineation-files.html> for more information.

In previous reports in this series, only nonfederal nurses were included in the analyses. Prior to 2020, CNMs employed in a federal or military setting could be identified in the licensure file and excluded from analysis.

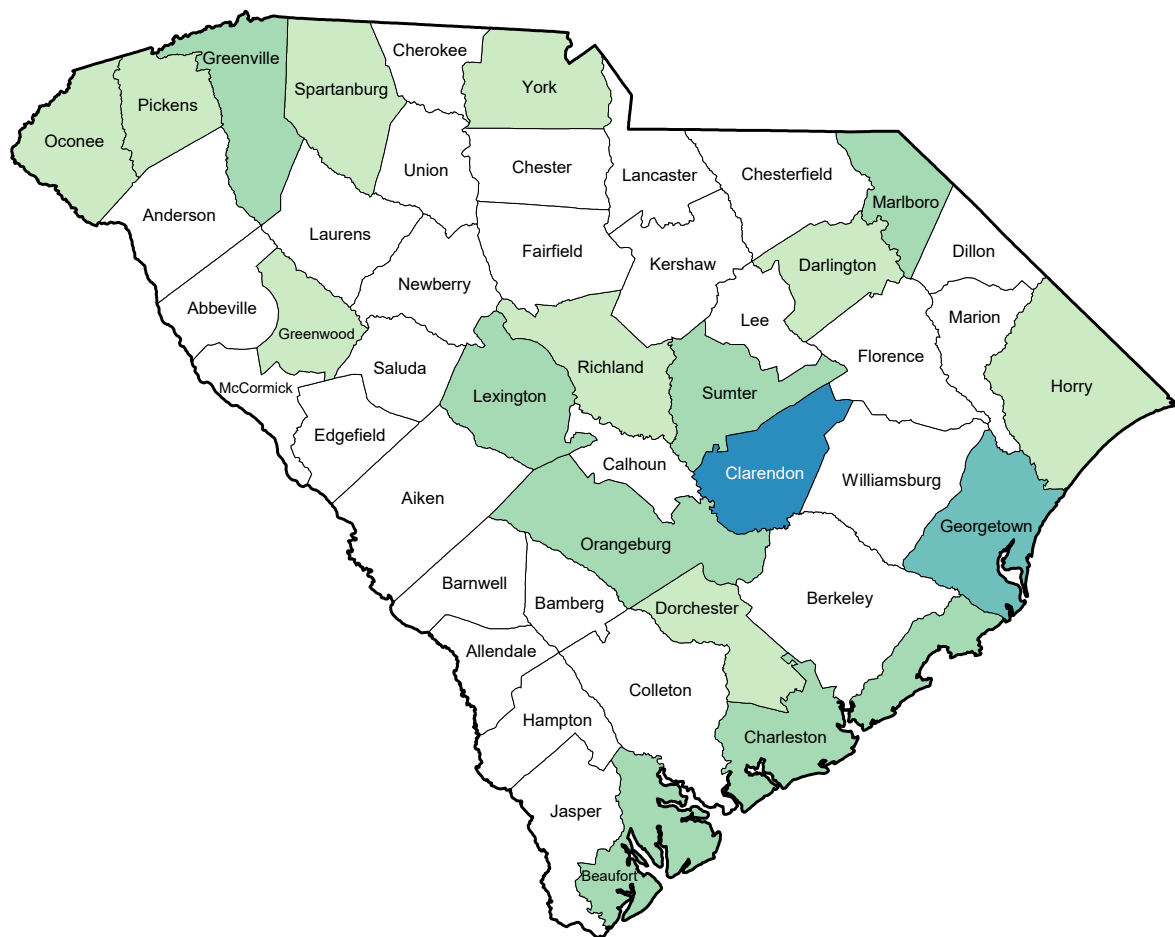
Figure 1. Active CNMs by primary practice location, South Carolina, 2022.



This information is based on all CNMs with an active license to practice and a primary practice location in South Carolina as of 4/30/2022. Counts are based on best available self-reported practice location information. Dots are randomly scattered within the zip code area and may not represent the actual street address of the practice.

Source: SC Office for Healthcare Workforce, SC AHEC, with data collected by the SC Department of Labor, Licensing and Regulation (LLR) and obtained from the SC Revenue and Fiscal Affairs Office (RFA). Rural definition from the U.S. Census Bureau, Geography Division, <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html>. Rural counties are those counties where 50% of more of the population lives outside an urbanized area based on the 2020 Census.

Figure 2. CNMs per 10,000 population, South Carolina, 2022.



Number of CNMs per 10,000 Women Age 15-44
(Number of Counties)

5.0 or More	(1)
3.0 to 4.9	(1)
1.0 to 2.9	(7)
0.1 to 0.9	(9)
No Active CNMs	(28)

Total CNMs, 2022 = 82

Total women age 15-44, 2021 = 995,804 (19% of population)

Overall rate per 10,000 women age 15-44 = 2.5

Counties in SC range from a low of 0.0 to a high of 10.1 CNMs per 10,000 women age 15-44.

This information is based on all CNMs with an active license to practice and a primary practice location in South Carolina as of 4/30/2022. Counts are based on best available self-reported practice location information.

Source: SC Office for Healthcare Workforce, SC AHEC, with data collected by the SC Department of Labor, Licensing and Regulation (LLR) and obtained from the SC Revenue and Fiscal Affairs Office (RFA). Population data (2021) provided by the Data Integration and Analysis Division of RFA, based on the Vintage 2022 Estimate Series from the U.S. Census Bureau.

Demographic Characteristics of the CNM Workforce

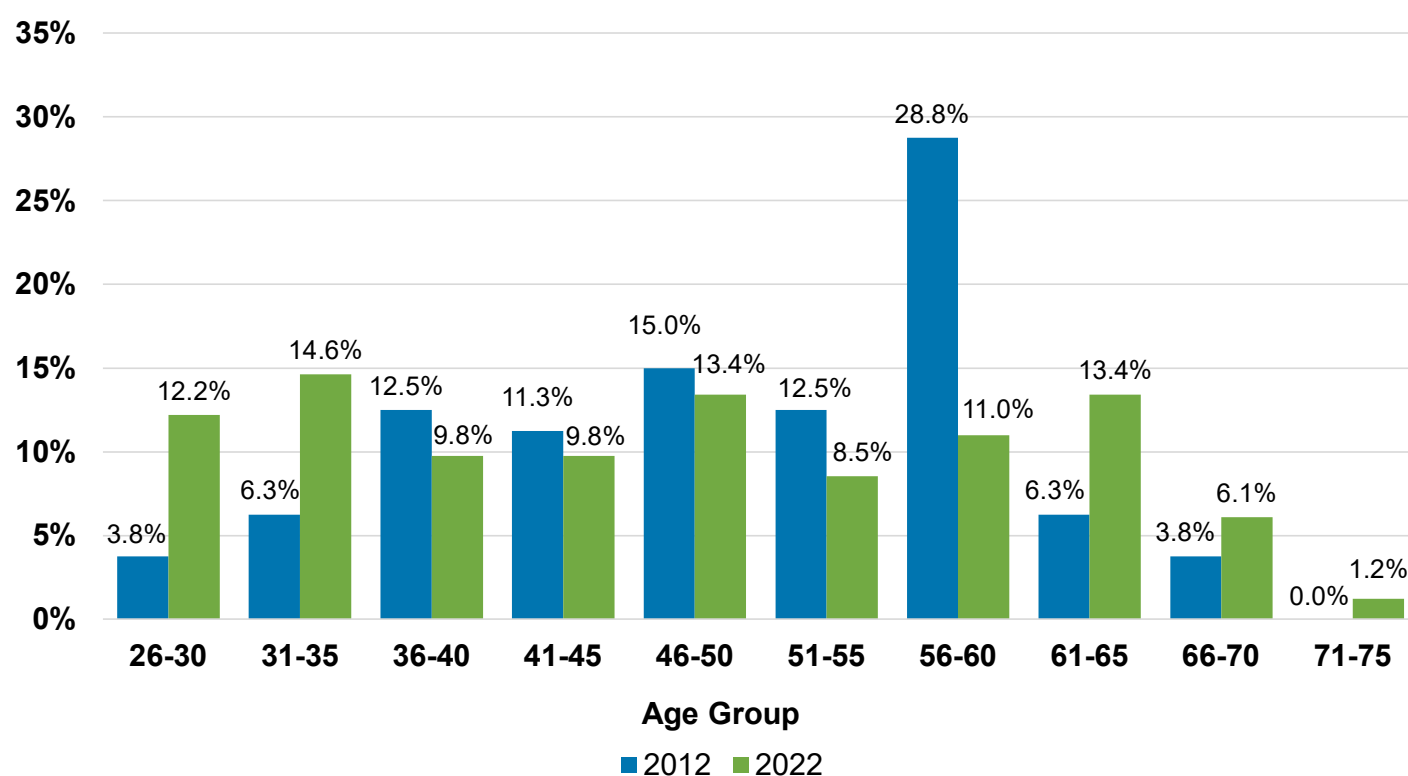
Table 2 shows demographic characteristics of the CNM workforce in 2012 and 2022. The CNM workforce remained primarily female and White. In 2022, the median age of CNMs was 47 years, with 26.8% age 35 or younger. This is younger than the median age of 51 years in 2012, when only 10.0% of CNMs were age 35 or younger. **Figure 3** illustrates the distribution of CNMs by age group in 2012 and 2022.

Table 2. The CNM workforce in South Carolina, 2012 and 2022.

	2012		2022	
	Count	Percent	Count	Percent
Total	80	100%	82	100%
Sex				
Female	79	98.8%	81	98.8%
Male	1	1.3%	1	1.2%
Missing	0	0.0%	0	0.0%
Race/Ethnicity				
African American	5	6.3%	6	7.3%
American Indian	2	2.5%	0	0.0%
Asian	0	0.0%	0	0.0%
Hispanic	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%
White	73	91.3%	71	86.6%
Missing	0	0.0%	5	6.1%
Age				
25 or Younger	0	0.0%	0	0.0%
26-30	3	3.8%	10	12.2%
31-35	5	6.3%	12	14.6%
36-40	10	12.5%	8	9.8%
41-45	9	11.3%	8	9.8%
46-50	12	15.0%	11	13.4%
51-55	10	12.5%	7	8.5%
56-60	23	28.8%	9	11.0%
61-65	5	6.3%	11	13.4%
66-70	3	3.8%	5	6.1%
71-75	0	0.0%	1	1.2%
76 or Older	0	0.0%	0	0.0%
Missing	0	0.0%	0	0.0%
Median Age*	51 years		47 years	

*Note: The median represents the midpoint of a set of data, where half of the datapoints fall below and half fall above the median.

Figure 3. CNMs by age group, South Carolina, 2012 and 2022.



CNM Education

When nurses renew their license every two years, they are asked to indicate their original and highest nursing degrees. **Table 3** shows that most CNMs in 2022 held an entry-level degree of a Baccalaureate Degree in Nursing (BSN, 62.2%), followed by an Associate Degree in Nursing (ADN, 28.0%). **Table 4** shows that 79.3% of CNMs held a Master's Degree in Nursing and 9.8% held a Doctorate in Nursing as their highest nursing degree.

Table 3. CNM entry-level nursing degrees, SC, 2012 and 2022.

	2012		2022	
	Count	Percent	Count	Percent
Diploma in Nursing	15	18.8%	6	7.3%
Associate Degree in Nursing	21	26.3%	23	28.0%
Baccalaureate Degree in Nursing	43	53.8%	51	62.2%
Missing	1	1.3%	2	2.4%
Total	80	100%	82	100%

Table 4. CNM highest nursing degree earned, SC, 2012 and 2022.

	2012		2022	
	Count	Percent	Count	Percent
NP Certificate Program	11	13.8%	6	7.3%
Master's Degree in Nursing	62	77.5%	65	79.3%
Doctorate	6	7.5%	8	9.8%
Missing	1	1.3%	3	3.7%
Total	80	100%	82	100%

Prior to 2025, the Medical University of South Carolina (MUSC) College of Nursing was the last CNM education program to operate in the state.⁵ MUSC stopped admitting CNM students after the 2008 fall semester.⁶ The University of South Carolina (USC) College of Nursing has developed a new Nurse-Midwifery (NM) program, which began admitting MSN-NM students in Fall 2025. USC has also developed a Doctor of Nursing Practice (DNP) program focusing on nurse midwifery.⁷

CNM Employment and Practice

CNM Practice Hours

Table 5 shows the number of weekly hours worked by CNMs in their primary and secondary positions. The median number of weekly hours worked was 40, and 47.6% of CNMs report working 33-40 hours a week.

Table 5. Total hours worked per week by CNMs across primary and secondary practice locations, SC, 2022.

9 – 16	4	4.9%
25 – 32	5	6.1%
41 – 48	9	11.0%
57 – 72	8	9.8%
Total	82	100%

Table 6. CNM practice settings, SC, 2022.

CNM Practice Settings

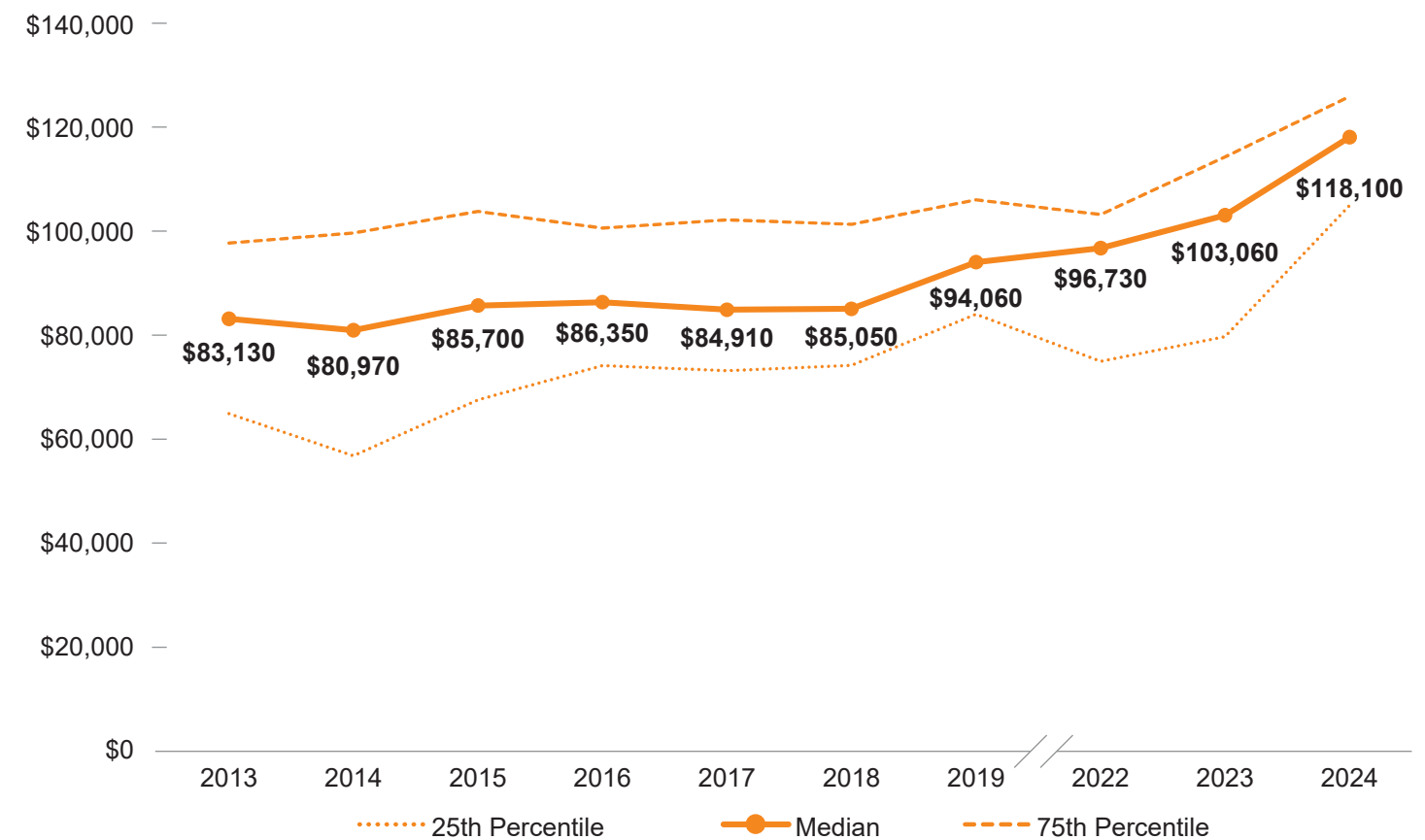
Table 6 shows the primary practice settings of CNMs in 2022. About two-thirds of CNMs work in hospital-inpatient settings, physician/medical offices or NP provider clinics. Six CNMs (7.3%) in South Carolina held another APRN certification such as Women’s Health Nurse Practitioner or Psychiatric Nurse Practitioner, allowing them to practice with additional patient populations. Like other APRNs, CNMs may choose to hold more than one advanced practice certificate to meet the needs of the community they serve. The data do not indicate how many CNMs perform home births, which are authorized within their scope of practice.⁸

Hospital – Inpatient	19	23.2%
NP Provider Clinic	15	18.3%
Academic	7	8.5%
Hospital – Other (Outpatient, Administration)	3	3.7%
Other	6	7.3%

CNM Wages

South Carolina nurse licensure data do not include wage information, but the U.S. Bureau of Labor Statistics tracks median annual salary. The median annual salary reported for CNMs in South Carolina in 2024 was \$118,100 and ranged from \$82,920 to \$135,180.⁹ From 2018 to 2022, median wages increased by 13.7% and from 2022 to 2024, median wages increased by 22.1% (Figure 4).

Figure 4. CNM wages, South Carolina, 2013-2024: 25th percentile, median, 75th percentile.

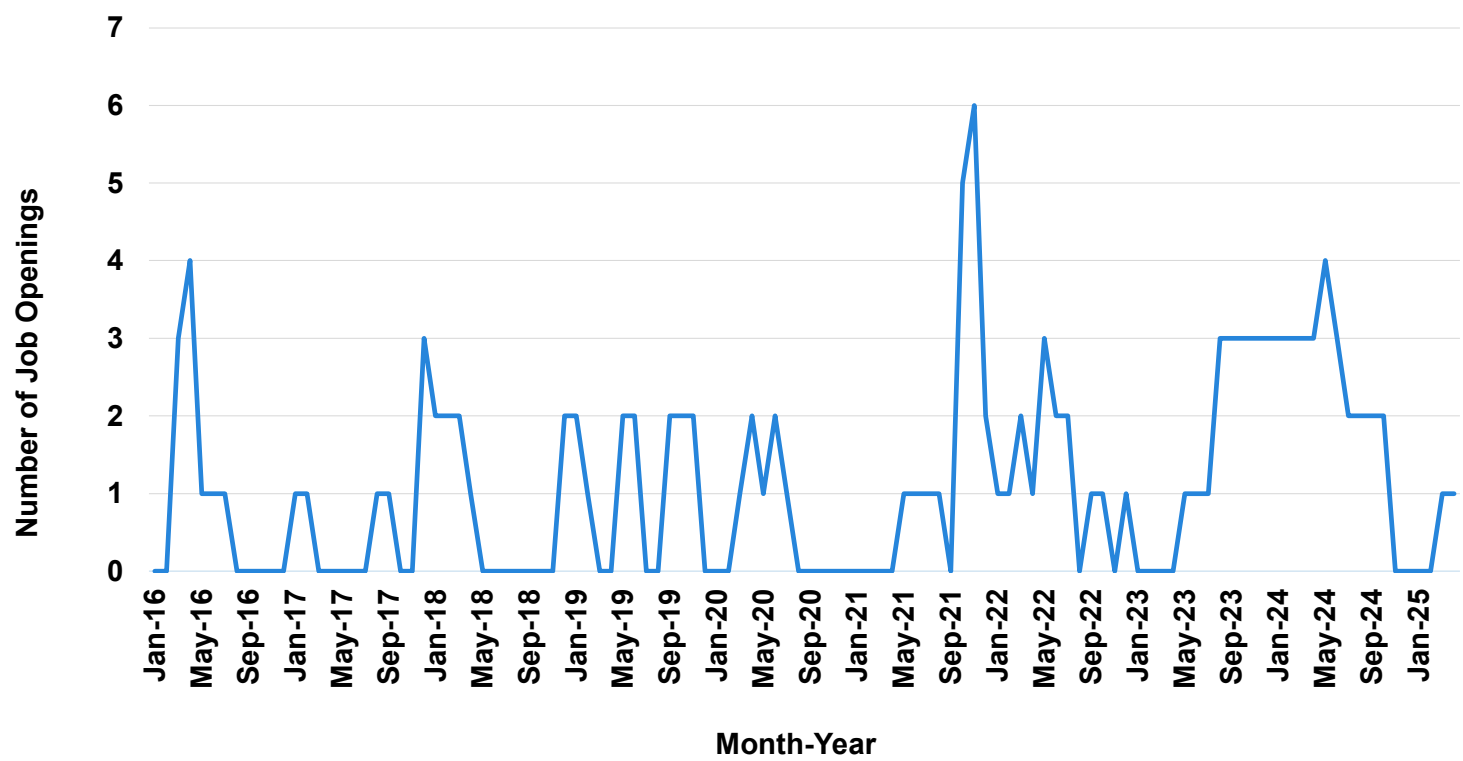


Note: Wage data not reported for 2020 or 2021.
Source: Bureau of Labor Statistics, State Occupational Employment and Wage Estimates, https://www.bls.gov/oes/current/oes_sc.htm, retrieved 7/11/2025.

Demand for CNMs

The South Carolina Department of Employment and Workforce (DEW) tracks employment data, including the number of job openings in the state. In 2025, DEW reported an expected 17.3% growth for CNMs in South Carolina by 2032.¹⁰ **Figure 5** shows the number of job openings in South Carolina by month from January 2016 to April 2025. DEW reports an average of 1.1 CNM job openings in South Carolina per month, with a low of 0 openings at various times to a high of 6 openings in November 2021.

Figure 5. Number of job openings for CNMs in South Carolina, January 2016 - April 2025.



Source: South Carolina Department of Employment and Workforce, SC Works Online Services, <https://jobs.scworks.org/vosnet/default.aspx>, retrieved 5/28/2025.

Conclusions

As South Carolina works to improve maternal and infant health outcomes, CNMs will continue to be an important part of the nursing and maternal and infant health workforce. Their scope of practice and education allow them to deliver essential care for pregnancy, birth, primary care, and gynecological health to our population.

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