One Voice for Midwives

PALM

PENNSYLVANIA ASSOCIATION
OF LICENSED MIDWIVES

2656

December 12, 2008

Ms. Kim Kaufman
Executive Director
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17101

Re: Regulation 16A-4926

Dear Ms. Kaufman:

The state organization for licensed midwives, Pennsylvania Association of Licensed Midwives (PALM), appreciates the opportunity to comment on the final form of the regulations for the Nurse-Midwife Prescriptive Authority which will be discussed at the IRRC meeting on December 18, 2008 in Harrisburg. We approve Regulation 16A-4926 *and recommend* the use of the term "midwife" for consistent title clarity. The General Assembly used the term "nurse-midwife" only regarding prescriptive authority in Act 50.

Midwives in Pennsylvania are eagerly awaiting the regulation of our prescriptive authority to provide better access to health care for the women we serve. This legislation was passed in July, 2007 with the stipulation that the Board of Medicine would promulgate the regulations within 18 months. The intent of this legislation was to allow nurse-midwives prescriptive authority and not to restrict midwifery practice in the Commonwealth of Pennsylvania.

Overall, the regulations written by the Board of Medicine follow the intent of the legislation making the necessary components for prescriptive authority operational. Over the past year, Pennsylvania midwives have offered comments and consistently worked with the Board of Medicine to help increase the understanding of the practice of midwifery in Pennsylvania and in the United States.

On December 18th, we request that the IRRC review Regulation 16A-4926, *and recommend* that there is ***title clarity*** for the current and amended midwifery regulations. The Board of Medicine changed all of the midwifery regulations in this final draft to include the word "nurse-midwife" rather than the original term "midwife." (See 16.11, 16.13, 18.1, 18.2, 18.3, 18.4, 18.5, 18.6, 18.7, 18.9).

Midwives in Pennsylvania request that the current title for midwifery remain the same for the following reasons:

1) The intent of this legislation is only for prescriptive authority. The legislation identifies that only nurse-midwives will be able to prescribe. Changing the regulations outside of prescriptive authority, in areas which describe general midwifery practice as well as the definition of a midwife during the last moments of editing the final form of the proposed regulations is unnecessary.

2) Based on the 1929 statute assigning regulation of midwifery to the Board of Medicine, the Board licenses "midwives." Our nursing license is regulated through the Board of Nursing. The consistent wording in our statute and regulations has been "midwife" and we request ***no change*** in our **current title**. Attached please find a copy of a current midwifery license.

3) Our national organization, The American College of Nurse-Midwives (ACNM) recognizes and supports Certified Midwives (CM's). CM's are midwives who are not nurses and are equivalent to Certified Nurse-Midwives (CNM's). They attend the same ACNM accredited educational programs and they also must successfully pass the same national certification exam as Certified Nurse-Midwives given by the American Midwifery Certification Board, Inc. (AMCB) formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC). Attached are ACNM documents which support the practice of CM's and their ability to be licensed in all states. These documents are also available on the ACNM website: www.acnm.org. Changing the original regulations for midwives will restrict the potential ability of CM's to become licensed in Pennsylvania. After months of discussions with the BOM, this last minute change will be a barrier for these qualified health care providers to practice in Pennsylvania instead of increasing access to care.

4) We recognize that the Board of Medicine has struggled with the issue of unlicensed midwives which may have influenced this change in title in the final form of the proposed regulations. However, this regulatory change is obligated to follow the intent of the legislation, which is regarding the prescriptive authority for nurse-midwives, and should not focus on issues that concern the need to regulate unlicensed midwives. The practice of unlicensed midwives is a separate issue from prescriptive authority.

5) Licensed midwives in Pennsylvania and in the United States support the philosophy that the discipline of midwifery is a separate profession from nursing and medicine. The ACNM Position Statement provides the "Definition of Midwifery Practice," which includes CNM's and CM's who "practice in accord with the Standards for Practice of Midwifery." The Pennsylvania midwifery regulations from 1985 are consistent with this philosophy of midwifery practice. Attached is the ACNM's definition of midwifery practice.

We request that the IRRC review the final form of the Nurse-Midwife Prescriptive Authority (Regulation 16A-4926) with the recommendation of the use of the term "midwife" for consistent title clarity with our national professional organization, the ACNM. It has taken over 25 years for licensed midwives in Pennsylvania to pass legislation and achieve regulations which recognize our education and training for prescriptive authority. Pennsylvania is the last state to remove this barrier to care. We hope that the IRRC will support the regulatory language that will continue access and competent, evidence based care for women by licensed midwives in the Commonwealth of Pennsylvania.

Sincerely,

Vivian Lowenstein, CNM, MSN

President, Pennsylvania Association of Licensed Midwives (PALM)

Cc:
Fiona Wilmarth, Director of Regulatory Review
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17101

Jim Smith, Regulatory Analyst
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17101

Basil L. Merenda, Commissioner
Bureau of Professional and Occupational Affairs
Commonwealth of Pennsylvania
P.O. Box 2649
Harrisburg, PA 17105

Dr. Ollice Bates, Chairperson
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Rosemarie Greco, Director
Governors Office of Health Reform
Commonwealth of Pennsylvania
333 Forum Building
Harrisburg, PA 17120

Barbara Holland, Esq.
Governors Office of Health Reform
Commonwealth of Pennsylvania
333 Forum Building
Harrisburg, PA 17120

Senator Robert Tomlinson, Chairperson
Senate Consumer Protection and Professional Licensure Committee
Room 362, Main Capital Building
Harrisburg, PA 17120-3006

Representative P. Michael Sturla, Chairperson
House Professional Licensure Committee
Room 333, Main Capital Building
Harrisburg, PA 17120-3006

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POSITION STATEMENT

DEFINITION OF MIDWIFERY PRACTICE

Midwifery practice as conducted by Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) is the independent management of women's health care, focusing particularly on common primary care issues, family planning and gynecologic needs of women, pregnancy, childbirth, the postpartum period and the care of the newborn. The CNM and CM practice within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

DEFINITION OF A CERTIFIED NURSE-MIDWIFE

A certified nurse-midwife (CNM) is an individual educated in the two disciplines of nursing and midwifery, who possesses evidence of certification according to the requirements of ACNM.

DEFINITION OF A CERTIFIED MIDWIFE

A certified midwife (CM) is an individual educated in the discipline of midwifery, who possesses evidence of certification according to the requirements of ACNM.

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*Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC).

Source: Board of Directors
Approved by ACNM Board of Directors: July 27, 1992
Revised last: June 2004

8403 Colesville Road, Suite 1550, Silver Spring, MD 20910-6374 240.485.1800 fax: 240.485.1818 www.midwife.org

Standards for the Practice of Midwifery

Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

STANDARD I

MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS
The midwife:

1. Is certified by the ACNM designated certifying agent.
2. Shows evidence of continuing competency as required by the ACNM designated certifying agent.
3. Is in compliance with the legal requirements of the jurisdiction where the midwifery practice occurs.

STANDARD II

MIDWIFERY CARE OCCURS IN A SAFE ENVIRONMENT WITHIN THE CONTEXT OF THE FAMILY, COMMUNITY, AND A SYSTEM OF HEALTH CARE.
The midwife:

1. Demonstrates knowledge of and utilizes federal and state regulations that apply to the practice environment and infection control.
2. Demonstrates a safe mechanism for obtaining medical consultation, collaboration, and referral.
3. Uses community services as needed.
4. Demonstrates knowledge of the medical, psychosocial, economic, cultural, and family factors that affect care.
5. Demonstrates appropriate techniques for emergency management including arrangements for emergency transportation.
6. Promotes involvement of support persons in the practice setting.

STANDARD III

MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY
The midwife:

8403 Colesville Road, Suite 1550, Silver Spring, MD 20910-6374 240.485.1800 fax: 240.485.1818 www.midwife.org

1. Practices in accord with the Philosophy and the Code of Ethics of the American College of Nurse-Midwives.
2. Provides clients with a description of the scope of midwifery services and information regarding the client's rights and responsibilities.
3. Provides clients with information regarding, and/or referral to, other providers and services when requested or when care required is not within the midwife's scope of practice.
4. Provides clients with information regarding health care decisions and the state of the science regarding these choices to allow for informed decision-making.

STANDARD IV

MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE, SATISFYING, AND CULTURALLY COMPETENT CARE.
The midwife:

1. Collects and assesses client care data, develops and implements an individualized plan of management, and evaluates outcome of care.
2. Demonstrates the clinical skills and judgments described in the ACNM Core Competencies for Basic Midwifery Practice.
3. Practices in accord with the ACNM Standards for the Practice of Midwifery.
4. Practices in accord with service/practice guidelines that meet the requirements of the particular institution or practice setting.

STANDARD V

MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN PRACTICE GUIDELINES
The midwife:

1. Describes the parameters of service for independent and collaborative midwifery management and transfer of care when needed.
2. Establishes practice guidelines for each specialty area which may include, but is not limited to, primary health care of women, care of the childbearing family, and newborn care.
3. Includes the following information in each specialty area:
    a) Client selection criteria
    b) Parameters and methods for assessing health status
    c) Parameters for risk assessment
    d) Parameters for consultation, collaboration, and referral
    e) Appropriate interventions including treatment, medication, and/or devices.

STANDARD VI

MIDWIFERY CARE IS DOCUMENTED IN A FORMAT THAT IS ACCESSIBLE AND COMPLETE.
The midwife:

1. Uses records that facilitate communication of information to clients, consultants, and institutions.
2. Provides prompt and complete documentation of evaluation, course of management, and outcome of care.
3. Promotes a documentation system that provides for confidentiality and transmissibility of health records.
4. Maintains confidentiality in verbal and written communications.

STANDARD VII

MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY MANAGEMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.
The midwife:

1. Participates in a program of quality management for the evaluation of practice within the setting in which it occurs.
2. Provides for a systematic collection of practice data as part of a program of quality management.
3. Seeks consultation to review problems, including peer review of care.
4. Acts to resolve problems identified.

STANDARD VIII

MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES.
The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
    a) Knowledge of risks, benefits, and client selection criteria.
    b) Process for acquisition of required skills.
    c) Identification and management of complications.
    d) Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Reports the incorporation of this procedure to the ACNM.

Source: Division of Standards and Practice
Approved: ACNM Board of Directors, March 8, 2003

(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993. Standard VIII has been adapted from the ACNM's Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice)

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CORE COMPETENCIES FOR BASIC MIDWIFERY PRACTICE

The core competencies for basic midwifery practice describe the fundamental knowledge, skills, and behaviors expected of a new practitioner. Accordingly, they serve as guidelines for educators, students, health care professionals, consumers, employers, and policy-makers and constitute the basic requisites for graduates of all nurse-midwifery and midwifery education programs accredited/preaccredited by the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA).

Midwifery practice is based on the Core Competencies for Basic Midwifery Practice, the *Standards for the Practice of Midwifery* and the *Code of Ethics* promulgated by the American College of Nurse-Midwives. Certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the ACNM or the American Midwifery Certification Board (AMCB), formerly the ACNM Certification Council, Inc. (ACC), assume responsibility and accountability for their practice as primary health care providers for women and newborns.

The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the *Standards for the Practice of Midwifery*.

Midwifery education is based on an understanding of health sciences theory and clinical preparation that shapes knowledge, judgment, and skills deemed necessary to provide primary health care management to women and newborns. Midwives provide health care that incorporates appropriate medical consultation, collaborative management, or referral. Each education program is encouraged to develop its own method of addressing health care issues beyond the scope of the current core competencies, and each graduate is responsible for complying with the laws of the jurisdiction where midwifery is practiced and the ACNM *Standards for the Practice of Midwifery*.

ACNM defines the midwife's role in primary health care based on the Institute of Medicine's report (1996)*, the ACNM philosophy (2004), and the ACNM Position Statement on Certified Nurse-Midwives and Certified Midwives as Primary Health Care Providers/Case Managers (1997). Primary health care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing the majority of health care needs, developing a sustained partnership with patients, and practicing within the context of family and community. As primary health care providers, CNMs and CMs assume responsibility for the provision of, and referral for, appropriate health care services including the prescribing, administering and dispensing of pharmacologic agents. The concepts, skills, and midwifery management process identified below comprise the foundation upon which practice guidelines and educational

curricula are built. The core competencies are reviewed and revised regularly to incorporate changing trends in midwifery practice. This document must be adhered to in its entirety and applies to all settings for midwifery care including hospitals, ambulatory care settings, birth centers and home.

I. Hallmarks of Midwifery

The art and science of midwifery are characterized by these hallmarks:

A. Recognition of pregnancy, birth, and menopause as normal physiologic and developmental processes
B. Advocacy of non-intervention in the absence of complications
C. Incorporation of scientific evidence into clinical practice
D. Promotion of family-centered care
E. Empowerment of women as partners in health care
F. Facilitation of healthy family and interpersonal relationships
G. Promotion of continuity of care
H. Health promotion, disease prevention, and health education
I. Promotion of a public health care perspective
J. Care to vulnerable populations
K. Advocacy for informed choice, shared decision-making, and the right to self-determination
L. Cultural competence
M. [redacted]plementary and alternative therapies in education and practice
N. Skillful communication, guidance, and counseling
O. Therapeutic value of human presence
P. Collaboration with other members of the health care team

II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs

The professional responsibilities of CNMs and CMs include, but are not limited to, these components:

A. Promotion of the hallmarks of midwifery
B. Knowledge of the history of midwifery
C. Knowledge of the legal basis for practice
D. Knowledge of national and international issues and trends in women's health and maternal/newborn care
E. Support of legislation and policy initiatives which promote quality health care
F. Knowledge of issues and trends in health care policy and systems
G. Broad understanding of the bioethics related to the care of women, newborns, and families
H. Commitment to the ACNM Philosophy, Standards, and Code of Ethics

I. Ability to evaluate, apply, interpret, and collaborate in research
J. Participation in self-evaluation, peer review, (lifelong learning, and other activities that ensure and validate quality practice
K. Development of leadership skills
L. Knowledge of, licensure, clinical privileges, credentialing
M. Knowledge of practice management and finances
N. Promotion of the profession of midwifery including participation in the professional organization at the local and national level
O. Support growth of the profession through participation in midwifery education
P. Knowledge of the structure and function of ACNM

III. Components of Midwifery Care: Midwifery Management Process

The midwifery management process consists of seven sequential steps:

A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn.
B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.
C. Anticipate other potential problems or diagnoses that may be expected based on the identified problems or diagnoses.
D. Evaluate the need for immediate midwife or physician intervention and/or consultation or collaborative management with other health care team members, as dictated by the condition of the woman or newborn.
E. Develop, in partnership with the woman, a comprehensive plan of care that is supported by valid rationale and is based on the preceding
F. Assume responsibility for the safe and efficient implementation of the plan of care.
G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.

IV. Components of Midwifery Care: Fundamentals

A. Anatomy and physiology, including fetal anatomy and physiology
B. Normal growth and development
C. Clinical genetics
D. Psychosocial, sexual and behavioral development
E. Basic epidemiology
F. Nutrition
G. Pharmacokinetics and pharmacotherapeutics
H. Principles of individual and group health education
I. Bioethics related to the care of women, newborns and families.

V. Components of Midwifery Care: The Primary Health Care of Women

A. Health Promotion and Disease Prevention

Independently manages primary health screening and health promotion of women from the perimenarcheal through the postmenopausal periods

1. Applies knowledge of midwifery practice that includes, but is not limited to, the following:
   a. Nationally defined goals and objectives for health promotion and disease prevention
   b. Parameters for assessment of physical, mental and social health
   c. Nationally defined screening and immunization recommendations to promote health and detect/prevent disease
   d. Management strategies and therapeutics to facilitate health and promote healthy behaviors

2. Applies knowledge of midwifery practice in the preconception period that includes, but is not limited to, the following:

   a. Assessment of individual and family readiness for pregnancy, including emotional, psychosocial, and sexual factors
   b. Impact of health, family and genetic history on pregnancy outcomes
   c. Influence of environmental and occupational factors, health habits, and behavior on pregnancy planning
   d. Health and laboratory screening to evaluate the potential for a healthy pregnancy

3. Applies knowledge of midwifery practice of gynecologic care that includes, but

   a. Human sexuality
   b. Common screening and diagnostic tests
   c. Parameters for differential diagnosis of common uro-gynecologic problems
   d. Management strategies and therapeutics for gynecologic health, implementation of contraceptive methods, and common uro-gynecologic problems
   e. Management strategies and therapeutics for sexually transmitted infections that includes indicated partner evaluation, treatment, or referral
   f. Counseling for sexual behaviors that promote health and prevent disease
   g. Counseling, clinical interventions and/or referral for unplanned or undesired pregnancies, sexual concerns, and infertility.

4. Applies knowledge of midwifery practice in the perimenopausal, postmenopausal and aging periods that includes, but is not limited to, the following:

   a. Effects of menopause on physical, mental and sexual health
   b. Identification of deviations from normal
   c. Counseling and education for health maintenance and health promotion in the aging woman

d. Initiation or referral for age/risk appropriate periodic health screening
e. Management strategies and therapeutics for alleviating the common discomforts that may accompany the perimenopausal period

B. Management of Common Health Problems

Independently manages infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate levels of health care services as indicated.

1. Applies the knowledge of midwifery practice that includes, but is not limited to, the following:

a. Identification of deviations in the following areas:

- Cardiovascular/hematologic
- Dermatologic
- Endocrine
- Eye, ear, nose, and throat
- Gastrointestinal
- Mental health
- Musculoskeletal
- Neurologic
- Respiratory
- Renal

b. Management strategies and therapeutics for the problems/deviations of essentially healthy women

VI. Components of Midwifery Care: The Childbearing Family

A. Care of the Childbearing Woman: Independently manages the care of women during pregnancy, childbirth, and the postpartum period

1. Applies knowledge of midwifery practice in the antepartum period that includes, but is not limited to, the following:

a. Confirmation of pregnancy
b. Genetics, placental physiology, embryology, and fetal development
c. Epidemiology of maternal and perinatal morbidity and mortality
d. Influence of environmental, cultural and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
e. Emotional and psychosexual changes during pregnancy
f. Health risks, including but not limited to, domestic violence, infections, and substance use/abuse
g. Promotion of breastfeeding
h. Indicators of normal pregnancy and deviations from normal

i. Assessment of the progress of pregnancy and fetal well-being
j. Etiology and management of common discomforts of pregnancy
k. Management strategies and therapeutics that facilitate healthy pregnancy
l. Deviations from normal and appropriate interventions including management of complications and emergencies
m. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation

2. Applies knowledge of midwifery practice in the intrapartum period that includes, but is not limited to, the following:

a. Confirmation and assessment of labor and its progress
b. Assessment of maternal and fetal status during labor
c. Indicators of deviations from normal, including complications and emergencies
d. Measures to support psychosocial needs during labor and delivery
e. Management strategies and therapeutics to facilitate physiologic labor progress
f. Techniques for (i) administration of local anesthesia (ii), spontaneous vaginal delivery, (iii) third stage management, and (iv) performance and repair of episiotomy and repair of lacerations
g. Techniques for management of emergency complications and abnormal intrapartum events

3. Applies knowledge of midwifery practice in the postpartum period that includes,

a. Postpartum self-care, newborn care and feeding, contraception, and family relationships
b. Management strategies and therapeutics to facilitate a healthy puerperium
c. Facilitation of the initiation, establishment, and continuation of lactation
d. Deviations from normal and appropriate interventions including management of complications and emergencies
e. Management of discomforts of the puerperium

B. Newborn Care: Independently manages the care of the well newborn during the first 28 days of life.

1. Applies knowledge of midwifery practice to the newborn that includes, but is not limited to, the following:

a. Effect of maternal/fetal risk factors on the newborn
b. Bonding and attachment theory
c. Evaluation of the newborn: initial gestational age assessment and initial and ongoing physical and behavioral assessment

d. Methods to facilitate adaptation to extrauterine life: (i) stabilization at birth, (ii) resuscitation, and (iii) emergency management
e. Primary health screening, health promotion and assessment of growth and development up to 28 days of life
f. Facilitation of the initiation, establishment, and continuation of lactation
g. Management strategies to facilitate integration of the newborn into the family
h. Indications of deviation from normal, recognizing which infants should be referred to their pediatric care provider for further evaluation and care

*Committee on the Future of Primary Care, Institute of Medicine, National Research Council. "Primary Care: America's Health Care in a New Era". Washington, D.C: National Academy Press, 1996.

Source: Basis Competency Section, Division of Education
Approved by the ACNM Board of Directors: June 1, 2007
*(*Supersedes ACNM *Core Competencies for Basic Midwifery Practice, May 2002)*

ACNM issue brief

RECENT DEVELOPMENTS IN MIDWIFERY CERTIFICATION IN THE U.S.

The purpose of this document is to provide a brief overview of the midwifery profession in the United States, with particular emphasis on nurse-midwifery and the decision by the American College of Nurse-Midwives (ACNM) to accept, as members, certified midwives who do not have a nursing credential and to continue to address the practice of midwifery in a variety of birth settings.

Background

Midwifery is an ancient profession, with a proud tradition of providing care for women during pregnancy and childbirth. In the United States, midwives have been attending births since colonial times. During the 1920s, a combination of the nursing and midwifery professions, modeled after nurse-midwives practicing in the United Kingdom, led to the formation of the Frontier Nursing Service in Kentucky followed by the Maternity Center Association in New York. American nurse-midwives trace their history to rural and urban settings where mothers and their babies frequently had little access to health care. From the beginning, nurse-midwives were able to provide essential primary care to women and their families in a variety of settings. These early experiences provided the first documented evidence in the U.S. that nurse-midwives could reduce the rates of maternal and infant mortality and improve the health of women, especially among under-served populations.

Nurse-Midwives Today

Over the past 70 years, nurse-midwives in America have continued that tradition. Nurse-midwives practice in collaboration and consultation with other health care professionals, providing primary, gynecological and maternity care to women in the context of the larger health care system. Our partners in providing care include Ob/Gyns, family practice physicians, nurse practitioners, physician assistants, midwives, nurses, childbirth educators and doulas. In 1995, nurse-midwives attended more than 200,000 births in the U.S. ACNM is the national organization representing more than 6,000 certified nurse-midwives (CNMs) and certified midwives (CMs) from all 50 states and most U.S. territories. ACNM is proud of our twin heritages of nursing and midwifery. We also recognize that this dual preparation is *not* a basic requirement to provide competent midwifery care to women and their families.

Midwifery in Other Countries

In Europe and many countries throughout the world, midwifery care is the norm for birthing mothers and only high-risk or complicated pregnancies are referred to physicians for medical management and intervention. In many of those countries, there is uniform agreement on appropriate educational preparation and professional credentialing for midwives and prior

nursing preparation may be, but is not always, a prerequisite. In fact, the World Health Organization (WHO) has defined a midwife as a person who, "having been regularly admitted to a midwifery education program duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery." Studies have documented the quality of care provided by midwives who meet the WHO standard in both industrialized and developing nations.

The ACNM Credentialing Process

Because ACNM believes that a nursing credential is not the only avenue of preparation for midwives to deliver safe and competent care, we have recently moved to accredit education programs for midwives who do not wish to earn a nursing credential. The ACNM Certification Council, Inc. (ACC) has opened its national certification exam to these new non-nurse graduates of midwifery education programs approved by our Division of Accreditation (DOA), which in turn is recognized as an accrediting agency by the U.S. Department of Education for CNM programs. These ACC "certified midwives (CMs)," as they will come to be known, are educated to meet the same high standards that certified nurse-midwives (CNMs) must meet. These are the standards that every state in the U.S. has recognized as the legal basis for nurse-midwifery practice. CMs, like CNMs, must earn at least a Bachelor's degree. CMs must also complete core science requirements similar to those required for a nurse, and fulfill core midwifery requirements that have always been a part of ACNM accredited education programs. CMs take the same ACC certification exam as CNMs and study side by side with nurse-midwifery students in some education programs.

The Legal Status of Midwifery

Nurse-midwives practice legally in all 50 states and the District of Columbia. As of Janaury 1999, in some 16 states, midwifery is a regulated profession and no registered nurse (RN) credential is required. In 13 more states, midwifery practice by non-nurses is *legal*, but *unregulated*. In at least five states, the legal status of midwives other than CNMs is in dispute. And finally, in 17 states, one *must* have an RN credential in order to legally practice as a midwife. Midwives without a prior nursing credential who are not graduates of ACNM accredited programs are sometimes called "direct entry," "lay," "licensed" or "professional" midwives and their practices usually provide home birth or birth center options for women. The scope of practice for these midwives is frequently more limited than that for nurse-midwives. ACNM's decision to certify midwives whose education does not include nursing is consistent with the expanding interest, at the state level, in providing students with alternate paths to quality midwifery education and with increasing consumer choice as to type of midwife and place of birth.

The Home Birth Option

ACNM respects the desire of women for a natural, normal birth at home and is committed to

eliminating barriers to safe home birth practices, such as the difficulty in obtaining affordable malpractice insurance and physician consultation. ACNM supports education and practice by CNMs and CMs in *all* settings and has published a *Handbook on Home Birth Practice* to guide practitioners on safe home birth practices. Studies on home births attended by midwives have confirmed the safety of the **planned** home birth option for healthy women experiencing a **normal** pregnancy and delivery with access to hospital care should the need arise.

Standards for Practice

The ACNM *Standards for the Practice of Nurse-Midwifery* require that the CNM/CM: demonstrates a safe mechanism for obtaining medical consultation, collaboration and referral; participates in a program of quality assurance and peer review; practices in accordance with the legal and disciplinary requirements of the jurisdiction where the practice occurs; and shows evidence of continuing educational competency. With these standards in mind, and our 70 year history of nurse-midwifery practice in the U.S., the ACNM carefully developed the requirements leading to the ACC certified midwife (CM) credential. We want to make sure that women have the assurance that all practitioners who call themselves midwives meet minimum standards of academic and clinical preparation, consistent with the World Health Organization definition, and incorporate appropriate standards of practice in order to assure safe, competent care for women.

Other Midwifery Credentials

[redacted] graduates of ACNM-DOA accredited education programs, there are other organizations with different standards for education and examination that provide a credentialing process for direct-entry midwives. The North American Registry of Midwives (NARM), a separate organization from the ACNM, issued the first Certified Professional Midwife (CPM) certificate in 1994. Some states have also developed their own requirements for academic and clinical preparation leading to licensure. Potentially then, there could be many categories of midwives practicing in a particular state: CNMs, CMs, CPMs, as well as midwives with a state permit or license, and lay midwives without formal credentials, which may cause confusion for consumers, health care institutions and state regulators alike.

Looking Ahead: The ACNM Agenda

ACNM looks forward to the day when there is one, unified profession of midwifery, with unified standards for education and credentialing, working toward common goals. In the meantime, we will continue to sustain our standards for academic preparation and clinical practice. Study after study has confirmed the quality of care that CNMs provide, with lower rates of cesarean sections, episiotomies, epidurals and technological interventions among low-risk women, and as a result, utilization of fewer health care resources. Studies have also documented that women and families experience a high level of satisfaction when cared for by CNMs. With consistent standards required for the preparation, certification and practice of CMs, the ACNM anticipates that research on certified midwifery practice will produce similar outcomes.

As an organization, ACNM respects the rights of its members and chapters to take independent positions on legislation, regulations or other issues relating to the midwifery profession. We support efforts to legally recognize CMs as qualified practitioners granted the same rights and responsibilities as CNMs. We acknowledge that not every practitioner of midwifery will choose to seek a CNM or CM credential. It is then up to consumers and state governments to determine and evaluate the quality of care provided by each type of midwife, and the value that each credential has for ensuring safe, quality care for women and babies.

Approved, ACNM Board of Directors
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For a more detailed and comprehensive packet of materials about CNMs and CMs in the U.S. and the various issues raised in this paper, please contact ACNM's Department of Professional Services, (202) 728-9860.