MIDWIFERY 101: WHO ARE WE? WHAT DO WE DO?

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Program Director, Advanced Practice
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What’s a midwife?
An Introduction

- Midwives and the Care They Provide
Certified Nurse-Midwife (CNM)

- An Advanced Practice Registered Nurse (APRN)
- Individual educated in the two disciplines of nursing and midwifery
- Certified to practice by the American Midwifery Certification Board (AMCB)
- Typically practice in hospital-based settings or birth centers, occasionally practice in the home
- In Kansas, CNMs are required to have collaborative practice agreement with physician(s)
Definition of Midwifery and Scope of Practice

“Independent provision of primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections”

Traditional Midwife (LM, CPM)

- Direct-entry midwives typically attend home births, although some work in birth centers.
- They may learn their skills through self-study, through apprenticeship, or at an independent midwifery school.
- Midwives who are not certified or licensed are commonly known as lay or traditional midwives.
- If a direct-entry midwife has passed a certification exam, she is a Certified Professional Midwife (CPM) and may be licensed in some states.
## Comparison of Certified Nurse-Midwives, Certified Midwives, and Certified Professional Midwives

*Clarifying the distinctions among professional midwifery credentials in the U.S.*

<table>
<thead>
<tr>
<th>PROFESSIONAL ASSOCIATION</th>
<th>CERTIFIED NURSE-MIDWIFE (CNM*)</th>
<th>CERTIFIED MIDWIFE (CM*)</th>
<th>CERTIFIED PROFESSIONAL MIDWIFE (CPM)*</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>American College of Nurse-Midwives (ACNM)</td>
<td>Midwives Alliance of North America (MANA) and National Association of Certified Professional Midwives (NACPM)</td>
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### Certification

<table>
<thead>
<tr>
<th>Certifying Organization</th>
<th>Certification Requirements (minimum degree and other requirements prior to taking national certifying exam)</th>
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<th>Recertification Requirements</th>
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</thead>
<tbody>
<tr>
<td>American Midwifery Certification Board (AMCB)**</td>
<td>Graduate Degree Required</td>
<td>North American Registry of Midwives (NARM)**</td>
<td>Every five years</td>
<td>Every three years</td>
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<td>High School Diploma or Equivalent Required</td>
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### Recertification Requirements

1. Graduation from a nurse-midwifery education program accredited by ACNM Accreditation Commission for Midwifery Education (ACME); AND
2. Verification by program director of completion of education program; AND
3. Active registered nurse (RN) license

1. Graduation from a midwifery education program accredited by ACNM Accreditation Commission for Midwifery Education; (ACME); AND
2. Verification by program director of completion of education program

1. Completion of NARM’s Portfolio Evaluation Process (PEP) pathway; OR
2. Graduate of a midwifery education program accredited by Midwifery Education Accreditation Council (MEAC); OR
3. AMCB-certified CNM or CM; OR
4. Completion of state licensure program.

### Education

<table>
<thead>
<tr>
<th>Minimum Education Requirements for Admission to Midwifery Education Program</th>
<th>Bachelor’s degree from accredited college/university</th>
<th>Bachelor’s degree from accredited college/university and successful completion of specific science courses</th>
<th>There are two primary pathways for CPM education, with differing admission requirements:</th>
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</thead>
<tbody>
<tr>
<td>1. Some programs require RN license. If the applicant has a bachelor’s degree, but not an RN license, some programs will require attainment of an RN license prior to entry into the midwifery program; others will allow the student to attain an RN license prior to graduate study; OR</td>
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<tr>
<td>2. If the applicant is an RN but does not have a bachelor’s degree, some programs provide a bridge program to a bachelor’s degree prior to the</td>
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<td>1. Portfolio Evaluation Process (PEP) pathway: an apprenticeship program; high school diploma or equivalent required. Student must find a midwifery preceptor who is nationally certified or state licensed, has practiced for at least 3 years, and attended at least 50 out-of-hospital births; OR</td>
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<td>2. Accredited formal education pathway: For this pathway, a high school diploma from an</td>
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<td><em><em>CERTIFIED NURSE-MIDWIFE (CNM</em>)</em>*</td>
<td><em><em>CERTIFIED MIDWIFE (CM</em>)</em>*</td>
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<tr>
<td>Midwifery portion of the program; other programs require a bachelor's degree before entry into the midwifery program.</td>
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<td>Accredited state or private school is required for admission.</td>
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<td><strong>Note:</strong> Currently, the majority of AMCB-certified midwives enter midwifery through nursing.</td>
<td></td>
<td><strong>Note:</strong> Currently, the majority of CPMs have completed the apprenticeship-only (PEP) pathway to the CPM credential.</td>
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<td><strong>Clinical Experience Requirement</strong></td>
<td>Attainment of clinical skills must meet Core Competencies for Basic Midwifery Education (ACNM 2008).</td>
<td>&quot;Attainment of clinical skills must meet the Core Competencies developed by the Midwives Alliance of North America.</td>
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<td></td>
<td>Clinical education must occur under the supervision of an AMCB-certified CNM/CM or Advanced Practice RN (APRN) who holds a graduate degree and has clinical expertise and didactic knowledge commensurate with the content taught.</td>
<td>Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births.</td>
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<td></td>
<td>Clinical skills include management of primary care for women throughout the lifespan, including reproductive health care, pregnancy and birth; care of the normal newborn; and management of sexually transmitted infections in male partners.</td>
<td>Clinical skills include management of prenatal, birth and postpartum care for women and newborns.&quot;</td>
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<tr>
<td><strong>Degree Granted</strong></td>
<td>Master’s or doctoral degree; a master’s degree is the minimum requirement for the AMCB certification exam</td>
<td>No degree is granted through the PEP pathway.</td>
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<td></td>
<td>Master’s degree; a master’s degree is the minimum requirement for the AMCB certification exam</td>
<td>MEAC-accredited programs vary and may grant a certificate or an associate’s, bachelor’s, master’s, or doctoral degree. Most graduates attain a certificate or associate degree; there is no minimum degree requirement for the CPM certification exam.</td>
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<tr>
<td><strong>ACCREDITING ORGANIZATION</strong></td>
<td>The Accreditation Commission for Midwifery Education (ACME) is authorized by the US Department of Education to accredit midwifery education programs and institutions.</td>
<td>&quot;The PEP pathway is not eligible for accreditation.</td>
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<td><strong>Licensure</strong></td>
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<td>Legal Status</td>
<td>Licensed in all 50 states plus the District of Columbia and US territories</td>
<td>Licensed in New Jersey, New York, and Rhode Island. Authorized by permit to practice in Delaware</td>
<td>Regulated in 28 states (variably by licensure, certification, registration, voluntary licensure, or permit)</td>
</tr>
<tr>
<td>Licensure Agency</td>
<td>Boards of Nursing, Boards of Medicine, Boards of Midwifery/Nurse-Midwifery, Departments of Health</td>
<td>Board of Midwifery, Board of Medicine, Department of Health</td>
<td>Departments of Health, Boards of Medicine, Boards of Midwifery</td>
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<tr>
<td><strong>Scope of Practice</strong></td>
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<td>Range of Care Provided</td>
<td>Independent management of women’s health care throughout the lifespan, from adolescence through menopause. Comprehensive scope of practice including primary care and gynecologic care, family planning, annual exams (including breast and PAP screening), pregnancy, birth in all settings, and postpartum care. Care of the normal newborn. Management of sexually transmitted infections in male partners.</td>
<td>Independent management of care for women and newborns during pregnancy, birth, and postpartum. Birth in homes and birth centers. Care of the normal newborn.</td>
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<td>Prescriptive Authority</td>
<td>All US jurisdictions</td>
<td>New York</td>
<td>None. However, may obtain and administer certain medications in some states.</td>
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<tr>
<td>Practice Settings</td>
<td>All settings – hospitals, birth centers, homes, and offices. The majority of CNMs and CMs attend births in hospitals.</td>
<td>Homes, birth centers, and offices. The majority of CPMS attend out-of-hospital births.</td>
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<tr>
<td><strong>Third-Party Reimbursement</strong></td>
<td>Most private insurance; Medicaid coverage mandated in all states; Medicare; CHAMPUS</td>
<td>New York, New Jersey, Rhode Island – most private insurance; Medicaid</td>
<td>Private insurance in some states; Medicaid in 10 states for home birth, additional states if birth occurs in birth centers.</td>
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* This document does not address individuals who are not certified and who may practice midwifery with or without legal recognition.

** AMCB and NARM are accredited by the National Commission for Certifying Agencies, which “was created in 1987 ... to help ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs/organizations...Certification organizations ... are evaluated based on the process and products, not the content, and are therefore applicable to all professions and industries.” ([http://www.credentialingexcellence.org/ProgramsandEvents/NCCAAccreditation/tabid/82/Default.aspx](http://www.credentialingexcellence.org/ProgramsandEvents/NCCAAccreditation/tabid/82/Default.aspx))

Reviewed ACNM-MANA Liaison Committee, February 2011
Approved by ACNM Board of Directors, March 2011
Revised by ACNM Board of Directors, March 2011
Revised February 2014
From here on out, midwife = CNM
Licensure, Accreditation, Certification, and Education
Licensure

- **Scope of Practice**
  - Determined by American College of Nurse-Midwives, State Nurse Practice Acts, Collaborative Practice Agreement and Clinical Practice Guidelines
    - Core Competencies for Basic Midwifery Practice
    - Standards for the Practice of Midwifery

- **Prescriptive Authority**
  - Ability to prescribe medications, including narcotics, to patients
  - Prescribing the appropriate drugs and treatments is an essential component of a certified nurse-midwife's practice
Accreditation

- The Accreditation Commission for Midwifery Education (ACME) has been recognized by the U.S. Department of Education as a programmatic accrediting agency for nurse-midwifery education programs since 1982
- ACME currently accredits programs offering nurse-midwifery and midwifery programs
Certification

- Each midwife must pass a rigorous certification exam after minimum educational criteria are met.
- Administered by the American Midwifery Certification Board (AMCB).
- Must continually maintain certification through educational conferences, completion of educational modules, and payment of fees.
Educational Background

- Bachelor’s Degree in Nursing (or related field)
- Master’s Degree (or higher) in Nursing
- National Certification
- RN Licensure
- APRN Licensure/Recognition
- DEA Licensure (optional)
- Additional training for first assist at cesarean section, vacuum extraction, forceps, 3rd degree repair, etc.
More Detail About CNM Practice

Practice, Collaboration, Communication, Core Programs of the American College of Nurse-Midwives
College Statement of Policy

As issued by the College Executive Board

This document was developed jointly by the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists.

JOINT STATEMENT OF PRACTICE RELATIONS BETWEEN OBSTETRICIAN-GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES/CERTIFIED MIDWIVES

The American College of Obstetricians and Gynecologists (the College) and the American College of Nurse-Midwives (ACNM) affirm our shared goal of safe women’s health care in the United States through the promotion of evidence-based models provided by obstetrician–gynecologists (ob-gyns), certified nurse-midwives (CNMs), and certified midwives (CMs). The College and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among providers. Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.
Collaborative Practice

- **Consultation**
  - Process whereby a midwife seeks the opinion or advice of a physician or other health care team member, while maintaining primary responsibility for the patient

- **Collaboration**
  - Midwife and physician jointly care the patient when the patient becomes medically, gynecologically, or obstetrically complicated
  - CNM may still provide primary bedside care

- **Referral**
  - Process by which the midwife directs the patient to the physician or other health care team member for management of a particular problem
Consultation, Collaboration, and Referral

- Consultation:
  - Active bleeding in 1\textsuperscript{st} and 2\textsuperscript{nd} trimesters
  - Depression
  - Maternal genetic disease
  - History of IUFD
  - Seizure Disorder, on medications
Consultation, Collaboration and Referral (cont’d)

- **Collaboration or Referral:**
  - Uterine abnormalities
  - Autoimmune disease
  - Chronic HTN
  - Congenital fetal anomaly
  - Fever, unresponsive to treatment
  - Diabetes, gestational and insulin-dependent
  - IUGR
  - Malpresentation at term
  - Mastitis, if unresolved
  - Multiple gestation
  - Placental problems
  - Labor with EGA < 34-35 wks
  - PTL, documented cervical change prior to 34-35 wks
  - PROM
  - History of shoulder dystocia
  - Thromboembolic event
  - Previous uterine surgery
  - Unresolved size-dates discrepancy
  - Non-reassuring FHR
Communication

- The midwife’s professional relationship and collaborative practice will direct the frequency and type of communication between the midwife and physician.

- Communication with collaborative physician may include:
  - Informational (Notice of admission and status)
  - Heads Up
  - Request for Information or Opinion
  - Request for Evaluation
  - Transfer of Care
  - Emergency
Hospital Privileges

- **Initial Credentialing Process**
  - Application to Allied Health Staff
  - References
  - Proof of Liability Insurance
  - Signature of Supporting/Sponsoring Physician
  - Process may take several months

- **Reinstatement of Appointment**
  - Lasts 1-2 years, dependent upon hospital
  - Same application process
  - Shorter period for acceptance
Privileges (cont’d)

- Obtain and dictate medical and obstetric history
- Write standing orders
- Monitor patient’s progress and write progress notes
- Order laboratory and diagnostic tests, review findings and report abnormal values
- Manage medications
- Provide routine antepartum, intrapartum, and postpartum care
- Placement of internal fetal monitors
- Administer local anesthetics
Privileges (cont’d)

- Perform routine vaginal deliveries
- Perform episiotomies and repair, repair of 1\textsuperscript{st} and 2\textsuperscript{nd} degree lacerations
- Assist physician with cesarean sections
- Provide prenatal and postpartum teaching to patients, husbands, and families
- Some midwives have privileges to perform 3\textsuperscript{rd} and 4\textsuperscript{th} degree laceration repairs, with physician consultation
- Midwives DO NOT have privileges to perform vacuum extraction &/or forceps deliveries
Tell me more about what you do...
What can we offer?

- Routine care of the gynecologic and obstetric patient, from adolescence through menopause
- Preconception Care
- Family Planning Services
- Labor support and management
- Utilization of resources/Care planning
- Social support
Where can we offer these services?

- Ambulatory care clinics
- Private offices
- Community and public health systems
- Homes
- Hospitals
- Birth Centers
- Indian Health Services and Military Facilities
How many midwives are there and how many births?

- 12,622 CNMs and 73 CMs in the United States (January 2012)
- Since 1991, number of midwife-attended births has more than doubled
- 11.3% of all vaginal births
- 7.6% of all births
So, is the quality as good?

- Lower rates of cesarean birth
- Lower rates of labor induction and augmentation
- Significant reduction in 3rd and 4th degree lacerations
- Lower use of regional anesthesia
- Higher rates of breastfeeding
Take the Pledge

Learn about midwifery

Your Health Promise

Take charge of knowing what your options are—it’s your body and your health. Make a promise to yourself today to be the most informed health care consumer you can be. You deserve it!

I promise to take control of my own health. I will make decisions for myself based on facts and the type of care that means the most to me in maintaining my health.

I promise to better understand the choices I have in managing my health care. I will learn more about my personal health preferences and explore the care options available that can best meet my health needs.

I promise to be an active decision maker in my care. Medical procedures performed on my body without my knowledge or understanding are not acceptable.

I promise to put my health first. I will educate myself on ways to improve or maintain my high standard of health and talk to my care provider about how they can help me meet these goals.

I promise to improve my health care experience. I will become informed about different health care providers and approaches to care and use this information to improve my own experience as a health care consumer.

I promise to encourage others to take charge of their health. I am a force for change and will inspire my friends and family to better their own health through awareness and action.
Healthy Birth Initiative™

- For consumers
  - Normal, Healthy Childbirth for Women & Families: What You Need to Know

- For clinical providers
  - BIRTHTOOLS.org
  - Tools for Optimizing the Outcomes of Labor Safely

- For policymakers and administrators
  - Birth Matters
Immunization Resources

- Immunization Recommendations for Women
- Immunization Resources for Providers
QUESTIONS?

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