

## **Midwifery**

### **Position**

AWHONN supports midwives as independent providers of health care services to women and newborns. AWHONN supports a woman's right to choose and have access to a full range of providers and settings for pregnancy, birth and women's health care.

### **What is Midwifery?**

Midwifery is recognized around the globe in the care of women and newborns. In much of the world, midwives are the primary health care providers responsible for attending women during their labor and birth. In most countries of the world, midwives and nurses form the great majority of the clinical health workforce.<sup>i</sup> The International Council of Nurses, World Health Organization and International Confederation of Midwives are working together to promote the nursing and midwifery workforce around the world.

Midwifery practice, as defined by the American College of Nurse Midwives (ACNM) is the "...independent management of women's healthcare, focusing on pregnancy, childbirth, the postpartum period, care of the newborn and the family planning and gynecological needs of women."<sup>ii</sup> The core of midwifery practice contains health promotion, management of normal birth, assessment and detection of complications, and referral as needed. The midwife collaborates with appropriate health care professionals and refers the woman and/or newborn to specialists for care if there are clinical changes that indicate complications.

Midwifery care can occur in a number of settings, including the home, birthing center, clinic, office and/or hospital. In 2005 in the United States (U.S.), 96.7% of certified nurse-midwife (CNM)-attended births occurred in hospitals, 2% occurred in freestanding birth centers and 1.3% at home.<sup>iii</sup>

Midwifery practice stresses the holistic care of pregnant women within the context of their families and communities. Midwifery care facilitates natural processes. While midwives may prescribe certain medications and technological interventions, they do so with restraint, intervening only when indicated. Midwives advocate for and work to empower the women they serve.

### **Basis for Midwifery Practice**

AWHONN supports the International Confederation of Midwives' definition of a midwife, also endorsed by the ACNM and the Canadian Association of Midwives. This definition states that successful completion of a recognized midwifery educational program and acquisition of the applicable legal requirements in the country of practice are essential components for a midwife to be recognized for clinical practice. In the U.S. this means:

- Education - graduation from a program accredited by an agency recognized by the U.S. Department of Education. One such accrediting agency is the ACNM Accreditation Commission for Midwifery Education.
- Certification - pass a nationally-recognized midwifery certification examination. In the U.S., certification is by an agency accredited by the National Commission for

Certifying Agencies. Once such certification agency is the American Midwifery Certification Board.

- Licensure - complete requisite qualifications to be registered and/or legally licensed to practice midwifery in the midwife's legal jurisdiction.

In the U.S. there are a range of providers who engage in the practice of midwifery. The majority are Certified Nurse Midwives (CNMs), who are educated in the two disciplines of nursing and midwifery and who practice legally in all 50 states and the District of Columbia. <sup>iv</sup> Other categories of midwives in the U.S. have different educational pathways and their legal status varies by state. See the Appendix for a summary of the education, certification, licensure and scope of practice of midwives in the U.S. and Canada.

AWHONN recognizes the CNM as one of the four advanced practice registered nurse (APRN) categories defined by U.S. regulatory agencies. The CNM's education and scope of practice prepares this provider to offer primary women's health care throughout a woman's lifespan. As health care needs increase, it is essential that APRNs, including CNMs, as well as other midwives who are legally recognized by their states or provinces, are used to their fullest to provide critical health care services to women and families.

### **Choice of Birth Providers and Settings**

AWHONN supports a woman's right to choose and have access to a full range of providers and settings for pregnancy, birth and women's health care. Women have a right to access fair, reliable, and unbiased information about care options so they can make a well-informed choice best-suited to their individual and family needs. A woman's choice may be influenced by a number of factors, such as her health status, personal circumstances and preferences, and family, religious, or cultural values.

Policies, procedures and guidelines should support and facilitate effective communication between the nurse, midwife, obstetrician/gynecologist, family practice physician, neonatologist, and pediatrician or pediatric nurse practitioner. In addition, health care entities and organizations should develop a culture of safety as described in recommendations of accrediting bodies and other professional health care organizations with expertise in women's and infant's health care provision.

It is critical that each health care professional recognize and respect the scope of practice and state and/or provincial licensure parameters of each collegial health care professional. Research suggests that lack of teamwork is associated with less optimal patient outcomes. Effective communication between all types of health care professionals is essential to provide safe and effective care of women and newborns, and is especially critical when the patient's care occurs in more than one care setting.

Disputes about clinical decision making should be handled through the appropriate health care entity's policies and procedures. Because women may choose different settings for birth (hospital, free-standing birth center, or home) it is important to develop policies and procedures that will ensure a smooth, efficient transition of the patient from one setting to another if the woman's clinical presentation requires a different type of care. Because clinicians may have

different views on a woman's selection of a birth setting, it is important to respect a woman's choice and facilitate care in a new birth setting if her or her fetus' clinical condition requires transfer.

### **Role of Nurses**

Nurses are the frontline health care provider in hospital birth settings. Nurses interface with the patient, family, other health care providers and ancillary personnel. They often coordinate communication among the members of the health care team and advocate for the patient within the team. The nurse can best advocate for the patient and promote safe and effective team communication by:

- Understanding the factors that influence women's choice of birth providers and settings.
- Supporting women's access to reliable and unbiased information about care options.
- Incorporating principles of effective communication into policies and procedures regarding interdisciplinary interactions.
- Facilitating efficient and respectful transitions of care when a woman in labor changes from one care setting to another.

### **Public Policy Recommendations**

AWHONN supports the availability of midwifery services for all women and newborns. AWHONN supports policies and legislation to expand midwifery practice; specifically policies and legislation to:

- Recognize and utilize midwives in private and public health care plans.
- Increase access to hospital privileges for midwives.
- Provide for equitable third party reimbursement for professional services of the midwife. These legally-recognized health care professionals should be reimbursed at the same rate as are other providers for providing the same health care services.

The *Midwifery* position statement was approved by the AWHONN Executive Board, April 1985. Reaffirmed, 1990, 1992. Revised and reaffirmed, November 1993. Reaffirmed, 1995. Revised, re-titled and reaffirmed, April 2000. Revised and reaffirmed, January 2009.

## Appendix

The following definitions are presented for your reference:

### **International Council of Midwifery's Definition of the Midwife**

“A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised 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 practise midwifery. The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.”<sup>v</sup>

*Adopted by the International Confederation of Midwives Council meeting, 19th July, 2005, Brisbane, Australia Supersedes the ICM “Definition of the Midwife” 1972 and its amendments of 1990*

### **Definitions of Different Midwives in the United States**

#### **Certified Nurse-Midwife<sup>vi</sup>**

**Education:** Certified nurse-midwives (CNMs) are licensed health care practitioners educated at the baccalaureate level or higher in the two disciplines of nursing and midwifery. Over 80 percent hold a master's degree or higher.

**Certification:** CNMs are certified by the American Midwifery Certification Board (AMCB). The AMCB accepts graduates of educational programs accredited by the ACNM Accreditation Commission for Midwifery Education as candidates for certification.

**Licensure/ legal regulation:** CNMs practice legally in all 50 states and the District of Columbia.

**Scope of Practice:** CNMs provide primary healthcare to women of childbearing age and beyond including care during pregnancy and birth, care after birth, gynecological exams, newborn care, assistance with family planning decisions, preconception care, menopausal management and counseling in health maintenance and disease prevention.

#### **Certified Midwife<sup>vii</sup>**

**Education:** Certified Midwives (CMs) are licensed health care practitioners educated at the baccalaureate level or higher in midwifery.

**Certification:** Same as the CNM.

**Licensure/ Legal Regulation:** CMs practice legally in New York, New Jersey and Rhode Island.

**Scope of Practice:** Same as the CNM.

### **Certified Professional Midwives**

**Education:** There are a variety of educational routes for CPMs including apprenticeship, self-study, private midwifery schools and university- based midwifery programs.<sup>viii</sup>

**Certification:** A Certified Professional Midwife (CPM) is a midwifery practitioner who meets the standards for certification set by the North American Registry of Midwives (NARM). NARM is an international certification agency who administers certification for CPMs. The CPM credential is international and requires knowledge of, and experience with, out-of-hospital birth.<sup>ix</sup>

**Licensure/ Legal Regulation:** 24 states in the U.S. recognize the CPM credential or use the NARM written examination in their state regulatory process, as of June 2008.<sup>x</sup>

**Scope of Practice:** CPMs provide pregnancy, birth and postpartum care to women and their babies.<sup>xi</sup>

### **Midwifery in Canada**<sup>xii xiii</sup>

**Education:** Midwifery education in Canada is offered at the university baccalaureate level and is a direct entry profession that does not require a nursing or other credential. Midwives educated internationally may attain the qualifications to be a Canadian Registered Midwives, hence Canadian midwives “have a variety of educational and clinical backgrounds including vocational training (often hospital-based), apprenticeship training, and baccalaureate and masters level university-based education.”

**Certification:** Midwives are registered with their provincial / territorial regulatory authority and use the title Registered Midwife (RM) or Sage-femme (SF).

**Licensure/ Legal Regulation:** Currently most provinces and territories regulate midwifery, and midwives registered with their province or territory are legally permitted to practice.

**Scope of Practice:** Canadian Registered Midwives care for women and their babies during pregnancy, labor, birth, and up to one year postpartum.

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<sup>i</sup> World Health Organization. (n.d.) *What nursing and midwifery services mean to health*. Retrieved December 17, 2008 from [http://www.who.int/hrh/nursing\\_midwifery/leaflet.pdf](http://www.who.int/hrh/nursing_midwifery/leaflet.pdf)

<sup>ii</sup> American College of Nurse-Midwives. (2005). *Standards for the practice of midwifery*. Retrieved December 17, 2008 from <http://www.midwife.org/display.cfm?id=485>

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- iii: National Center for Health Statistics. (2007). Martin JA, Hamilton BE et al. Births: Final data for 2005. *National vital statistics report*; vol 56 no 6. Hyattsville, MD.
- iv American College of Nurse-Midwives. (n.d.). *Midwifery 101*. Retrieved December 23, 2008 from [http://www.mymidwife.org/Midwifery\\_101.cfm](http://www.mymidwife.org/Midwifery_101.cfm)
- v International Confederation of Midwives. (2005). *Definition of the midwife*. Retrieved December 17, 2008 from <http://www.internationalmidwives.org/Portals/5/Documentation/ICM%20Definition%20of%20the%20Midwife%202005.pdf>
- vi American College of Nurse-Midwives. (n.d.) *Differences between nurse-midwives, other midwives and doulas*. Retrieved December 23, 2008 from [http://www.mymidwife.org/nurse\\_midwife.cfm](http://www.mymidwife.org/nurse_midwife.cfm)
- vii American College of Nurse-Midwives. (n.d.) *Differences between nurse-midwives, other midwives and doulas*.
- viii The North American Registry of Midwives. (2008). *NARM Mission Statement*. Retrieved December 23, 2008 from <http://www.narm.org/mission.htm>
- ix The National Association of Professional Midwives. (2001). *What is a professional midwife?* Retrieved December 23, 2008 from <http://www.nacpm.org/what-is-cpm.html>
- x Midwives Alliance of North America. (June 2008). *Certified Professional Midwives in the United States*. Retrieved December 23, 2008 from <http://mana.org/pdfs/CPMIssueBrief.pdf>
- xi The National Association of Professional Midwives. (2001).
- xii Canadian Midwifery Regulators Consortium. (2008). *What is a Canadian Registered Midwife?* Retrieved December 23, 2008 from <http://cmrc-ccosf.ca/node/18>
- xiii Canadian Association of Midwives. (2008). *Midwifery practice-what is a midwife*. Retrieved December 17, 2008 from <http://www.canadianmidwives.org/midwife.htm>