Issue Brief

AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime®

Where Midwives Work

Certified nurse-midwives (CNMs®) and certified midwives (CMs®) provide a full range of primary healthcare services for women from adolescence through menopause. Midwives provide initial and ongoing comprehensive assessment, diagnosis, treatment, and individualized wellness education. They conduct physical examinations; prescribe medications, including controlled substances and contraceptive methods; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests, and order the use of medical devices. These services are provided in partnership with women and families in diverse settings.

Services Provided by Midwives

Full scope women's health care services. Full scope practice encompasses primary health care, gynecologic and family planning services, preconception care, childbearing care services, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives are well known as experts in pregnancy, birth, and postpartum care and provide evidence-based care and support during birth. Midwives commonly work with a partner or within a group practice of physicians and midwives to accommodate an on-call schedule to attend women during labor and birth.

Laborist services. A laborist is employed by the hospital to

- Provide maternity services within the hospital to triage women who present with problems during pregnancy or for a labor check;
- Care for women who come into the emergency room; and
- Manage the labor and births of women whose providers are not available on site or do not have their own providers.

Midwives are ideally suited to this position since they have traditionally cared for underserved populations and provide continuous care and high-quality service throughout labor birth and postpartum. The laborist model of care benefits

- The hospital as they can rely on the presence and availability of qualified providers at all times in the labor and birth unit;
- Patients who gain from the professional expertise and therapeutic presence that are hallmarks of midwifery care; and
- Midwives who can count on regular work hours.

Organizations such as federally qualified health centers (FQHCs) have adopted this model and are using midwives as laborists in some settings to provide inpatient midwifery care.

For more information on midwives and the laborist model of care see

- OB Laborist.com: http://oblaborist.org/studies.php

Locum tenens services. *Locum tenens* is a Latin term that means, “to hold the place of” and describes one who fills in for or temporarily takes the place of another healthcare provider. Locum tenens providers fill the temporary and inevitable gaps in services caused by facility staffing issues. They are independent contractors with hours that vary according to assignment needs. Midwifery locum tenens opportunities are available in hospitals, medical centers, other healthcare facilities, and solo, group, and multispecialty practices. This type of work allows the CNM/CM to

- Sample diverse clinical settings;
- Build a unique set of practice skills;
- Experience travel benefits of a working vacation;
- Use a trial employment period to determine a good fit for a permanent position.

Midwives in locum tenens positions work within a variety of circumstances and with a variety of people and care practices, which requires flexibility and adjustment from one assignment to the next. Midwives seeking locum tenens work often use an agency that submits a candidate's application, credentials, and background information to the recruiting facility. The agency usually provides and arranges for liability coverage, travel, transportation, and housing.

Medical program education. CNMs have a long history of working collaboratively with physicians in both obstetrics and family medicine residency education, sharing expertise in primary and preventative healthcare and normal obstetrics.[1-3] The number of midwives involved in teaching medical students and residents has increased in recent years.[1] The Accreditation Council for Graduate Medical Education Residency for Family Medicine acknowledges and supports the role of nurse midwives in clinical precepting of family medicine residents. CNMs are teaching obstetrics and gynecology residents and medical students in major academic institutions across the United States.

Midwifery and nursing program education. Midwives also work within the 40 postgraduate midwifery educational programs across the country as clinical and academic faculty. They also fill faculty roles in nursing educational programs at the baccalaureate, masters, and doctoral levels.[4]

Locations in which Midwives Work

Hospitals. The vast majority of births attended by CNM/CMs are hospital births. In hospitals throughout the country, nurse midwives have clinical privileges that allow them to admit, manage, and discharge patients; and are credentialed as medical staff of hospitals as allowed by the Joint Commission. The majority of insurance programs, Medicaid, and Medicare permit reimbursement of services to nurse midwives. Midwives

also work in hospital-based obstetric triage units, providing services for labor evaluation, fetal assessment, and non-urgent and acute evaluation.

Birth centers. Several decades ago, midwifery leaders first described the childbearing center as an alternative to conventional hospital-based maternity care. More than 20 years ago, the first, landmark, national birth center study was published in the *New England Journal of Medicine*. This study clearly demonstrated that the birth center is a safe and satisfying alternative to hospital care for healthy women.[5] Most birth centers are owned and operated by midwives and provide safe and cost-effective maternity care. The number of birth centers in the United States has increased in the last 2 decades, and they are recognized today as a health care innovation that has changed policy in maternity care delivery.[6,7]

For more information on birth centers see

- American Association of Birth Centers (AABC): http://www.birthcenters.org/

*Home*s. The American College of Nurse-Midwives (ACNM) believes that every family has the right to freedom of choice and self-determination in maternity care, including place of birth.[8,9] Although still relatively few, the percentage of births United States occurring at home has increased every year since 2004.[8] Most home births are attended by midwives of various backgrounds, including CNMs and CMs. Well-designed, controlled trials have demonstrated that planned home births achieve excellent perinatal outcomes.[10-14] These high-quality investigations of the safety of home birth indicate that optimal outcomes are associated with appropriate client selection, qualified maternity care providers, and integrated systems that support collaborative care when indicated. Home birth is also credited with the reduced use of medical interventions that are associated with perinatal morbidity. Their commitment to the philosophical view that childbirth is a normal physiologic process, belief in patient self-determination, high level of educational preparation, and access to collaborative services make CNMs/CMs ideal providers of home birth services.

Federally Qualified Health Centers (FQHCs). FQHCs are nonprofit facilities or programs that provide care to the underserved and the uninsured. FHQCs qualify for enhanced reimbursement from Medicare and Medicaid, medical malpractice insurance, and other provider incentives. FHQCs provide continuous, comprehensive care to more than 20 million patients nationally at lower, overall costs. FHQCs are receiving increased attention as a result of a 5-year, $2.2 billon, presidential plan to build 1200 new health centers to accommodate 6 million new patients. Among other services, FHQCs provide prenatal and perinatal care, family planning services, and preventative healthcare across the lifespan. Nurse-midwives have a long history of providing quality, evidence-based care to underserved women. With similar philosophies, midwives and FHQCs are a great match, and the number of midwives staffing FHQCs has increased in recent years.[15]

For more information on incorporating midwifery care into FHQCs see

- Rural Assistance Center: http://www.raconline.org/topics/clinics/fqhc.php

Hospital and private practice offices. Midwives work within practices owned and operated by hospitals, physicians, or midwives. Hospital and physician owned practices are the largest employers of CNMs and CMs.[16] Midwives in hospital and private practice models typically provide a full scope of services.

Medical homes. A medical or health care home is not an actual building but rather is a term used to describe the health care model in which individuals use primary care practices as the basis for accessible, continuous, comprehensive, and integrated care. The medical home utilizes a centralized, multidisciplinary team of clinicians providing care according to the individual's identified needs. Midwives have been involved in the development and implementation of pregnancy medical home services. Women- and family-centered maternity health care homes have been successfully implemented in the United States with the goal of providing childbearing women a broad spectrum of care to reduce pregnancy risk and to coordinate all care received.

For more information on midwives in the medical home see

- American Nurses Association Issue Brief: http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/Issue-Briefs/APRNs-as-PCPs.pdf
- National Center for Medical Home Implementation: http://www.medicalhomeinfo.org/

International midwifery. Since 1982, the ACNM Department of Global Outreach has partnered with midwives and agencies in other countries to provide technical assistance and conduct health projects in more than 30 developing countries. CNMS/CMs have trained midwives, physicians, and other maternal health care providers in safe birth practices and management of complications; assisted in standards and protocol development; conducted research on maternal health issues; and established partnerships with sister midwifery associations in the developing world. Nurse-midwives work in organizations such as Doctors Without Borders and Midwives for Haiti to improve maternal-child and reproductive health services. Through the International Confederation of Midwives (ICM), midwives from the United States and around the world are working together to develop standardized educational goals and provide high quality maternity care in developing countries.

For more information on midwives and international work see

- World Health Organization (WHO) http://www.who.int/hrh/nursing_midwifery/internships/en/index.html
- American College of Nurse Midwives (ACNM): http://www.midwife.org/
- International Confederation of Midwives (ICM): http://www.internationalmidwives.org/

Midwives Provide Service To
All populations of women! CNMs and CMs provide care to women of various socioeconomic and ethnic backgrounds in every state in the United States. While CNMs/CMs provide care to all women across the country, they have particularly strong roots in caring for underserved populations of women.

Rural women. Midwives have cared for women in geographically rural areas for many years. As women in rural America face increasing challenges in our current healthcare system, CNMs and CMs continue to find innovative ways to increase access to quality care and meet the unique health care needs of rural women. In some of the most rural states in the nation such as Vermont, New Mexico, and Maine, midwives are attending a substantial portion of births.[17]

For more information on midwives and rural healthcare see

- National Rural Health Association: http://www.ruralhealthweb.org/

Migrant women. Healthcare clinics serving the needs of migrant workers can be found in many areas across the nation. Midwives have a long history of providing services to the underserved and are ideally suited to provide care to migrant women. Many midwives working in migrant clinics are proficient in other languages, particularly Spanish.

For more information on midwives and migrant healthcare see

- Migrant Clinicians Network: http://www.migrantclinician.org/
- National Association of Community Health Centers (NACHC): www.nachc.com

Native American women. The Indian Health Service (IHS) has employed CNMs since 1969. Midwives can be found practicing full scope care in many Native American reservations throughout the country, including Alaska, Arizona, South Dakota, and New Mexico. ACNM is a member of the Friends of Indians Health, a coalition of more than 40 organizations dedicated to improving health care for American Indian and Alaska Native people.

For more information on midwifery and Native American health care see

- Indian Health Services: Maternal-Child Health: http://www.ihs.gov/MedicalPrograms/MCH/

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