Principles for Licensing and Regulating Midwives in the United States in Accordance with the Global Standards of the International Confederation of Midwives

This position statement provides an in-depth explanation of the position of the American College of Nurse-Midwives (ACNM) on midwifery licensure and regulation in the United States in relation to the following standards published by the International Confederation of Midwives (ICM): “International Definition of the Midwife,”1 “Essential Competencies for Basic Midwifery Practice,”2 “Global Standards for Midwifery Education,”3 and “Global Standards for Midwifery Regulation.”4 ACNM’s companion document, “Overview of Principles for Licensing and Regulating Midwives in United States,” provides a more concise statement of the key principles articulated herein.

ACNM maintains the following positions:

1. In the interest of public health and safety, any individual seeking to practice as a midwife in the United States should meet at a minimum the ICM’s “International Definition of the Midwife”1 and “Global Standards for Midwifery Education.”3 Only pathways to midwifery practice that are consistent with these standards are sufficient to produce qualified, licensed midwives. These standards include the following:
   a. Completion of a midwifery education program consistent with ICM’s “Essential Competencies for Basic Midwifery Practice”2 and “Global Standards for Midwifery Education.”3
   b. Periodic external review of midwifery education programs. In the United States this is accomplished through accreditation by an organization recognized by the U.S. Department of Education (USDE).
   c. Passing a national certification examination. Currently such examinations are offered by the American Midwifery Certification Board (AMCB) and the North American Registry of Midwives (NARM).
      1) It is ACNM’s position that the certifying examination should be developed using processes approved by the Institute for Credentialing Excellence (ICE).
   d. Licensure in the jurisdiction in which the midwife practices.

2. ACNM supports statutes and regulations related to midwifery licensure and practice that are consistent with the criteria of ICM’s standards “International Definition of a Midwife,”1 “Essential Competencies for Basic Midwifery Practice,”2 “Global Standards for Midwifery Education,”3 and “Global Standards for Midwifery Regulation.”4 While ICM’s regulatory standards are based on the premise that health professionals are regulated at the national
level, in the United States health professionals are regulated at the state level. Therefore, ICM regulatory standards must be implemented on a state-by-state basis.

a. States with existing statutes or regulations for midwifery licensure that are not consistent with ICM standards should revise their laws and regulations to bring them into accord with these standards.

b. As policymakers adopt laws and regulations that meet ICM standards, they should work with midwifery organizations to help currently practicing midwives meet these standards within reasonable timeframes while protecting public health and safety.

c. Licensure must be a precondition for practice. However, we note that the term “Licensed Midwife” is currently used in multiple ways in the United States, and definitions vary among states. Regardless of how that term is used or defined, state laws and regulations should require that all licensed midwives be competent to practice midwifery by obtaining licensure through a process consistent with ICM standards.

d. Laws and regulations should also “ensure that midwives are able to practice autonomously within their prescribed scope of practice.”

e. Legally recognized scope of practice should be consistent with the content of the education process and the certification examination. To allow new procedures to be incorporated into practice, formal mechanisms should be provided to allow for expanded practice based upon the individual’s demonstrated knowledge and skills.

f. ACNM supports the development of boards of midwifery as the ultimate decision makers for midwifery licensure and practice. These boards should interface with maternity care teams and boards of medicine and nursing. Where boards of midwifery exist, midwives should constitute a majority of board members. Where midwives are overseen by bodies other than a board of midwifery (eg, a board of nursing or a board of medicine), they should be equitably represented on such bodies.

g. Policymakers should ensure access to licensed and qualified midwives in all settings. Informed decision making and safe practice begin with access to qualified health professionals, working collaboratively in a maternity care team, within a health care system that promotes seamless access to the appropriate level of care.

h. Policymakers should ensure ongoing competency of all health professionals. ACNM supports time-limited certification and defined continuing education requirements for recertification.

i. Health professionals should be responsible for conducting ongoing peer review and outcomes measurement to evaluate and improve quality.

j. Laws and regulations should create a mechanism for appropriately educated health professionals to prescribe medications, including controlled substances that are within their scope of practice and should not require that midwives be allowed to prescribe only drugs on a specific formulary.

Midwifery professional organizations, education programs, accrediting agencies, and certifying bodies should be independent of and distinct from each other, and each should have a unique responsibility to the profession and the public. Such separation ensures rigor of practice standards, appropriate scope of educational curricula, and the credibility of the certifying examination, which prevent actual or perceived conflicts of interest and promote public trust and safety.
Background of ICM Standards

Many nations and global health organizations have endorsed the ICM core documents and have committed to strengthening midwifery worldwide by modifying national health care systems and institutions to align with these standards.\(^5,6\) The purposes of these core documents are to:

- provide a common international definition of a midwife;
- establish global standards for midwifery education that represent the minimum expectations for a quality midwifery education program;
- define the essential competencies for basic midwifery practice, thereby delineating the mandatory content for midwifery education programs; and
- promote regulatory mechanisms that protect the public (women and families) by ensuring that competent midwives provide a high standard of midwifery care, while allowing midwives to work autonomously within their full scopes of practice.\(^1-4\)

The ICM Standards will “continue to change to be responsive to ever-emerging evidence about the art and science of midwifery.”\(^7\)

The Context in the United States

In the United States, differences exist in the pathways for education, certification, and licensure for certified nurse-midwives (CNMs), certified midwives (CMs), and certified professional midwives (CPMs).\(^8\)

The core competencies of CNMs/CMs are defined by ACNM,\(^9,10\) and these competencies meet or exceed those established by ICM.\(^11\) Education programs for CNMs/CMs use ACNM core competencies to structure curricula. CNMs/CMs must complete a graduate level education program accredited by the Accreditation Commission for Midwifery Education (ACME) to be eligible to take the American Midwifery Certification Board (AMCB) national certifying examination. Passage of the AMCB examination is required for certification and eligibility for state licensure.

CPM practice has been defined separately by the Midwives Alliance of North America (MANA) and the National Association of Certified Professional Midwives (NACPM).\(^12-14\) CPM education programs use these definitions to help structure curricula. CPMs are certified by the North American Registry of Midwives (NARM), which requires applicants for CPM certification to have at least a high school diploma or equivalent. In addition, applicants must have completed one of the following: NARM’s Portfolio Evaluation Process (PEP) (an apprenticeship model), a midwifery education program accredited by the Midwifery Education Accreditation Council (MEAC) (graduates of schools not accredited by MEAC must follow PEP), AMCB certification as a CNM or CM, or legal recognition in states/countries previously evaluated for educational equivalency.\(^15\)

CNMs are authorized to practice in all 50 states, the District of Columbia and U.S. territories. CMs are authorized to practice in 5 states, and CPMs are authorized to practice in 28 states (variously by licensure, certification, registration, voluntary licensure, or permit).
ACNM’s Interpretation of ICM Global Standards for Midwifery Education

ACNM endorses the ICM “Global Standards for Midwifery Education.”3 The results of a 2013 gap analysis demonstrated that ACME “Criteria for Programmatic Accreditation”16 are consistent with these standards.11 Key concepts within these standards include:

• “The purpose of the midwifery education programme is to produce a competent midwife who has attained/demonstrated, at a minimum, the current ICM ‘Essential Competencies for Basic Midwifery Practice.’”3
  o ACME and MEAC evaluate midwifery education programs to ensure that they prepare students to meet the standards of practice established by their respective professional associations.16,17
  o ACME and MEAC require essential competencies that meet or exceed the ICM competencies.

• “The midwifery curriculum includes both theory and practice elements with a minimum of 40% theory and a minimum of 50% practice.”3
  o ACME and MEAC ensure that accredited education programs provide an appropriate mix of didactic and clinical components.16,17

• Midwifery faculty and preceptors must complete formal preparation for didactic teaching or clinical teaching.3
  o ACME and MEAC require program faculty to have specific training, education, and experience to prepare them as instructors or preceptors.16,17

Accreditation of Midwifery Education

Standard VI.5 of the ICM “Global Standards for Midwifery Education” requires that “periodic external review of programme effectiveness takes place.”3 In addition, Category 4.2 requires that “a specific education accreditation organisation will assess whether the programme or the education institution meets the standards necessary to grant the relevant academic qualification.”3 ACME and MEAC are the only accrediting agencies for midwifery education recognized by the USDE.18

To serve as a reliable authority regarding the quality of education provided by its accredited institutions and programs, accrediting agencies recognized by the USDE are required to maintain rigorous standards. Accrediting agencies address educational quality in the following areas:

• Success with respect to student achievement
• Curricula (didactic and clinical)
• Faculty
• Resources
• Student support services
• Recruitment and admissions practices, academic calendars, catalogs, publications, grading, and advertising
• Measures of program length and the objectives of the degrees or credentials offered
• Records of student complaints
• Record of compliance with the institution’s responsibilities under Title IV of the Higher Education Act of 1965 if the program or institution participates in the federal financial aid or certain federal grant programs.
• Distance education19
The USDE also requires accrediting agencies to evaluate whether an institution or program:
- maintains clearly specified educational objectives consistent with its mission and appropriate in light of the degrees or certificates awarded;
- is successful in achieving its stated objectives; and
- maintains degree and certificate requirements that at least conform to commonly accepted standards.²⁰

Additionally, USDE-recognized accrediting agencies require institutions or programs to conduct in-depth self-studies to assess and continuously improve the quality of education.¹⁹ ACME and MEAC ensure that their accredited programs meet the above requirements that are also consistent with ICM standards.

Non-Accredited Midwifery Education Pathways
ACNM acknowledges that there are multiple, innovative approaches to midwifery education. However, it is ACNM’s position that each approach should be consistent with ICM standards.

In the United States, some approaches to midwifery education have not been accredited. Therefore, no independently verified record of consistency with ICM standards exists for these approaches. For example, at the time of this writing, the PEP accepted by NARM as a pathway for CPM certification has not been accredited by a USDE-recognized agency.

If a pathway to midwifery has not been accredited by an USDE-recognized agency, there is no assurance for faculty, students, certifying bodies, or the public that this pathway has met USDE or ICM criteria. Furthermore, a conflict of interest exists if a certifying body simultaneously defines and validates the educational path for individuals entering practice and also develops and administers the certifying examination.²¹

Experts involved in developing the ICM competencies and standards affirm that these core documents “provide the standards and guidelines for countries to develop, evaluate, upgrade, and strengthen the midwifery workforce.”²¹ Further, they note adherence to the ICM standards in the United States would mean that midwifery education programs are accredited by either ACME or MEAC and that CPM certification by NARM could include “preserving the portfolio evaluation process as one measure of assessment within an accredited education program that meets ICM standards.”²²

References


8. American College of Nurse-Midwives. Comparison of certified nurse-midwives, certified midwives, and certified professional midwives: clarifying the distinctions among professional midwifery credentials in the U.S.  


10. American College of Nurse-Midwives. Core competencies for basic midwifery practice.  


19. Accreditation and preaccreditation standards. 34 CFR 602.16.


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