



American College of Nurse-Midwives

Highlights of 2011-2013 initiatives aligned with key recommendations of the
2010 RWJF Initiative on the Future of Nursing

As of November 2012

In 2008, The Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing. The resulting report, published in 2010, included eight key recommendations, many of which are relevant to Advanced Practice Registered Nurses (APRNs) and therefore to the midwifery profession, since Certified Nurse-Midwives (CNMs) are regulated as APRNs in most states. CNMs are specifically referenced throughout the report.

ACNM's advocacy efforts described herein also extend to Certified Midwives (CMs). CMs have the same defined scope of practice and sit for the same national certification exam as CNMs. To expand the midwifery workforce in the U.S., ACNM is working to expand the recognition of the CM credential on the state and federal level.

Recommendation 1

IOM Recommendation 1: Remove scope-of-practice barriers. *Advanced Practice Registered Nurses should be able to practice to the full extent of their education and training.*

1. The American College of Nurse-Midwives (ACNM) participates with the American Nurses Association (ANA) and Advanced Practice Registered Nurse (APRN) leaders in the Access to APRN Care and Practice Group to identify and address barriers to practice on the federal, legislative, and regulatory levels. The group collates and disseminates information and meets with stakeholders, such as the Centers for Medicare and Medicaid Services (CMS), the Joint Commission, the Department of Justice, as well as others, to develop strategies on topics such as third party reimbursement, anti-competitive behavior, and credentialing and privileging.
2. ACNM actively participated in the development of the Consensus Model for APRN Regulation and continues to contribute to its implementation regarding the profession of midwifery. With the Accreditation Commission for Midwifery Education (ACME) and the American Midwifery Certification Board (AMCB), ACNM published "Midwifery in the United States and the Consensus Model for APRN Regulation",¹ a document which is used to assist policy makers at both state and national levels to understand the regulation of CNMs and CMs.

¹ http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000001458/LACE_White_Paper_2011.pdf

3. ACNM is a member of the Coalition for Patient Rights (CPR).² CPR seeks to counter efforts designed to limit patients' choice of health practitioners. In the face of organized medicine's latest divisive efforts to limit these professionals' abilities to provide the care they are qualified to give, the CPR was formed for the sake of *patients*—to ensure that the growing needs of the American health system can be met and that patients everywhere have access to quality health care providers of their choice.
4. ACNM has 2 full-time staff working on state and federal legislative and regulatory issues. ACNM recently completed the process of forming affiliate organizations in every state to strengthen our ability to champion legislation and administrative rules on the state level to ensure the proper recognition of scope of practice and remove restrictions to midwives practicing autonomously. Examples of affiliate support efforts include:
 - a. Championed efforts to remove: all supervisory language in Massachusetts; the collaborative agreement requirement in Kentucky related to non-controlled substances prescribing; supervisory prescription-writing for new practitioners in California; and the out-of-hospital birth attendance prohibition in Nebraska. Also wrote in support of an omnibus bill to license midwives in Puerto Rico.
 - b. Opposed a bill in Virginia to impose physician-led team care and provided information to seek reconsideration of a rule change in Georgia disallowing Medicaid coverage for first assist duties.
5. ACNM is working to introduce federal legislation to remove restrictions on credentialing and privileging of midwives in health systems, and has been very involved in commenting on and working with CMS on revisions to the Medicare Conditions of Participation to improve the ability of midwives to gain access to medical staff privileges.³
6. ACNM leads a national coalition working to improve federal legislative strategies related to maternity care called the Coalition for Quality Maternity Care (CQMC).⁴ CQMC works to establish national strategies to ensure access to affordable, high quality maternity care for all women and infants. It seeks to achieve this goal by removing barriers to optimal maternal health practice, promoting models of care that are evidence-based, improving maternity care choices for women, and reducing disparities in maternal and newborn health outcomes.
7. ACNM has created a library of resources to identify trends in the regulation and practice of CNMs and CMs. Available data sets include Graduate Degree Requirements for Initial Licensure; Medicaid Fee-for-Service Reimbursement Rates; Physician Supervision or Contractual Agreements; Naming Conventions, Regulatory Authority, and Title Protection; and Reference to ACNM's "Standards for the Practice of Midwifery".⁵
8. Lack of public understanding of midwifery is a major barrier to expanded access to midwifery care. In September 2012, ACNM launched *Our Moment of Truth*,⁶ which aims to increase awareness and understanding of the different care options available by providing an outlet in which to talk openly about women's health needs and concerns. *Our Moment of Truth* also offers new insights about midwives and the profession in the U.S. and addresses common myths and misperceptions.

² <http://www.patientsrightscoalition.org/>

³ <http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000002126/Memo%20on%20Final%20CMS%20Rule%20on%20Medicare%20CoPs%20May%202012.pdf>

⁴ <http://www.midwife.org/Coalition-for-Quality-Maternity-Care>

⁵ http://www.midwife.org/siteFiles/descriptive/Standards_for_Practice_of_Midwifery_12_09_001.pdf

⁶ <http://ourmomentoftruth.midwife.org/>

9. ACNM recently partnered with the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) to make recommendations to Medicaid and CHIP Payment and Access Commission (MACPAC) on how Medicaid programs can improve maternity care for women and newborns while lowering the cost of care.⁷

Recommendation 2

IOM Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. *Private and public funders, health care organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems. These entities should also provide opportunities for nurses to diffuse successful practices.*

1. In 2011, ACNM published a landmark position statement with the American Congress of Obstetricians and Gynecologists (ACOG) entitled *Joint Statement of Practice Relations Between Obstetrician-Gynecologists And Certified Nurse-Midwives/Certified Midwives*.⁸
2. This document set the foundation for the “2011 Issue of the Year: Successful Models of Collaborative Practice in Maternity Care”,⁹ which generated more than 50 collaborative manuscripts and resulted in the publication of 4 articles in the September 2011 issue of *Obstetrics & Gynecology*¹⁰ and 12 additional articles in the September 2012 issue of *OB/Gyn Clinics of North America*, including “Essential Components of Successful Collaborative Maternity Care Models: The ACNM-ACOG Project;” “Collaborative Maternity Care: Three Decades of Success at Dartmouth-Hitchcock Medical Center;” and “Midwifery and Obstetrics: Twenty Years of Collaborative Academic Practice;” and “Great Minds Don’t Think Alike: Collaborative Maternity Care at San Francisco General Hospital.”¹¹
3. More recently, ACNM has encouraged all of the Region Representatives to its Board of Directors and all Officers of ACNM State Affiliates to join ACOG as Educational Affiliates and to attend ACOG district meetings to engage in additional dialogue about how best to strengthen collaboration between midwives and OB/Gyns on the state and local level.
4. ACNM participated in the development of a joint statement with ACOG, the American Academy of Family Physicians (AAFP), the Society for Maternal-Fetal Medicine (SMFM), and AWHONN, entitled *Quality Patient Care in Labor and Delivery: A Call to Action*.¹²
5. ACNM participates actively in the National Quality Forum (NQF), including the National Priorities Partnership Maternity Action Team,¹³ an interdisciplinary initiative to improve maternity care outcomes.

⁷ <http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000002659/ACNM-AWHONN%20Letter%20to%20MACPAC.pdf>

⁸

<http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000224/ACNM.ACOG%20Joint%20State%20ment%203.30.11.pdf>

⁹ <http://midwife.org/Successful-Models-of-Collaborative-Practice-Winning-Papers>

¹⁰ <http://journals.lww.com/greenjournal/pages/collectiondetails.aspx?TopicalCollectionID=54>

¹¹ www.obgyn.theclinics.com/current

¹²

<http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000267/Call%20to%20Action%20FINAL%20Nov%202011.pdf>

6. ACNM is an ongoing participant in the IOM Evidence Communication Innovation Collaborative¹⁴ and the IOM Best Practices Innovation Collaborative, which has just published a discussion paper entitled *Core Principles & Values of Effective Team-Based Health Care*.¹⁵
7. ACNM offers a free annual benchmarking project to help midwives speak authoritatively to insurers, consultants, and policymakers about which clinical practices need to be encouraged or discouraged to produce excellent outcomes. Participation in the program doubled from 2010 to 2011.¹⁶
8. ACNM is a leader in global maternal health, leading efforts in strengthening the profession of midwives and other health care workers around the world with its Department of Global Outreach.¹⁷ The article “Thirty Years of Global Outreach by the American College of Nurse-Midwives”,¹⁸ from *The American Journal of Maternal/Child Nursing*, outlines ACNM-led initiatives to develop the invaluable institutional knowledge required to build a profession of competent and qualified healthcare providers of maternal and infant care through the mentoring of several generations of midwives in more than 30 countries.
9. ACNM is one of three professional societies partnered with the United States Agency for International Development (USAID) on a groundbreaking Historic Global Development Alliance, known as *Survive and Thrive: Professional Associations, Private Sector, and Global Health Scholars Saving Mothers, Newborns, and Children*,¹⁹ which aims to improve survival rates for women and children in medically underserved countries around the world.
10. ACNM and the American Midwifery Certification Board (AMCB) partnered to join the IOM Global Forum on Innovation in Health Professional Education.²⁰ Taking inspiration from the 2010 IOM report, *The Future of Nursing*,²¹ and the 2010 Lancet Commission report on interdependent health professional education for the 21st century, the IOM Global Forum on Innovation in Health Professional Education aims to apply an ongoing, multi-national, multi-disciplinary approach to exploring promising innovations in health education. The Forum brings together stakeholders from a variety of disciplines and sectors to engage in dialogue to illuminate contemporary issues in health professional education. Further, the Forum will provide an ongoing, innovative mechanism to cultivate new ideas through global, multi-disciplinary collaboratives, which represent formal partnerships between university-based health institutions that are undertaking recommendations put forward in either the 2010 Lancet Commission report or the Future of Nursing report.
11. In 2012, ACNM joined the governing board of the nascent Alliance for Women’s Health Registries, a coalition of OB/Gyn societies and networks collaborating in the development and sharing of multiple data registries and databases, with the goal of improving women’s health.²² To

¹³ https://www.qualityforum.org/Setting_Priorities/NPP/NPP_Action_Teams.aspx

¹⁴

<http://www.iom.edu/Activities/Quality/VSRT/~media/Files/Activity%20Files/Quality/VSRT/Core%20Documents/Evidence%20Communication%20Innovation%20Collaborative.pdf>

¹⁵ <http://www.iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/VSRT-Team-Based-Care-Principles-Values.pdf>

¹⁶ <http://midwife.org/benchmarking>

¹⁷ <http://www.midwife.org/AboutDGO>

¹⁸ <http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000002504/MCN-ACNM-FINAL%20Proof.pdf>

¹⁹ <http://www.midwife.org/News-Release---Survive-and-Thrive>

²⁰ <http://www.iom.edu/About-IOM/Leadership-Staff/Boards/Board-on-Global-Health.aspx>

²¹ <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

²² <http://www.ama-assn.org/resources/doc/nac/presidents-forum-2012-cain-presentation.pdf>

accomplish this mission the Alliance will work toward engaging women’s health professionals and institutions in quality and safety initiatives by: providing a cost effective and user friendly infrastructure for database development and sharing across multiple registries; identifying effective patterns of care in women’s health through tracking benefits, risks, complications, and outcomes from both point in time and longitudinal registries; developing secure, high quality, and interactive data sets that can be used to answer key questions in women’s health; and developing quality measures, utilizing common definitions and coding mechanisms to support credible and common data points.

Recommendation 3

IOM Recommendation 3: Implement nurse residency programs. *State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses’ completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.*

1. The ACNM Board of Directors formed a taskforce in September 2012 to investigate the possibility of developing a “residency model” for CNMs and CMs.

Recommendation 4

IOM Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. *Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.*

1. Most programs require a Bachelors Degree for entry, but some will accept RNs without a Bachelors Degree, providing a bridge program to a Bachelor of Science in Nursing (BSN) prior to the midwifery portion of the program.²³ Many midwifery education programs accredited by the Accreditation Commission for Midwifery Education (ACME) offer bridge programs from Associate’s Degree in Nursing ((AD) RN) to BSN.²⁴

Recommendation 5

IOM Recommendation 5: Double the number of nurses with a doctorate by 2020. *Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.*

1. CNMs have the highest rate of doctoral degrees of any APRN group (4.8%) The percentage of CNMs who hold master’s degrees (78.3%) is also of a higher proportion than that of CNRAs (54.6%).²⁵ As

²³ www.midwife.org/become-a-midwife

²⁴ http://www.midwife.org/rp/eduprog_options.cfm?id=1

²⁵ <http://bit.ly/TYDibu>

of 2010, completion of a graduate degree program became an added requirement for certification and entry into clinical practice.²⁶

2. ACNM has recently developed Doctor of Nurse Practice (DNP) competencies for midwifery. “The Practice Doctorate for Midwifery”²⁷ describes competencies for midwifery at the doctoral level, in which the graduate will be prepared to assume a leadership role in a variety of aspects of midwifery practice, including the development, implementation and evaluation of projects to improve women’s health care.
3. ACNM has selected diversity as a strategic priority issue for 2013 and formed a taskforce to develop a strategy to explore and enhance diversity among midwifery students; among midwives in clinical leadership, faculty roles, and ACNM roles; and among midwives seeking doctorate education.

Recommendation 6

IOM Recommendation 6: Ensure that nurses engage in lifelong learning. *Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.*

1. ACNM provides continuing education programs through our Annual Meeting,²⁸ through the Midwifery Works! conference on business networking and education,²⁹ and through online content on the ACNM Live Learning Center.³⁰
2. The A.C.N.M. Foundation annually offers the A.C.N.M Leadership Development Award. The purpose of this award is to improve leadership skills in business management and marketing of midwifery practices. CNMs/CMs are eligible to apply. The award is a monetary grant to help cover the costs of attending the Midwifery Business Network (MBN) meeting.
3. ACNM Affiliates offer scholarships for students in their state.

Recommendation 7

IOM Recommendation 7: Prepare and enable nurses to lead change to advance health. *Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.*

1. ACNM offers a free presentation, entitled *Evidence-Based Practice: Pearls of Midwifery*,³¹ to assist midwives and their supporters in explaining the science and art of midwifery model of maternity

²⁶

<http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000076/Mandatory%20Degree%20Requirements%20Position%20Statement%20June%202012.pdf>

²⁷

<http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000260/Practice%20Doctorate%20in%20Midwifery%20Sept%202011.pdf>

²⁸ <http://www.midwife.org/Annual-Meeting>

²⁹ <http://www.midwife.org/Midwifery-Business-Network>

³⁰ <http://www.softconference.com/acnm/>

³¹ <http://midwife.org/pearls>

care, emphasizing the proven benefits of normal, physiologic labor and childbirth for mothers and their newborns.

2. ACNM issued a joint statement with the Midwives Alliance of North America (MANA) and the National Association of Certified Professional Midwives (NAPCM) entitled “Supporting Healthy and Normal Physiologic Birth”,³² which ultimately aims to improve the health of mothers and infants by avoiding the overuse of costly interventions during childbirth.
3. The Normal Physiologic Birth Initiative will build on this statement by developing a normal physiologic birth toolkit in partnership with Childbirth Connection, and by reaching out to other stakeholders so as to gain their active participation and commitment to this initiative.
4. ACNM now has an incorporated affiliate organization in every state in the U.S., the District of Columbia, the Uniformed Services, and Indian Health Services/Tribal Territories. At the national level ACNM is hiring new staff in 2013 to work directly with affiliate officers to enhance leadership capacity in these organizations.
5. ACNM’s annual Midwifery Works! Conference³³ provides workshops, round-table discussions, and informational lectures to midwifery students and midwives to enhance careers, midwifery practices, and the professional lives of midwives.
6. ACNM puts a high priority on ensuring that midwives are represented in all national forums related to women’s health and maternity care, allocating resources to pay for expenses for representatives to attend events, and supporting the professional development of midwives in these national leadership roles. ACNM is a member of the National Quality Forum, and sits on the board of the Nurses Alliance for Quality Care, the National Priorities Partnership Maternity Action Team, the Physician Consortium for Performance Improvement, and others.

Recommendation 8

IOM Recommendation 8: Build an infrastructure for the collection and analysis of interprofessional health care workforce data. *The National Health Care Workforce Commission, with oversight from the Government Accountability Office and the Health Resources and Services Administration, should lead a collaborative effort to improve research and the collection and analysis of data on health care workforce requirements. The Workforce Commission and the Health Resources and Services Administration should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible.*

1. ACNM conducts an annual Core Data Survey,³⁴ which enables the national office to update essential information about midwifery practice in the United States. The collection of these critical data enables comparison with other vital data such as those collected by other professional organizations and the US Government.
2. ACNM has developed a proposed scope for a midwifery workforce study for which we are currently seeking funding. This study will define capacity for midwifery providers in the US in the context of a national shortage of providers to care for women’s primary and reproductive health care needs. ACNM will use the results of this study to inform ongoing efforts (e.g., state workforce studies) that

³²

http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/00000002181/NB%20Statement%20Release_FINAL.pdf

³³ <http://www.midwife.org/midwifery-works-2012>

³⁴ <http://www.midwife.org/Core-Data-Survey>

aim to document the current supply of midwives, identify areas of shortage and/or maldistribution, and define the need and demand for expansion of the midwifery workforce.

3. ACNM is a member of The Interagency Collaborative on Nursing Statistics (ICONS), which promotes the generation and utilization of data, information, and research about nurses, nursing education, and the nursing workforce. ICONS is an association of individuals from a variety of organizations who are responsible for the development, compilation, and analysis of data on nurses and the settings in which they practice.³⁵

³⁵ <http://www.iconsdata.org/>