

Midwifery Education Trends Report 2013

Currently, there is a national shortage of providers of primary and reproductive health care for women. Certified nurse-midwives and certified midwives (CNMs/CMs) have in-depth educational preparation that enables them to meet the health care needs of women from menarche through menopause. CNMs/CMs provide woman-centered care that is evidence-based, safe, efficient, effective, and equitable. Presently, CNMs/CMs represent a small percentage of the health care workforce, but the need for their services is increasing steadily.

One goal of the American College of Nurse-Midwives (ACNM) is that CNMs/CMs will attend 20% of births in the United States by the year 2020. To realize this goal, it will be necessary to increase the number of practicing CNMs and CMs and to create regulatory and practice environments that enable midwives to work to the full extent of their educations. The purpose of this report is to assess the progress that has been made in increasing the midwifery workforce by utilizing the most recent data on applications to, enrollment in, and graduation from midwifery education programs and trends in certification of new midwives.

Set in 2010, 1 of ACNM's strategic goals is that by 2015, 1,000 midwives will be newly certified annually by the American Midwifery Certification Board (AMCB). Annual reporting by the AMCB demonstrates that the number of CNMs and CMs certified annually has increased since 2007 (Figure 1), but we are still less than halfway to attaining our goal of 1,000 new certificants per year.

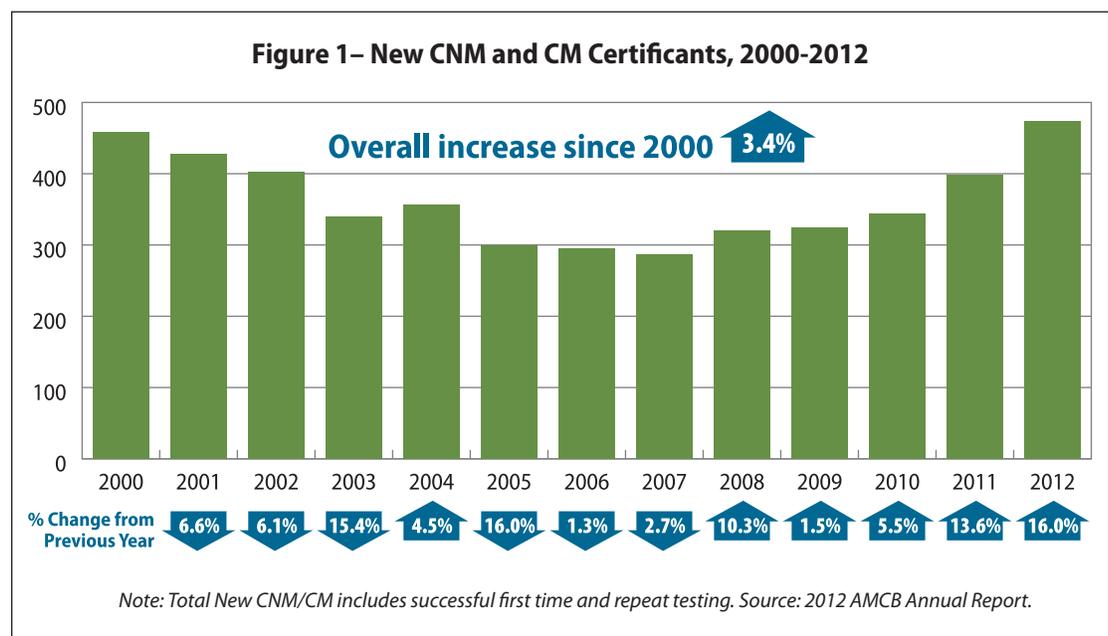
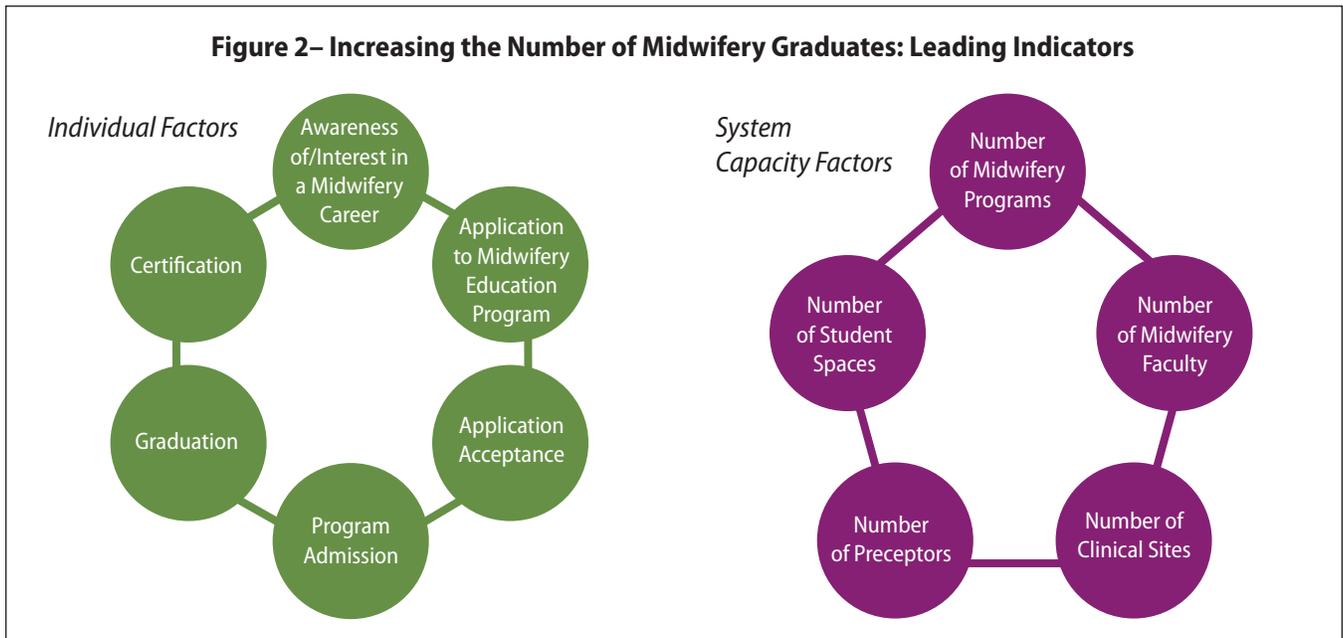


Figure 2– Increasing the Number of Midwifery Graduates: Leading Indicators



Each year since 2007, there has been a steady increase in the number of newly certified midwives, with the highest increase from 2011 to 2012 at 16%. If the number of new certificants increases each year at an annual rate of 15%, by 2015 the number of new AMCB certificants will be 721.

With the *Midwifery Education Trends Report 2011*, we began to examine the system capacity factors needed to educate more midwives. The successful graduation of a new midwife depends not only on the individual factors that propel a person to apply to and complete a midwifery education program, but also on institutional factors that support the education of these students. All of these factors must be monitored in order to understand what changes are needed to increase the annual number of midwifery graduates (Figure 2).

It is well recognized that 1 of the limiting factors to educating additional student midwives is the availability of clinical sites. Since publication of the 2011 report, ACNM conducted a survey of current and recently lapsed ACNM members to determine the enabling and obstructive factors that affect a midwife’s ability to precept a student learner. The results of that study, along with recommendations for next steps, are expected to be published in an upcoming issue of the *Journal of Midwifery and Women’s Health* (www.JMWH.org).

ACNM will continue to monitor, analyze, and report available leading education indicators and trends. The

current *ACNM Midwifery Education Trends Report 2013* is based on aggregate data provided by the Accreditation Commission for Midwifery Education (ACME) for the years 2008-2012 and the results of the annual certification exam reported by AMCB.

We will highlight the following trends in ACME-accredited midwifery education programs:

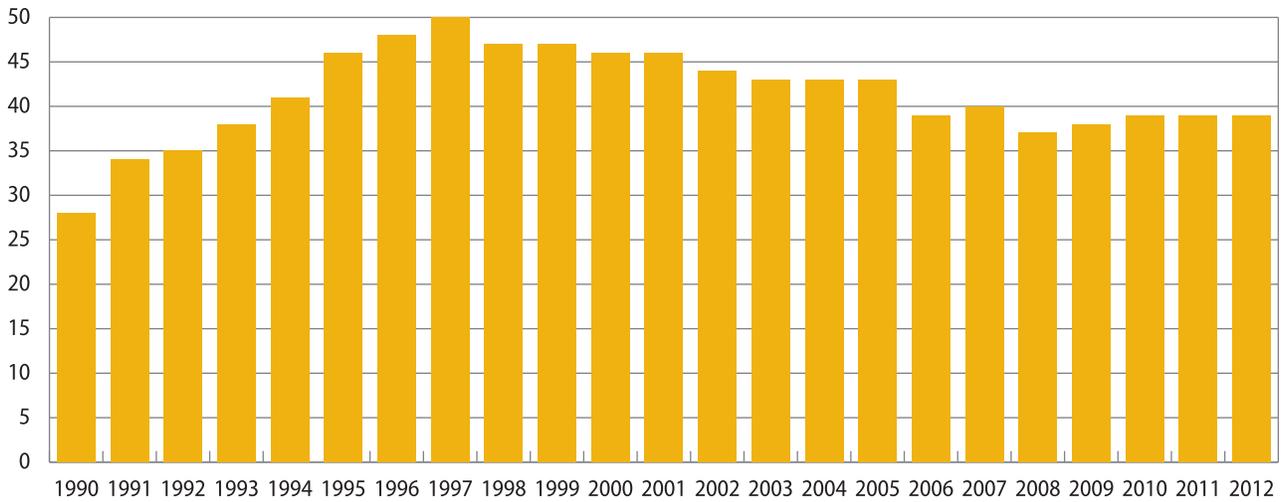
- Number of ACME-accredited education programs
- Student capacity of these programs (available spaces)
- Number of qualified applications received by education programs
- Number of new students
- Number of all currently enrolled students
- Number of graduates

Number of ACME-Accredited Midwifery Education Programs

In the United States, the number of programs for the education of CNMs grew rapidly from 1990 to 1997: from 28 programs in 1990 to a high of 50 programs in 1997. This number decreased to 39 during the next decade. Since 2010, the number of ACME-accredited programs has held steady at 39 (Figure 3).

The first program for the preparation of CMs opened in 1996, and a second opened in 2010. Education programs for the preparation of CMs are accredited by

Figure 3– ACME-Accredited or Pre-Accredited Midwifery Education Programs and Institutions, 1990-2012



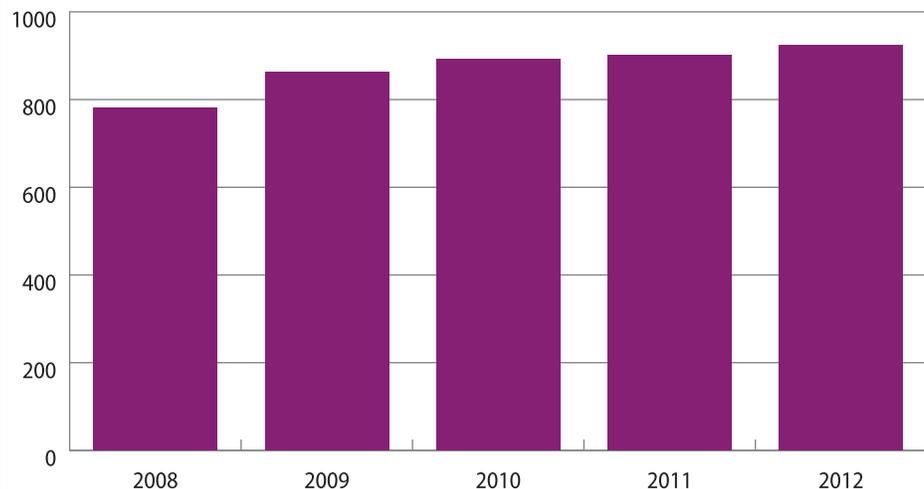
Source: ACME

ACME using the same criteria as programs preparing CNMs. CNMs and CMs sit for the same AMCB certification examination.

Student Capacity

Student capacity is the number of student spaces available in their programs as reported by program directors in the ACME Annual Monitoring Report. Student capacity is directly affected by a variety of factors, including the number of midwifery education programs, the number of midwifery faculty and clinical preceptors, and the availability of clinical sites. Data on the numbers of faculty, clinical sites, and clinical preceptors are not available. While the number of midwifery education programs has remained constant in the past 5 years, the number of spaces available for midwifery students has continued to expand from 782 in 2008 to 923 in 2012. This represents an 18% growth rate overall on the heels of a dramatic growth rate of 37% during 2005-2009. It is clear that midwifery education programs have continued to support the growth of the midwifery profession by increasing the number of spaces for midwifery students (Figure 4).

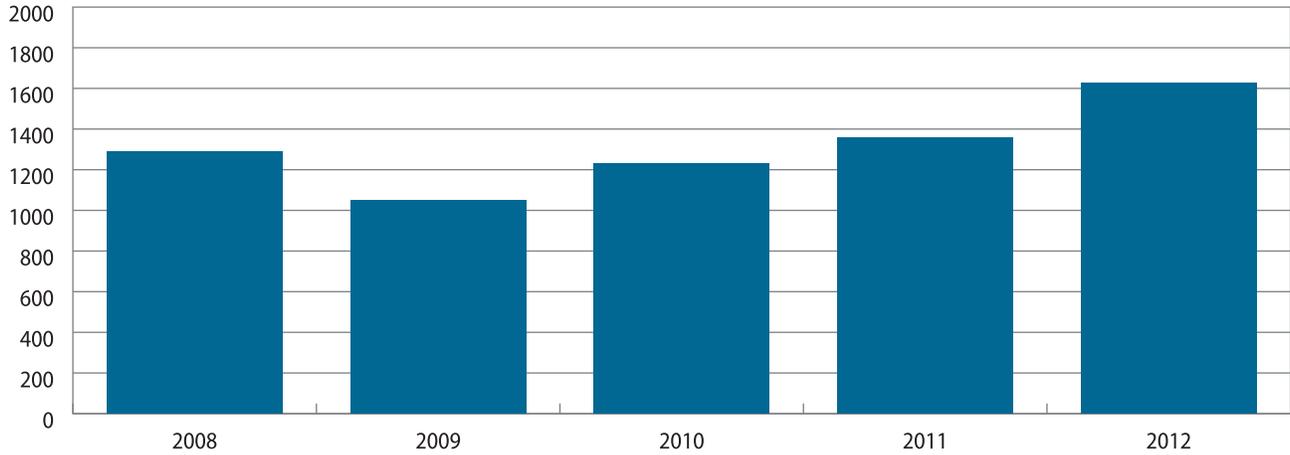
Figure 4– Midwifery Education Capacity: Number of Spaces Available for Students at ACME-Accredited Programs, 2008-2012



Source: ACME Aggregate data on Midwifery Education Programs

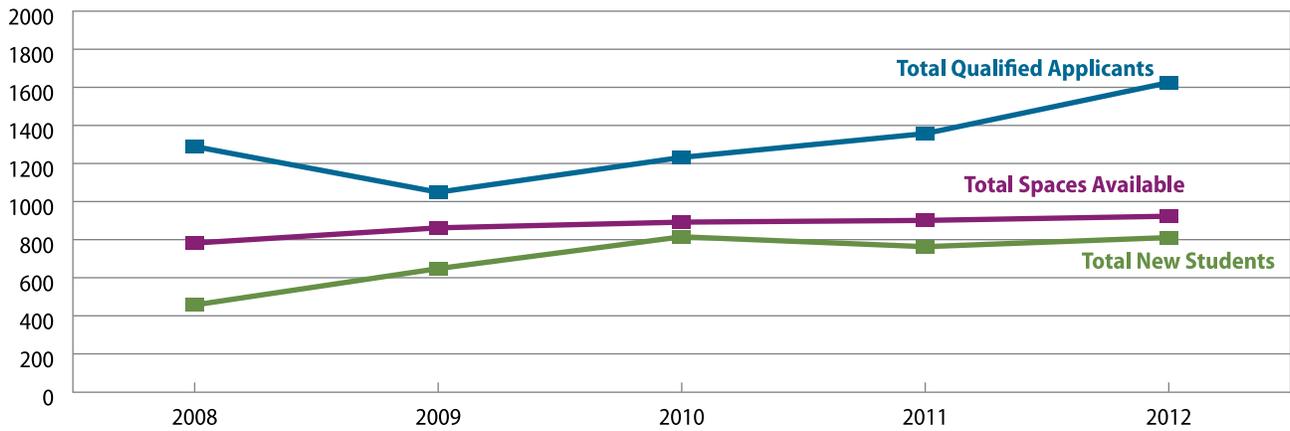
Many midwifery education programs have incorporated distance learning. With the 2011 conversion of a traditional campus-based program to primarily distance-based education, 6 of the 39 programs now provide the majority of the didactic material through online curricula. In these models, clinical education is obtained in or near the student's home community through placement with midwifery clinical preceptors. The growth of distance-based education has enhanced the capacity of midwifery programs to accept more students and has changed the ways midwifery educators provide and students obtain clinical learning experiences.

Figure 5— Qualified Applications to ACME-Accredited Midwifery Education Programs, 2008–2012



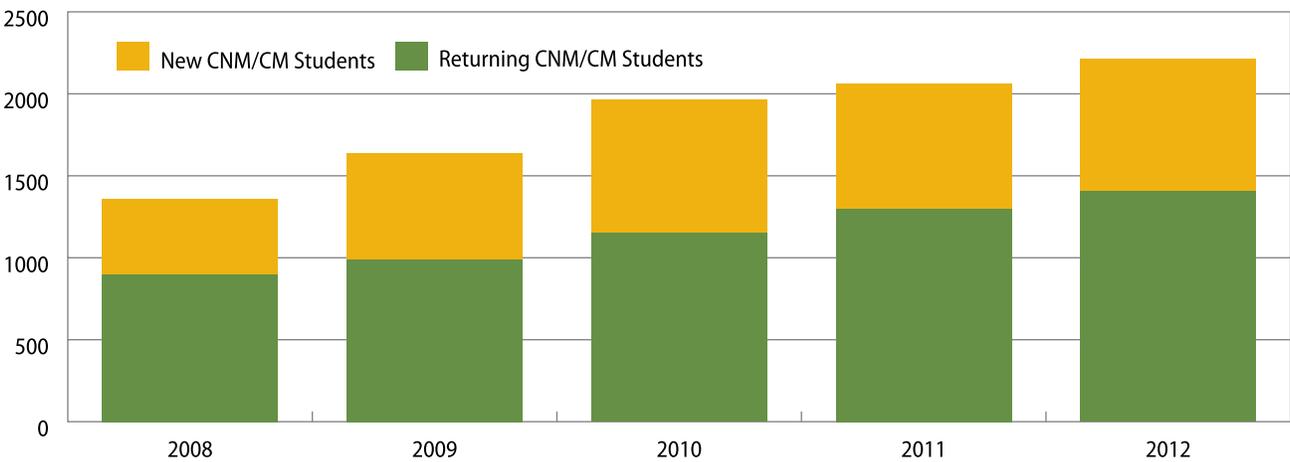
Source: ACME Aggregate data on Midwifery Education Programs

Figure 6— ACME-Accredited Midwifery Education Programs: Capacity, Applications, and Admissions, 2008–2012



Source: ACME Aggregate data on Midwifery Education Programs

Figure 7— New Students as a part of Total Number of Students Enrolled, 2008-2012



Source: ACME Aggregate data on Midwifery Education Programs

Qualified Applications

As part of the ACME Annual Monitoring Report, midwifery education programs annually report the number of qualified individuals who apply; the aggregate data represent the annual number of qualified applications. However, these data do not indicate how many applicants these applications represent, since it is likely that many applicants apply to more than one program.

What is clear is that from 2008 through 2012, the number of qualified applications received by ACME-accredited programs increased 26% (Figure 5). We assume that the average number of programs to which each individual applies has remained constant during this 5-year period. The number of individuals interested in obtaining a midwifery education is still increasing, with the peak recorded from 2005 to 2009, during which time there was a 47% increase in the number of qualified applications.

In 2008, a surge in demand for midwifery education occurred, and after a slight decrease in the next year, the number of applications continued to increase and exceed the number of available spaces. In 2008, there were 1289 qualified applications for 782 slots, while in 2012 there were 1625 qualified applications for 923 slots (Figure 6).

New Students

There have been notable increases in the number of student spaces and the number of qualified applications received. The number of unfilled spaces has decreased from a high of 325 in 2008 to 116 in 2012. However, available slots for new students are being left unfilled (Figure 6). Some of this gap may be due to applicants applying to multiple programs. Another key reason for this gap may be an imbalance between the type of applicant and the type of slot available. In the *Midwifery Education Trends Report 2011*, we reported the results of a 1-year survey of midwifery education program directors. Results indicated that more than half of midwifery education programs have an option for bachelor's prepared individuals who are not nurses

to enter an accelerated nursing program. Usually these programs are 1 year in length and provide the student with the education necessary to become a registered nurse (RN) and then continue for an additional 2 years to attain a midwifery graduate degree. Survey results further suggested that some programs that only accept RNs were under-subscribed, while those that accept BA/BS-prepared non-nurses were oversubscribed. We cannot say definitely that this imbalance is still occurring, but we can see that there are still many unfilled spaces at a time when there are many qualified applications from applicants who have not been admitted to a program.

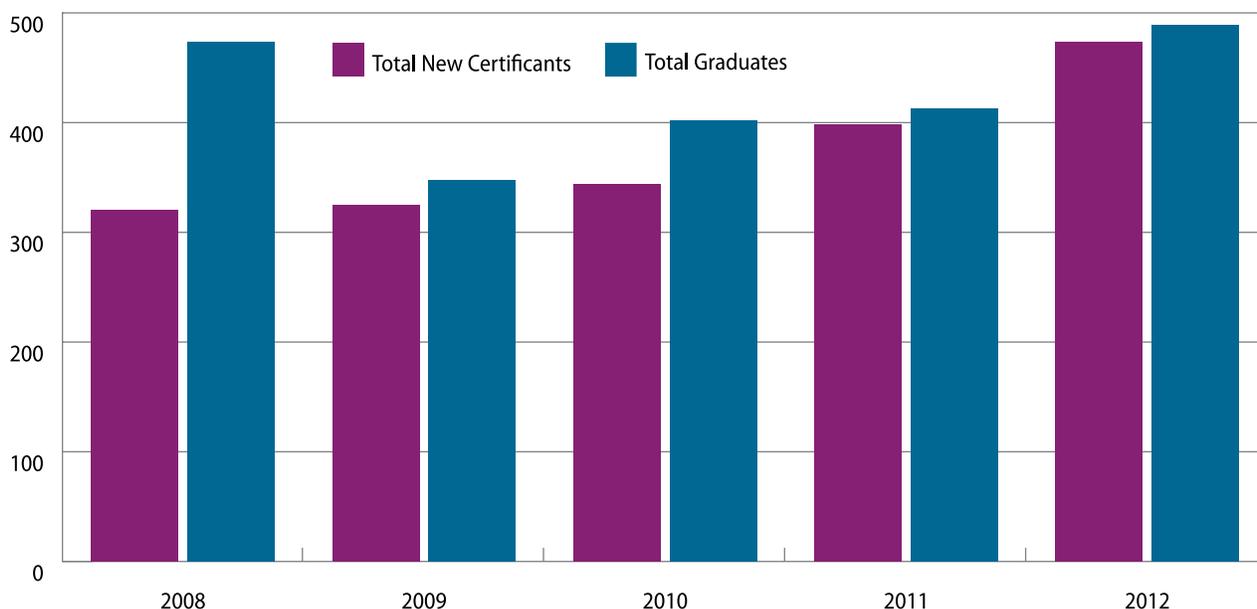
Current Enrollment

The number of new students has essentially remained the same during the past 3 years, while the number of currently enrolled students has continued to climb (Figure 7). One explanation may be that some students are taking longer to complete their programs because they are using the part-time option that many midwifery education programs offer. Students also may be enrolled in the increasing number of Doctor of Nursing Practice (DNP) programs that take longer to complete.

Graduation

The number of graduates decreased between 2008 and 2011 and then rebounded in 2012, while the number of new certificants reported by AMCB during the same 5-year period steadily increased (Figure 8). Students frequently proceed on various part-time schedules that can defer commencement for several years, and graduates have 24 months from the completion of their education programs to successfully pass the certification examination. In order to explain the incongruence between the numbers of graduates versus the numbers of new certificants, we would need to develop a mechanism with which we can track individual students from admission through graduation and certification.

Figure 8— Number of New Certificants from AMCB vs. Number of ACME Graduates, 2008-2012



Source: AMCB 2012 Annual Report and the ACME Aggregate data on Midwifery Education Programs

Conclusion and Recommendations

During the past few years, the midwifery community has made great strides in increasing the number of midwifery graduates. Nonetheless, it appears that at the present rate of growth, we will fall short of attaining our goal of 1000 newly certified CNMs/CMs per year by 2015. AMCB reports that there are 11,856 CNMs and CMs as of January 1, 2013, and we may assume that many of these current certificants are in active practice. According to the most recent data from the National Center for Health Statistics,¹ CNMs/CMs are attending more than 300,000 births per year, which suggests an ample number of midwifery-attended births for the education of 1000 midwifery students per year.

Monitoring education program capacity reveals that there are unfilled spaces that could immediately increase the number of annual graduates, but the demand still exceeds the number of spaces. There appear to be enough qualified applicants to produce 1000 new certificants per year if we had the educational spaces for them. Undoubtedly, there is still a great deal of work to be accomplished to reach our goal, and there are many more questions that we need to answer:

- Why are the graduation numbers consistently greater than the number of new certificants?
- Is it still true that the programs for the bachelor's prepared non-nurse are over-subscribed, while some of the programs that accept only RNs are under-subscribed?
- Has the advent of the DNP degree affected aspiring midwives either positively or negatively?

We believe that many of the recommendations from the *Midwifery Education Trends Report 2011* will still be helpful in increasing the number of annual midwifery graduates. Some are within the capacity of ACNM; others require the assistance of many other agencies:

- Increase recruitment efforts aimed at attracting nursing students to midwifery careers.
- Increase the number of programs that accept bachelor's prepared non-nurses.
- Increase the number of spaces for midwifery students in programs that accept bachelor's prepared non-nurses.
- Support increased funding for basic and graduate nursing education.

A provision in the Patient Protection and Affordable Care Act resulted in a pilot project on graduate nurse education that has provided funding to 5 selected schools of nursing to fund clinical education for advanced practice registered nurses (APRNs), including CNMs. The results of this pilot project may help to determine if payment for the clinical education of APRNs, including CNMs, will be another recommendation that we should consider in our efforts to increase the number of annual midwifery graduates.

It is ACNM's hope that publication of the *ACNM Midwifery Education Trends Report* will continue to shape the dialogue and future efforts toward expanding the midwifery workforce through the education of additional numbers of midwives.

REFERENCES

1. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Matthews TJ. Births: final data for 2011. *Natl Vital Stat Rep*. 2013;62(1):1-90. http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_01.pdf. Published June 8, 2013. Accessed September 24, 2013.

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The American College of Nurse-Midwives is working hard to spread ***Our Moment of Truth***[™] at the national level and we need your help in reaching women in your local area. Your efforts will help create a call-to-action for women to use the ***Our Moment of Truth***[™] tools and resources to truly understand their full range of options when it comes to women's health care and to participate fully in decisions affecting their health.

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