



POSITION STATEMENT

Collaborative Agreement between Certified Nurse-Midwives/Certified Midwives and Physicians or Other Health Care Providers

It is the position of American College of Nurse Midwives (ACNM) that safe, quality health care can best be provided to women and their infants when policy makers develop laws and regulations that permit certified nurse midwives (CNMs) and certified midwives (CMs) to provide independent midwifery care within their scopes of practice while fostering consultation, collaborative management, and seamless referral and transfer of care when indicated. Therefore, ACNM affirms the following:

- Requirements for signed collaborative agreements do not guarantee effective communication between midwives and physicians or other health care providers:
 - They do not assure physician availability when needed;
 - There is no evidence that they increase the safety or quality of patient care; and
 - In certain circumstances, such as the aftermath of a natural or declared disaster, such requirements have hampered the ability of CNMs/CMs to provide critically necessary emergency relief services
- Collaborative agreements signed by individual physicians incorrectly imply that CNMs/CMs need the supervision of those individuals in all situations. Based on this misconception
 - Professional liability companies have used signed agreements with their implied requirements for supervision as the rationale for raising physician premiums. These companies cite increased risk related to unnecessary supervision, and
 - CNMs/CMs may be restricted from exercising their full scopes of practice or from receiving hospital credentials, clinical privileges, or third party reimbursement for services that fall within the scope of their training and licensure.
- Requirements for signed collaborative agreements can create an unfair economic disadvantage for CNMs/CMs:
 - They have been used to limit the number of midwives who can practice collaboratively with any one physician, which effectively bars CNMs/CMs from practice in some cases;
 - They allow potential economic competitors to dictate whether or not midwives can practice in a community; and
 - They restrict access to care and choice of provider for women, which is of particular concern in underserved areas.

Background

The American College of Nurse-Midwives (ACNM) strongly supports the principle of collaboration in the delivery of health care services, as evidenced by the Standards for the

Practice of Midwifery,¹ the ACNM position statement on collaborative management in midwifery practice,² and the Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives.³ However, ACNM opposes requirements for *signed* collaborative agreements between physicians and certified nurse-midwives (CNMs) or certified midwives (CMs) as a condition for licensure, reimbursement, clinical privileging and hospital credentialing, or prescriptive authority. In practice, these requirements interfere with effective coordination of care.

The Standards for the Practice of Midwifery state that midwifery care is based on knowledge, skills, and judgment that are reflected in written practice guidelines that are mutually agreed upon and specifically mandate that those guidelines define the parameters for consultation, collaboration, and referral.¹ The Standards do not require signed collaborative agreements with physicians. Policies that create confusion about the designation of responsibility are to be avoided, especially given the current malpractice climate. It is critical that laws and regulations facilitate effective relationships between health care professionals and create systems in which midwives and physicians can communicate openly, practice collaboratively, and provide quality care that falls within each individual's professional scope of practice.

In a jointly published statement on practice relations, ACNM and the American College of Obstetricians and Gynecologists affirmed that “ob-gyns and CNMs/CMs should have access to a system of care that fosters collaboration among licensed, independent providers.”³ The statement acknowledges the promotion of evidence-based models of care provided by both professions and states that, “Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.”³

REFERENCES

1. American College of Nurse Midwives. Standards for the practice of midwifery. http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000051/Standards_for_Practice_of_Midwifery_Sept_2011.pdf. Approved September 24, 2011. Accessed August 3, 2017.
2. American College of Nurse Midwives. Collaborative management in midwifery practice for medical, gynecologic and obstetric conditions. <http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000058/Collaborative-Mgmt-in-Midwifery-Practice-Sept-2014.pdf> Updated September 2014. Accessed August 3, 2017.
3. American College of Nurse Midwives & American College of Obstetricians & Gynecologists. Joint statement of practice relations between obstetrician-gynecologists and certified nurse-midwives/certified midwives. <http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000224/ACNM.ACOG%20Joint%20Statement%203.30.11.pdf> Approved February, 2011. Accessed August 3, 2017.

Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB)

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