

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 and quality primary, reproductive, and sexual health care can best be provided when policymakers 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 ensure physician availability when needed.
- There is no evidence that they increase the safety or quality of patient care.
- In certain circumstances (such as a pandemic or 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.
- 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 midwives can practice in a community.
- They restrict access to care and choice of provider, which is of particular concern in underserved areas.

Background

ACNM strongly supports the principle of collaboration in the delivery of health care services, as evidenced by ACNM statements *Standards for the Practice of Midwifery*,¹ *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 CNMs or 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 composed of knowledge, skills, and clinical judgments that foster the delivery of evidence-informed, client-centered care, and that midwives are qualified to independently provide this care in the context of a community of providers.”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. Laws and regulations should facilitate effective relationships between health care professionals and create systems in which midwives, physicians, and other providers can communicate openly, practice mutual collaboration, 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 obstetricians and gynecologists (OB-GYNs) and CNMs/CMs “should have access to a system of care that fosters robust, accountable, respectful collaboration among independent professionals.”³ The statement acknowledges the promotion of evidence-based models of care provided by both professions and states that “[q]uality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.”³

References

1. Standards for the practice of midwifery. American College of Nurse-Midwives website. Revised 2022. Accessed September 14, 2022.
http://www.midwife.org/acnm/files/acnmldata/uploadfilename/00000000051/2022_standards-for-the-practice-of-midwifery.pdf.
2. Collaborative management in midwifery practice for medical, gynecologic, and obstetric conditions. American College of Nurse-Midwives website. Revised 2022. Accessed September 14, 2022.
http://www.midwife.org/acnm/files/acnmldata/uploadfilename/00000000058/2022_ps_collaborative-mgmt-in-midwifery-practice.pdf
3. Joint statement of practice relations between obstetrician-gynecologists and certified nurse-midwives/certified midwives. American College of Nurse-Midwives, American College of Obstetricians and Gynecologist website. Approved November 2022. Accessed November 22, 2022.
https://www.midwife.org/acnm/files/acnmldata/uploadfilename/000000000224/87_Joint%20Statement%20of%20Practice%20Relations%20Btw%20ACNM%20and%20ACOG-Nov2022_FINAL.pdf

Note: Midwifery and midwives as used throughout this document refer to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

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