



ISSUE BRIEF

The Language of Midwifery

Introduction

In an effort to improve maternal health outcomes in the United States, a call to increase access to midwifery care is being generated by midwives and stakeholders outside of the field of midwifery. During the past several decades, researchers have consistently shown that midwives provide high quality and cost-effective care, improve outcomes, and generate high levels of patient satisfaction.¹⁻⁴ Despite this evidence, midwifery remains poorly understood by professionals and the public, and midwives are underutilized and face numerous barriers to practice. If midwifery is to be successfully repositioned as a central component of accessible, high quality maternity care in the United States, all stakeholders must have a clear understanding of the profession, and the visibility of midwives must be increased. The language used to speak about midwives and midwifery must be accurate, easily understood, and consistent. The American College of Nurse-Midwives (ACNM), the professional organization that represents certified nurse-midwives (CNMs) and certified midwives (CMs), has adopted language to reflect the understanding that midwifery is a distinct profession and that ACNM membership has evolved to include direct entry midwives. This issue brief addresses the significance of consistently using the terms “midwife” and “midwifery” to promote the profession in the United States.

Background

The United States currently faces great challenges in maternity care. In recent decades, maternal health outcomes internationally have generally improved. However, rates of maternal mortality and morbidity have worsened in the United States despite persistently high spending on health care, and women of color are disproportionately affected.^{5,6} Inadequate access to maternity care is another major issue, and more than 50% of U.S. counties do not have maternity care providers or hospitals that offer maternity services.^{7,8} In addition, approximately 78 million people in the United States live in health professional shortage areas.⁹ Individuals who live in these communities go without essential health care services or travel long distances to see health care providers. The shortage of obstetrician-gynecologists is projected to worsen significantly, and the anticipated shortage may range from 15,713 to 21,723 by 2050.¹⁰ Currently, the primary educational pathway for midwives in the United States is through nursing. Because of the shortage of nursing faculty, thousands of qualified applicants to undergraduate and graduate nursing programs (including midwifery) have been turned away contributing to the shortage of midwives.¹¹

Internationally, including in resource-rich countries, the integration of licensed midwives into maternity care systems has been shown to improve maternal and infant health outcomes in all settings.¹² Increasing access to qualified, licensed midwives is a basic goal of the World Health Organization (WHO), which designated 2020 as the International Year of the Nurse and the Midwife.¹³ Strategies to strengthen midwifery education and increase the midwifery workforce

have been developed by the WHO in collaboration with United Nations agencies and the International Confederation of Midwives (ICM).^{14,15}

The ICM is an accredited, non-governmental organization that represents midwives and midwifery internationally and works to strengthen midwifery associations around the globe. In 2014, ICM collaborated with *The Lancet* on a series of articles on midwifery that highlighted the untapped potential of midwives to meet the challenges of maternal-infant health care in rich and poor countries.¹⁶ The ICM has developed standards for midwifery education and regulation that are fundamental to the definition of a midwife. According to ICM, a midwife is a person who has completed a midwifery education program that is recognized in the country in which it is located and that adheres to ICM core competencies and standards, who meets requirements to be legally recognized as a midwife, and who demonstrates competency in practice.¹⁷

Midwifery is the profession of midwives, only midwives practice midwifery. It has a unique body of knowledge, skills and professional attitudes drawn from disciplines shared by other health professions such as science and sociology, but practiced by midwives within a professional framework of autonomy, partnership, ethics and accountability.¹⁷

ACNM is a member association of ICM and endorses its standards for midwifery education and regulation.¹⁸ The core competencies approved by ACNM for CNMs and CMs meet or exceed ICM standards. ICM standards assume that midwives are regulated at the national level, however midwives in the United States are regulated at the state level. Midwifery licensure and regulation vary from one state to the next, which creates barriers to practice and undoubtedly inhibits the expansion of midwifery. For instance, several states require physician supervision or written collaborative agreements, and many states restrict or limit the midwife's scope of practice. While all states license CNMs, currently only 6 states license CMs.¹⁹

Midwives are remarkably underutilized in the United States and provide care in only approximately 10% of all births.^{6,20} However, integration of midwives in maternity care is known to improve outcomes; lower rates of cesarean and preterm birth and higher rates of breastfeeding are associated with care from midwives.^{1-3,21-23} Advocacy efforts to expand midwifery in the United States face the challenge of educating a public that is all too often uninformed or misinformed. In the United States, the professional role of the midwife is routinely misunderstood by health care professionals, administrators and public policy professionals, clients, the media, and the general public. Midwives are commonly confused with doulas, or it is assumed that midwives simply no longer exist, that they only provide services outside of conventional health care frameworks, or that modern midwifery is necessarily embedded in nursing. The net effect is that midwifery is rendered invisible.

Midwives of ACNM

In the early 20th century, the practice of midwifery in the United States by immigrant and grand midwives (traditional, indigenous, and Black midwives) was intentionally eradicated. Physicians who were predominantly white and male positioned themselves as superior providers of maternity care; midwives, most of whom were women of color, were denigrated as ignorant and unsafe.²⁴ Concurrently, public health nurses sought out midwifery training and created a model

of nursing and midwifery that conveyed safety and professionalism. From this inception, nurse-midwives debated whether their primary, professional identifications were as nurses who specialized in midwifery or as midwives with backgrounds in nursing.²⁴ Early nurse-midwives were organized within nursing associations, but nurse-midwifery leaders recognized the distinct identity of their profession and that the professional needs of nurse-midwives were not being met. This led to the eventual founding of ACNM in 1955, and the title CNM was originally encouraged to distinguish the presence and work of nurse-midwives from nurses.²⁴ After debating the relationship of midwifery to nursing for over two decades, in 1978, ACNM defined a CNM as an individual educated in the two disciplines of nursing and midwifery.²⁴

In 1994, ACNM approved a direct pathway for graduate education in accredited midwifery programs through the credential of CM. Bylaws were amended in 1998 to grant membership to CMs and to describe the practice of CNMs and CMs as “midwifery.” CNMs and CMs complete graduate level education in midwifery programs accredited by the Accreditation Commission for Midwifery Education (ACME) and pass the same, national, certifying examination that is administered by the American Midwifery Certification Board (AMCB). The ACNM standard setting document “Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives”²⁵ outlines the equivalency of these two professional designations. CNMs and CMs are required to meet the same ACNM “Core Competencies for Basic Midwifery Practice”²⁶ upon completion of their midwifery educations, to practice in accordance with the same ACNM “Standards for the Practice of Midwifery,”²⁷ and to adhere to the same recertification and continuing education requirements. CNMs and CMs have the same scope of practice, including independent provision of a full range of primary health care services to clients across their lifespans, including prescriptive privileges. CNMs and CMs work in a wide variety of settings, including clinics, private practices, home, free standing birth centers, and hospitals.

CNMs differ from CMs only in that they have active licenses as registered nurses when they take the board examination. AMCB does not require nursing experience as a qualification for the board examination, and ACME does not require nursing experience for completion of a nurse-midwife education program. Thus, today’s CNMs enter midwifery practice with widely varying relationships to nursing: some have long careers as nurses before pursuing midwifery education, and others complete accelerated secondary degrees in nursing in order to matriculate into nurse-midwife education programs. In the position statement “Midwifery Student Work Experience” ACNM indicates that nursing experience in labor and birth are not necessary for education as a midwife, “Midwifery education programs accredited by ACME are designed to support midwifery as a stand-alone profession as globally acknowledged by the International Confederation of Midwives and ACNM,” affirms that “the discipline of midwifery is separate from the discipline of nursing,” and acknowledges the diverse talents and strengths brought to the midwifery profession by individuals from fields other than nursing.²⁸

As of 2020, CNMs are licensed in all 50 states, and CMs are licensed in 6 states; numerous other states are currently pursuing licensure of CMs. Of the 37 midwifery education programs in the United States, currently only 2 offer the direct entry pathway. Thus, most midwives in the United States are CNMs, and this will likely continue until access to direct entry education and licensure increases. The United States needs more midwives—CNMs and CMs alike—to address the current challenges in maternity care. Through advocacy efforts, ACNM is currently focusing on

increasing awareness and understanding of midwifery, growing the numbers of CNMs and CMs, and reducing barriers to practice. The language used to discuss midwifery, whether with health care peers, policy makers, or the public, contributes to these advocacy efforts. Midwifery is more effectively promoted when the language used is clear, consistent, and elevates the distinct profession of midwifery.

Midwifery: Language and Implications

Since establishing the CM pathway and credential, ACNM has modernized the language used in publications and communications to reflect the understanding that the profession is “midwifery” and the professional is a “midwife.” When discussing credentials, CNM and CM are always used together as CNM/CM unless a specific credential is being referenced. ACNM communications about education and advocacy also reflect this distinction: “Midwifery Works,” “National Midwifery Week,” and “Our Moment of Truth: Discover Midwife Care and Women’s Health.”

The distinct profession of midwifery is well established by ACNM and ICM. The practice of midwifery by CMs does not differ from the practice of midwifery by CNMs. To continue to use the hyphenated term “nurse-midwifery” suggests a different profession that is both nursing and midwifery somehow combined. This may affect how others perceive midwifery and the overall message of midwifery advocacy efforts. It must also be acknowledged that the use of nurse language to convey a guarantee of safety and accountability in contrast to other midwives evokes the racist ideas that have pervaded the history of midwifery in the United States.²⁹ ACME-accredited education, AMCB certification, and scope of practice can be emphasized and used to convey professionalism to peers and the public. Growing and strengthening midwifery requires an investment in the profession of midwifery.

Examples of Midwifery-Centered Language

The following organizations and publications are provided as examples of midwifery-centered language and the understanding of a distinct midwifery profession:

- The name of the official journal of ACNM was changed from *Journal of Nurse-Midwifery* to *Journal of Midwifery & Women’s Health (JMWH)* in January 2000.³⁰ The style guide for JMWH instructs authors to use the words midwife and midwifery rather than nurse-midwife and nurse-midwifery, and CNM should be accompanied by CM (eg, CNM/CM) unless CNMs and CMs are being referenced in a specific context that does not include both credentials.³¹
- In the position statement “Midwifery Care and Birth Outcomes in the United States,”³² The March of Dimes recommended increasing midwifery care to improve health care access and outcomes. The definition of midwifery in this document followed the ICM standards for education and licensure. The credentials CNM, CM, and certified professional midwife (CPM) were identified and briefly described, and attention was given to the shared scope of practice of CNMs and CMs. Apart from the definition of credentials, this document consistently referred to midwives and midwifery. March of Dimes supported full practice authority for midwives within an integrated system of care, recommended increasing access to midwifery care in all states, and urged states to address laws and regulations that unnecessarily restrict access to midwifery care.³²

- In the position statement “Midwifery,” the Association of Women’s Health, Obstetric and Neonatal Nurses identified “midwives as independent providers of health care services for women and newborns” and recognized ICM standards for midwifery education and practice.³³ Throughout this document, the profession is referred to as midwifery and the practitioner as a midwife. CNMs, CMs, and CPMs are identified as distinct credentials, and CNMs are noted to be educated in the two disciplines of nursing and midwifery. AWHONN suggested that the nurse may pursue “a career in midwifery” as a means to advance maternal-infant health.
- Affiliate websites. The website for the Pennsylvania Affiliate of ACNM reflects the language of midwifery as used in ACNM national communications.³⁴ Although CMs are not currently licensed to practice in Pennsylvania, the information about midwifery is inclusive of CMs, and the language on this website mirrors the official language of ACNM. Likewise, the website of the Oregon Affiliate of ACNM is written in congruence with ACNM recommendations.³⁴ The profession is consistently referred to as “midwifery,” and the page “Different Types of Midwives” explains the education pathways for CNMs, CMs, and CPMs. CMs are not currently licensed in Oregon.

Recommendations

1. When discussing practice as a CNM or CM, midwives who are members of ACNM should refer to themselves as midwives. In addition, refer to CMs as midwives rather than “non-nurse midwives” because professionals are defined by who they are rather than who they are not. Members of ACNM should follow this recommendation even if they are also licensed as nurses or regulated as advanced practice nurses in their states.
2. Midwives who are members of ACNM should refer to their profession as midwifery, regardless of whether they hold the CNM or CM credential.
3. When asked what a midwife is, use the ACNM or ICM definition to explain what a midwife *does*.
4. If questioned about the safety or legitimacy of midwifery care, focus on the professional standards of midwifery, including accredited midwifery education, certification, and licensure.

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