



February 19, 2014

The Honorable Eric K. Shinseki  
Secretary of Veterans Affairs  
Department of Veterans Affairs  
801 Vermont Avenue, NW  
Washington, DC 20420  
Letter via email to: [eric.shinseki@va.gov](mailto:eric.shinseki@va.gov)

Dear Secretary Shinseki:

I am writing on behalf of the American College of Nurse-Midwives (ACNM), the national professional organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States, in regards to planned changes to the Veterans Health Administration's Nursing Handbook.

We strongly support the Veterans Health Administration (VHA) plans to revise its Nursing Handbook to ensure that Advance Practice Registered Nurses, including CNMs, are able to practice independently to the full extent of their licensure and training. We have previously signed onto an October 2, 2013 letter from a coalition of nursing organizations known as the Nursing Community and a September 30, 2013 letter from a separate coalition, both of which endorsed this change.

We write today to address two distinct issues. First, in an early draft of the revised handbook that we have seen there is a section entitled "(d.) Advanced Practice Registered Nurses (APRN)." Under this heading, the draft handbook indicates that the term APRN includes, among others, CNMs, however, following this heading where the text discusses each type of APRN, there is no distinct discussion of CNMs. We are concerned with this seeming omission and encourage the VHA to revise the draft so that it includes a distinct description of the CNM position.

Related to this first point is a question we have with regard to the VHA's employment of CNMs. It is our understanding that the VHA contracts with CNMs for their services, but does not employ them.<sup>1</sup> If this is the case, we strongly encourage you to open the door to formal hiring of CNMs within the VHA, an action that is currently followed by both the Department of Defense and Indian Health Service. We note that under 38 US Code §7401 "There may be appointed by the Secretary such personnel as the Secretary may find necessary for the health care of veterans," and further that the Secretary may appoint "such other classes of health care occupations as the Secretary considers necessary for the recruitment and retention needs of the Department."

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<sup>1</sup> We note that a May 2009 Fact Sheet from the VA entitled "VA Nursing Service: Excellence in Patient-Centered Care" discusses the nursing professions employed by the VA, but makes no mention of CNMs.

If you could provide ACNM with clarity regarding the employment status of CNMs within the VHA we would greatly appreciate it.

The second issue we wish to raise is that there is no mention of the possibility of our veterans receiving care from Certified Midwives (CMs).<sup>2</sup>

Certified Midwives, like Certified Nurse-Midwives, earn graduate degrees, complete a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME), and pass a national certification examination administered by the American Midwifery Certification Board (AMCB).

CNMs and CMs must demonstrate that they meet the *Core Competencies for Basic Midwifery Practice* of the American College of Nurse-Midwives (ACNM) upon completion of their midwifery education programs and must practice in accordance with *ACNM Standards for the Practice of Midwifery*.<sup>3</sup> ACNM competencies and standards are consistent with or exceed the global competencies and standards for the practice of midwifery as defined by the International Confederation of Midwives.<sup>4</sup> To maintain the designation of CNM or CM, midwives must be recertified every 5 years through AMCB and must meet specific continuing education requirements.

The key difference between these two groups is that CNMs are educated in both disciplines: nursing and midwifery, while CMs are educated in the discipline of midwifery. CMs are currently licensed by New York, New Jersey, and Rhode Island and are authorized to practice by permit in Delaware and Missouri.<sup>5</sup>

CNMs and CMs are equally capable of full practice authority in providing care as midwives. We therefore respectfully request that as you consider revisions to the VHA Nursing Handbook, you include a provision recognizing Certified Midwives (CMs) as providers who can deliver care to our veterans, under the same conditions allowed for CNMs.

CNMs/CMs have been demonstrated to offer safe and effective care. To accomplish this, they typically rely less on the use of technology and interventions. Their model of care is associated with lower rates of regional analgesia, episiotomy, instrumental delivery, and preterm birth, as

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<sup>2</sup> The early draft of the revised handbook to which we refer is available at:

<https://www.asahq.org/~media/For%20Members/Advocacy/VHA%20Nursing%20Handbook%20-%20Final%20Draft.pdf> Last accessed February 12, 2014.

<sup>3</sup> ACNM's "Core Competencies for Basic Midwifery Practice" is available at:

<http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000050/Core%20Comptencies%20Dec%202012.pdf> The "Standards for the Practice of Midwifery," are available here:

[http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000051/Standards for Practice of Midwifery Sept 2011.pdf](http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000051/Standards%20for%20Practice%20of%20Midwifery%20Sept%202011.pdf) Last accessed February 12, 2012.

<sup>4</sup> For a comparison between ICM and ACNM standards, see the gap analyses available at:

<http://www.midwife.org/index.asp?bid=59&cat=13&button=Search&rec=285>

<sup>5</sup> For a chart showing the distinction between CNMs, CMs and another category of midwives known as Certified Professional Midwives, see the chart available here:

<http://www.midwife.org/acnm/files/cclibraryfiles/filename/000000001031/cnm%20cm%20cpm%20comparison%20chart%20march%202011.pdf> Last accessed on February 12, 2014.

well as higher rates of spontaneous vaginal birth.<sup>6</sup> In addition, their care is less costly than that typically provided by physicians for comparable low-risk women.<sup>7</sup> Making their services directly available to our veterans will benefit both the veterans and the VHA as the responsible payer.

We strongly encourage the VHA to clarify its language around CNMs, to include CMs within the draft revised handbook, and to use available statutory authority to make provision for direct employment of both of these professionals.

Should you have any questions, please feel free to contact me at [jbushman@acnm.org](mailto:jbushman@acnm.org) or 240-485-1843. We look forward to your response.

Best Regards,

A handwritten signature in black ink, appearing to read 'Jesse S. Bushman', with a long horizontal flourish extending to the right.

Jesse S. Bushman, MA, MALA  
Director of Advocacy and Government Affairs  
American College of Nurse Midwives

Cc: Robert A. Petzel, M.D.  
Under Secretary for Health

Major General Irene Trowell-Harris, RN, USAF (Ret)  
Director, Center for Women Veterans

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<sup>6</sup> See, for example, Meg Johantgen, PhD, RN., et al., "Comparison of Labor and Delivery Care Provided by Certified Nurse-Midwives and Physicians: A Systematic Review, 1990 to 2008," in *Women's Health Issues*, 22-1 (2012), e73-381. See also J. Sandall, et. al., "Midwife-led continuity models versus other models of care for Childbearing women (Review)" 2013 The Cochrane Collaboration. See also: "Midwifery: Evidence Based Practice," available on ACNM's website at: <http://www.midwife.org/acnm/files/cclibraryfiles/filename/000000002128/midwifery%20evidence-based%20practice%20issue%20brief%20finalmay%202012.pdf>

<sup>7</sup> Laurie Cawthon, MD, MPH, "Assessing Costs of Births in Varied Settings," presentation for the IOM, March 7, 2013. Available at: <http://www.iom.edu/~media/Files/Activity%20Files/Women/BirthSettings/6-MAR-2013/Cawthon%20PDF.pdf>