



March 4, 2015

Jeffrey Ecker, MD
Chair, Committee on Obstetric Practice
American College of Obstetricians and Gynecologists
409 12th St
Washington DC 20024

Regarding: Levels of Maternal Care/ Obstetric Care Consensus No. 2. American College of Obstetricians and Gynecologists. *Obstet Gynecol.* 2015;125:502-515.

Dear Dr. Ecker,

The American College of Nurse-Midwives (ACNM) appreciates having had the opportunity to review the released document entitled Levels of Maternal Care, Obstetric Care Consensus No. 2. We believe this document will prove a valuable tool in helping to ensure appropriate care for childbearing women.

When the document was released, we distributed it widely to our membership and have received feedback about specific wording that might be misinterpreted in a way that could restrict practice for certified nurse-midwives (CNMs)/certified midwives (CMs). Although restricting midwifery practice is not the intent of the document, the wording in these areas is concerning and should be addressed.

First, the first row in Table 2 "*Minimum primary delivery provider to be available.*" The term "primary delivery provider" could be interpreted by policymakers, hospitals, liability insurers, and payers to indicate that for all births taking place in a given facility, the physically present birth attendant must be of the type specified in that row. For example, in a Level I facility, a provider who has privileges to perform an emergency cesarean delivery would have to be the attendant at all births. Alternately, it may be interpreted to mean that the primary care provider of record for all women giving birth must be a provider who has privileges to perform a cesarean delivery. We have a similar concern with regard to Level II, III and IV facilities that are identified (in the table) as places where the primary delivery provider must be an obstetrician or maternal-fetal medicine specialist.

Secondly, the descriptions of each of the levels of care in the text states that midwives can work in both Level I and Level II facilities. However, midwives are not mentioned as acceptable providers in Level III and Level IV facilities, which could lead the reader to assume midwives are excluded from practicing in these settings. This misunderstanding is somewhat supported by the text in the first row of Table 2 that does not mention CNMs/CMs as "minimum primary delivery provider to be available."

Currently there are many Level I hospital settings in which a CNM or CM might easily be the only primary care provider on site for a time, and there are many hospitals (Level 1 – Level IV) where CNMs or CMs are considered the primary care provider of record for low risk women admitted to their care. These two inadvertent problems in the text of this document should not be interpreted in a way that restricts midwifery care, within the scope of midwifery practice in any hospital setting. Unfortunately, as currently written, the text in the table and missing

text in the sections about Level III and Level IV hospitals have the potential for adversely impacting the practice of many CNMs/CMs around the country and curtailing women's access to their services.

In order to prevent unanticipated limits to CNM/CM practice, we ask that ACOG and SMFM help us identify a solution that will clarify the meaning of the text.

We have identified a few possible options to clarify meaning, one being to issue an errata clarifying the correct understanding of the language we have pointed out. Example language includes:

1. A footnote to Table 2 that states:
"Minimum primary delivery provider to be available" should be understood to indicate the type of provider who must be available in order for a hospital to qualify for any of the various levels of care. Certified nurse-midwives (CNMs), certified midwives (CMs), or family medicine physicians may be primary delivery providers in these settings.
2. Alternatively, an erratum could state:
"Minimum primary delivery provider to be available" should be understood to indicate the type of provider who must be available in order for a hospital to qualify for any of the various levels of care. Certified nurse-midwives (CNMs), certified midwives (CMs), or family medicine physicians may be primary delivery providers in these settings. For example, CNMs/CMs working in all of the five levels of care would be considered "primary delivery providers" and would be accountable for the care rendered to patients they admit or who are admitted to their care. The language in Table 2 is not intended to imply that primary delivery providers who do not perform emergency cesarean deliveries, such as midwives or physicians who are not privileged to perform emergency cesarean deliveries, would have to work under the supervision of providers who perform cesareans or that the services of these other primary delivery providers would have to be billed under the names of providers who can perform cesarean deliveries.

The option of a formal errata is just one we have discussed and you may identify a different solution. We look forward to working with you to ensure an appropriate understanding of this important new document by all stakeholders.

Best regards,



Ginger Breedlove, PhD, CNM, APRN, FACNM
President, American College of Nurse Midwives



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



March 9, 2015

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RE: Levels of Maternal Care/ Obstetric Care Consensus No. 2. American College of Obstetricians and Gynecologists. *Obstet Gynecol.* 2015;125:502-515.

Dear Dr. Breedlove,

Thank you for the American College of Nurse-Midwives' recent letter regarding Obstetric Care Consensus #2, *Levels of Maternal Care*, and your concerns pertaining to specific certified nurse-midwife language. As an endorsing organization, your feedback is important to us and we appreciate your commitment to continued excellence through the lifespan of the document.

As representatives from the American College of Obstetricians and Gynecologists-Society for Maternal-Fetal Medicine (ACOG-SMFM) Writing Committee that developed *Levels of Maternal Care*, we have reviewed the letter. After careful consideration of your comments, we have confirmed that the document is acceptable as written:

- 1) Regarding the use of "minimum primary delivery provider to be available" (Table 2, pages 6-7), this category is intended to represent the least-specialized, qualified delivery provider that must be available in a delivery unit with a particular designation; as presented in Table 2, it does not mandate that the provider be present at each delivery.

For example, in a unit designated as Level I, Table 2 states that someone with privileges to perform an emergency cesarean delivery must be "available" (page 7). The table does not require that someone with these minimum qualifications be "available at all times" or that "every birth be attended by" a specific obstetric provider, as indicated in other sections of the document when this condition is intended.

- 2) Regarding the concern that midwives are not specifically mentioned as acceptable providers in Level III and Level IV units, the document states that “each higher level of care includes and builds on the capabilities of the lower levels” (page 8). Level III care facilities provide all Level I and Level II services (page 10); Level IV facilities include the capabilities of Level I, Level II, and Level II facilities (page 11).

These statements imply that certified nurse-midwives and certified midwives are in fact included in each increasing level of care. It also supports the Writing Committee’s intention to develop a comprehensive, collaborative, and inclusive system of care.

Because we feel the intentions of the document match those that you also endorse, we do not plan to issue a revision or erratum at this time. Still, the Writing Committee recognizes the importance of maintaining clear, unquestionable guidance and will consider appropriate ways to further clarify these recommendations in a future update to *Levels of Maternal Care*.

Thank you again for sharing ACNM’s feedback and for continuing to be an integral part in our collaborative efforts to promote the delivery of high-quality maternal health care.

Sincerely,



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SMFM Lead Author, Levels of Maternal Care



Sarah Kilpatrick, MD, PhD
ACOG Lead Author, Levels of Maternal Care

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