

Certified Midwife (CM) Credential

This document was developed to answer common questions about the American Midwifery Certification Board's (AMCB) certified midwife (CM®)ⁱ credential, to explain the relevance and importance of the designation, and to highlight ACNM's recent efforts to promote and support the professional success of certified midwives.

Historical Background

First introduced in 1996 by the Division of Accreditation (DOA)—now the Accreditation Commission for Midwifery Education (ACME)—the certified midwife credential permits midwifery accreditation for those who do not wish to earn a nursing credential, and instead possess undergraduate degrees in other disciplines.

The first CM education program was established in 1997 at the State University of New York Health Science Center at Brooklyn and the North Central Bronx Hospital. To date, certified midwives enjoy varying degrees of professional privilege in New York, New Jersey, and Rhode Island.ⁱⁱ In New York, the professional practice of certified midwives is indistinguishable from that of certified nurse-midwives. In recent years, ACNM has been actively involved in promoting the CM credential and establishing its equivalency to the certified nurse-midwife (CNM) credential. For over ten years, ACNM has been actively involved in promoting the CM credential and making certain that other health care providers, government agencies, third party payers, and women and families who utilize midwifery services recognize and respect its equivalency with the certified nurse-midwife (CNM) credential.

- For New Jersey's governing regulations (New Jersey Administrative Code §13:35-2A.1, et seq.) see: <http://www.state.nj.us/lps/ca/laws/midwifreg.pdf>.
- For New York's governing statutes (New York Education Law §6951, et seq.) see: <http://www.op.nysed.gov/article140.htm>.
- For Rhode Island's governing regulations (Rhode Island Rules and Regulations R23-13-MID) see: http://www2.sec.state.ri.us/dar_filing/regdocs/released/pdf/DOH/4879.pdf.

Certified Midwifery

Midwifery practice as conducted by both CMs and CNMs is the independent management of women's health care, focusing particularly on common primary care issues, family planning and gynecologic needs of women, pregnancy, childbirth, the postpartum period and the care of the newborn. As is the case for certified nurse-midwives, certified midwives practice within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client. Certified midwives practice in accordance with the *Standards for the Practice of Midwifery*, as defined by the American College of Nurse-Midwives. Specifically, a CM is an individual educated in the discipline of midwifery, who possesses evidence of certification according to the requirements of ACNM.ⁱⁱⁱ As an organization, ACNM supports efforts to legally recognize CMs as qualified midwifery practitioners granted the same rights and responsibilities as CNMs^{iv}.

Although some states use the terminology “certified midwife” or the abbreviation “CM” to indicate other classifications of midwives, the certified midwife (CM) credential is distinct from the certified professional midwife (CPM) and certified nurse-midwife (CNM) designation.

Certified midwives are certified by the American Midwifery Certification Board (AMCB), formerly the ACNM Certification Council, Inc. (ACC), the national certifying body for certified nurse-midwives (CNMs) and certified midwives (CMs). The titles CNM and CM are registered through the Federal Office of Patents and Trademark.

CM Certification and Education

Certified midwives are educated to meet the same high standards that every state in the U.S. has recognized as the legal basis for nurse-midwifery practice. Educational programs for CNMs and CMs alike must incorporate ACNM Core Competencies for Basic Midwifery Practice. For CMs, the competencies delineated in the Knowledge, Skills and Behaviors for Basic Midwifery Clinical Coursework must be obtained prior to entry into the midwifery clinical courses of the curriculum or concurrent with them, in addition to college level courses in biology, chemistry, microbiology, anatomy and physiology, psychology, sociology, healthcare and nutrition, among others.^v

All education programs for CMs, like those for CNMs, award a post baccalaureate certificate or higher degree. Beginning in 2010, a graduate degree will be required for entry into clinical practice for both CMs and CNMs. CMs take the same AMCB certification exam as CNMs and study side-by-side with nurse-midwifery students in education programs.

CMs as Primary Care Providers

Like certified nurse-midwives, certified midwives are providers of primary health care for women and newborns. Consistent with care provided by CNMs, care by CMs incorporates all of the essential factors of primary care and case management that include evaluation, assessment, treatment and referral as needed. The model of primary care practiced by CMs is focused on the ambulatory care of women and newborns and emphasizes health promotion. This is completely equivalent to the model of primary care practiced by CNMs.^{vi}

Independent Certified Midwifery Practice

Independent midwifery enables CMs to utilize knowledge, skills, judgment, and authority in the provision of primary women's health services while maintaining accountability for the management of patient care in accordance with ACNM *Standards for the Practice of Midwifery*.

Certified midwifery practice is the independent management of women's health care, focusing particularly on common primary care issues, family planning and gynecologic needs of women, pregnancy, childbirth, the postpartum period and care of the newborn. The practice occurs within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.^{vii}

Policymakers who develop language related to the credentialing and privileging of CMs should incorporate the following principles at a minimum:

- Bylaws and guidelines of hospitals and other healthcare organizations should be written to ensure that the CM is accountable for the care she or he provides and should avoid requirements that create vicarious liability for other health care professionals.

- Bylaws and guidelines of hospitals and other healthcare organizations should not require routine physician co-signature on CM notes or orders in the medical record.
- The bylaws and guidelines of hospitals and other healthcare organizations should reflect the scope of practice of CMs as it is defined by national standards and state laws.
- The delineation of privileges for CMs should clearly state that the CM can admit and discharge patients, and should provide a mechanism for recognizing expanded practices that are distinguished from the standard privileges granted to CMs.^{viii}

Code of Ethics

Like certified nurse-midwives, certified midwives have three ethical mandates in achieving the mission of midwifery to promote the health and well-being of women and newborns within their families and communities. The first mandate is directed toward the individual women and their families for whom the midwives provide care, the second mandate is to a broader audience for the “public good” for the benefit of all women and their families, and the third mandate is to the profession of midwifery to ensure its integrity and in turn its ability to fulfill the mission of midwifery.^{ix}

Recent ACNM Efforts in Support of Certified Midwifery Nationally

Insurance Claim Equity

ACNM gained approval in 2008 from the National Uniform Claim Committee (NUCC) for an appropriate taxonomy code for CMs—effectively remedying an earlier NUCC decision to eliminate its CM taxonomy code. In protesting the CM taxonomy change, ACNM warned NUCC that the reclassification of CMs created a potential for altered risk assessments and insurance rate hikes for CMs that would be completely unwarranted and could well drive many CMs out of practice as well as provide a barrier to entry to practice. NUCC’s solution was to create a new designation for certified nurse-midwives and CMs as advanced practice midwives. The revision will ensure CMs are characterized appropriately given their training and education. ACNM is dedicated to working to maximize the extent to which CMs have the same rights and responsibilities as Certified Nurse-Midwives and are understood to have attained an equivalent credential.^x

Medicare Reimbursement Equity Lobbying

ACNM has been championing federal legislation to effectuate equitable treatment of CNMs and CMs under Medicare. Currently, most health care provider professionals receive 100% reimbursement for their services under the Medicare fee schedule, including all physicians (including chiropractors, optometrists, and podiatrists), nurse-anesthetists, audiologists, speech language pathologists, physical therapists, and occupational therapists. ACNM has sought to highlight the message that CNMs and CMs need to also be treated equitably for the services they provide as authorized by state law. CMs are generally reimbursed at the same level under most sources of public and private insurances as CNMs; however, CMs are not yet authorized to be reimbursed for provisions of Medicare services.

During the 110th Congress, two identical bills were introduced, S. 507 and H.R. 864, to provide CNM and CM equity. ACNM and its members’ intense advocacy helped to greatly increase the number of cosponsors and supporters of each measure. Though ACNM lobbied hard in 2007 for inclusion of CM language in the Children’s Health and Medicare Protection (CHAMP) Act addressing access to health coverage for children and Medicare provisions which passed the House, legislators ended up including only the CNM equitable reimbursement provision. Unfortunately, the CHAMP legislation thereafter was further trimmed and eventually enacted in a truncated form that did not address midwives’

reimbursement equity.^{xi} ACNM will again pursue legislation to accomplish equity for CNMs and CMs at the start of the 111th Congress in 2009.

References

ⁱ AMCB has procured registered service marks for both the CNM® and CM® credentials from the United States Patent and Trademark Office. A service mark is the same as a trademark, except that it identifies and distinguishes the source of a service rather than a product.

ⁱⁱ American College of Nurse-Midwives. Issue Brief: Midwifery Certification in the United States. http://www.midwife.org/siteFiles/education/Midwifery_Certification_in_the_US_1_18_08.pdf

ⁱⁱⁱ American College of Nurse-Midwives. Position Statement: Definition of Certified Midwife. http://midwife.org/siteFiles/position/Def_of_Mid_Prac_CNM_CM_05.pdf

^{iv} American College of Nurse-Midwives. Issue Brief: Midwifery Certification in the United States. http://www.midwife.org/siteFiles/education/Midwifery_Certification_in_the_US_1_18_08.pdf

^v American College of Nurse-Midwives. A Comparison of Certified Nurse-Midwives/Certified Midwives (CNMs/CMs) and Certified Professional Midwives (CPMs). http://www.midwife.org/siteFiles/legislative/CNM-CM-CPM_chart_FINAL_March_07.pdf

^{vi} American College of Nurse-Midwives. Certified Nurse-Midwives and Certified Midwives as Primary Care Providers/Case Managers. http://midwife.org/siteFiles/position/CNMs_&_CMs_as_PCP_05.pdf

^{vii} American College of Nurse-Midwives. Position Statement: Independent Midwifery Practice. http://midwife.org/siteFiles/position/Independent_Mid_Prac_05.pdf

^{viii} American College of Nurse-Midwives. Principles for Credentialing and Privileging Certified Nurse-Midwives and Certified Midwives. http://midwife.org/siteFiles/position/Principles_for_Credentialing_&_Privileging_CNMs_&_CMs_3.06.pdf

^{ix} American College of Nurse-Midwives. Standard Setting Document: Code of Ethics. <http://www.midwife.org/siteFiles/education/CodeOfEthicswithExplanatoryStatements2005.pdf>

^x American College of Nurse-Midwives. News Release: ACNM Succeeds in Petitioning for Coding Change, National Committee Creates New “Advanced Practice Midwife Category for CNMs and CMs.” http://www.midwife.org/siteFiles/news/ACNM_NUCC_Success.pdf

^{xi} Bradford, H. ACNM’s Push for CM Language in Senate Medicare Bill. August 27, 2007. http://www.midwife.org/siteFiles/legislative/CM_response_8_27_07.pdf

The ACNM “QuickInfo” series was developed by the Department of Professional Practice & Health Policy to respond to common inquiries by summarizing ACNM resources regarding a particular topic, as well as listing selected literature and a variety of other resources. Your feedback is welcomed; contact our department at (240) 485-1844 or pphp@acnm.org.

February 2009; Revised January 2010