

CERTIFIED NURSE-MIDWIVES (CNMs)
and **FEDERALLY QUALIFIED**
HEALTH CENTERS (FQHCs)

...a perfect match



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Certified Nurse-Midwives (CNMs) and Federally Qualified Health Centers (FQHCs)

FQHCs across the country have found that certified nurse-midwives (CNMs) offer a safe cost-effective, patient friendly solution to the challenge of providing women's health care, especially maternity services, to all women. Nurse-midwives are the ideal solution to staffing FQHCs. The work of nurse-midwives in FQHCs consistently produces impressive results. FQHCs contract with nurse-midwives for care of women across the life span including care during pregnancy and labor. Certified nurse-midwives have a long history of providing quality, evidence-based care to underserved women. With similar philosophies, nurse-midwives and FQHCs are a great match. **In fact, according to NACHC data, CNMs working in FQHCs cared for nearly 1 million patients in 2006 and the number of CNMs working at FQHCs has increased 13% since 2002.**

In this informational packet, you will find answers to frequently asked questions and brief descriptions of models that work! If you have any questions or suggestions, please contact me at the American College of Nurse-Midwives. Chances are the problems you face or anticipate have been dealt with by other FQHCs. Instead of reinventing the wheel, let nurse-midwives help you find the solution.

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With roots dating to 1929, the American College of Nurse-Midwives is the oldest women's health care association in the U.S. ACNM's mission is to promote the health and well being of women and infants within their families and communities through the development and support of the profession of midwifery as practiced by certified nurse-midwives and certified midwives. Midwives believe every individual has the right to safe, satisfying health care with respect for human dignity and cultural variations.

Nurse-Midwives and FQHCs

Frequently Asked Questions

Are nurse-midwives licensed?

Certified nurse-midwives (CNMs) are licensed to practice in all 50 states and the District of Columbia. This has been the case for many years.

What can CNMs do?

CNMs provide a number of women's health care services that compliment medical practice. CNMs are primary care providers who are educated to perform a comprehensive women's health assessment, screen for and treat common health problems, and prescribe medications, including contraception. They also provide prenatal care. Some CNMs see only normal, healthy women, while others provide maternity care in high risk clinics where medical conditions are managed collaboratively with physicians. Certified nurse-midwives' scope of practice includes admission history and physical exams, management of uncomplicated labors, attending normal spontaneous vaginal deliveries, cutting and repairing episiotomies, and providing postpartum care. With specialized training, some CNMs do advanced procedures such as first assist at cesarean section.

Can CNMs get hospital privileges?

Yes. 98 percent of the births attended by nurse-midwives are hospital births. In hospitals throughout the country, nurse-midwives have clinical privileges and are credentialed by the medical staff. The Joint Commission on the Accreditation of Health Care Organizations standards allows the medical staff to credential CNMs. For more information about credentialing, visit www.ShopACNM.com to purchase the *Clinical Privileges & Credentialing* handbook (ACNM, 2005).

Can certified nurse-midwives bill insurance, Medicaid and Medicare?

Yes. Both the Medicaid and Medicare laws permit reimbursement to certified nurse-midwives. The majority of insurance programs allow reimbursement to CNMs as either a primary or point of service provider. Billing can be for prenatal care, labor and delivery, family planning, and women's health services, and more. For more information about billing for CNM services, visit www.ShopACNM.com to purchase *Getting Paid* (ACNM, 2006).

How can Community Health Centers bill for labor and delivery?

- For questions about billing for labor and delivery, contact Martha Carter, CNM, Executive Director of FamilyCare Health Center in West Virginia. Office: 304-757-6999; e-mail: Martha.cookcarter@familycarewv.org; on the Web at www.familycarewv.org.

How are certified nurse-midwives educated?

To earn the credential CNM, one must graduate from a nationally accredited nurse-midwifery education program affiliated with an institution of higher education. There are 41 accredited programs in the US in prestigious universities such as, Yale, Columbia, Georgetown University, Vanderbilt and the University of Michigan. Graduates of an accredited program must pass a national certification exam. Most CNMs have a master's degree or higher. Many have worked for a number of years as a nurse; some hold degrees in public health; and some are also physician assistants and nurse practitioners.

How do nurse-midwives' schedules work?

For information about scheduling for on-call hours and office visits, contact Martha Carter, CNM, Executive Director of FamilyCare Health Center in West Virginia. Office: 304-757-6999; e-mail: Martha.cookcarter@familycarewv.org; on the Web at www.familycarewv.org.

Where can I get more information?

The American College of Nurse-Midwives, the professional organization for CNMs, sets the national standards for the education, certification and practice of certified nurse-midwives. ACNM has a variety of resources designed to assure successful practice. From handbooks on billing and coding to the latest data on state laws affecting practice, we serve as the individual consultation with nurse-midwives. The ACNM Web site, www.midwife.org, is a great place to look for information. For questions about laws and regulations, contact Roger Schwartz, JD, Legislative Counsel and Director of State Affairs at the National Association of Community Health Centers by phone at 202-296-0158, 3008 and by e-mail at rschwartz@nachc.com.

How can I find a midwife?

www.MidwifeJobs.com is the perfect place to find a nurse-midwife to work at your health center.

Midwives Working in FQHCs

South County Community Health Center of Pinellas County, Florida

Lynne Dollar is the director of the midwifery practice at the CHC of Pinellas South County in Florida. The CNMs that work at South County CHC were independent contractors until recently, when the CHC bought the CNM practice and the midwives became employees of the CHC. The employment of the CNMs has been a win-win situation for the women served by the CHC.

The five CNMs do Ob/Gyn visits at three centers. They are part of a full-scope practice with in-house family physicians and pediatricians. The CNMs attend births at a local level III hospital. The consulting physician for the midwifery practice is a perinatologist who also directs the residency practice at the hospital. The practice is partially subsidized by the residency service so there are no additional charges to the CHC. The CHC has also contracted with the hospital and the residency practice to provide care for medium risk patients and to attend their births.

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North County Community Health Center of Pinellas County, Florida

Karen Vaughn-Kerns, CNM is the director of the midwifery practice of North County CNMs for a CHC in Pinellas County, Florida. They currently have one office and work collaboratively to cover for vacations in the South County offices as needed. They are planning to expand to another office within the next year.

The scope of practice includes antepartum visits, intrapartum care at two local hospitals, postpartum, and gynecological care. The collaborating Ob/Gyn also sees patients in the office for a half day each week. They co-manage patients who have diabetes and mid-risk conditions with the physician. The physician has a contract with CHC and the CNMs are employees of the CHC.

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FamilyCare, Scott Depot and Charleston, West Virginia

FamilyCare Community Health Center began as an out-of-hospital birth center owned by a group of physicians. Two certified nurse-midwives incorporated the center as a non-profit in 1989 and Martha Cook-Carter, CNM, became the Executive Director. Family Medicine was added in 1997. The center was an FQHC look-alike until 2001, when it became an FQHC. Dental services were added in 2002. Family Care receives almost \$1 million a year in federal grants and uses the money to serve the uninsured and underinsured in the community. The center's staff has recently submitted a grant for mental health/substance abuse services and is working to incorporate pharmacy services at both main sites.

FamilyCare provides full-scope primary care at two sites and maintains a separate birth center. They offer family practice, pediatrics, women's health, prenatal care and delivery, dental care, limited mental health services, social services, childbirth education and some doula support. They employ 6.2 FTE nurse-midwives (seven people). They employ a full-time Ob/Gyn physician who is the back-up for the CNMs and provides care for increased risk OB patients and Gyn care and surgery. They also contract with about 10 Ob/Gyn physicians in the community for CNM collaboration.

Almost every provider in the practice does some Gyn care but the CNMs do the majority of the Gyn care. For patient's payments, there is a sliding fee scale for family planning and breast and cervical cancer screening and the Ob/Gyn does sterilizations. LEEP procedures are done by the Ob/Gyn and one CNM and the Ob/Gyn do colposcopies in the office. Last year they attended about 300 births (88% in hospital, 12% in the birth center).

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HealthNet, Inc., Indianapolis, Indiana

HealthNet's obstetric practice delivers more than 2,000 babies at Methodist Hospital each year. For more than 39 years, HealthNet has been a mainstay in the Indianapolis community. Through its network of five community-based health centers, one Ob/Gyn Care Center, and six school-based clinics, HealthNet serves over 40,000 individuals and families each year. Many of the patients are uninsured or underinsured and live below the federal poverty level.

HealthNet's services include primary and preventive health care, full-scope OB-GYN care, Healthy Families and Better Indy Babies, dental services, the Homeless Initiative Program, pharmacy services, counseling, outreach and social service programs.

HealthNet's health centers are Barrington Health Center, Martindale-Brightwood Health & Dental Center, OB/GYN Care Center, People's Health & Dental Center, Southeast Health & Dental Center, Southwest Health Center, and the Southwest OB/GYN Annex.

Certified nurse-midwives (CNM) see patients at each health center, employing a philosophy that remains sensitive to the cultural needs of each neighborhood. Currently there are 15 full-time and two part-time CNM employees. There are also three supplemental CNMs who help out in peak season and for vacation relief. Two full-time nurse practitioners see exclusively OB/GYN clients.

In 2005, HealthNet entered into a unique partnership with Methodist Hospital. An OB Hospitalist program was created, which allows 7 OB/GYN physicians to provide 24/7 hospital coverage for the Clarian OB residency program as well as the CNM Midwifery program. These physicians rotate to specific health centers to provide high risk consultation and care for the OB/GYN clients. The CNMs and OB/GYN physicians collaboratively oversee the Family Medicine OB rotation, with CNMs teaching the FM residents basic OB care, and the OB physicians overseeing higher risk situations. Two CNM salaries are supported by the hospital to help staff the OB Triage program that has been in operation since 2002 and sees approximately 350-400 patients per month.

The midwives provide most of the antenatal care in the health centers with consultation, collaboration and referral to OB/GYN physicians for those at higher risk. There is access to a maternal/fetal medicine group for the highest risk women, as needed. However, there is an attempt to provide care for patients close to home at their respective health centers as much as possible. The midwives practice full-scope midwifery care. The group attended 2,300 births last year; with the majority of the hospitals' patients being served by the HealthNet Hospitalist program. When a client develops complications in labor, they may be managed collaboratively with the CNM and OB resident or may be transferred to the OB Hospitalist for further care.

Methodist Hospital collaborates with the HealthNet midwives for coverage of the hospital's obstetric triage area. This program was begun in response to the heavy work load of the residents, and the unacceptable patient waiting time of 4-6 hours. The midwifery group sees all patients who present in the obstetric triage area and refers any high risk patients to the OB residents while overseeing the flow of patients through the unit. This very successful endeavor has resulted in increased efficiency of triage beds, with average service time of < 2 hours per patient and with positive feedback from the hospital administration and physicians.

Many CNMs and nurse practitioners have benefited from the National Health Service Corps loan repayment and scholarship programs due to our service to these vulnerable populations. With the growing Latina migration to Indiana, many providers are able to use their Spanish skills on a regular basis.

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Brockton Neighborhood Health Center, Brockton, MA

This health center provides adult medicine, family practice, obstetrics and gynecology, pediatrics, a teen clinic, an HIV clinic, social services, and dental care. Specialty consultants to the clinic include obstetrician/gynecologists, psychiatrists, a gastroenterologist, a neurologist, an ophthalmologist, a nutritionist, and a WIC program.

The obstetrical service is staffed by certified nurse-midwives (CNMs) who care for all pregnant women who are patients at the health center regardless of risk status. The CNMs co-manage care with the consulting obstetrician if the patient is outside the midwives' scope of practice, but they retain primary responsibility for all obstetrical patients. CNMs provide antepartum, intrapartum, postpartum, family planning, and some primary care. Because there is in-house internal medicine, the midwives usually refer primary care patients.

The CNMs also do hospital rounds for health center patients who have delivered, including those who had cesarean sections and those admitted with antepartum problems such as hyperemesis. The clients are primarily immigrants from Cape Verde (40%), with many women from Haiti, Brazil, and other Central and South American countries. The midwives are currently attending 15-24 births per month in the local hospital.

While a full-time nurse practitioner at the health center is expected to work five days per week, the CNMs have adjusted hours in order to provide 24 hour/seven-day-a-week coverage for labor and birth. A full time CNM works in the clinic 24 hours per week (two full days and two ½ days per week), one hospital day for inductions, two nights on call per week and two out of five weekends. On other days, the CNMs cover the hospital from the office and cancel/reschedule patients as needed. There is no adjustment to the schedule post-call, so they can be up at night and in the office during the day. Routinely they work much more than 40 hours per week between office and hospital duties.

At the moment, there are two full-time and 1.6 FTE nurse-midwives employed by the health center although they plan to increase that to three FTE. The primary collaborating physician is a consultant to the health center who sees health center patients once a week in addition to his own private practice. There are two additional obstetricians who provide weekend coverage. All three obstetricians are supportive of the certified nurse-midwives.

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North County Health Services Women's Center, San Diego, CA

This nurse-midwifery practice began in a small community hospital in northern San Diego County in 1994, and had contracts to provide obstetrical care with North County Health Services (NCHS) for many years. In 1999, the practice was sold to NCHS and the nurse-midwives had the opportunity to either contract to NCHS or to become employees. They chose the employee route as it offered the strengths of a large organization plus the tremendous benefit of being covered by the federal tort act for liability coverage.

With 8.5 FTE certified nurse-midwives (CNMs) providing the primary Ob care in a collaborative model with obstetrician/gynecologists, the midwives attend 70-80 births per month. NCHS has seven health centers and a mobile van that reaches migrants. The CNMs provide prenatal care at four clinic sites and contracts with a second group of midwives who provide prenatal care at one additional site and attend births at a second hospital.

The midwives also staff a home visiting program and all moms are offered at least one postpartum home visit. The majority of the women they serve are Spanish-speaking immigrants. Being part of a well-known non-profit has helped with several large grants (they now have a doula training program for Spanish-speaking women) and a CNM in a grant-writing position. And, says Susan Melnikow, CNM, "We are still a work in progress."

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Greater Philadelphia Health Action, Philadelphia, PA

Greater Philadelphia Health Action is an FQHC providing ambulatory primary care and behavioral health services in the Philadelphia area. There are eight facilities. The center provides full reproductive health services including prenatal care at five sites. The prenatal services are provided by nurse-midwives who are employed by two local university health systems. The center subcontracts with the health systems for midwifery services. The center bill for the prenatal care and pays the midwives an hourly rate. The health systems bill for the deliveries.

There is a nurse-midwife on staff who serves as the Director of Ob/Gyn services. She sees new prenatal patients and walk-ins on days when the midwives are not present at the sites. She also is the liaison with the practices to insure a smoothly functioning relationship. They have recently introduced Centering Pregnancy, a group prenatal care program. The physician and nurse-practitioner staff works with the midwifery staff to provide primary care, colposcopy and family planning services to the maternity clients.

Contact: Julie Cristol, CNM, MSN
Director of Ob/Gyn Services, Greater Philadelphia Health Action

East Chicago Community Health Center, East Chicago, IN

Debra A. Equihua is a bilingual CNM practicing full-scope midwifery at the East Chicago Community Health Center. The health center group consists of one CNM and three physicians. They provide Ob/Gyn services. Two of the physicians see patients two days a week at the clinic and Debra see patients four days a week.

When she started in June 2004, Debra saw approximately 10-15 patients a day. Now, she sees approximately 30 patients a day and assists in three times the number of births. Debra is committed to providing accessible, culturally sensitive, and holistic care. Within the health center, Debra is able to refer patients and their family members so they can get appropriate and timely care.

“This is all accessible and easily obtainable at a community health center,” Debra said. “It comes easily when you have a CEO that is equally committed and concerned. It comes easily when you have physicians, and other departmental services working toward the same commitment. The commitment is to provide accessible, culturally sensitive holistic care. I would not practice any other way.”

Cornell Bradley, Executive Director of the center is pleased with Debra’s contributions. “I’d like to add another midwife,” he said. “We get a lot of bang for our buck. I’ve never had a complaint about our nurse-midwife.”

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Mercy Health Clinic, Benton Harbor, MI

Mary Middleton, Executive Director at Mercy Health Clinic in Benton Harbor counts three important ways the nurse-midwives on her staff help her health center and the community:

- 1) Decreased medical costs because patients are not sent to the ER, but are seen by the CNMs during labor and delivery.
- 2) The center captures the “encounter” by either adding the visit (if it is Ob-related) to the number of prenatal visits or, if the visit is unrelated to the pregnancy, by billing an encounter.
- 3) Cost savings. Employing nurse-midwives is cheaper than employing Ob/Gyns. No one would be able to afford to employ that many OB/Gyns. In our community, all the Ob/Gyns take call, so whoever is on call serves as backup to our nurse-midwives whose patients need cesarean sections or have difficult births or other problems. The doctors are happy because they do not have to provide care for 450 high risk births to a Medicaid population, which leaves their private practices to serve the commercially insured in our communities.

It wasn't easy to arrange all this; we had a little clout from our health system in that this model modified the department rules that all Ob/Gyns would assist in backup for the care of this indigent population in our community.

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Hutzel Women's Hospital/University Women's Care, Detroit, MI

The CNM practice at Hutzel Women's Hospital has a long history with the Detroit Health Department and had been the primary provider of women's services since the early 1980s. More recently, the Detroit Community Health Connection assumed responsibility for some of their clinical sites and contracted with the Hutzel practice to continue Ob/Gyn care. The midwives deliver the women from these sites at Hutzel Women's Hospital.

Recently, DCHC decided to employ physicians and CNMs. The midwives are the primary coverage along with the faculty of Wayne State University when the DCHC staffs are in their clinics.

Hutzel's staff has suggested that the DCHC would be better served by providing better continuity of care and excellent quality by renewal of a contractual arrangement with the Department of Ob/Gyn for Nurse-Midwifery services. There is a CNM in the hospital 24 hours a day, 7 days a week.

We have enjoyed a collegial relationship with the staff of DCHC and are most interested in providing excellent care to the women who access care at these sites. We also continue to give care at multiple sites including the Detroit Department of Health and Wellness (renamed from the Detroit Health Department).

Contact: Mary Lewis
Director, Division of Nurse-Midwifery, Hutzel Women's Hospital/University Women's Care

Midland Community Healthcare Services, Midland, Texas

At Midland Community Healthcare Services, Bernice Hutson, CNM and Linda McGuire-Dreyer, CNM work with three physicians to provide prenatal care, family planning and well-women care and additional services including social services and childbirth education to women and their families in Midland, Texas. There is always a midwife or physician on call to attend the labor and delivery of the patients.

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CommuniCare Health Center, Davis, California

CommuniCare Health Center's Perinatal Program was established in 1983. FQHC look-alike status was conferred in 2005 and full FQHC 330 status was conferred in April 2007. Care is provided by a team of 4 CNMs, 6 Health Educators, 1 Registered Dietician, 3 MSWs, an IBCLC, and 3 Clinic Managers. Prenatal care is provided at 4 clinic sites and births are at a community hospital in Davis, California. The staff speaks Spanish. Medical supervision is provided by a group of private practice OB/GYNs who are available for consultation. The CNMs consult and co-manage for many high risk conditions such as diabetes, hypertension, thyroid problems and multiple gestations. Rarely, patients are referred to a Perinatology Group.

The Perinatal Program serves a 100% MediCal or AIM population. Private insurance is not accepted.

65% of the patients are Spanish speaking and 20% are Caucasian, including a Russian immigrant population. Additionally, we serve the Laotian and Cambodian communities.

In addition to 84 hours/week of prenatal clinics, the Perinatal Program offers ultrasound, specialized diabetes clinics, Centering prenatal care, a baby clothes give-away program and both in-patient and out-patient lactation services.

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Peoples Clinic (Clinica Campesina) Boulder, Colorado

Peoples Clinic is a Community Health clinic in Boulder, Colorado. We have recently merged with a multi site CHC serving Adams and Boulder Counties. Jan Blanchard, CNM and Merrilyn Artman, CNM, along with other per diem CNMs, provide women's health care including Gyn and Ob services. The service is supported by an OB/GYN who works fulltime for Clinica Campesina's Peoples Clinic site and community OBs. A portion of our OB call is shared with the Family Practice physicians. Our goal is to have a service staffed only by CHC providers. The clinic provides health services for the entire family and has in house behavioral health services. The clinic also employs a pediatrician.

We attend births at Boulder Community Hospital Family Birth Center. BCH has a Level II nursery. We also provide postpartum home visits for mom and baby.

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Family Health Centers of SW Florida, Fort Myers, Florida

Family Health Centers (FHC) of SW Florida was started in 1964 by Lilai Hamric as a migrant outreach clinic to address the health care needs of the indigent population of Lee County, Florida. It was incorporated as a Community Health Center in 1977.

FHC has grown from one clinic operated out of a trailer to multiple locations in Lee and Charlotte counties. Women's Health Services are provided at the Downtown Fort Myers Location by a team of eight CNMs and three OB/GYNs. FHC also provides Family Practice/Internal Medicine, Pediatric, and Dental Services. Pharmacy, Social Services, and a Medicaid case worker are on the premises, ensuring comprehensive care. Our referral coordinator schedules referrals with Maternal Fetal Medicine or other specialists as needed.

FHC delivered 1776 babies last year, approximately 70% of the total births at our hospital. Our CNMs manage all vaginal deliveries over 34 weeks and collaboratively manage high risk deliveries (such as IDDM) with our OB/GYNs, as well as scrub in on cesarean sections. High Risk meetings are held twice monthly to discuss complicated cases, and a diabetic clinic run by the physicians is used to manage diabetics with the help of our RN/diabetic counselor.

We have instituted a CenteringPregnancy model of care on a large scale; currently approximately 80 pts per due date month are in a Centering group. Centering groups provide a high quality educational experience for pregnant women, and are offered in English or Spanish. High risk and late to care women are seen in the regular clinic.

Our midwife team has a nice mix of experienced and recent entry to practice midwives. Several CNMs are fluent in Spanish. The office staff includes several Spanish speaking MAs as well as two who speak Creole. FHC proudly provides quality care to the population it serves.

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