

CERTIFIED NURSE-MIDWIVES
and **FAMILY PHYSICIANS**
...a perfect match



*Working
Together for
Healthy
Families*

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Establishment of Nurse-Midwifery in the US



Mary Breckenridge, a pioneering nurse who founded the Frontier Nursing Service (FNS) in eastern Kentucky, brought nurse-midwifery to the United States. Breckenridge established the FNS in the early 1920s to provide family health services to isolated areas in the Appalachian Mountains by sending public health nurses to their patients on horseback. In 1929, after learning about the excellent care provided by nurse-midwives in France and England, Breckenridge invited British trained nurse-midwives to join FNS.

Midwifery has grown steadily in the US since the days of Mary Breckenridge, with particularly marked growth in the past fifteen years. Since 1990, the number of births attended by certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States has more than doubled. This growth is supported by published research demonstrating that CNMs/CMs provide high-quality care with outcomes comparable to or better than other providers, high levels of patient satisfaction and lower costs due to fewer unnecessary, invasive, and expensive technologic interventions. For more information, please see *Midwifery in 2008: A Summary of Research on Midwifery Practice in the United States*, available on the ACNM Web site at www.midwife.org.

Midwives and Family Medicine: Promoting Family-Centered Care

The core values of family medicine – continuity, comprehensive, compassionate and personal care provided within the family and community - are also hallmarks of midwifery care. Today, midwives* work with Family Medicine Physicians to provide health care to women in rural areas, from the islands off the coast of Alaska to the Florida Keys and from New York City to the Rio Grande Valley. Physicians, hospital administrators and women find that midwives, as licensed independent health professionals (LIPs), offer a cost-effective, patient friendly solution to the challenge of providing maternity, gynecological and primary health care to women through the entire life cycle.

Midwives are frequently found as attendees and instructors at the American Academy of Family Physicians' (AAFP) Advanced Life Support in Obstetrics (ALSO) courses, and have a long history of teaching normal obstetrics to family medicine residents. These opportunities for teaching and learning together have forged many collaborative practices.

This booklet answers FAQs about midwifery care and provides brief descriptions of several Family Medicine practices that are working with midwives. If you have questions about working with a midwife in your area, please don't hesitate to contact me.

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*Throughout this document, we use "midwives" to refer to CNMs and CMs. There are other midwifery credentials used in various states, with the Certified Professional Midwives (or CPM) being the most common. ACNM does not represent midwives other than CNMs and CMs.

Midwives and Midwifery Practice

Frequently Asked Questions

How can certified nurse-midwives (CNMs) help my practice?

Most physician/nurse-midwife teams report a high degree of provider and patient satisfaction. Having a nurse-midwife frees the physician to spend more time in surgery, take care of patients with medical complications and perform complex medical procedures. Nurse-midwives can compliment the practice by providing comprehensive patient education, managing healthy gynecological and maternity clients and/or seeing clients who respond well to the midwifery philosophy of care. Patients like the extra attention and they like knowing that a physician is available if needed.

How are midwives licensed?

Certified nurse-midwives (CNMs) are licensed to practice and write prescriptions in all 50 states and the District of Columbia. This has been the case for many years. CMs (a newer credential) have the same midwifery education and credentialing as CNMs but are not nurses. CMs are currently licensed in New York, New Jersey and Rhode Island.

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What can CNMs/CMs do?

CNMs/CMs provide a number of women’s health care services that compliment medical practice. CNMs/CMs are primary care providers educated to perform a comprehensive women’s health assessment, screen for and treat common health problems, and prescribe medications, including contraception. They provide prenatal care. Some midwives see only normal, healthy women, while others provide maternity care in high risk clinics where medical conditions are managed collaboratively with physicians. CNM/CM 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 midwives do advanced procedures such as first assist at cesarean section and colposcopy and limited obstetric ultrasound.

Can CNMs/CMs get hospital privileges?

Yes. 97 percent of the births attended by CNMs/CMs are hospital births. In hospitals throughout the country, nurse-midwives have clinical privileges and are credentialed by the medical staff of hospitals as allowed by the Joint Commission. 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/CMs 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, among others. For more information about billing for midwifery services, visit www.ShopACNM.com to purchase *Getting Paid: Billing, Coding and Payment for Midwifery Services* (ACNM, 2006).

How are midwives educated?

To earn the credential CNM or CM, one must graduate from a nationally accredited midwifery education program. There are 40 accredited programs in the US at such prestigious universities as Yale, Columbia, Georgetown, Vanderbilt and the University of Michigan. Graduates of an accredited program must pass a national certification exam; CNMs and CMs take the same certifying examination. Most CNMs and CMs 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 nurse practitioners.

Are CNMs/CMs involved with the education of family medicine residents?

Yes. Nurse-midwives have long served on medical school faculties and played an important role in medical education, precepting medical students as well as working with obstetric residents and family physicians (see in particular, Payne PA, King VJ. A model of nurse-midwife and family physician collaborative care in a combined academic and community setting. *J Nurse Midwifery* 1998; 43:19-26.) Midwives work collaboratively with house staff (in both obstetrics and family medicine residencies) and are able to share their expertise in primary and preventive health care and normal obstetrics.

A 1994 survey revealed that more than one half of U.S. allopathic medical schools were formally using CNMs as educators. Since the advent of the 80-hour week for residents, midwives have played an increasingly important role staffing Labor & Delivery in some hospitals.

In 2006, the Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committee for Family Medicine (RRCFM), accepted revisions to the residency guidelines that acknowledged the role that midwives had long played in educating family medicine residents, specifically referring CNM supervision of family medicine residents during their labor and delivery rotation. The core values of family medicine – continuity, comprehensive, compassionate and personal care provided within the family and community are also hallmarks of midwifery care. Many family medicine residents and midwives remember those teaching rotations with great understanding and satisfaction.

I would like to hire a CNM, but I am overwhelmed with the issues of compensation, privileges, scope of practice, etc. Who should I ask?

There are many consultants who can walk you through the process and help you prepare to hire a CNM. Please contact the ACNM Professional Services Department for recommendations at profsvc@acnm.org or 240-485-1844.

How can I find out more?

The American College of Nurse-Midwives, the professional organization for CNMs and CMs, sets the national standards for midwifery education, certification and practice. 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 expert advisors and can provide individual consultation. The ACNM Web site, www.midwife.org, is a great place to look for information

How can I find a midwife?

www.MidwifeJobs.com is the perfect place to find a midwife to join your practice.

Midwifery and Family Medicine Practices

Norton Family Practice *Muskegon, Michigan*

Norton Family Practice is a private practice with 10 FP physicians, 1 CNM and 1 FNP. The CNM is in full scope midwifery doing ob/gyn with 3 FP physicians who do OB and takes referrals from the other family docs who have retired from OB. The practice is 100% community hospital based deliveries in a Level 2 hospital. The CNM shares call with FP physicians and consults with them for general medical consults and consults with Ob/Gyns at hospital for obstetric issues as do the FP physicians. FP group is 40 years in existence and CNM has been there for 6 years.

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Muskegon, Michigan 49444
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University Family Physicians *Cincinnati, Ohio*

Michelle Zamudio, CNM has learned that Family Medicine Physicians and CNMs have a similar philosophy for providing care. Since joining the staff at University Family Physicians as the sole midwife working with three Family Medicine Physicians, Zamudio has learned that Family Medicine philosophy is a great deal like midwifery!

Zamudio had worked with Dr. Monteil Rosenthal in Morehead, Kentucky. In October 2006, with her support, she joined University Family Physicians. Zamudio is responsible for providing women's health care and full-scope midwifery services in their office-based practice and is on-call for deliveries.

Her position also includes residency training with a University of Cincinnati Maternity Faculty appointment. The University of Cincinnati's Family Medicine program has a strong women's health component, making Zamudio's women's health and midwifery background particularly valuable. Zamudio teaches OB and Gyn topics in the classroom and provides clinical supervision to medical students and residents. Currently, the practice delivers about 15 patients a month and this arrangement is in the building phase! There are 4 primary Maternity Faculty at 3 of the 4 primary office sites. Dr Rosenthal has incorporated midwifery into the Family Medicine philosophy of the practice. Zamudio has full faculty benefits and responsibility with respect to teaching and evaluating FM residents. It is a 2-tier model, with the practice using 3 local Board Certified OB/GYNs as back-up for high-risk and surgical deliveries.

"We learn from each other, though I am clear to not practice family medicine in the office," she says. "Patients and staff have gotten used to this idea, and I only do 'the girl's stuff!' Patients are particularly thrilled to not go outside the practice for OB/GYN care. I strongly believe that this model will improve not only access to women's services for patients in Cincinnati, but also the outcomes of their care," says Zamudio.

Dr. Rosenthal agrees. “We deliver at a large community hospital in Cincinnati, and have a separate Prenatal Clinic, based near the Christ Hospital for residency education and underserved perinatal care,” he says. “Within the last academic year, we have had the benefit of the addition of a CNM, Michelle Zamudio, to our Maternity Faculty. She brings her expertise to our Maternity Services, and routinely supervises our Family Medicine Residents in-house. She additionally has her midwifery practice within our residency FPC site, and is routinely available to residents for teaching and precepting. She is a natural fit and is well received by residents, faculty, and the community OB/GYNs.”

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Maryland General Hospital *Baltimore, Maryland*

Maryland General Hospital is a community-based facility in inner city Baltimore that is associated with University of Maryland. Their clients are mostly of lower socioeconomic backgrounds, and are mostly covered by Medicaid. The practice is a model midwifery service which was initiated in 2003 when the OB residency program closed down. The Ob/Gyn director, Dr. Bruce Gneshin, had worked as a consultant with the midwives of Baltimore Birth Center, which closed in 2004 after 23 years. When the residency closed, Dr. Gneshin decided to staff the OB unit with midwives. The practice consists of five Ob/Gyn physicians and five full-time and two part-time CNMs. Clients are initially randomly assigned to either MDs or CNMs, and are seen in the clinic for their prenatal care. When coming in for delivery, they are triaged and delivered by the midwife on staff covering labor and delivery. There is always an Ob/Gyn in house to assist as needed with high-risk or emergency situations, but the vast majority of clients are delivered by midwives. Midwives here admit, discharge, and do rounds with the clients. The midwives also first assist in surgery (cesarean section, tubal ligation), and have in the past done circumcisions. The midwives are responsible for overseeing care for all clients on the unit.

There are two family practice doctors and one private OB/GYN who deliver their clients at Maryland General Hospital. The midwives provide delivery services for another OB/GYN who occasionally covers shifts for the physicians. In addition to assisting the family practice physicians with triage and labor services, the midwives also cover for them when they are on leave and deliver and round on their patients.

The midwives train and mentor family practice residents (2 per month) from the University of Maryland Family Practice program. These residents, usually first- and second-year, do a substantial portion of their OB training at the facility. They consistently tell the midwives that training with

them is the most enjoyable and most well-rounded OB experience that they receive during their courses of study. Some of them have come back for additional time and training in order to enhance their knowledge of obstetrics and midwifery. The midwives at Maryland General also train family nurse practitioners and midwifery students.

“We value the collegial relationship we have with both the family practice residents and physicians with whom we come in contact,” says Tina Johnson, CNM. “Their knowledge, holistic approach, and considerate, personalized care resonate well with the hallmarks of midwifery.”

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Muskegon Family Care *Muskegon, Michigan*

Muskegon Family Care is a Federally Qualified Health Center that provides a range of services far greater than an “ordinary doctor's office.” The health clinics offer a full range of primary care services to families including well and sick visits, immunizations, well-child care, pregnancy care and deliveries, family planning services and osteopathic manipulation. Other services include a dental clinic, behavioral health clinic, and a maternal infant health program. Family Practice Physicians, Physician Assistants, and Family Practice Residents provide the care to the patients at the clinic. Dr. Katherine Keller, DO runs the Residency program and has experience working with Nurse-Midwives throughout her career as a resident and as a Physician. Muskegon Family Care hired its first Certified Nurse-Midwife in May 2007. Bethany Brown, CNM has served area as an RN in labor in delivery for many years and the physicians at Muskegon Family added her services starting in September 2007, and the possibility of opening a Certified Nurse-Midwife Clinic to cover the deliveries within the practice. This would require the addition of 2 or 3 more midwives once Bethany gets established.

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Alamance County Health Department *Burlington, NC*

At the Alamance County Health Department there are two CNMs, three family practice physicians and a PA. This county health department provides maternity and STD/Family Planning Services.

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Women's Wellness and Maternity Center *East Tennessee*

Women's Wellness and Maternity Center (WWMC) is a birth and women's center in rural East Tennessee. The center has been operating in this community for over 23 years, and provides comprehensive maternity care and birth center delivery, hospital delivery, women's primary care, and well baby care.

Primary care providers are Certified Nurse-Midwives with family physician Medical Director Barbara Levin, MD who provides consultation as needed. WWMC is a non-profit center, where the building is owned by the county, which appoints the Board of Directors.

The practice is a licensed, accredited birth center, as well as a Rural Health Clinic. The mission of WWMC is to provide access to high quality birth and women's health care services, regardless of ability to pay. Outcomes have been excellent over the years, with a cesarean rate of fewer than 10%, and breastfeeding rates that are higher than average for this rural community.

Family physicians, which have their own obstetrics practice, are on call when women are in labor at the center, and are consulted for problems with either the laboring mother or the newborn. Clients are referred to the family practice as needed for follow up, circumcisions, and ongoing care. This continues to be a positive collaborative arrangement between the birth center and family practice group.

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Union Hospital's Family Practice Residence Program *Terre Haute, IN*

For three years, Ruthann Mishler, CNM has worked at a practice in Terre Haute, IN, where she is clinical faculty for Union Hospital's Family Practice Residency Program. Mishler will soon be joined by a second CNM, Deborah Woolley. Mishler works in the clinic and at the hospital with the residents, giving them an alternative to the conventional medical approach to caring for childbearing women. Mishler also has a small private full-scope midwifery practice.

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SIU Center for Family Medicine *Springfield, IL*

The SIU Center for Family Medicine practice employs two certified nurse-midwives (CNMs) in a family practice residency program. The CNMs staff two offsite prenatal clinics. One is located in an urban Federally Qualified Health Center (FQHC) and the other is in a Rural Health Department. At both of these clinics there are FP residents who rotate through during their community health rotation, third and fourth year medical students doing clerkships with the department, and nursing students. One of the midwives started the clinics. With the addition of these clinics, the number of births increased to over 400 per year for the practice. Due to the large volume, the practice offers an Advanced OB Track option for the residents. Many of the residents have gone on to OB fellowships and have incorporated OB into their practices. In addition to these offsite clinics, the midwives see patients at their own clinic. Additionally, one of the midwives performs 1st trimester ultrasounds and Aphis that residents rotate through.

The midwives alternate working in the clinics so they can cover the hospital OB service on Monday through Friday from 7:00 a.m. to 5:00 p.m. The CNMs each take OB call one night a week and some weekends. With the advent of the change in the RRC guidelines last year, they are now able to supervise the residents for deliveries without the attending having to be in-house. This enables the attending on in-patient service to round at the hospital without having to cover OB. They find this really helpful because they cover two hospitals. By covering all day, midwives are able to work with the residents one-on-one when they are on OB, greatly increasing their knowledge. The CNMs teach them OB triage, antepartum, intrapartum, and postpartum management. Their other academic duties include teaching an annual Advanced Life Support in Obstetrics (ALSO) course to new residents, coordinating longitudinal education at conference, and putting together an OB Curriculum on WEB-CT.

This practice model is located at:
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Kayenta Health Center *Kayenta, AZ*

The Kayenta Health Center is an Indian Health Service outpatient clinic/ER located in northern Arizona in a remote and impoverished area of the Navajo Nation. A family physician and nurse-midwife provide prenatal care for approximately 150 women each year, including higher risk patients with pre-existing or Class A2 gestational diabetes, chronic hypertension, history of substance abuse, and extreme social stress. With group prenatal care, family physicians and midwives have the opportunity to engage in a fruitful and rewarding collaborative care model. Centering Pregnancy was implemented at this clinic in July 2006, and has been an overwhelming success.

At Kayenta, the family physician and midwife alternate facilitation of groups, which are started every other month and include between 6 and 12 women due within 8 weeks of each other. No woman is excluded from participation in group, though high risk women may require additional time after the group session, and/or additional visits. Fewer than 50% of the prenatal clients are excluded from Centering, primarily due to late presentation, lack of child care, or rigid school/work obligations. Very few women refuse based on preference. A Navajo nursing assistant co-facilitates the group, which meets in the facility's only large conference room. Because the clinic has transitioned to an Electronic Health Record, providers document on the paper flow sheet during "mat time" and then complete a group prenatal template when group ends. If a patient requires further, non-urgent evaluation, she is sent after group to the clinic to see the provider not facilitating group.

With group care, show rates have been much higher than in traditional one-on-one care, and patient satisfaction appears high based on regular written evaluation and verbal feedback. Furthermore, job satisfaction has improved, insofar as both the family physician and midwife have the opportunity to connect with women to a much greater extent and to watch them blossom into empowered, well-informed mothers-to-be. In addition, the clinic is able to bill not only for routine prenatal care, but also for additional education/counseling time. In a setting with limited resources, Centering Pregnancy incorporates the essentials of prenatal care (support, education, empowerment), increases patient satisfaction, rejuvenates hardworking providers, and brings money to the clinic.

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