

# Midwifery Certification in the United States

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The purpose of this document is to provide a brief overview of the midwifery profession in the United States, and clarify the position of the American College of Nurse-Midwives (ACNM) with regard to midwifery credentials and appropriate qualification for midwifery practice. ACNM looks forward to the day when there is one unified profession of midwifery, with unified standards for education and credentialing, working toward common goals. In the meantime, we continue to maintain and promote ACNM standards for academic preparation and clinical practice.

### **Therefore, ACNM supports the following definition of a professional midwife:**

A professional midwife in the United States is “a person who has graduated from a formal education program in midwifery accredited by an agency recognized by the U.S. Department of Education. The professional midwife has evidence of meeting established midwifery competencies that accord with a defined scope of practice corresponding to the components and extent of coursework and supervised clinical education completed. In addition, this person has successfully completed a national certification examination in midwifery and is legally authorized to practice midwifery or nurse-midwifery in one of the 50 states, District of Columbia, or U.S. jurisdictions.”

### **ACNM supports laws and regulations that include:**

1. Successful completion of a formal education program in midwifery accredited by an agency recognized by the U.S. Department of Education.
2. Successful completion of a national certification examination in midwifery.
3. Successful completion of regular recertification/continuing education.
4. A scope of autonomous practice that is consistent with the content of the education process and certification exam.
5. Support for seamless access to and consultation and collaboration with qualified health care professionals and institutions, as needed, within the healthcare system.

### **Background**

Midwifery is an ancient calling with a proud tradition. In most developed countries the education and training of midwives developed as an independent profession alongside medicine and nursing. In the United States, midwives—formally and informally trained—continued the proud tradition of attending childbearing women at home until the early part of the 20th century when the medical community promoted the surgical specialty of the obstetrician-gynecologist, effectively replacing the midwife. By mid-century, most women had moved into the hospital for labor and birth, influenced by the lure of analgesia and anesthesia for pain relief and the promise

of safety for women with complications, as well as third-party insurance policies that paid only for physician and hospital services. Midwives were not included in this shift into the hospital. However, in the 1920s and 1930s, the Frontier Nursing Service in a remotely rural area of the Appalachian Mountains of Kentucky, and the Maternity Center Association in the heart of New York City, established services for underserved women and introduced the formally educated public health nurse-midwife. Both of these services demonstrated that nurse-midwives could lower maternal and infant mortality rates with strong preventive care. Both services established schools for educating nurse-midwives and promoted the expansion of nurse-midwifery education and services in the United States.

From the beginning, nurse-midwives have also provided essential primary care to women and their families in a variety of settings. In the 1950s, nurse-midwives were recruited by obstetricians to help with the care of the poor in hospitals. In the 1960s and 1970s, the popularity and acceptance of nurse-midwives within mainstream medical practice increased dramatically. At that same time, the freestanding birth center was developed by nurse-midwives. Concurrently, there was a resurgence of apprenticeship-trained birth attendants providing homebirths in response to women's dissatisfaction with medicalized hospital births.

Over the past 70 years, nurse-midwives in America have continued the tradition of providing comprehensive care to women. Nurse-midwives practice in collaboration and consultation with other health care professionals, providing primary, gynecological and maternity care to women in the context of the larger health care system. In 2004, nurse-midwives attended more than 11% of all vaginal births in the U.S. ACNM is the national organization representing more than 6,000 certified nurse-midwives (CNMs) and certified midwives (CMs) from all 50 states, the District of Columbia and most U.S. territories. ACNM is proud of our dual education and heritage in nursing and midwifery. However, as has been demonstrated in other countries, ACNM recognizes that this dual preparation is *not* an essential requirement for providing competent midwifery care to women and their families and has established and evaluated education for Certified Midwives (CMs).

### **The ACNM Accreditation and Credentialing Process**

From 1982 to 1997, the ACNM Division of Accreditation (ACNM-DOA, recognized by the U.S. Department of Education) only accredited educational programs for nurse-midwives. Only graduates from those programs were eligible to sit for the national certification exam offered by the ACNM Certification Council (ACC). Because ACNM believes that a nursing credential is not the only avenue of preparation for midwives to deliver safe and competent care, we moved to accredit education programs for midwives who do not wish to earn a nursing credential. The American Midwifery Certification Board, Inc. [AMCB, formerly the ACNM Certification Council, Inc. (ACC)] opened its national certification exam to non-nurse graduates of midwifery education programs and issued the first certified midwife (CM) credential in 1997.

Certified midwives are educated to meet the same high standards that certified nurse-midwives must meet. These are the standards that every state in the U.S. has recognized as the legal basis for nurse-midwifery practice. All education programs for CMs, like 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 some education programs. As an organization, ACNM supports efforts to legally recognize CMs as qualified midwifery practitioners granted the same rights and responsibilities as CNMs.

### **International Definitions of Birth Attendants**

In addition to the AMCB certification process for graduates of ACNM-DOA accredited education programs, there are other organizations in the U.S. with different standards for education and examination that provide a credentialing process for birth attendants. As a result, there are individuals who may be identified as midwives who are licensed or permitted by the state to practice, yet have varying backgrounds in education and experience, which may cause confusion for consumers, health care institutions, and state legislators and regulators alike.

The International Confederation of Midwives (ICM) and World Health Organization (WHO) have defined a midwife as a person who, “having been regularly admitted to a midwifery education program duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.” Studies have documented the quality of care provided by midwives who meet this standard in both industrialized and developing countries.

ICM, WHO and the International Federation of Gynaecologists and Obstetricians (FIGO) adopted a joint statement drawing a distinction between the *skilled attendant*—defined as an “accredited health professional, such as a midwife, doctor or nurse, who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns”—and the *traditional birth attendant* (TBA), defined as the “traditional, independent (of the health care system), non-formally trained and community-based provider of care during pregnancy, childbirth and the postnatal period.” This distinction is important, as these organizations identified the necessity of increasing the number of *skilled attendants* in order to reduce maternal and perinatal mortality and morbidity worldwide. ICM, WHO and FIGO stress the importance of a formal educational and accreditation process as a means to ensure skilled practitioners. Therefore, those practitioners lacking formal education and credentials are more accurately categorized as *traditional birth attendants* consistent with this definition.

*Traditional Birth Attendants*, who are not graduates of programs in midwifery accredited by an agency recognized by the U.S. Department of Education, are sometimes called “direct-entry,” “lay,” or “licensed” midwives, among others, and their practices usually provide home birth or birth center options for women. The scope of practice for these TBAs is more limited than that for certified nurse-midwives and certified midwives. ICM, WHO and FIGO do not recognize limited training as sufficient to change the status of a TBA to that of a *skilled attendant*.

### **The Legal Status of Midwifery**

Nurse-midwives practice legally in all 50 states and the District of Columbia. Certified Midwives practice legally in New York, New Jersey and Rhode Island. The legal status of other birth attendants varies by state.

### **Standards of Practice**

The ACNM *Standards for the Practice of Midwifery* require that the CNM/CM: demonstrate a safe mechanism for obtaining medical consultation, collaboration and referral; participate in a program of quality assurance and peer review; practice in accordance with the legal and disciplinary requirements of the jurisdiction where the practice occurs; and show evidence of continuing educational competency. ACNM believes that all women should have access to safe, quality care from appropriately trained health care providers and be informed about individual qualifications when choosing providers.

### **Out-of-Hospital Birth**

ACNM respects the desire of women for a natural, normal birth in the setting of their choice and is committed to eliminating barriers to safe out of hospital birth, such as the difficulty in obtaining affordable malpractice insurance and physician consultation. ACNM supports education and practice by CNMs and CMs in a variety of settings, including hospitals, birth centers, and at home. Studies of birth center and home births attended by midwives have confirmed the safety of the planned out of hospital birth for healthy women experiencing normal pregnancy and delivery with midwives who have seamless access to and consultation and collaboration with qualified health care professionals and institutions, as needed, within the healthcare system.

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