

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 offer a cost-effective, patient friendly solution to the challenge of providing women's health care, especially maternity services, to women of need. Nurse-midwives are a great addition to the staff of FQHCs and many are working in that capacity with great results. Other FQHCs contract with nurse-midwives for all or part of their well-women care and care during pregnancy and labor. Certified nurse-midwives have a long history of providing quality, evidence-based care to vulnerable women. With similar philosophies, nurse-midwives and FQHCs are a great match.

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 feel free to contact me at the American College of Nurse-Midwives. Chances are problems you face or anticipate have been dealt with in other FQHCs working with nurse-midwives. Instead of reinventing the wheel, we're happy to connect you with those that have already done it.

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For more information, contact ACNM at 240-485-1800 or www.midwife.org.

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 Community Health Centers

Frequently Asked Questions

How 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 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 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, among others. For more information about billing for CNM services, visit www.ShopACNM.com to purchase *Billing, Coding and Payment for Nurse-Midwifery Services* (ACNM, 2003).

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 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 43 accredited programs in the US in such prestigious universities 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 familycarewv.org.

How can I find out more?

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.

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 were independent contractors with the CHC until one year ago when the CHC bought the CNM practice, the midwives became employees of the CHC, the services to women in the community continued and a win-win situation was created.

The five employee 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 CHC.

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FamilyCare, Scott Depot and Charleston, West Virginia

FamilyCare CHC started as an out-of-hospital birth center owned by a group of physicians. Two certified nurse-midwives incorporated it as a non-profit in 1989 and Martha Cook-Carter, CNM, took over as Executive Director. Family Medicine was added in 1997. The center first became an FQHC look-alike and became an FQHC in 2001. Dental services were added in 2002. Family Care gets almost \$1 million per year in federal grants in order to serve the uninsured and underinsured in their community. They have recently submitted a grant for mental health/substance abuse services and are working to incorporate pharmacy services at both main sites.

FamilyCare provides full-scope primary care at two sites along with a birth center. They have 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 5.2 FTE nurse-midwives (six people), with another full-time CNM joining them soon. They employ a full-time Ob/Gyn physician who is the major back-up for the CNMs as well as providing 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 most – they have 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% hospital, 12% birth center).

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HealthNet Community Health Centers, Indianapolis, Indiana

The health centers in Indianapolis consist of six CHC sites, “HealthNet Community Health Centers, Inc.,” associated with Methodist Hospital in Indianapolis. They are all within the Clarian Health Systems network. Currently there are 13 full-time and one part-time certified nurse-midwife (CNM) employees. There are also three supplemental CNMs who help out in peak season and for vacation relief. In addition, two full-time Ob/Gyn physicians, three full time nurse practitioners (NPs), and some supplemental NPs, work in the antenatal clinics as well. Everyone is employed and paid through the health center budget.

The clinic staff delivers care to the underserved, primarily Medicaid patients, within Indianapolis. 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 keep the patients at their respective health centers for care as much as possible. Midwives also see gynecology patients with the nurse practitioners and family practice physicians.

The group attended 2,000 births last year; approximately 50% of the hospital’s total, with each CNM attending 12 births per month. They practice collaboratively with the obstetrical residents for those women who fall outside the scope of practice for nurse-midwives (about 20%). The HealthNet physicians and other in-house Ob/Gyns cover both the CNMs and the residents. Two years ago, the hospital collaborated with the HealthNet midwives for coverage of the 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 residents see only patients with high risk status. This very successful endeavor has resulted in 50% reduction in patient waiting time and support from private practice physicians in the community. Four full-time CNMs staff this unit with additional part time coverage from other clinic CNMs.

Except for one center which is Ob/Gyn only, each CHC has family practice, pediatrics and internal medicine staff who also see the midwives’ patients for medical problems. There is a good referral system outside the health centers for specialists as needed. Dentists are on site at two of the centers, social service personnel, some counseling services, a homeless program, Title 10 Family Planning clinic and support programs are also readily available. OB patients are served by several federally and state funded programs such as Healthy Start, Healthy Families which follows the mothers and children after delivery and BIBS (Better Indy Babies) which enrolls patients for home visits and social issues during pregnancy.

The providers are currently transitioning from being scheduled in various sites to cover the work load to being assigned to specific sites and being on call for their own patients for births. There are plans to increase the number of midwives and to increase the management time for that practice as well.

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HealthNet Community Health Centers
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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 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. They 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 are about to change to three FTE. The primary collaborating physician is a consultant to the health center, and 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 County, 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), who provide 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 out to migrants. The CNMs provide prenatal care at four clinic sites and contract 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. We have eight facilities. We provide full reproductive health services including prenatal care at five of our sites. Our prenatal services are provided by nurse-midwives who are employed by two local university health systems. We subcontract with the health systems for midwifery services. We bill for the prenatal care and pay the midwives an hourly rate. The health systems bill for the deliveries.

We have a nurse-midwife on staff who serves as our 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. We have recently introduced Centering Pregnancy, a group prenatal care program, to our system. Our physician and nurse-practitioner staff works with the midwifery staff to provide primary care, colposcopy and eventually family planning services to our maternity clients.

Contact: Julie Cristol, CNM, MSN

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