



Status Report: Midwifery Education, the Midwifery Workforce & ACNM

by **Katherine Camacho Carr, CNM, PhD, FACNM,**
President

As many of you know, during the last quarter of 2005 the ACNM Board, staff, and many of our leaders in education and practice devoted time, resources and some of our best thinking to a careful scan of some of the critical issues facing ACNM Division of Accreditation (DOA) accredited education programs, as well as those facing midwives who are in clinical practice. The ACNM Education Summit was held September 9-10, 2005 and several troubling trends were identified by the presenters and participants. It was noted that the number of midwifery education programs has declined from 50 in 1997 to 43 in 2005.¹ In addition the number of CNMs/CMs certified by the American Midwifery Certification Board (AMCB), formerly the ACC, has declined significantly from 587 in 1997 to approximately 280 in 2004.² In addition, ACNM active membership has declined slightly with an increase in retired/disabled members.³ We also know that the midwifery workforce is aging and an increasing number of retirements can be anticipated in the next two decades.^{4,5} Unless we reverse these trends, we will not have enough midwives to provide the care needed.

Coupled with other workforce trends in obstetrics and gynecology, such as fewer physicians entering Ob/Gyn residency programs and a rising number of physicians restricting their practice to gyn-only, a crisis in women's health care is looming.

The Education Summit participants produced a list of the top 10 strategies to address these trends. These strategies were also presented and voted on by Directors of Midwifery Education (DOME) and Service Director Network participants, who were present at the Midwifery Business Institute in Michigan in November. Attendees were asked to vote on the top strategies. Collectively, the top 10 goals identified are (in order of priority):

- Make midwifery education more affordable and eliminate debt load or decrease debt load at graduation by 50 percent

- By 2015, we will graduate 1,500 new midwives per year
- Collect data to establish evidence about the potential midwifery workforce
- Eliminate financial barriers to clinical midwifery education
- Increase midwifery control over midwifery regulation of practice and education
- Develop resourceful, flexible models of practice to place midwives wherever, whenever possible
- Recognize midwifery as the standard for women's health care in the U.S.
- By 2015, establish a graduate degree for entry into midwifery practice
- Every education program that opens will remain financially viable
- Develop collaborative models for education and competency assessment with other health professions, including physicians

As you can see, some of the goals are interrelated. A list of strategies was identified for each goal. At the December Board of Directors meeting, we reviewed the goals and the strategies as prioritized by the Education Summit participants, the DOME members and the Service Directors network. We also identified several areas where we needed additional information. Since this is a rather monumental undertaking, we decided on a three tiered approach to initiate and sustain the work begun at the Education Summit. We identified tasks for staff and volunteer work groups (Divisions & Committees), a Board and staff Task Force, and an Implementation Task Force.

To begin with, we need to know more about the ob-gyn and midwifery workforce. Who will care for our daughters? We would like to address these workforce issues in partnership with other organizations and plan to jointly develop a study with the help of a consultant and our Division of Research (DOR), as well as obtain funding. Staff, DOR and I will work on this task. Additional Board members and staff will be working on

practice environment issues and recruitment/outreach efforts. The Implementation Task Force will coordinate the overall efforts of a diverse group of stakeholders, whose responsibilities will include further implementation of the top 10 goals. The Board will be reviewing progress at each meeting, starting in March. A detailed progress report will be presented at the 2006 Annual Meeting in Salt Lake City.

Please join in the effort through ACNM Divisions, Committees and Task Forces to reverse these troubling trends, so that we may assure future generations the best of midwifery and women's health care. I wish you all happy birth days throughout 2006. **Q**

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¹ ACNM, *Division of Education data*

² ACC/AMCB *Data*

³ ACNM *Membership data*

⁴ Schuiling, K, Sipe, T, & Fullerton, J. (2005). *Findings from the analysis of the American College of Nurse-Midwives membership surveys: 2000-2003. J Midwifery & Women's Health, 50(1): 8-15.*

⁵ Jevitt, C. M. & Beckstead, JW (2004). *Retirement among Florida's certified nurse-midwives: an impending workforce crisis. Journal of Midwifery and Women's Health, 49(1): 39-46.*

Members are welcome to attend any open session of a Board of Directors meeting.

2006 Meetings:

March 10-12, Charleston, SC

June 1-2, Salt Lake City, Utah

September 14-17, Washington, DC area

December 1-3, Washington, DC area