

Troubling Trends: How will we respond?



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The 1990's marked a period of phenomenal growth for nurse-midwifery education, for clinical practice and for the American College of Nurse-Midwives (ACNM) as an organization. The number of midwifery education programs increased from 28 in 1990 to 50 in 1997.¹ The total number of midwives ever certified by the ACNM, or the ACNM Certification Council, Inc. (ACC), doubled from 4,000 to over 8,000 and currently numbers over 10,000.² The membership of ACNM more than doubled from 3,000 to over 7,000, during the same time period.³

However, from 1998 to the present we find nurse-midwifery education and the midwifery profession in the United States experiencing slowing or declining growth. These trends match those being reported by nurses and obstetricians-gynecologists, despite an alarming rise in the number of unmet needs in maternity and women's health care and growing disparity in health outcomes for many groups of women, infants, and families. I reached this conclusion while conducting a review of the literature and surveying midwifery education programs as a consultant to ACNM, starting before I became president and continuing during this first year of my term. The information I obtained, including the survey results, was reported to US Health Resources and Service Administration, Division of Nursing in

January, 2005, and will be submitted for publication at a later date. I will include information here related to the three major troubling trends.

The number of accredited or preaccredited midwifery education programs admitting students has declined from 50 in 1998 to 41 in 2005, with a notable decline in preaccreditation applications.¹ Few certificate programs remain and no precertification programs exist. Capacity in ACNM DOA accredited education programs also appears to be decreasing as the number of graduates and certificants has declined from over 587 in 1997 to 336 initial certificants in 2003.² ACNM membership has also declined slightly from an all time high of over 7,000 in 2002 to approximately 6,400 in 2004.⁴ We know that the ACNM Membership 2000-2003 surveys reveal a small increase in the number of unemployed, retired or disabled CNMs/CMs and that we can expect many more retirements over the next two decades, with the average age of ACNM members at 47 in 2003.⁴ This is troubling in an era when production of new CNMs/CMs is declining and the current workforce is aging.

We know that there are many forces that have been disruptive to health care systems in general as well as midwifery practice and education in the last decade, including managed care, the inability to obtain adequate reimbursement, practice closures, funding changes for education (state and federal), rising liability insurance premiums, a decreased applicant pool, which echoes the nursing shortage, an aging workforce, decreased funding for education, increased cost of midwifery education and the resultant debt load of students, and a changing practice environment.

Future constraints may include some of these same issues, as well as some new ones, such as an expanded curriculum to include the Doctor of Nursing Practice degree as entry to practice, additional changes in the regulatory environment, and further decline in the ability to practice in various settings and

include the hallmarks of midwifery.

The good news revealed in our survey, includes the fact that our education programs continue to educate CNMs/CMs who go on to serve underserved populations, including many federally designated underserved areas, Medicare clients and Medicaid managed care clients. Education programs continue to promote the hallmarks of midwifery, offer education in a variety of settings for clinical experiences, including birth centers and home birth, despite experiencing increased competition for clinical sites and decreased options due to practice closures or restrictions on clinicians. The findings of this survey, especially as it provides policymakers feedback regarding the impact of their decisions, has caught the attention of some key leaders and will be used to support our legislative efforts to increase funding for midwifery education and increase reimbursement for midwives.

These troubling trends need and deserve our attention. Many of these topics have been at the top of the ACNM strategic priority list for a number of years. We have partnered with a number of other professional organizations to address some of the most intractable problems that will require leadership at the top levels of government. Solutions will be found at many levels, including amongst our own membership. We all, especially those of us who foresee retirement in the next 5 to 10 years, must focus our efforts on the next generation: recruiting new students, serving as preceptors and mentoring new graduates must become a top priority. Let's use our energy and resources to work together on these issues and not drain ourselves on less critical ones. **Q**

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Sources

- 1 ACNM Division of Accreditation Database, 2004.
- 2 ACNM Certification Council, 2004.
- 3 ACNM Membership Database, 2004.
4. Schuiling, K, Sipe, T & Fullerton, J. (2005). Findings from the ACNM membership surveys: 2000-2003, *JMWH*, 50(1): 8-15.

Kathy Carr to Speak About Midwifery History

Kathy Camacho Carr, CNM, PhD, FACNM, ACNM President will present "Midwifery Treasures Through Time: Common Problems Meet Uncommon Solutions," as one of the premier speakers at the ACNM 50th Annual Meeting. Her session, which will be from 8:15-9:15 a.m. June 14, will introduce the audience to a variety of individuals and events that helped build a strong professional organization that has lasted over 50 years. **Q**