



POSITION STATEMENT

Principles for Credentialing and Privileging Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs)

It is the position of the American College of Nurse-Midwives (ACNM) that policy makers who develop language related to the credentialing and privileging of certified nurse-midwives (CNMs) and certified midwives (CMs) should incorporate the following principles:

The bylaws and guidelines of hospitals and other healthcare organizations should reflect the scope of practice of CNMs/CMs as it is defined by national standards and state laws.

Explanation: CNMs are licensed to practice in all 50 states and the District of Columbia, and CNMs meet the JCAHO definition of a Licensed Independent Practitioner in all but eight states. Hospitals that require direction and/or supervision by physicians of midwives who meet the LIP definition expose these physicians to vicarious liability, limit access to midwifery care, and risk the appearance of conflict of interest. In recognition of the finding that a team approach to healthcare delivery is a key characteristic of high performing health micro-systems (IOM, 2000) the American College of Nurse-Midwives (ACNM) strongly supports institutional bylaws and guidelines that facilitate consultation, collaboration and referral.

Clinical practice guidelines should be the mechanism designated by healthcare organizations to “determine the circumstances under which consultation or management by a physician or other LIP is required and consultation is obtained as required” (JCAHO, 2006 MS.2.20).

Explanation: Clinical practice guidelines need to be in a format that is easy to update as new data become available, and therefore are best developed by each individual midwifery practice in collaboration with its consulting physicians. In crafting this specific practice agreement, these individuals will consider many factors, including the clinical setting in which care is provided and the skills and expertise of the midwives and physicians.

The bylaws and guidelines of hospitals and other healthcare organizations should be written to assure that the midwife is accountable for the care she or he provides and should avoid requirements that create vicarious liability for other health care professionals.

Explanation: Policies that require, or even give the appearance that a physician has responsibility for the actions of CNMs/CMs create significant and unnecessary legal risk. Certified nurse-midwives are eligible for autonomous licensure in all 50 states plus the District of Columbia. Professional liability policies are available to CNMs/CMs, who should be held individually responsible for their actions.

The bylaws and guidelines of hospitals and other healthcare organizations should not require routine physician co-signature on CNM/CM notes or orders in the medical record.

Explanation: Routine requirements for co-signature create significant barriers to care and discourage physicians from entering into collaborative relationships with CNMs/CMs. A co-signature can be misinterpreted to mean that a physician has assumed responsibility for a plan of care. A signature or separate chart entry would be appropriate to document physician concurrence with a plan or co-management of a medical problem. The references at the end of this document provide additional information regarding Medicaid and Medicare requirements.

The requirements for credentialing, privileging and re-privileging of physicians and midwives as documented in the bylaws and guidelines of hospitals and other healthcare organizations should be equivalent. These should include:

- A reliable, consistent, and timely mechanism to process applications and verify credentials for physicians and midwives
- Comparable risk management policies that address credentialing and granting of privileges, including critical performance indicators, mechanisms for chart review, notification of disciplinary action, and the fair hearing and appeal process.
- Performance monitoring guidelines that reference all LIPs including certified nurse-midwives
- The expectation of equal involvement of physicians and midwives in the development, implementation, and evaluation of mechanisms for continuous professional practice evaluation.

Requirements for continuous professional practice evaluation should be consistent for the procedures that midwives and physicians perform in common and midwives should be included in the development of such guidelines.

Explanation: There is a recent trend in healthcare organizations to develop requirements for a “minimum” number of procedures as a measure of competence. However, there is concern that some such requirements could limit access to care without cause and/or increase the number of unnecessary medical interventions. For example, an organization that requires demonstration of a minimum number of episiotomies in order to re-credential may force a health care professional to perform this procedure on women who do not need the intervention.

Health care institutions should adopt a broad definition of medical or professional staff that does not designate categories of providers, for example, “those practitioners who have been granted appointment to the medical staff of this hospital as well as clinical privileges to attend patients.”

Explanation: The quality of the medical staff reflects the degree to which all of its members are committed to supporting quality management activities, and can work effectively as a health care team. Some institutions have created a category for “Associates to the Medical Staff”. The category “independent allied health professionals” or one specifically for midwives is also functional. However, the category “dependent allied health professional” is not appropriate, as a midwife’s authority to practice is not dependent on the authority of another provider’s license.

The delineation of privileges for CNMs/CMs should clearly state that the midwife can admit and discharge patients, and should provide a mechanism for recognizing expanded practices that are distinguished from the standard privileges granted to midwives. Midwives who wish to obtain privileges for expanded practice procedures should do so in a manner consistent with Standard VIII of the *ACNM Standards for the Practice of Midwifery*.

Explanation: Standard privileges reflect the clinical skills and judgments described in the *ACNM Core Competencies for Basic Midwifery Practice* which are expected of all CNMs/CMs. Some midwives may choose to expand their practice by acquiring additional clinical skills or procedures e.g., vacuum assisted birth or circumcision.

The degree of specificity of practice related documents should be inversely proportional to the degree of difficulty required to change the document.

Explanation: The content of hospital and medical staff bylaws, which can take months to change, should be very general. Department guidelines should be more specific, but should also include criteria for exceptions in the case of emergent patient and/or provider needs. Clinical practice guidelines, which can be changed quickly as new evidence dictates, are the appropriate venue for a greater degree of specificity.

References: As of January 2006, certified nurse-midwives are licensed to practice as Licensed Independent Practitioners (“any individual permitted by law and by the organization to provide care, treatment and services, without direction or supervision”, JCAHO, 2006) in all states except: California, Connecticut, Florida, Illinois, Massachusetts, North Carolina, South Carolina and Virginia.

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In a letter to State Survey Agency Directors dated August 18, 2005, the Centers for Medicare and Medicaid Services (CMS) issued revisions and clarifications to the Interpretive Guidelines for Medicare Hospital Conditions of Participation (CoP). The letter "...provides clarification regarding which patients admitted by nurse-midwives require physician supervision." The letter states: "*CMS requires ONLY Medicare patients of a midwife be under the care of a doctor of medicine or osteopathy. CMS DOES NOT require Medicaid or other non-Medicare patients admitted by a midwife to be under the care of a doctor of medicine or osteopathy.*"

Relevant ACNM standards for the education, certification, and practice of midwifery include: *Core Competencies for Basic Midwifery Practice, Standards for the Practice of Midwifery, Collaborative Management in Midwifery Practice for Medical, Gynecological and Obstetric Conditions, Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives.*

* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC).

Source: American College of Nurse-Midwives
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