

Federal Recognition of Certified Professional Midwives (CPMs)
Frequently Asked Questions
July 31, 2009

ACNM recently submitted a [letter to members of Congress](#) opposing federal recognition of Certified Professional Midwives (CPMs) for the purposes of serving Medicare and Medicaid beneficiaries because of the lack of uniform standards in the CPM credential for accredited education. [We wrote to our members about this on July 15.](#)

Many ACNM members have responded positively to this letter and others have not. The ACNM Board of Directors values this communication, and in response we would like to specifically address the questions and concerns some members have raised and provide some additional background information on our position.

ACNM was alerted to the potential for a legislative amendment designed to extend federal recognition to CPMs with less than a week's notice. However, the BOD and legislative staff spent many hours discussing and analyzing the issue, and the decision to send a letter to [select members of Congress](#) was not taken lightly or made hastily. ACNM's careful and thoughtful process included examining ACNM's position statements on [midwifery certification](#) and on [midwifery licensure and regulation](#), advice from our legislative counsel, feedback from our members, and considerable debate about potential short-term and long-term effects of our decision. ACNM President Melissa Avery also spoke twice with Mary Lawlor, President of the National Association of CPMs (NACPM) and Jo Anne Myers-Ciecko, Executive Director of the Midwifery Education Accreditation Council (MEAC), as representatives of the Midwives and Mothers in Action (MAMA) Coalition. It was clear from these discussions that it would not be possible to reach a unified position that both organizations could support.

A drive for federal recognition reflects a goal to be more formally engaged in the established health care system of this country. It is a significant move with long-term implications for the midwifery profession and the women we serve. Federal recognition of a group of midwives in the United States (US) that lack a standardized, formal approach to education—something that all other health professionals with similar responsibilities in the US have—could undermine progress towards mainstream recognition of the midwifery profession and full partnership in the US health care system. It would also be a move that diverges dramatically from the successful models of midwifery care in all other developed countries. This is the crucial difference between ACNM's and the MAMA Coalition's positions. We all seek a unified midwifery profession and expanded access to high quality midwifery care, but we have different visions on how to achieve these goals.

In all communications on this matter, ACNM has strived to maintain a professional and respectful tone, avoiding polarizing language that we believe would hinder the resolution of our differences and our work on shared goals. We welcome the opportunity to develop concrete strategies to benefit all women and their infants through highest quality health care.

By offering the FAQs below, we hope to clarify misperceptions about our position and address specific questions and concerns that ACNM members have raised. We will expand on these FAQs as needed based on additional comments we receive. Please continue to send your comments to leadership@acnm.org.

Does ACNM oppose state licensure and federal recognition of the CPM credential?

ACNM supports the CPM credential when it is the result of completion of an educational program accredited by the Midwifery Education Accreditation Council (MEAC), which has been recognized by the US Department of Education. In our communications with members of Congress, we have made it clear that ACNM would support the federal recognition of CPMs who have successfully completed a MEAC program in obtaining the CPM credential. We have respectfully emphasized that our opposition to full federal recognition of the CPM credential is based on its lack of a uniform standard requiring accredited education.

ACNM's position provides a platform to broaden support for CPMs among other health care professionals with whom we need to work collaboratively, on the basis of mutual professional respect, for the best care for mothers and infants. We believe that full recognition and partnership of CPMs in the US health care system would come more swiftly if the CPM community would achieve US Department of Education-recognized accreditation of their Portfolio Evaluation Process (PEP) also commonly referred to as the apprentice model. We welcome opportunities to discuss this with the CPM community.

By sending a letter to every member in Congress, isn't ACNM creating confusion about midwifery and distracting attention from our primary goals in health care reform?

At this point, ACNM has not sent its letter to "every member of Congress" nor did we ask ACNM members or consumers to contact their members of Congress on this issue. In a letter from ACNM alone and in a sign-on letter with other national organizations, we communicated with select members of Congress who were exploring CPM legislation and who asked for ACNM's position. We notified our members very publicly because we felt that it was important to provide transparent communication about this situation.

Does ACNM oppose apprentice education?

Hands-on clinical training, by any name, is an essential component of midwifery education, and nearly all health professionals spend time with one or more valued mentors in an apprentice-like process. However, these experiences are part of a larger educational program with formal learning objectives and outcomes. Quality assurance, transparency, and formal evaluation of educational processes and outcomes are the standard for health professions in the US. We believe that we can attain the best possible health outcomes by ensuring that all midwives who are licensed to practice and formally recognized in the US have met minimum education requirements based on universally accepted quality assurance measures.

Has ACNM dialogued with the CPM community regarding its position?

We believe we have clearly expressed our perspectives regarding what ACNM can and cannot support. ACNM took a clear position dating back to at least January of 2008 when we published the Issue Brief, "[Midwifery Certification in the United States](#)," and this was communicated in the ACNM-MANA Liaison Committee. When asked for our support on state licensure initiatives, we have suggested that the CPM credential would gain ACNM's support and achieve broader backing in the health care community if it were formalized and accredited. We have also said (informally in conversations and at meetings) that, if asked, we would be willing to consult with MEAC to assist them in finding a way to do this.

ACNM's position against federal recognition of CPMs is "anti-home birth" and decreases access to women who choose this option.

Several members have commented that ACNM's position precludes unity in midwifery, will limit growth of the profession, and is tantamount to a denial of access to midwifery care and home birth services. We offer another perspective. A commitment to accredited education provides a much greater opportunity of truly achieving a strong, unified profession, inter-professional respect, and opportunities for CNMs, CMs, and CPMs to work together with other health care professionals to provide the highest quality health care to women in all settings.

In the past year, ACNM has taken the lead in organizing a multidisciplinary national conference of key stakeholders to craft a consensus policy and strategy about the provision of home birth services. An initial planning meeting representing a diversity of perspectives on home birth, including ACNM, the Midwives Alliance of North America (MANA), the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) and others, was held in March 2008 in partnership with the University of California at San Francisco, Department of Obstetrics and Gynecology. Based on the success of this planning meeting, we are now seeking funding for a multi-stakeholder consensus conference to be held in 2010 focused on how best to ensure collaborative care for women who choose planned home birth. Participants of the consensus conference will include consumers and consumer advocates; homebirth midwives; obstetricians; maternal and child health providers; hospital systems; health plans; liability insurers; and individuals with health policy and public health expertise.

This ACNM initiative represents a significant positive step toward improving access to home birth and continuity of care when transfers between birth settings occur.

Why should the CPM community be expected to conform to standards set by other health care professions?

US midwives have worked for decades to bring legitimacy and evidence-based practice standards to the profession while maintaining the hallmarks of midwifery care. The health care quality movement of the past decade and all of the current literature and policy work on enhancing the education of health care professionals reinforces two essential principles:

1. **Educational accreditation, certification, and licensure are all essential "to ensure that health professionals are properly educated and competent to practice."** (Hundert & Wakefield, 2003). Unlike licensure and certification, educational accreditation evaluates institutions and programs rather than individuals; each represents an important component in a complete quality process. Educational accreditation in midwifery protects women and infants as well as the students in those programs.
2. **Health care professionals should not work in isolation.** The education of health professionals must become more interdisciplinary to improve coordination and continuity of care between care settings and practitioners. We believe these fundamental principles are as valid for midwives as for other health professionals. While we are poignantly aware of the flaws in the US maternity care system today, we also believe that significant progress is being made. ACNM believes that we can achieve the best results by continuing to engage in multidisciplinary dialogue, collaboration, and research.

Is ACNM trying to put apprentice-trained CPMs out of practice?

No. Other countries, including Canada, have developed strategies to transition apprentice-trained midwives into an accredited educational system. We believe that similar strategies could be developed in the US and welcome the opportunity to discuss this further.

[Learn more](#) about the Canadian bridging program.

How does ACNM's position on qualifications for professional midwives compare to other countries where midwives are the primary providers of maternity care?

ACNM's position is consistent with the International Confederation of Midwives (ICM) definition of a midwife, new World Health Organization (WHO) educational standards, and other developed nations around the world.

Many studies have demonstrated excellent outcomes of midwifery-led care in recent decades, as documented by a recent Cochrane review (Hatem et al, 2008). It is important to note that in the 11 randomized controlled trials included in this study (n=12,276) all of the midwives were from countries with formalized and accredited midwifery educational programs.

ACNM is developing a table of information on midwifery education requirements in other countries to be available in August 2009.

Is ACNM saying that all midwives in the US need a graduate degree?

CNMs and CMs have a broader scope of practice than CPMs. They must have a strong grounding in primary care, gynecology, family planning, and pharmacology and must be equipped to provide skilled care to women and their infants in a variety of health care settings. CNMs and CMs need to critically appraise emerging and sophisticated research, and to gain expertise in inter-professional collaboration. We practice in an increasingly complicated health care arena and must be prepared to help women understand the evidence so they can make informed choices. Therefore, ACNM favors a graduate degree for entry into CNM and CM practice; such a requirement will take effect January 1, 2011. However, we have never called for MEAC to adopt graduate education as its standard.

What are ACNM's views on recent studies on CPM outcomes?

We are aware of one cohort study on the outcomes of CPM care, but it did not separately examine outcomes by type of clinician education (Johnson & Daviss, 2005). Overall, maternal and infant outcomes in the study were good, as we would expect for a primarily low risk population of healthy women. However, the study showed that CPMs also cared for a number of higher risk women at home, who had worse outcomes. These results are similar to a recent study in the *British Medical Journal* which demonstrated higher perinatal mortality when high-risk women were cared for at home (Symond, et al 2009). Part of being a professional midwife is carefully assessing the potential for risk and the most appropriate site for birth. In addition to the health risks to the families we serve, outcomes such as these raise a negative profile for all midwives and should be carefully considered.

What does ACNM envision as next steps on this front?

Over the past decade, a closer relationship has developed between US midwifery communities built on our many common values. One example of this is the current collaboration of the ACNM & MANA Divisions of Research on normal birth and standardized databases. We will work very hard to ensure that this collaboration continues. It is our goal to continue to dialogue with our CPM colleagues and work together where possible with a goal of a unified, recognized, and respected profession of midwifery in the US. Similarly, we encourage our members to continue to work together with us to find solutions.

References:

Hatem M, Sandall J, Devane D, Soltani H, Gates S. Midwife-led versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub2.

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