Midwifery as practiced by certified nurse-midwives (CNMs®) and certified midwives (CMs®) encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling. These services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers.

CNMs are educated in two disciplines: midwifery and nursing. They earn graduate degrees, complete a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME), and pass a national certification examination administered by the American Midwifery Certification Board (AMCB) to receive the professional designation of CNM. CMs are educated in the discipline of midwifery. They earn graduate degrees, meet health and science education requirements, complete a midwifery education program accredited by ACME, and pass the same national certification examination as CNMs to receive the professional designation of CM.

CNMs and CMs must demonstrate that they meet the Core Competencies for Basic Midwifery Practice of the American College of Nurse-Midwives (ACNM) upon completion of their midwifery education programs and must practice in accordance with ACNM Standards for the Practice of Midwifery. ACNM competencies and standards are consistent with or exceed the global competencies and standards for the practice of midwifery as defined by the International Confederation of Midwives. To maintain the designation of CNM or CM, midwives must be recertified every 5 years through AMCB and must meet specific continuing education requirements.

REFERENCES

Source: Division of Standards and Practice
Approved: ACNM Board of Directors, Dec. 2011
Replaces: Definition of Midwifery Position Statement, developed 1992, last revised 2004
College Statement of Policy
As issued by the College Executive Board

This document was developed jointly by the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists.

JOINT STATEMENT OF PRACTICE RELATIONS BETWEEN OBSTETRICIAN-GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES/CERTIFIED MIDWIVES

The American College of Obstetricians and Gynecologists (the College) and the American College of Nurse-Midwives (ACNM) affirm our shared goal of safe women’s health care in the United States through the promotion of evidence-based models provided by obstetrician–gynecologists (ob-gyns), certified nurse-midwives (CNMs), and certified midwives (CMs). The College and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among providers. Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.

Recognizing the high level of responsibility that ob-gyns and CNMs/CMs assume when providing care to women, the College and ACNM affirm their commitment to promote the highest standards for education, national professional certification, and recertification of their respective members and to support evidence-based practice. Accredited education and professional certification preceding licensure are essential to ensure skilled providers at all levels of care across the United States.

The College and ACNM recognize the importance of options and preferences of women in their health care. Ob-gyns and CNMs/CMs work in a variety of settings including private practice,

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1 Certified Nurse-Midwives (CNMs) are registered nurses who have graduated from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME) and have passed a national certification examination administered by the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC). Certified Midwives (CMs) are graduates of a midwifery education program accredited by ACME and have successfully completed the AMCB certification examination and adhere to the same professional standards as certified nurse-midwives. Obstetrician–gynecologists (ob-gyns) pass a national certification exam administered by the American Board of Obstetrics and Gynecology or Osteopathic Board and enter ongoing Maintenance of Certification.

The American College of Obstetricians and Gynecologists
409 12th Street, SW, PO Box 96920 • Washington, DC 20090-6920 Telephone 202-638-5577
community health facilities, clinics, hospitals, and accredited birth centers.² The College and ACNM hold different positions on home birth.³ Establishing and sustaining viable practices that can provide broad services to women requires that ob-gyns and CNM/CMs have access to affordable professional liability insurance coverage, hospital privileges, equivalent reimbursement from private payers and under government programs, and support services including, but not limited to laboratory, obstetrical imaging, and anesthesia. To provide highest quality and seamless care, ob-gyns and CNMs/CMs should have access to a system of care that fosters collaboration among licensed, independent providers.

² A birthing center within a hospital complex, or a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, the Joint Commission, or the American Association of Birth Centers [From Guidelines for Perinatal Care, Sixth Edition. 2007. American College of Obstetricians and Gynecologists and the American Academy of Pediatrics].

Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

STANDARD I

MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS

The midwife:

1. Is certified by the ACNM designated certifying agent.
2. Shows evidence of continuing competency as required by the ACNM designated certifying agent.
3. Is in compliance with the legal requirements of the jurisdiction where the midwifery practice occurs.

STANDARD II

MIDWIFERY CARE OCCURS IN A SAFE ENVIRONMENT WITHIN THE CONTEXT OF THE FAMILY, COMMUNITY, AND A SYSTEM OF HEALTH CARE.

The midwife:

1. Demonstrates knowledge of and utilizes federal and state regulations that apply to the practice environment and infection control.
2. Demonstrates a safe mechanism for obtaining medical consultation, collaboration, and referral.
3. Uses community services as needed.
4. Demonstrates knowledge of the medical, psychosocial, economic, cultural, and family factors that affect care.
5. Demonstrates appropriate techniques for emergency management including arrangements for emergency transportation.
6. Promotes involvement of support persons in the practice setting.

STANDARD III

MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY

The midwife:

2. Provides clients with a description of the scope of midwifery services and information regarding the client's rights and responsibilities.
3. Provides clients with information regarding, and/or referral to, other providers and services when requested or when care required is not within the midwife's scope of practice.
4. Provides clients with information regarding health care decisions and the state of the science regarding these choices to allow for informed decision-making.

STANDARD IV

MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE, SATISFYING, AND CULTURALLY COMPETENT CARE.
The midwife:

1. Collects and assesses client care data, develops and implements an individualized plan of management, and evaluates outcome of care.
2. Demonstrates the clinical skills and judgments described in the ACNM Core Competencies for Basic Midwifery Practice.
3. Practices in accord with the ACNM Standards for the Practice of Midwifery.

STANDARD V

MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN PRACTICE GUIDELINES AND ARE USED TO GUIDE THE SCOPE OF MIDWIFERY CARE AND SERVICES PROVIDED TO CLIENTS.
The midwife:

1. Maintains written documentation of the parameters of service for independent and collaborative midwifery management and transfer of care when needed.
2. Has accessible resources to provide evidence based clinical practice for each specialty area which may include, but is not limited to, primary health care of women, care of the childbearing family, and newborn care.

STANDARD VI

MIDWIFERY CARE IS DOCUMENTED IN A FORMAT THAT IS ACCESSIBLE AND COMPLETE.
The midwife:

1. Uses records that facilitate communication of information to clients, consultants, and institutions.
2. Provides prompt and complete documentation of evaluation, course of management, and outcome of care.
3. Promotes a documentation system that provides for confidentiality and transmissibility of health records.
4. Maintains confidentiality in verbal and written communications.

STANDARD VII

MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY MANAGEMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.
The midwife:

1. Participates in a program of quality management for the evaluation of practice within the setting in which it occurs.
2. Provides for a systematic collection of practice data as part of a program of quality management.
3. Seeks consultation to review problems, including peer review of care.
4. Acts to resolve problems identified.

STANDARD VIII

MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES.

The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
   a) Knowledge of risks, benefits, and client selection criteria.
   b) Process for acquisition of required skills.
   c) Identification and management of complications.
   d) Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.

Source: Division of Standards and Practice
Approved: ACNM Board of Directors, March 8, 2003;
Revised and Approved: ACNM Board of Directors, December 4, 2009
Revised and Approved: ACNM Board of Directors, September 24, 2011

(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993. Standard VIII has been adapted from the ACNM's Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice)
## Comparison of Certified Nurse-Midwives, Certified Midwives, and Certified Professional Midwives

*Clarifying the distinctions among professional midwifery credentials in the U.S.*

<table>
<thead>
<tr>
<th>Professional Association</th>
<th>Certified Nurse-Midwife (CNM)*</th>
<th>Certified Midwife (CM)*</th>
<th>Certified Professional Midwife (CPM)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Nurse-Midwives (ACNM)</td>
<td>Midwives Alliance of North America (MANA) and National Association of Certified Professional Midwives (NACPM)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Certification

<table>
<thead>
<tr>
<th>Certification Requirements (minimum degree and other requirements prior to taking national certifying exam)</th>
<th>Graduate degree required</th>
<th>North American Registry of Midwives (NARM)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Graduation from a nurse-midwifery education program accredited by ACNM Accreditation Commission for Midwifery Education (ACME); AND</td>
<td>1. Graduation from a midwifery education program accredited by ACNM Accreditation Commission for Midwifery Education (ACME); AND</td>
<td>1. Completion of NARM’s Portfolio Evaluation Process (PEP) pathway; OR</td>
</tr>
<tr>
<td>2. Verification by program director of completion of education program; AND</td>
<td>2. Verification by program director of completion of education program</td>
<td>2. Graduate of a midwifery education program accredited by Midwifery Education Accreditation Council (MEAC); OR</td>
</tr>
<tr>
<td>3. Active registered nurse (RN) license</td>
<td></td>
<td>3. AMCB-certified CNM or CM; OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Completion of state licensure program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recertification Requirement</th>
<th>Every five years</th>
<th>Every three years</th>
</tr>
</thead>
</table>

### Education

<table>
<thead>
<tr>
<th>Minimum Education Requirements for Admission to Midwifery Education Program</th>
<th>Bachelor’s degree from accredited college/university</th>
<th>Bachelor’s degree from accredited college/university and successful completion of specific science courses</th>
<th>There are two primary pathways for CPM education, with differing admission requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Some programs require RN license. If the applicant has a bachelor’s degree, but not an RN license, some programs will require attainment of an RN license prior to entry into the midwifery program; others will allow the student to attain an RN license prior to graduate study; OR</td>
<td>1. Some programs require RN license. If the applicant has a bachelor’s degree, but not an RN license, some programs will require attainment of an RN license prior to entry into the midwifery program; others will allow the student to attain an RN license prior to graduate study; OR</td>
<td>1. Portfolio Evaluation Process (PEP) pathway: an apprenticeship program; no degree or diploma required. Student must find a midwife preceptor who is nationally certified or state licensed, has practiced for at least 3 years, and attended at least 50 out-of-hospital births; OR</td>
<td></td>
</tr>
<tr>
<td>2. If the applicant is an RN but does not have a bachelor’s degree, some programs provide a bridge program to a bachelor’s degree prior to the midwifery portion of the program; other programs require a bachelor’s degree before entry into the midwifery program.</td>
<td>2. If the applicant is an RN but does not have a bachelor’s degree, some programs provide a bridge program to a bachelor’s degree prior to the midwifery portion of the program; other programs require a bachelor’s degree before entry into the midwifery program.</td>
<td>2. Accredited formal education pathway: For this pathway, a high school diploma from an accredited state or private school is required for admission.</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Currently, the majority of AMCB-certified midwives enter midwifery through nursing.*

*Note: Currently, the majority of CPMs have completed the apprenticeship-only (PEP) pathway to the CPM credential.*

*Continued…*
### Comparison of Certified Nurse-Midwives, Certified Midwives, and Certified Professional Midwives

*Clarifying the distinctions among professional midwifery credentials in the U.S.* *(Continued)*

<table>
<thead>
<tr>
<th>EDUCATION (continued)</th>
<th>CERTIFIED NURSE-MIDWIFE (CNM)*</th>
<th>CERTIFIED MIDWIFE (CM)*</th>
<th>CERTIFIED PROFESSIONAL MIDWIFE (CPM)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Experience Requirement</td>
<td>Attainment of clinical skills must meet Core Competencies for Basic Midwifery Education (ACNM 2008). Clinical education must occur under the supervision of an AMCB-certified CNM/CM or Advanced Practice RN (APRN) who holds a graduate degree and has clinical expertise and didactic knowledge commensurate with the content taught. Clinical skills include management of primary care for women throughout the lifespan, including reproductive health care, pregnancy, and birth; care of the normal newborn; and management of sexually transmitted infections in male partners.</td>
<td>Attainment of clinical skills must meet the Core Competencies developed by the Midwives Alliance of North America. Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births. Clinical skills include management of prenatal, birth and postpartum care for women and newborns.</td>
<td></td>
</tr>
<tr>
<td>Degree Granted</td>
<td>Master’s or doctoral degree; a master’s degree is the minimum requirement for the AMCB certification exam</td>
<td>Master’s degree; a master’s degree is the minimum requirement for the AMCB certification exam</td>
<td>No degree is granted through the PEP pathway. MEAC-accredited programs vary and may grant a certificate or an associate’s, bachelor’s, master’s, or doctoral degree. Most graduates attain a certificate or associate degree; there is no minimum degree requirement for the CPM certification exam.</td>
</tr>
</tbody>
</table>

### ACCREDITING ORGANIZATION

| The Accreditation Commission for Midwifery Education (ACME) is authorized by the US Department of Education to accredit midwifery education programs and institutions. | The PEP pathway is not eligible for accreditation. The Midwifery Education Accreditation Council (MEAC) is authorized by the US Department of Education to accredit midwifery education programs and institutions. | |

### LICENSURE

| Legal Status | Licensed in all 50 states plus the District of Columbia and US territories | Licensed in New Jersey, New York, and Rhode Island. Authorized by permit to practice in Delaware. Authorized to practice in Missouri. | Regulated in 26 states (variously by licensure, certification, registration, voluntary licensure, or permit) |
| Licensure Agency | Boards of Nursing, Boards of Medicine, Boards of Midwifery/Nurse-Midwifery, Departments of Health | Board of Midwifery, Board of Medicine, Department of Health | Departments of Health, Boards of Medicine, Boards of Midwifery |

*Continued...*
Comparison of Certified Nurse-Midwives, Certified Midwives, and Certified Professional Midwives
Clarifying the distinctions among professional midwifery credentials in the U.S. * (Continued)

<table>
<thead>
<tr>
<th>SCOPE OF PRACTICE</th>
<th>CERTIFIED NURSE-MIDWIFE (CNM)*</th>
<th>CERTIFIED MIDWIFE (CM)*</th>
<th>CERTIFIED PROFESSIONAL MIDWIFE (CPM)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptive Authority</td>
<td>All US jurisdictions</td>
<td>New York</td>
<td>None. However, may obtain and administer certain medications in some states.</td>
</tr>
<tr>
<td>Practice Settings</td>
<td>All settings — hospitals, birth centers, homes, and offices. The majority of CNMs and CMs attend births in hospitals.</td>
<td>Homes, birth centers, and offices. The majority of CPMs attend out-of-hospital births.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THIRD-PARTY REIMBURSEMENT</th>
<th>CERTIFIED NURSE-MIDWIFE (CNM)*</th>
<th>CERTIFIED MIDWIFE (CM)*</th>
<th>CERTIFIED PROFESSIONAL MIDWIFE (CPM)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most private insurances; Medicaid coverage mandated in all states; Medicare; Champus</td>
<td>New York, New Jersey, Rhode Island — most private insurance; Medicaid</td>
<td>Private insurance in some states; Medicaid in 10 states for home birth, additional states if birth occurs in birth center.</td>
<td></td>
</tr>
</tbody>
</table>

* This document does not address individuals who are not certified and who may practice midwifery with or without legal recognition.
** AMCB and NACM are accredited by the National Commission for Certifying Agencies, which "was created in 1987... to help ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs/organizations...Certification organizations... are evaluated based on the process and products, not the content, and are therefore applicable to all professions and industries." (http://www.credentialingexcellence.org/ProgramsandEvents/NCCAAccreditation/tabid/82/Default.aspx)
Reviewed ACNM-MANA Liaison Committee February, 2011
Approved by ACNM Board of Directors March, 2011
Last updated August, 2011

[Logo: American College of Nurse-Midwives]
Midwifery Certification in the United States

This document provides a brief overview of the midwifery profession in the United States, and clarifies the position of the American College of Nurse-Midwives (ACNM) with regard to midwifery credentials and appropriate qualification for midwifery practice. ACNM looks forward to the day when there is one unified profession of midwifery, with unified standards for education and credentialing, working toward common goals. In the meantime, we continue to maintain our standards for academic preparation and clinical practice.

ACNM supports the following definition of a professional midwife:

“A professional midwife in the United States is a person who has graduated from a formal education program in midwifery that is accredited by an agency recognized by the US Department of Education. The professional midwife has evidence of meeting established midwifery competencies that accord with a defined scope of practice corresponding to the components and extent of coursework and supervised clinical education completed. In addition, this person has successfully completed a national certification examination in midwifery and is legally authorized to practice midwifery or nurse-midwifery in one of the 50 states, District of Columbia, or US jurisdictions.”

ACNM supports laws and regulations that include:

1. Successful completion of a formal education program accredited by an agency recognized by the US Department of Education.
2. Successful completion of a national certification examination in midwifery.
3. Successful completion of regular recertification/continuing education.
4. A scope of autonomous practice, recognized by law or regulation, that is consistent with the content of the education process and certification exam.
5. Governance of health care that supports seamless access to and collaboration with qualified health care professionals and institutions within the health care system.

Background

Midwifery is an ancient profession, with a proud tradition of providing care for women during pregnancy and childbirth. Physician-attended birth is a relatively new concept in the United States. Midwives attended the vast majority of births until the 1930s when the place of birth moved from the home into the hospital. During the 1920s, as public health nurses were utilized to provide care in poor urban and rural areas, a combination of the nursing and midwifery professions, modeled after nurse-midwives in the United Kingdom, led to the formation of the Frontier Nursing Service in Kentucky, followed by the Maternity Center Association in New York. American nurse-midwives trace their history to rural and urban settings where mothers and their babies frequently had little access to health care. From the beginning, nurse-midwives were able to provide essential primary care to women and their families in a variety of settings. These early experiences provided the first documented evidence in the US that nurse-midwives could reduce the rates of maternal and infant mortality and improve
the health of women, especially among underserved populations. In the 1970's, the popularity and acceptance of nurse-midwives within the mainstream medical practice increased dramatically. At that same time there was a resurgence of birth attendants providing homebirths in response to women’s dissatisfaction with the nature of hospital births at that time.

Over the past 80 years, certified nurse-midwives (CNMs) and, more recently, certified midwives (CMs) in America have continued the tradition of providing comprehensive care to women. CNMs and CMs practice in collaboration and consultation with other health care professionals, providing primary, gynecological and maternity care to women in the context of the larger health care system. In 2005, CNMs attended more than 10% of all vaginal births in the US. ACNM is the national organization representing the interests of the more than 11,000 CNMs and CMs in all 50 states and most US territories. ACNM is proud of our twin heritages of nursing and midwifery. However, we do recognize that this dual preparation is not a basic requirement to provide competent midwifery care to women and their families.

The Accreditation and Credentialing Process for CNMs and CMs

Nurse-midwifery and certified midwifery education programs in the US are currently accredited by an autonomous agency recognized by the US Department of Education, the Accreditation Commission for Midwifery Education (ACMF) (formerly the ACNM Division of Accreditation). Until 1997, the ACNM Division of Accreditation (ACNM DOA), recognized by the US Department of Education, only accredited educational programs for nurse-midwives. Only graduates from those programs were eligible to sit for the national certification exam offered by the ACNM Certification Council (ACC). Because ACNM believes that a nursing credential is not the only avenue of preparation for midwives to deliver safe and competent care, we moved to accredit education programs for midwives who do not wish to earn a nursing credential. The American Midwifery Certification Board, Inc. [AMCB, formerly the ACNM Certification Council, Inc. (ACC)] opened its national certification exam to non-nurse graduates of midwifery education programs and issued the first certified midwife (CM) credential in 1997.

Certified midwives are educated to meet the same high standards that certified nurse-midwives must meet. These are the standards that every state in the U.S. has recognized as the legal basis for nurse-midwifery practice. All education programs for CMs, like CNMs, are at the post-baccalaureate level. Beginning in 2010, a graduate degree will be required for entry into clinical practice for both CMs and CNMs. CMs take the same AMCB certification exam as CNMs and study side-by-side with nurse-midwifery students in some education programs. As an organization, ACNM supports efforts to legally recognize CMs as qualified midwifery practitioners granted the same rights and responsibilities as CNMs.

Global Standards for Professional Midwives

The International Confederation of Midwives (ICM) has defined a midwife as a person who, “having been regularly admitted to a midwifery education program duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.” Studies have documented the quality of care provided by midwives who meet the ICM standard in both industrialized and developing countries. ACNM’s definition of midwifery in the United States is congruent with the international definition.
The Legal Status of Midwifery

Nurse-midwives practice legally in all 50 states and the District of Columbia. Certified Midwives practice legally in New York, New Jersey and Rhode Island. There are midwives practicing in the United States who meet neither the ICM definition nor the ACNM definition. The legal status of these midwives in the US varies by state.

Standards of Practice

The ACNM Standards for the Practice of Midwifery require that the CNM/CM: demonstrate a safe mechanism for obtaining medical consultation, collaboration and referral; participate in a program of quality assurance and peer review; practice in accordance with the legal and disciplinary requirements of the jurisdiction where the practice occurs; and show evidence of continuing educational competency. It is the goal of ACNM to make certain that all women have the assurance that practitioners calling themselves midwives meet standards of academic and clinical preparation consistent with the International Confederation of Midwives definition, and incorporate appropriate standards of practice in order to ensure safe, competent care for women.

Out-of-Hospital Birth

ACNM respects the desire of women for a natural, normal birth in the setting of their choice and is committed to eliminating barriers to safe out-of-hospital birth, such as the difficulty in obtaining affordable professional liability insurance and physician consultation. ACNM supports education and practice by CNMs and CMs in all settings, which includes hospitals, birth centers, and at home. Studies on birth center and home births attended by midwives have confirmed the safety of planned out-of-hospital birth for healthy women experiencing normal pregnancy and birth with midwives who have seamless access to and collaboration with qualified health care professionals and institutions within the health care system.

Approved ACNM Board of Directors, September 1997
Revised February 1998; February 1999; January 2208 (Issue Brief)

Approved March 2009 (Position Statement)
Midwifery:
Evidence-Based Practice

A Summary of Research on
Midwifery Practice in the United States

AMERICAN COLLEGE
of NURSE-MIDWIVES
With women, for a lifetime®

Revised April 2012
INTRODUCTION

The vast majority of midwives in the United States (U.S.) are certified nurse-midwives (CNMs) and certified midwives (CMs). CNMs are licensed and have prescriptive authority in every state. CMs are licensed in five states. According to the American Midwifery Certification Board, as of January 2012 there are 12,622 CNMs and 73 CMs in the United States (D. Smith, personal communication, January, 2012), and since 1991, the number of midwife-attended births in the United States has more than doubled.1,2 This growth of midwifery has been supported by published research that demonstrates midwifery care is associated with high-quality and is comparable or in some studies, better outcomes than care provided by obstetrician/gynecologists. Recipients of care by midwives report high levels of patient satisfaction, and midwifery care results in lower costs due to fewer unnecessary, invasive, and expensive interventions.

This document provides an overview of research and statistics that describe the practice of midwives represented by the American College of Nurse-Midwives (ACNM) in the United States.

**Certified nurse-midwives** (CNMs) are registered nurses who have graduated from a nurse-midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME) and have passed a national certification examination to receive the professional designation of certified nurse-midwife. Nurse-midwives have been practicing in the United States since the 1920s.

**Certified midwives** (CMs) are educated in the discipline of midwifery. They earn graduate degrees, meet health and science education requirements, complete a midwifery education program accredited by ACME, and pass the same national certification examination as CNMs to receive the professional designation of CM. Graduates of an ACME-accredited midwifery education program must pass a national certification examination administered by the American Midwifery Certification Board (AMCB) to receive the professional designation of CNM or CM. To maintain the designation of CNM or CM, midwives must be recertified every 5 years through AMCB and meet specific continuing education requirements.

**Midwifery** as practiced by CNMs and CMs encompasses a full range of primary healthcare services for women from adolescence to beyond menopause. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth, and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. These services are provided in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals, and birth centers. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the ACNM. These standards meet or exceed the global competencies and standards for the practice of midwifery as defined by the International Confederation of Midwives.
CNMs and CMs work collaboratively with physicians to provide care to suit the unique and individual needs of each woman and her family.

JOINT STATEMENT OF PRACTICE RELATIONS BETWEEN OBSTETRICIAN-GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES/CERTIFIED MIDWIVES

The American College of Obstetricians and Gynecologists (the College) and the American College of Nurse-Midwives (ACNM) affirm our shared goal of safe women’s health care in the United States through the promotion of evidence-based models provided by obstetrician-gynecologists (ob-gyns), certified nurse-midwives (CNMs), and certified midwives (CMs). The College and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among providers. Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust as well as professional responsibility and accountability.

Recognizing the high level of responsibility that ob-gyns and CNMs/CMs assume when providing care to women, the College and ACNM affirm their commitment to promote the highest standards for education, national professional certification, and recertification of their respective members and to support evidence-based practice. Accredited education and professional certification preceding licensure are essential to ensure skilled providers at all levels of care across the United States.

The College and ACNM recognize the importance of options and preferences of women in their health care. Ob-gyns and CNMs/CMs work in a variety of settings, including private practice, community health facilities, clinics, hospitals, and accredited birth centers. The College and ACNM hold different positions on home birth. Establishing and sustaining viable practices that can provide broad services to women requires that ob-gyns and CNMs/CMs have access to affordable professional liability insurance coverage, hospital privileges, equivalent reimbursement from private payers and under government programs, and support services including, but not limited to laboratory, obstetric imaging, and anesthesia. To provide highest quality and seamless care, ob-gyns and CNMs/CMs should have access to a system of care that fosters collaboration among licensed, independent providers.

Approved February 2011 by the American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives.
MORE WOMEN ARE CHOOSING MIDWIFERY CARE

- CNMs and CMs attended 313,516 births in 2009, according to the National Center for Health Statistics. This represents 11.3% of all vaginal births, or 7.6% of all US births.¹

- The proportion of CNM/CM-attended births has risen nearly every year since 1989, the first year that CNM/CM statistics were made available.¹

Midwifery care of low-risk women improves the infant mortality rate in hospitals and birth centers compared to physicians caring for women of equally low risk.

HIGH QUALITY CARE AND EXCELLENT OUTCOMES

Decades of research indicate that primary care services provided by advanced practice nurses and nurse-midwives compare favorably to those provided by physicians. In a recent systematic review of studies comparing midwifery care to physician care, researchers examined multiple outcomes. Results indicated that women cared for by CNMs compared to women of the same risk status cared for by physicians had

- Lower rates of cesarean birth,
- Lower rates of labor induction and augmentation,
- Significant reduction in the incidence of third and fourth degree perineal tears,
- Lower use of regional anesthesia, and
- Higher rates of breastfeeding.³

In a review of maternity care processes of CNMs and physicians, the authors concluded that care processes are heavily influenced by the provider group.³ Women in the CNM group were more likely to receive

- Prenatal education focusing on health promotion risk reduction behaviors,
- A more hands on approach with a closer supportitive relationship with their provider during labor and birth, and
- Fewer technological and invasive interventions.⁴

Researchers conducted a rigorous systematic review comparing midwife-led models of care and physician-led models of care and concluded that midwife-led care has benefit over other models of care for women of similar risk status. Women in the midwife-led models had

- A significantly higher chance for a normal vaginal birth, fewer interventions, and successful initiation of breastfeeding,
- Care during labor provided by a midwife that the woman knew, and
- Increased sense of control during the labor and birth experience.⁵
CenteringPregnancy® is a midwifery-based, woman-centered model that incorporates risk assessment, support, and education into a unified program of group prenatal care. A randomized clinical trial was conducted at two university-affiliated prenatal clinics to compare select outcomes in women receiving care in a CenteringPregnancy® group and women receiving traditional prenatal care. Results indicated that women receiving CenteringPregnancy® group care experienced a 33% reduction in the risk for preterm birth and had significantly

- Higher rates of breastfeeding,
- Higher readiness for labor and birth,
- Better prenatal knowledge, and
- Higher rates of satisfaction with care.

In comparing national benchmarking data of 90 midwifery practices to national survey and birth data on obstetric procedures, women receiving care from CNMs/CMs had

- Lower than the national average rate for episiotomy (3.6% compared to 25%),
- Lower than the national average rate for primary cesarean (9.9% compared to 32%), and
- Higher than the national average rate for breastfeeding initiation (78.6% compared to 51%).

**MIDWIVES PROVIDE PRIMARY CARE**

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing the majority of health care needs, developing a sustained partnership with patients, practicing within the context of family and community (ACNM Core Competencies). Certified nurse midwives are recognized as primary care providers under current federal law.

The majority of CNMs/CMs participating in a task analysis survey of American nurse-midwifery and midwifery practice reported providing non-reproductive primary care services.

**FEWER CESAREANS WITH MIDWIVES**

*Midwifery care results in fewer cesarean births than physician care for equally low-risk women.*

Between 1970 and 2009, the cesarean rate in the United States increased dramatically from 5% to 33%. Today, approximately one in three women gives birth by cesarean. To date, no published research demonstrates that significant maternal or child health indicators have improved in the wake of the increased cesarean rate.
The US Department of Health and Human Services and other government agencies have come to a consensus that the primary cesarean birth rate must be reduced:

- According to the Centers for Disease Control and Prevention’s National Center for Health Statistics, the state of New Mexico, where CNMs attend one-third of all births, has the lowest cesarean rate of all 50 states.¹
- The 2011 Systematic Review of Advanced Practices Nurse Outcomes included 15 studies comparing cesarean rates of women cared for by physicians and by CNMs. The findings demonstrated significantly lower cesarean rates for women cared for by CNMs than for women cared for by physicians in comparable populations.³
- Women who received care in a collaborative practice of CNMs and obstetricians with the option of giving birth at a freestanding birth center were more likely to have a normal spontaneous vaginal birth. Specifically, the data in this study demonstrated that 80.9% of the women in the collaborative practice group gave birth vaginally, versus 62.8% in an all-physician practice.⁹
- CNMs/CMs are the predominant care providers within birth centers in the United States. Preliminary data from the American Association of Birth Centers online data registry 2007-2010 for 15,661 women who presented to 76 different birth centers in labor demonstrate excellent outcomes (S. Stapleton, personal communication, November 7, 2011). Findings related to women and infants transferred to the hospital in labor or after birth include the following:
  - No maternal mortality,
  - Neonatal mortality of 1.6 births/1000 (national neonatal mortality rate 6.1/1000),¹⁰ and
  - Cesarean rate of 6.1% (national cesarean rate 33%).¹¹

**MIDWIVES ARE LEADERS IN HEALTH CARE REFORM**

*Midwifery care reduces the use of unnecessary procedures, reduces health care costs, and increases access to care.*

A multi-disciplinary workgroup from public health, medicine, midwifery, and government developed a "Blueprint for Action: Steps Toward a High Quality, High Value Maternity Care System," in order to provide a working plan to improve maternity care in the United States. The workgroup recommended that health care organizations, “implement policies and practices that foster safe physiologic childbirth and decrease excessive use of elective procedures and interventions.”¹¹
Reducing costs and increasing access to care are key government goals for reforming the US health care system.

MIDWIFERY CARE REDUCES THE USE OF UNNECESSARY PROCEDURES

While all standard medical and obstetric procedures are available to CNM/CM clients, their application is based on the condition of the woman and her fetus/newborn. CNMs/CMs provide intermittent fetal monitoring for women who are low risk allowing them greater mobility and comfort. This care is less invasive, less expensive, and less likely to result in misdiagnosis and the use of unnecessary interventions, including unnecessary cesareans.

In a 2011 study evaluating maternal and neonatal outcomes, researchers documented that women receiving care in a “high-touch, low-tech” collaborative CNM practice had

- Lower than the national average rate of cesarean birth and episiotomy and
- Lower than the national average rate of pharmacologic pain management and labor induction.12

MIDWIFERY CARE REDUCES HEALTH CARE COSTS

The total amount spent on health care in the United States is greater than in any other country in the world.13 Hospitalization related to pregnancy and childbirth costs approximately $86 billion per year, which represents the highest hospitalization costs for any health condition.14 Unfortunately, this high cost has not translated into quality care. Even though the United States spends more per capita on childbirth care, it ranks a low 41st in maternal deaths among industrialized and developing countries.15 Unnecessary interventions during pregnancy and birth burden women emotionally and physically and is costly to the entire health care system. Midwifery care lowers healthcare costs in part by appropriate use of expensive technology and reducing cesarean rates.

- The average costs for vaginal birth are approximately 50% lower than those for cesarean birth.14
- The Office of Technology Assessment analyzed nurse practitioner and nurse-midwife practice at two different points in time and found that they provided medical care that was equivalent to or exceeded physician care at a lower total cost.16,17

MIDWIFERY CARE INCREASES ACCESS TO CARE

Women with less access to resources, particularly those in rural areas, can face considerable obstacles in obtaining maternal health care. Pregnant women in rural areas are more likely to receive delayed or no prenatal care and to receive less adequate care when it is available, factors that contribute to higher infant mortality.
• Since the 1920s with the initiation of the Frontier Nursing Service nurse-midwifery model of care, nurse-midwives have been providing care in underserved areas.18
• The number of family medicine physicians and ob-gyns delivering infants in rural areas continues to decline.19,20
• CNMs provided care to more women on Medicaid living in rural areas of California and Washington than obstetricians.21
• According to a report published by the Institute of Medicine (IOM) in 2010, nurse-midwives have improved primary health care services for women in rural and inner-city areas. The IOM recommended that nurse-midwives be given more responsibility for providing women’s health care.22

HIGH SATISFACTION WITH MIDWIFERY CARE

Women are satisfied with the personalized care that midwives provide.

• In a Delphi study, women receiving midwifery care valued the caring respect, compassion, and attentiveness provided by midwives.23
• Women receiving care from midwives in a group-care model reported high levels of satisfaction with prenatal care.24
• As part of a 2011, women receiving care in a collaborative CNM practice had patient satisfaction in the 91-95 percentile on Press-Ganey national survey.12

WHAT WOMEN SAY WHEN THEY RECEIVE MIDWIFERY CARE

The following quotes are from women who received midwifery care and posted on www.teammidwife.org

• “My midwife appointments were an hour long, and we felt our midwives really cared about us and not just about the physical aspects of the pregnancy, but the emotional as well. They didn't just help me birth a baby; they helped us become a family.”

• “I am so thankful that we have a wonderful midwifery practice in my city that delivers in a great progressive hospital. My midwife was so calm and treated my labor as something normal and not scary. Not surprisingly, I didn't feel afraid after that! I saw her confidence in me and my ability to give birth. We were so pleased with our experience that we cannot imagine going to anyone but a midwife for our next child.”

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• “When I became pregnant with my first child, my sister-in-law, an ob-gyn, suggested that I see a midwife. She so overwhelmingly praised the midwives in her practice that it seemed like the natural choice for us. My midwife approached pregnancy as a normal process and conveyed a sense of calm empowerment to me throughout. I am certain that her patience and wisdom saved us from needing undesired interventions and helped us have the birth experience that was important to us. She will always have a special place in our lives and hearts.”

• “Within a matter of weeks after finding out I was pregnant, I chose to see a group of certified nurse-midwives who attended births at a freestanding birth center as well as a nearby hospital. I am so grateful that I had a full spectrum of choices for navigating labor and birth and a care provider I could trust to guide me through the difficult patches without abandoning my values and wishes. I’ll continue visiting my midwife for my gynecologic care and without a doubt will return for my next birth.”

• “To say that I love my midwife is nothing short of an understatement. She unselfishly gave me the support and encouragement that I needed to confidently obtain a wonderful natural healthy birth for my daughter. After having been through a very difficult birth experience with my first child as a direct consequence of multiple unnecessary medical interventions, I knew that there had to be a better way to experience birth. She helped me see it through to the very end; through every tear and drop of sweat she stood with me, all the while saying, ‘‘You can do this!’’”

WHAT THE EXPERTS SAY ABOUT MIDWIFERY CARE

• “Midwives understand and protect the normal physiology of childbirth and provide safe, satisfying and supportive care to women and their babies.” – Maureen P. Corry, MPH, Executive Director, Childbirth Connections

• “Ob-gyns working collaboratively with midwives are a way to address the gap between the supply of ob-gyns and the demand for women’s health care services.” – Richard N. Waldman, MD, FACOG, Former President, American College of Obstetricians and Gynecologists

• “Midwives offer evidence-based health care services. In today’s world of high technology, midwifery services provide the individualized care women need.” - Doug Laube, MD, Former President, American College of Obstetricians and Gynecologists

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REFERENCES


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Midwives and Birth in the United States

- The American College of Nurse-Midwives (ACNM) is the professional association representing certified nurse-midwives (CNMs) and certified midwives (CMs). According to the American Midwifery Certification Board, there are 12,695 CNMs/CMs.\(^1\) The vast majority of midwives in the United States are CNMs/CMs.
- In 2010, CNMs/CMs attended 312,129 births—a slight decline in total births, but a slight increase in percentage of births compared to 2009. This represents 93% of all midwife-attended births, 11.6% of all vaginal births, and 7.8% of total births.\(^2\) (2010 is the most recent year for which final birth data are available from the National Center for Health Statistics.)

CNM/CM-attended births reflect the diversity of the US population. In 2010, CNM/CM-attended births were most frequent among American Indian/Alaska Native women (17.2%), followed by Hispanic women (8.2%), non-Hispanic white women (7.4%), non-Hispanic Black women (7%), and Asian or Pacific Islander women (6.2).\(^2\)

### Percentage of Births Attended by Certified Nurse-Midwives and Certified Midwives, 2000-2010

![Chart showing percentage of births attended by CNMs/CMs from 2000 to 2010](chart.png)

**Midwifery Practice**

- CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, the District of Columbia, American Samoa, Guam, and Puerto Rico. CNMs are defined as primary care providers under federal law.
  - Because CM is a newer, equivalent pathway to midwifery, it is not yet reflected in all state legislatures. CMs are authorized to practice in Delaware, Missouri, New Jersey, New York, and Rhode Island. CMs have prescription-writing authority in New York.
- While midwives are well-known for attending births, 53.3% of CNMs/CMs identify reproductive care and 33.1% identify primary care as main responsibilities in their full-time positions. Examples include annual

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- In 2010, 95.7% of CNM/CM-attended births occurred in hospitals, 2.2% occurred in freestanding birth centers, and 2% occurred in homes. More than 50% of CNMs/CMs list physician practices or hospitals/medical centers as their principal employers.

- Medicaid reimbursement for CNM/CM care is mandatory in all states, and is 100% of the physician fee schedule under the Medicare part B fee schedule. Thirty-three states—roughly two thirds of the nation—also mandate private insurance reimbursement for midwifery services.

**Midwifery Education**

- Standards for education and certification in midwifery are identical for CNMs and CMs.
- The Accreditation Commission for Midwifery Education (ACME) is the official accrediting body for CNM/CM education programs. There are 39 ACME-accredited midwifery education programs in the United States.
- Approximately 82% of CNMs have a master's degree. As of 2010, a graduate degree is required for entry to midwifery practice as a CNM/CM.
- 4.8% of CNMs have doctoral degrees, the highest proportion of all APRN groups.

(1) American Midwifery Certification Board
(4) ACNM Core Data Survey, 2010
(5) Accreditation Commission for Midwifery Education
(6) *Mandatory Degree Requirements for Entry into Midwifery Practice*, ACNM Position Statement, July 2009

*Updated November 2012*
Certified nurse-midwives (CNMs) and certified midwives (CMs) attended 312,129 births in 2010, according to the National Center for Health Statistics. (This is the most recent year for which final birth data are available from the National Center for Health Statistics.) This represents 11.6% of all vaginal births, or 7.8% of total US births.

**Trends in CNM/CM-Attended Births**
The number of CNM/CM-attended births has risen nearly every year since 1989—the first year that CNM/CM statistics were made available. In 2010, the total number of CNM/CM-attended births declined slightly along with a decrease in total US births compared to 2009. However, the percentage of US births attended by CNMs/CMs increased. Over the past decade, the percentage of vaginal births attended by CNMs/CMs increased by 20.8%.

**CNMs/CMs Represent Majority of Midwives**
Since 1989, CNMs/CMs have accounted for more than 90% of all midwife-attended births. In 2010, CNMs/CMs attended 93% of midwife-attended births.

![Percentage of Births Attended by Certified Nurse-Midwives and Certified Midwives, 2000-2010](image-url)
CNMs/CMs Provide Midwifery Care in All Settings
CNMs/CMs practice wherever women give birth. In 2010, the majority of CNM/CM-attended births occurred in hospitals (95.7%), while 2.2% occurred in freestanding birth centers, and 2% occurred in homes.

Site of Births Attended by Certified Nurse-Midwives and Certified Midwives, 2010

Additional Resources
ACNM Online Media Kit: www.midwife.org/media-kit
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