

ISSUE BRIEF

Where Midwives Work

Midwifery* as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations.

Midwives provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.

SERVICES MIDWIVES PROVIDE

Full scope health care services

Full scope practice encompasses primary health care, gynecologic and family planning services, preconception care, childbearing, care services, and care of the healthy newborn during the first 28 days of life. Midwives are well known as experts in pregnancy, birth, and postpartum care and provide evidence-based care and support during birth. Midwives commonly work with a partner or within a group practice of physicians and midwives to accommodate an on-call schedule to attend labors and births.

Laborist services

A laborist is employed by the hospital to provide services within the hospital to triage people who present with problems during pregnancy or for a labor check; provide services for emergency room visits; and manage the labors and births when providers are not available on site, or there is no assigned provider.

Midwives are ideally suited to this position since they have traditionally cared for underserved populations and provide continuous care and high-quality service throughout labor birth and postpartum. The laborist model of care benefits the hospital as they can always rely on the presence and availability of qualified providers in the labor and birth unit; patients who gain from

the professional expertise and therapeutic presence that are hallmarks of midwifery care; and midwives who can count on regular work hours. Organizations such as federally qualified health centers (FQHCs) have adopted this model and are using midwives as laborists in some settings to provide inpatient midwifery care.

Locum tenens services

Locum tenens is a Latin term that means, “to hold the place of” and describes one who fills in for or temporarily takes the place of another healthcare provider. Locum tenens providers fill the temporary and inevitable gaps in services caused by facility staffing issues. They are independent contractors with hours that vary according to assignment needs. Midwifery locum tenens opportunities are available in hospitals, medical centers, other healthcare facilities, and solo, group, and multispecialty practices. This type of work allows the CNM/CM to Sample diverse clinical settings; Build a unique set of practice skills; Experience travel benefits of a working vacation; Use a trial employment period to determine a good fit for a permanent position.

Midwives in locum tenens positions work within a variety of circumstances and with a variety of people and care practices, which requires flexibility and adjustment from one assignment to the next. Midwives seeking locum tenens work often use an agency that submits a candidate's application, credentials, and background information to the recruiting facility. The agency usually provides and arranges for liability coverage, travel, transportation, and housing.

Medical program education

CNMs/CMs have a long history of working collaboratively with physicians in both obstetrics and family medicine residency education, sharing expertise in primary and preventative healthcare and physiologic birth. Midwives teach residents and medical students in major academic institutions across the United States.^{1,2}

Midwifery and nursing program education

Midwives also work within the 40 postgraduate midwifery educational programs across the country as clinical and academic faculty. They also fill faculty roles in nursing educational programs at the baccalaureate, masters, and doctoral levels.

PLACES MIDWIVES WORK

Hospitals

Most births attended by CNM/CMs are hospital births. In hospitals throughout the country, CNM/CMs have clinical privileges that allow them to admit, manage, and discharge patients; and are credentialed as medical staff of hospitals as allowed by the Joint Commission. Most insurance programs, Medicaid, and Medicare permit reimbursement of services to CNMs and CMs. Midwives also work in hospital-based obstetric triage units, providing services for labor evaluation, fetal assessment, and non-urgent and acute evaluation.

Birth centers

Several decades ago, midwifery leaders first described the childbearing center as an alternative to conventional hospital-based maternity care. The first, landmark, national birth center study was published in the *New England Journal of Medicine* in 1989.³ This study clearly demonstrated that the birth center is a safe and satisfying alternative to hospital care for healthy women. Most birth centers are owned and operated by midwives and provide safe and cost-effective maternity care. The number of birth centers in the United States has increased in the last 3 decades, and they are recognized today as a health care innovation that has changed policy in maternity care delivery.^{4,5}

For more information on birth centers see

- American Association of Birth Centers (AABC): <http://www.birthcenters.org/>

Homes

The American College of Nurse-Midwives (ACNM) believes that every family has the right to freedom of choice and self-determination in reproductive care, including place of birth.⁶ Although still relatively few, the percentage of births United States occurring at home has increased every year since 2004.⁷ Most home births are attended by midwives of various backgrounds, including CNMs and CMs. Well- designed, controlled trials have demonstrated that planned home births achieve excellent perinatal outcomes when midwives are integrated into the health system.^{8,9} These high-quality investigations of the safety of home birth indicate that optimal outcomes are associated with appropriate client selection, qualified maternity care providers, and integrated systems that support collaborative care when indicated. Home birth is also credited with the reduced use of medical interventions that are associated with perinatal morbidity. Their commitment to the philosophical view that childbirth is a physiologic process, belief in patient self-determination, high level of educational preparation, and access to collaborative services make CNMs/CMs ideal providers of home birth services.

Federally Qualified Health Centers (FQHCs)

FQHCs are nonprofit facilities or programs that provide care to the underserved and the uninsured. FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, medical malpractice insurance, and other provider incentives. FQHCs provide continuous, comprehensive care to more than 29 million patients nationally. Among other services, FQHCs provide prenatal and perinatal care, family planning services, and preventative healthcare across the lifespan. With similar philosophies, midwives and FQHCs are a great match, and until the Covid-19 pandemic resulted in staff-layoffs, the number of midwives staffing FQHCs has increased in recent years.

Hospital and private practice offices

Midwives work within midwifery-owned practices or practices owned by hospitals or physicians. Hospital and physician owned practices are the largest employers of CNMs and CMs.¹⁰ Midwives in hospital and private practice models typically provide a full scope of services. Often, midwifery-owned practices can provide continuity of care – when a patient is followed by a small team of midwives.

Medical homes

A medical or health care home is not an actual building but rather is a term used to describe the health care model in which individuals use primary care practices as the basis for accessible, continuous, comprehensive, and integrated care. The medical home utilizes a centralized, multidisciplinary team of clinicians providing care according to the individual's identified needs. Midwives have been involved in the development and implementation of pregnancy medical home services. Maternity health care homes have been successfully implemented in the United States with the goal of providing childbearing women a broad spectrum of care to reduce pregnancy risk and to coordinate all care received.^{11,12}

For more information on medical homes:

Medical Homes [Agency for Healthcare Research and Quality](#)

American Association of Pediatrics: <http://www.medicalhomeinfo.org/>

International midwifery

Since 1982, the ACNM Department of Global Outreach (now the Department of Global and Domestic Development) has partnered with midwives and agencies in other countries to provide technical assistance and conduct health projects in more than 30 low-income countries. CNMs/CMs have trained midwives, physicians, and other health care providers in safe birth practices and management of complications; assisted in standards and protocol development; conducted research on sexual and reproductive health issues; and established partnerships with midwifery associations in low-income countries. Midwives work in organizations such as Doctors Without Borders to improve maternal-child and reproductive health services. Through the International Confederation of Midwives (ICM), midwives have developed standards for midwifery education, regulation, and association, and ACNM has supported growing the midwifery profession world-wide.

POPULATIONS MIDWIVES SERVE

All populations

CNMs/ CMs provide care to people of various socioeconomic and ethnic backgrounds in every state in the United States. While CNMs/CMs provide care across the country, they have particularly strong roots in caring for underserved populations.

Urban populations

Midwives staff some of the largest public-health hospital systems in the country. In many states, over 50% of midwife births are funded by Medicaid. Midwives provide care in areas where the social determinants of health and racism affect the health of midwifery consumers.

Rural populations

Midwives have provided care in geographically rural areas for many years. As people in rural America face increasing challenges in our current healthcare system, CNMs/ CMs continue to find innovative ways to increase access to quality care and meet the unique health care needs of rural populations. In some of the most rural states in the nation such as Vermont, New Mexico, and Maine, midwives are attending a substantial portion of births.¹³

Migrant populations

Healthcare clinics serving the needs of migrant workers can be found in many areas across the nation. Midwives have a long history of providing services to the underserved and are ideally suited to provide care to migrant women. Many midwives working in migrant clinics are proficient in other languages, particularly Spanish.

Native American populations

The Indian Health Service (IHS) has employed CNMs since 1969. Midwives can be found practicing full scope care in many Native American reservations throughout the country, including Alaska, Arizona, South Dakota, and New Mexico.

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* 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 Midwifery Certification Board, Inc. (AMCB).

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