

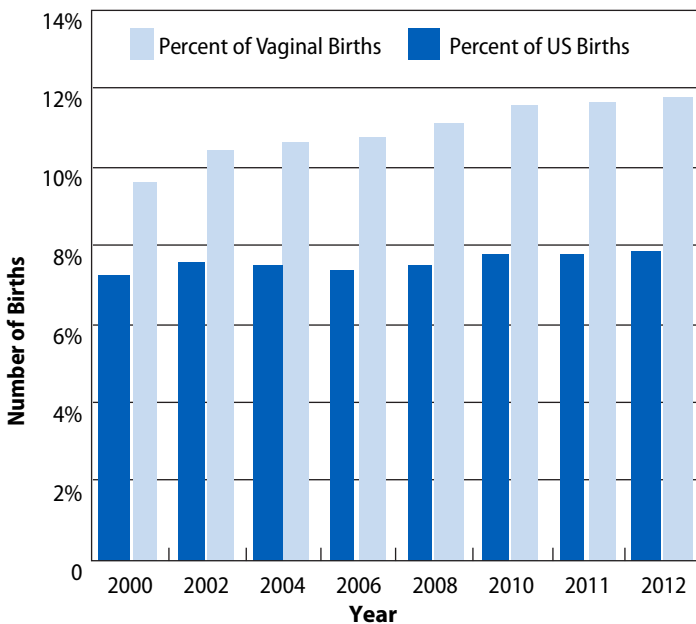
FACT SHEET

# Essential Facts about Midwives

## 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) in the United States. According to the American Midwifery Certification Board, as of March 1, 2014, there are 11,192 CNMs and 81 CMs.<sup>1</sup> The vast majority of midwives in the United States are CNMs.
- In 2012, CNMs/CMs attended 313,846 births—a slight increase despite a decrease in total US births compared to 2011. In 2012, CNMs/CMs attended 91.7% of all midwife-attended births, 11.8% of all vaginal births, and 7.9% of total US births.<sup>2</sup> (2012 is the most recent year for which final birth data are available from the National Center for Health Statistics.)

**Percentage of Births Attended by Certified Nurse-Midwives and Certified Midwives, 2002–2012**



Births: Final Data for 2012. National Vital Statistics Reports; Vol 62, No 9. 2013

## 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 exams, writing prescriptions, basic nutrition counseling, parenting education, patient education, and reproductive health visits.<sup>3</sup>
- In 2012, 94.9% of CNM/CM-attended births occurred in hospitals, 2.6% occurred in freestanding birth centers, and 2.5% occurred in homes.<sup>2</sup> More than 50% of CNMs/CMs list physician practices or hospitals/medical centers as their principal employers.<sup>4</sup>
- CNM services are a mandated Medicaid benefit. States vary with regard to whether they pay CNMs the same rate as physicians. Medicare covers all CNM services that are included under their state scope of practice laws or regulations and pays them at 100% of the physician payment amounts. Services of freestanding birth centers are also a mandated Medicaid benefit as long as the state in which they occur licenses or regulates birth centers. The majority of states 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.<sup>5</sup>
- Approximately 82% of CNMs have a master's degree.<sup>3</sup> As of 2010, a graduate degree is required for entry to midwifery practice as a CNM/CM.<sup>6</sup>
- 4.8% of CNMs have doctoral degrees, the highest proportion of all APRN groups.<sup>7</sup>

## REFERENCES

1. American Midwifery Certification Board
2. Martin JA, Hamilton BE, Osterman MJ, Curtin, SC, Mathews TJ. Births: Final Data for 2012. National Vital Statistics Reports; Vol 62, No 9. Hyattsville, MD: National Center for Health Statistics. 2013.
3. Fullerton J, Schuling K, Sipe TA. Findings from the Analysis of the American College of Nurse-Midwives' Membership Surveys: 2006–2008. *Journal of Midwifery & Women's Health* 2010; 55: 299-307.
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
7. Fullerton JT, Sipe TA, and Schuling KD, Demographic profiles of certified nurse-midwives, certified registered nurse anesthetists and nurse practitioners: reflections on implications for uniform education and regulation. *Journal of Professional Nursing*. Vol 25, No 3 (May-June) 2009.

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