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AWHONN POSITION STATEMENT

Midwifery

An official position statement of the Association of Women's Health, Obstetric and Neonatal Nurses

The Midwifery position statement was approved by the AWHONN Executive Board, April 1985. Reaffirmed, 1990, 1992. Revised and reaffirmed, November 1993. Reaffirmed, 1995. Revised, re-titled, and reaffirmed, April 2000. Revised and reaffirmed, January 2009 and March 2016. The previous version was published in the *Journal of Obstetric, Gynecologic, & Neonatal Nursing* (AWHONN, 2010).

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Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) supports midwives as independent providers of health care services for women and newborns. AWHONN supports a woman's right to choose and have access to a full range of providers and settings for pregnancy, birth, and women's health care.

What Is Midwifery?

Midwifery practice, as defined by the American College of Nurse-Midwives (ACNM), includes health care for women from adolescence through menopause (2011). Midwives provide primary care; gynecologic, family planning, and 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 (ACNM, 2011). Midwives provide care in a number of settings, including the home, birthing center, clinic, office, and hospital.

Midwifery practice facilitates natural processes with an emphasis on the holistic care of women within the context of their families and communities. Midwives partner with women to provide evidence-based, individualized care (ACNM, n.d.). The midwife collaborates with appropriate health care professionals and refers the woman and/or newborn to specialists as needed if complications arise beyond the midwife's scope of practice.

In much of the world, midwives and nurses form the majority of the clinical health workforce that attends women during labor and birth (World Health Organization, 2013). In fact, in many countries, the role of the midwife and the role of the obstetric nurse in the hospital setting are the same, although the midwife's responsibilities and relationship with a collaborative physician vary by country. Through the Nursing & Midwifery Programme, the World Health Organization and partner organizations have committed to invest in the development and implementation of high-quality nursing and midwifery education and practice to promote more equitable access to health care worldwide (World Health Organization, 2013).

Basis for Midwifery Practice

AWHONN supports the Essential Competencies for Basic Midwifery Practice and Global Standards for Midwifery Education defined by the International Confederation of Midwives (ICM, 2013a, 2013b), which have been endorsed by ACNM (2014) and the American College of Obstetricians and Gynecologists (2014) as the minimum requirements for practicing midwives in the United States. The ICM defines a midwife as a person who has successfully completed a midwifery educational program that is recognized in the country in which the program is located and is based on the Essential Competencies and the framework of the Global Standards; has acquired the qualifications to be registered and/or legally licensed to practice midwifery and use the title *midwife*; and who demonstrates competency in the practice of midwifery (ICM, 2011). In the United States, these standards include the following:

- Education—completing a midwifery education program consistent with ICM's Essential Competencies (2013a) and Global Standards (2013b). An important requirement of these programs is that they periodically undergo external accreditation review by an organization recognized by the U.S. Department of Education.
- Certification—passing a nationally recognized midwifery certification examination. Examinations are offered by the American Midwifery Certification Board and the North American Registry of Midwives (NARM).
- Licensure—completing requisite qualifications to be registered and/or legally licensed to practice midwifery in the jurisdiction in which the midwife practices (ACNM, 2014).

In the United States, differences exist in the education, certification, and licensure pathways for midwives. Certified nurse-midwives (CNMs) are

prepared at the graduate level and are educated in the two disciplines of nursing and midwifery. CNMs practice legally and hold prescriptive authority in all 50 states, U.S. territories, and the District of Columbia (ACNM, 2014). Certified midwives (CMs) also are educated at the graduate level, are authorized to practice in five states, and hold prescriptive authority in three states. CNMs and CMs are certified by the American Midwifery Certification Board and attend education programs accredited by the Accreditation Commission for Midwifery Education.

In 2013 in the United States, 94.6% of births attended by CNMs occurred in hospitals, 2.8% occurred in freestanding birth centers, and 2.6% occurred in homes. The percentage of midwife-attended births has grown every year since 1989; in 2013, CNMs/CMs attended 12% of all vaginal births or 8.2% of the total births in the United States (ACNM, 2015).

Certified professional midwives (CPMs) must hold high school diplomas or the equivalent and are educated through an apprenticeship model that meets NARM's standardized criteria or through the Midwifery Education Accreditation Council. CPMs are authorized to practice in 28 states through various mechanisms determined by the states and are certified by NARM. Most CPMs work in home or birth center settings in the United States, Canada, and Mexico (NARM, n.d.).

AWHONN recognizes the CNM as one of the four advanced practice registered nurse (APRN) categories defined by federal regulatory agencies (Federal Trade Commission, 2014). The education and scope of practice of CNMs and CMs prepares them to offer primary women's health care throughout a woman's lifespan. As health care needs increase, it is essential that CNMs/CMs are used to provide critical health care services to women and families.

Choice of Birth Providers and Settings

AWHONN supports a woman's right to choose and have access to a full range of providers and settings for pregnancy, birth, and women's health care. Women have a right to access fair, reliable, and unbiased information about care options so they can make well-informed choices best-suited to their individual and family needs. A woman's choice may be influenced by a number of factors, such as her health status; personal circumstances and preferences; and family, religious, or cultural values. Clinicians should respect a woman's choice of birth setting and provider.

Because women may choose different settings for birth (hospital, free-standing birth center, or home), it is important to develop policies and procedures that will ensure a smooth, efficient transition of the woman from one setting to another if the woman's clinical presentation requires a different type of care. Exemplary best practice guidelines have been developed for transfer from home or out of hospital birth settings to the hospital (Home Birth Summit, 2014; Maine Center for Disease Control and Prevention, 2014). These guidelines present the core elements for transfer policies in each setting and include actions to promote respectful, interprofessional collaboration; ongoing communication; and compassionate, family-centered care.

Policies, procedures, and guidelines should also support and facilitate effective communication and teamwork among nurses, midwives, physicians, social workers, and other professionals involved in obstetric care. Researchers suggested that successful teamwork "depends on a willingness to cooperate, coordinate, and communicate while remaining focused on a shared goal of achieving optimal outcomes for all patients" (King et al., 2008, para. 5). Researchers also found that key sources of conflict among health care professionals related to planned home birth were differing beliefs about patient autonomy and risk; lack of fluency with each other's scopes, roles, and responsibilities; and unclear expectations around communication (Vedam et al., 2014). Such mismatched beliefs and expectations can complicate the transition from home to hospital. Effective communication between all types of health care professionals is essential to provide safe and effective care of women and newborns and is especially critical when the woman's care occurs in more than one setting.

The Role of the Nurse

Nurses are the frontline health care providers in hospital birth settings. Nurses interface with the woman, her family, other health care providers, and ancillary personnel. They often coordinate communication among the members of the health care team and advocate for the woman within that team. Nurses are often the first professionals to

receive a woman who is transferred from an out of hospital birth setting to the hospital, to assess her and the fetus or neonate, and to orient her and her family to the hospital setting (Vedam et al., 2014). The nurse can best advocate for the woman and promote safe and effective team communication in the following ways:

- Support a woman's access to reliable and unbiased information about care options.
- Understand the factors that influence a woman's choice of birth providers and settings.
- Respect a woman's choice of birth setting and facilitate care in a new birth setting if the clinical condition of the woman or fetus necessitates transfer.
- Facilitate efficient and respectful transitions of care when a woman in labor changes from one care setting to another.
- Incorporate principles of effective communication into policies and procedures regarding interaction among interdisciplinary team members.
- Recognize and respect the scope of practice and state licensure parameters of each collegial health care professional.

The Institute of Medicine (2010) urged nurses to achieve higher levels of education and training. AWHONN encourages the registered nurse to consider pursuing a career in midwifery as one pathway to further promote healthy childbirth practices. Midwifery can expand opportunities for a nurse to conduct research; assume leadership roles in hospitals, health systems, and the public health arena; and work in academia (AWHONN, 2014).

Public Policy Recommendations

AWHONN supports the availability of midwifery services as an option for all women and newborns. AWHONN supports policies and legislation to expand midwifery practice, specifically policies and legislation to

- Recognize and utilize midwives in private and public health care plans.
- Ensure access to hospital privileges and allow full participation on the medical staff for midwives.
- Provide for equitable, third-party reimbursement, including reimbursement under Medicaid fee-for-service and managed care programs, for professional services of the midwife. Currently, Medicare reimburses CNMs at the same rate as physicians. However, parity does not exist in the Medicaid programs of all states.
- Extend full practice and prescriptive authority to midwives, i.e., the ability to practice to the full extent of licensure and training without a requirement that the midwife enter into a formal supervisory or written collaborative agreement with a physician.
- Ensure that licensure requirements applicable to midwives reflect the minimal standards of the ICM with acknowledgment that midwifery is regulated at the state level, not the federal level, in the United States.
- Recognize the CM credential in all states.

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