



POSITION STATEMENT

Midwives are Primary Care Providers and Leaders of Maternity Care Homes

The American College of Nurse-Midwives (ACNM) affirms the following:

- Certified nurse-midwives (CNMs) and certified midwives (CMs) are providers of primary care for women and newborns.
- The use of CNMs and CMs as primary care providers is integral to the success of the healthcare workforce.
- CMs and CNMs should be recognized for their role in the provision of primary care services by state and federal programs aimed at increasing the primary care workforce.
- As primary care providers, CNMs and CMs are well positioned to lead patient-centered, medical, and maternity care teams.
- The designation “provider” or “clinician” should be used in place of “physician” in all regulatory and legislative language describing the concept of the patient-centered medical home.
- The terms “health care home” or “maternity care home” are preferable language to describe the concept of the patient-centered medical home

Background

Primary health care is the provision of integrated, accessible healthcare services by clinicians who are accountable for addressing the majority of healthcare needs, developing sustained partnerships with patients, and practicing within the context of family and community.¹

The health care home and maternity care home are models utilizing a centralized team of providers coordinated around the needs of the individual patient to improve access to ongoing safe, holistic, quality health care.

CNMs and CMs as Primary Care Providers

The Core Competencies for Basic Midwifery Practice¹ describe the fundamental knowledge, skills, and behaviors expected of a new practitioner, including the provision of primary health care for women from the premenarcheal through the postmenopausal phase. The practitioner also provides primary care for newborns. CNMs and CMs are often the initial contact for women seeking health care. They provide such care on a continuous and comprehensive basis by establishing a plan of management with the woman. Furthermore, midwives provide care in the context of cultural, socioeconomic, and psychological factors that may influence the health status of the woman.

In March 2010, Congress passed the Patient Protection and Affordable Care Act into law. This law includes comprehensive health insurance reforms and a commitment by the federal

government to increase the availability of primary care services. CNMs and CMs are integral members of the primary care workforce that can make these services more available.

CNMs are recognized as primary care providers under existing federal health care programs, including those that address primary care workforce expansion, reimbursement for services, and loan repayment programs.

- To address the nation's health care workforce demands, the National Health Service Corps (NHSC) repays educational loans and provides scholarships to primary care health professionals who practice in areas of the country that have too few health care professionals to serve the people who live there. CNMs are eligible for placement as primary care providers in underserved areas of the United States through the NHSC. See US Code-Section 42 254I-1.
- CNM services are a mandatory benefit under the Medicaid program and states have the option of using CNMs as primary care case managers. CNMs are recognized to provide care within their full scope of practice under Medicare for women with disabilities of childbearing age and also primary care and well woman care for senior women. See US Code-Section 42 1396d(t)(2); US Code-Section 42 1396x(17); US Code- Section 42 1395x(gg).
- Federal law providing funding for nurse-midwifery educational programs states that these grants are to educate students "to be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, acute care, and other health care settings." See US Code-Section 42 296J.
- The Federal Employees Health Benefit Program states federal employees shall have direct access to the services of nurse-midwives. See US Code-Section 8 8902 (k).

History of the Medical Home

In February 2007, the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA) released the Joint Principles of a Patient-Centered Medical Home.² In the Patient-Centered Medical Home (PCMH) model, the patient is the center of care and works in partnership with a primary care provider to optimize preventive health measures and care coordination. The patient is an active part of an interdisciplinary care team that acts to improve the quality of care, promote communication, and enhance efficient delivery of care.

The hallmarks of this care are reportable quality and safety measures that provide enhanced access to care and open communication with and among providers. The National Committee for Quality Assurance (NCQA) further defined the medical home and developed related quality standards and reporting measures.³

Maternity Care Homes

The PCMH model has gained recognition as a quality improvement strategy, particularly for children, the elderly, and those with multiple co-morbidities. CNMs and CMs may provide care within this model for women across the lifespan and may also function as primary care providers

in a variety of settings, including Federally Qualified Health Centers (FQHCs). Recently, the model has become equally valued when applied to woman-centered care before, during, and after pregnancy. In 2012, the Centers for Medicare & Medicaid Innovation (CMMI) launched the Strong Start campaign, a funding challenge designed to reduce the frequency of premature births in pregnant Medicaid beneficiaries.⁴ The maternity care home, a comprehensive prenatal care strategy option, will be evaluated as an evidence-based intervention to enhance current care delivery, reduce disparities, and address the medical, behavioral, and psychosocial factors that may contribute to preterm-related poor birth outcomes. Maternity care homes will expand access to care, improve care coordination, and provide a broader array of health services.

REFERENCES

1. American College of Nurse Midwives. Core competencies for basic midwifery practice. http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/0000000000050/Core_Competencies_6_07.pdf. Published January 15, 2008. Accessed April 28, 2012.
2. American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association. Joint principles of the patient centered medical home. <http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home> Published February 2007. Accessed May 2, 2012.
3. National Committee for Quality Assurance. Patient-centered medical home. <http://www.ncqa.org/tabid/631/default.aspx>. Published 2011. Accessed May 3, 2012.
4. Centers for Medicare & Medicaid Innovation. Strong start for mothers and newborns. <http://www.innovation.cms.gov/initiatives/strong-start/>. Accessed May 3, 2012.

Source: Division of Standards and Practice
Approved by the ACNM Board of Directors: June 2012