

POSITION STATEMENT

Expansion of Midwifery Practice and Skills Beyond Basic Core Competencies

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.¹

To be eligible to take the examination given by the American Midwifery Certification Board (AMCB), candidates must demonstrate scientific knowledge and clinical skills as outlined in the American College of Nurse-Midwives (ACNM)'s *Core Competencies for Basic Midwifery Practice*.² As science and technology advance to create changes in the delivery of health care, CNMs and CMs may desire or be required to attain knowledge and skills beyond the basic level of midwifery practice as defined by those core competencies.²

To ensure that new technical skills remain within the scope and safety of midwifery practice, ACNM recommends that the incorporation of these skills be accomplished in accordance with the following:

- The implementation of a new procedure should be based on consumer demand, standards for safe practice, and availability of other qualified personnel.
- There must be no institutional, state, or federal statutes, regulations, or bylaws that constrain the midwife from incorporating the new procedure into practice. State laws and regulations that may define the scope of practice of a midwife should be reviewed before expanding one's practice.
- Midwives must demonstrate knowledge and establish and maintain competency.
- Mechanisms for obtaining medical consultation, collaboration, and referral related to a new procedure must be identified.
- Midwives must maintain documentation of the process used to achieve the necessary knowledge, skills, and ongoing competency of expanded or new procedures.¹
- Expanded knowledge and skills must remain in accordance with the practice of midwifery as defined by ACNM.
- Some expanded roles for midwives, including performing ultrasound in clinical practice³ and serving as first assistant during surgery,⁴ are detailed in ACNM position statements. These documents outline the steps CNMs/CMs should take to incorporate these expanded skills into clinical practice.
- CNMs/CMs may wish to add other skills or knowledge that may be within the scope of expanded midwifery practice but that have not been specifically addressed in ACNM

position statements. Examples of these include performance of newborn male circumcision, colposcopy, and endometrial biopsy.

- CNMs/CMs should consult published ACNM position statements and clinical bulletins as new topics evolve to ensure they are expanding their practices in accordance with professional recommendations and guidelines.

Background

While delivering health care, midwives may identify the need to offer expanded services to provide optimal care. However, it is important for CNMs/CMs to consult the ACNM *Definition of Midwifery and Scope of Practice*¹ to ensure that the expansion of clinical practice falls within the CNM/CM scope of practice. CNMs/CMs should consider various questions when considering the addition of new knowledge/skills.

Table 1. Questions CNM/CMs Should Consider When Adding Knowledge/Skills to Their Scope of Practice

<p>Domain: Knowledge</p> <ul style="list-style-type: none"> • Did I complete a program that prepared me to care for the population on which this skill is performed? • Did this program include supervised clinical and didactic training focusing on this population?
<p>Domain: Role Validation</p> <ul style="list-style-type: none"> • Am I licensed by my state to practice in this role? • Is additional licensure or certification required within my state or my practice setting to perform this additional skill/procedure? • Do professional (ACNM) standards support or validate what I am doing? • How do I define my role to the public? Do my qualifications, training, and licensure match how I define my skills? • Is the information regarding my training easily accessible, and can it be validated to the public, health care credentialing staff, facilities, and other interested parties?
<p>Domain: Competence and Skill</p> <ul style="list-style-type: none"> • What are the clinical competencies/skills required to perform this skill? • Do I have the foundational knowledge upon which to add this skill? • Have I been trained to perform this skill? • How have I achieved, demonstrated, and documented competence? • How do I maintain competence? • What is the standard of a practitioner in this field, and do I meet it? • Have I completed a specialty preceptorship, fellowship, or internship that qualifies me beyond my basic educational training?

Domain: Environment

- Does the environment in which I work support this skill or practice through structures such as staffing, consultation, certification, policies and procedures, protocols, and community standards?
- Does my liability insurer support the expanded role, and will they provide coverage for this role?
- Is access to care an issue? Will I be facilitating or impeding access to the best trained professional?

Domain: Ethics

- What are the potential consequences of accepting treatment responsibility for this patient?
- Has the patient been provided with sufficient information to make an informed decision?
- Am I prepared to accept and manage the consequences of my diagnosis and treatment, including liability, or do I have relationships with providers who are so trained and available when needed?
- If I am not the primary care provider, will my provision of care be shared with this person?

Modified from Klein TA.⁵ Used with permission from Tracy A. Klein, RN, MS, WHCNP, FNP, and Medscape Education (<http://www.medscape.org/>).

In summary, as knowledge expands and technology advances, expansion of scope of practice will become increasingly necessary and/or desirable for CNMs/CMs. Although knowledge and training will vary depending on the desired advanced skill, it is the responsibility of the CNM/CM to obtain the competence/skills and credentials necessary to safely, ethically, and legally perform that advanced skill.

These advanced skills must remain within the scope of midwifery practice and must be implemented in a way that is congruent with state regulation and licensure requirements and the institution where the CNM/CM practices.

REFERENCES

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3. American College of Nurse-Midwives. Position statement: ultrasound in midwifery practice. Updated October 2018. Accessed April 1, 2022.

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4. American College of Nurse-Midwives. The certified nurse-midwife/certified midwife as first assistant during surgery. Revised December 2017. Accessed April 1, 2022.
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5. Klein TA. Scope of practice and the nurse practitioner: regulation, competency, expansion, and evolution. *Topics Adv Pract Nurs*. 2007;7(3).
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Note. The term *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 AMCB.

Source: Board of Directors

Approved by the ACNM Board of Directors: 1992

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