



ACOG

The American College of
Obstetricians and Gynecologists



AMERICAN COLLEGE
of NURSE-MIDWIVES

College Statement of Policy

As issued by the College Board of Directors

This document was developed jointly by the
American College of Nurse-Midwives and the
American College of Obstetricians and Gynecologists.

JOINT STATEMENT OF PRACTICE RELATIONS BETWEEN OBSTETRICIAN– GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES/CERTIFIED MIDWIVES*

The American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives (ACNM) affirm our shared goal of safe health care in the United States through the promotion of evidence-based models provided by obstetrician–gynecologists (ob-gyns), certified nurse-midwives (CNMs), and certified midwives (CMs). ACOG and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among clinicians. Ob-gyns and CNMs/CMs are educated, trained, and licensed independent clinicians who are experts in their respective fields of practice and work in mutual collaboration to optimize care for individuals they serve (1).

Practicing to the full extent of their education, training, experience, and licensure, ob-gyns and CNMs/CMs support team-based care (1, 2). ACOG and ACNM advocate for health care policies that ensure access to appropriate levels of care for all individuals seeking obstetric, midwifery, gynecological, and primary health care (3). Quality of care is enhanced by collegial relationships characterized by mutual respect and trust; professional responsibility and accountability; and national uniformity in full practice authority and licensure across all states.

Shortages and maldistribution of midwives and ob-gyns cause serious public health concerns (4). ACOG and ACNM recommend increasing the number of ob-gyns and CNMs/CMs. Increasing the availability of clinical learning sites for midwifery students, medical students, and residents will improve access by increasing skilled clinicians in the workforce who are paid at a sustainable rate that appropriately recognizes their value to the health care system. ACOG and ACNM recommend utilization of interprofessional education to promote a culture of team-based care. Ob-gyns and CNMs/CMs, working collaboratively according to the needs of the patient, can optimize equitable care of patients and improve obstetric, sexual, and reproductive health outcomes. Additionally, ACOG and ACNM support health equity and actively work against racism and oppression in education, clinical learning environments, and practice

Recognizing the high level of responsibility that ob-gyns and CNMs/CMs assume when providing care to individuals, ACOG and ACNM affirm their commitment to promote the highest standards for education, national professional certification, and recertification of their respective members and to support evidence-based practice. Accredited education and professional certification preceding licensure are essential to ensure skilled providers at all levels of care across the United States.

We recognize the importance of options and preferences of individuals in their health care. Ob-gyns and CNMs/CMs work in a variety of settings including private practice, community health facilities, clinics, hospitals, and accredited birth centers and in virtual environments.[†] ACOG and ACNM hold different positions on home birth (5, 6). Establishing and sustaining viable practices that can provide broad health care services require that ob-gyns and CNM/CMs have access to affordable professional liability insurance coverage, hospital privileges, equitable compensation from private payers and under government programs, and support services including, but not limited to laboratory, obstetrical imaging, and anesthesia. To provide highest quality and seamless care, ob-gyns and CNMs/CMs should have access to a system of care that fosters robust, accountable, respectful collaboration among independent professionals.

*Certified nurse-midwives (CNMs) and certified midwives (CMs) are educated in graduate-level midwifery programs accredited by the [Accreditation Commission for Midwifery Education](#) (ACME). CNMs and CMs pass the national certification examination administered by the [American Midwifery Certification Board](#) (AMCB) to receive the professional designation of CNM (if they have an active RN at the time of the certification exam) or CM. CNM/CMs are licensed and have ongoing certification maintenance requirements.

Obstetrician–gynecologists (ob-gyns) who are fellows of ACOG are physicians who have graduated from medical school, completed an obstetrics and gynecology residency from an accredited program, obtained a medical license, passed a national certification exam administered by the American Board of Obstetrics and Gynecology or Osteopathic Board or equivalent, and participate in ongoing Maintenance of Certification.

[†]A birthing center within a hospital complex, or a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, the Joint Commission, or the American Association of Birth Centers (from American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care. 8th ed. Elk Grove Village, IL: AAP; Washington, DC: American College of Obstetricians and Gynecologists; 2017) or is accredited by the Commission for the Accreditation of Birth Centers (CABC).

References

1. American College of Obstetricians and Gynecologists. Collaboration in practice: implementing team-based care. Washington, DC: ACOG; 2016. Available at <https://www.acog.org/clinical/clinical-guidance/task-force-report/articles/2016/collaboration-in-practice-implementing-team-based-care>.
2. American College of Nurse-Midwives. ACNM position statement: collaborative management in midwifery practice for medical, gynecologic and obstetric conditions. Silver Spring, MD: ACNM; 2014. Available at <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000058/Collaborative-Mgmt-in-Midwifery-Practice-Sept-2014.pdf>.
3. Levels of maternal care. Obstetric Care Consensus No. 2. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:502-15. Available at http://journals.lww.com/greenjournal/Abstract/2015/02000/Obstetric_Care_Consensus_No_2_Levels_of.46.aspx.
4. Ollove M. A shortage in the nation's maternal health care. Washington, DC: Pew Charitable Trusts; 2016. Available at <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/08/15/a-shortage-in-the-nations-maternal-health-care>.
5. American College of Nurse-Midwives. ACNM position statement: planned home birth. Silver Spring, MD: ACNM; 2016. Available at <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000251/Planned-Home-Birth-Dec-2016.pdf>.

6. Planned home birth. Committee Opinion No. 697. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e117-22. Available at [http://journals.lww.com/greenjournal/fulltext/2017/04000/Committee Opinion No 697 Planned Home Birth.52.aspx](http://journals.lww.com/greenjournal/fulltext/2017/04000/Committee_Opinion_No_697_Planned_Home_Birth.52.aspx).

Approved by Board of Directors of the American College of Obstetricians and Gynecologists
Approved by Board of Directors of the American College of Nurse-Midwives
February 2011
Reaffirmed July 2014
Reaffirmed July 2017
Revised and Reaffirmed April 2018
Reaffirmed November 2021
Revised and Reaffirmed November 2022