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Midwifery education in the U.S. - Certified Nurse-Midwife, Certified Midwife and Certified Professional Midwife

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ABSTRACT

US midwifery education is provided through graduate education for the CNM/CM and didactic education with apprenticeship for the CPM. Clinical practice varies throughout the country depending on the credential held and current state legislation. A lack of clinical sites for midwifery education is a significant challenge to all programs and a barrier to meeting the national maternity care provider shortage.

Introduction

Midwifery practice in the United States (U.S.) continues to be driven by consumer interest, healthcare economics and political regulation at the state level. National midwifery credentials include the Certified Nurse-Midwife (CNM)/Certified Midwife (CM) and Certified Professional Midwife (CPM). CNMs are licensed to practice in all 50 states and U.S. territories, CMs practice is currently limited to 5 states, and CPMs are authorized to practice in 31 states. CNMs and CMs attended 8.3% of the 3,988,076 registered U.S. births in 2014 (Martin et al., 2015). Other midwives attended approximately 1.2% of vaginal births in 2014 as presented in Birth by the Numbers (Declercq, 2016). A majority of CNM/CM attended births occur in the hospital (94.3% in 2015) (ACNM FACT SHEET CNM/CM-attended Birth Statistics in the United States, 2016). CNM/CM education reflects this practice and does not require clinical experiences in the home or birth center. Midwifery education for the CPM and CNM/CM varies in entry requirement, clinical experiences, accreditation and subsequent certification and licensure. Although there are several routes to becoming a midwife, all midwife credentials are associated with excellent birth outcomes and high rates of reported patient satisfaction (Stapleton et al., 2013; Cheyney et al., 2014; Sandall et al., 2016; Stone et al., 2016).

Background

The scope of practice is the same for both CNMs and CMs and includes primary health care for women from adolescence through menopause, pre-conception care, care during pregnancy including birth and the postpartum period, care of the newborn during the first 28 days of life, gynecology and family planning services and treatment of male partners for sexually transmitted infections. Health promotion, disease prevention, and individualized wellness education and counseling are also provided (ACNM, 2012). State laws regulate practice autonomy and vary throughout the U.S. CMs are licensed in 5 states, New York, New Jersey, Rhode Island, Maine and Delaware, with full-practice authority and prescriptive privileges in New York, Rhode Island, and Maine (pending regulation). In New York state, CMs are well integrated in the health care system, working in hospitals, birth centers, clinics, offices, homes and education programs.

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The scope of practice of the CPM is derived from the North American Registry of Midwives (NARM) Job Analysis (NARM, 2016), state laws and regulations. Individual practice guidelines are developed by each midwife according to the midwife's skills and knowledge. Practice is generally limited to the care of low-risk women and their newborns throughout the childbearing year. Use of medications within the CPM scope of practice is determined by state law. Third party reimbursement is determined by individual insurers. CPMs may be paid by the state government's health coverage, Medicaid, in 14 states (Centers for Medicare & Medicaid, 2017). Availability and requirement for liability insurance varies by state. CPMs practice autonomously and almost exclusively in out of hospital settings.

Midwifery education: CNM/CM, CPM

The three midwifery credentials recognized for practice in the United States have different educational requirements. There are currently 40 educational programs in the U.S. that prepare individuals to become CNMs including 2 educational programs that prepare CNMs and CMs together. Most education programs are associated with a university and all are graduate or post-graduate programs. All but three are housed in Schools of Nursing. CNMs/CMs are board certified by the American Midwifery Certification Board (AMCB, 2017) which is accredited by the National Commission for Certifying Agencies (NCCA). All educational programs are accredited by the Accreditation Commission for Midwifery Education (ACME) which is recognized by the U.S. Department of Education. These 40 educational programs require a baccalaureate degree or higher to be considered for admission and confer a graduate degree or post-graduate certificate upon successful completion. The student preparing to become a CNM must become a Registered Nurse (RN), usually with a bachelor's degree, prior to or during the nurse-midwifery program. CNM/CM education is considered competency-based with graduates achieving the ACNM *Standards of Practice of Midwifery* and ACNM *Core Competencies for Midwifery Practice* (ACNM, 2012).

Each CPM educational program has different admission requirements. NARM requires a minimum of high school diploma or equivalent and graduation from an accredited program or completion of the Portfolio Evaluation Process (PEP). The PEP includes documentation of clinical midwifery experience, as well as competency in skills identified in the NARM Job Analysis. The Midwifery Education and Accreditation Council (MEAC) which is recognized by the U.S. Department of Education, currently accredits 11 MEAC schools of midwifery (MEAC, 2017). Some MEAC accredited programs offer degrees, while others offer certificates. There are distance learning, low-residency, and in-residence programs. Some student midwives acquire their didactic knowledge through independent study or programs that are not accredited. All CPM pathways require successfully passing the NARM Written Exam. The exam questions are written and reviewed by specially trained CPMs according to standards set for accreditation by the NCCA. The CPM is the only NCCA-accredited midwifery credential that requires out-of-hospital birth experience.

The US Midwifery Education, Regulation, & Association (US MERA) workgroup was formed in response to the International Confederation of Midwives (ICM) (2010, 2013) standards created to strengthen midwifery worldwide. Stakeholders from major US midwifery organizations came to agreement upon language for states introducing new licensure bills to include the requirement of completion of an accredited midwifery education by January 1, 2020. This led to the development of the NARM Midwifery Bridge Certificate, which documents 50 contact hours of accredited continuing education in emergencies and other competencies identified by the International Confederation of Midwives (ICM). CPMs educated through non-accredited midwifery programs may complete the NARM Midwifery Bridge Certificate to meet the requirement for accredited education (Table 1).

Clinical education

A significant amount of clinical teaching and student evaluation in CNM/CM education is the responsibility of clinical preceptors. CNMs/CMs may volunteer or may be required by their employer to precept student-midwives, as well as nursing students, nurse-practitioner students, physician assistant students and medical students. CNMs/CMs are required to be AMCB certified as well as licensed in their state. Educational programs document preceptor experience and liability coverage and secure a contract with the preceptor as well as the clinical site. Although faculty determine student competence, the preceptor role includes guiding students' clinical experience to meet the objectives of the semester, validating clinical findings, scheduling time to review and assess students' clinical experience and finally, evaluating students' performance to determine competency (ACNM preceptor page, 2011). CNM/CM students' clinical experience must be primarily with CNMs or CMs but may include clinical hours with physicians and nurse practitioners.

Most students studying in CNM/CM programs study didactic content either onsite or in a distance learning format. Clinical education frequently utilizes simulation in addition to clinical hours. Gaining clinical competency in the clinical site is based upon ongoing preceptor and faculty evaluation with minimum numbers of clinical experiences determined by ACME: 10 preconception care visits, 15 new antepartum visits, 70 return antepartum visits, 20 labor management experiences, 20 births, 20 newborn assessments, 20 early postpartum visits, 15 postpartum visits, 10 breastfeeding support visits, 20 family planning visits 40 gynecologic visits, 40 primary care visits (ACME, 2015).

Students studying to be CPMs gain out-of-hospital clinical experience through an apprenticeship with a NARM Registered Preceptor. Apprenticeship provides students with mentoring and training by experienced practitioners. All experience and skills are supervised and verified by NARM Registered Preceptors. NARM relies on experienced preceptors who validate the knowledge and skills acquired by their apprentices. Preceptors are required to register with NARM before supervising any clinical experience documented on a student's NARM Application. A preceptor must have an additional three years of experience after credentialing or fifty primary births beyond entry-level CPM requirements. Preceptors must also have ten continuity of care births (5 prenatal exams spanning two trimesters, the birth, newborn exam, and two postpartum exams) beyond entry-level CPM requirement, and must have attended a minimum of ten out-of-hospital births in the last three years. Any practitioner whose license allows them to provide maternity care, such as a CPM, CNM, CM, DO, or MD, can become a NARM Registered Preceptor, so long as they meet the experience, continuity of care, and out-of-hospital birth requirement.

Through apprenticeship, the student applies their didactic knowledge during their clinical experiences. Documentation of a student's apprenticeship is divided into phases, progressing from observation to assistant through primary midwife under the supervision of a NARM Registered Preceptor. A student's clinical training must span a period of at least 2 years. Over the course of the student's clinical training, the student's apprenticeship will include a minimum of 55 births, 100 prenatal exams (including 20 initial prenatal exams), 40 newborn exams, and 50 postpartum exams. Clinical experience also requires continuity of care, 2 planned hospital births attended in any role, and at least 5 home births (NARM, 2012). Students at MEAC schools need to fulfill their school's requirements, and then complete an equivalency application to submit to NARM. The minimum clinical requirements are equivalent to NARM's PEP requirements.

Challenges to both models

A lack of clinical sites is a significant challenge to midwifery education for CNM/CMs and CPMs. Medical education programs and a variety of Advanced Practice Registered Nurse (APRN) education

Table 1
American College of Nurse-Midwives, 2017. Comparison of Certified Nurse-Midwives, Certified Midwives, Certified Professional Midwives Clarifying the Distinctions Among Professional Midwifery Credentials in the U.S., Annotated table.

	Certified Nurse-Midwife (CNM®)	Certified Midwife (CM®)	Certified Professional Midwife (CPM ®)
Certification			
Certifying Organization	American Midwifery Certification Board (AMCB)		North American Registry of Midwives (NARM)
Certification Requirements	Graduate Degree Required from a program accredited by the Accreditation Commission for Midwifery Education (ACME)		Certification does not require an academic degree but is based on demonstrated competency in specified areas of knowledge and skills.
	Earn registered nurse (RN) license prior to or within midwifery education program	Successful completion of required science & health courses and related health skills training prior to or within midwifery education program	1. Completion of NARM's Portfolio Evaluation Process (PEP) pathway; **OR** 2. Graduate of a midwifery education program accredited by Midwifery Education Accreditation Council (MEAC); **OR** 3. AMCB-certified CNM or CM with at least 10 community based birth experiences; **OR** 4. Completion of state licensure program CPMs certified via the PEP may earn a Midwifery Bridge Certificate (MBC) to demonstrate they meet the International Confederation of Midwives (ICM) standards for minimum education.
Recertification Requirement	Every five years		Every three years
Licensure			
Legal Status	Licensed in 50 states plus the District of Columbia and US territories as midwives, nurse-midwives, advanced practice registered nurses (APRN) or nurse practitioners.	Licensed in Delaware, Maine, New Jersey, New York, and Rhode Island.	Licensed or otherwise regulated in 31 states (4 states regulate by registration, certificate, or voluntary licensure).
Licensure Agency	Boards of Midwifery, Medicine, Nursing, Nurse-Midwifery, or Departments of Health	Boards of Midwifery, Medicine, Complementary Health Care Providers, or Department of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers or Departments of Health, or Departments of Professional Licensure

Complete table available at: http://www.midwife.org/acnm/files/ccLibraryFiles/FILENAME/000000006807/FINAL-ComparisonChart-Oct2017.pdf

programs compete for the limited number of clinical sites and preceptors for student nurse-midwives and student midwives. (ANCC, 2016). Most midwifery program educators report finding clinical sites for students to be a significant challenge (Germano et al., 2014; ACNM, 2015). Distance or hybrid programs work with students to find clinical sites in their home communities. Rural communities often in need of midwifery care offer limited availability of clinical sites and preceptors. Midwifery students in distance education are limited to clinical sites in states that recognize their educational program and credential. Many potential clinical sites are not accessible to student CNM/CMs as preference is given to medical students and residents where hospitals receive Graduate Medical Education (GME) funds for their training. (ACNM, 2015).

Student midwives tend to be adult learners with established families and financial obligations. It is very challenging for a student to maintain full time employment and continually be on call while studying to become a midwife as an apprentice in the CPM model, or during the clinical practicum as a student CNM/CM. For students choosing to become CNMs, time constraints, limited enrollment and the financial burden of nursing school, in addition to midwifery school, may be obstacles for many wishing to study midwifery.

The small number of MEAC-accredited programs is a barrier for students pursuing the CPM credential. Many students will need to leave their community to attend in-residence and low-residence programs. Distance learning programs increase accessibility for students who do not live near the school. The PEP, combined with the NARM Midwifery Bridge Certificate, provides another option that meets ICM educational standards for students who cannot access a MEAC accredited program (U.S. MERA, 2015).

Conclusion

Both models produce competent clinicians who achieve core midwifery competencies. CNM/CM and CPM education programs, are accredited by national agencies and comply with state regulations as well as meet ICM standards (ICM, 2010, 2013). Unmet maternal health needs in the U.S., the shortage of maternity care providers and limitations to midwifery education due to preceptor and clinical site availability need to be addressed (ACNM, 2015; Hung et al., 2017; Kozhimannil et al., 2015). Remedies include advancing state legislation for recognition of midwifery credentials and federal monetary support of midwifery education. Continued demonstration of excellent outcomes for those served by midwives sustains the profession but does not grow the profession to meet the needs of women, their children and families in the United States of America.

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