Certified Professional Midwives in the United States

An Issue Brief From

- North American Registry of Midwives
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Introduction

The United States faces a deepening crisis in the quality, cost and availability of health care. Maternity care in particular reflects the basic inefficiencies of the current model – on the one hand too many women receive unnecessarily expensive care due to the overuse of technology, while others cannot access even the most basic services. Midwives are poised to address this problematic distribution of care by providing essential health services that result in excellent outcomes at lower cost than typical care. Any plan for health reform should include support for and expansion of midwifery services.

Certified Professional Midwives (CPMs) are a fast-growing segment of the midwifery profession in the United States today. Certified Professional Midwives are trained and credentialed to offer expert care, education, counseling and support to women for pregnancy, birth and the postpartum period. They have particular expertise in out-of-hospital settings. CPMs practice as autonomous health professionals working within a network of relationships with other maternity care professionals who can provide consultation and collaboration when needed.

The purpose of this document is to provide information about Certified Professional Midwives: their qualifications, philosophy and scope of practice; the best available evidence regarding the safety and quality of their care; and a brief exploration of how increased utilization of their services will address America's health care needs.

Background

Midwives played an important role historically in communities across North America. Indigenous and traditional midwives were part of community life long before the professionalization of midwifery. Immigrant populations included midwives educated in Europe and Asia. In fact, midwives attended the majority of births well into the early 20th century, when public health researchers found that midwives provided care, often in the poorest neighborhoods and communities, with good outcomes. Nevertheless, as medical professions grew stronger, physicians sought to take over the provision of maternity care, and midwifery came under attack. The percentage of births attended by midwives declined as women were encouraged to have their babies in hospitals attended by physicians.

This shift from midwives to physicians as the primary maternity care providers set the stage for the medicalization of birth and has contributed to a number of troubling and persistent problems. These include: the escalating use of birth interventions, often without evidence of benefit and with reliable evidence of harm; a cesarean rate that is nearing one-third of all births; soaring costs with no evidence of an increase in healthy outcomes for women and infants; and, possibly most troubling of all, a severe erosion of women's belief in their ability to give birth.

Today, in most other industrialized countries, midwives attend the majority of births, and women experience fewer interventions and better outcomes than in the United States. In fact, the World Health Organization recommends midwives as the most appropriate and cost-effective type of healthcare provider in the case of normal pregnancy and birth.[1] To improve birth outcomes and to better serve the health needs of women and infants, U.S. health care policies must support midwives as the primary maternity care providers for the majority of women.

The Professionalization of Midwifery

In the United States today, the profession of midwifery includes direct-entry midwives and nurse-midwives. Direct-entry midwifery refers to an educational path that does not require prior nursing training to enter the profession. Nurse-midwifery originated in the 1920s through the efforts of public health nurses and other advocates who believed nurse-midwives could play an important role in meeting the needs of underserved populations. While direct-entry midwives declined in numbers through the first half of the 20th century, nurse-midwifery grew gradually until the 1970s when national standards for education and certification were established by the American College of Nurse-Midwives (ACNM), and federal funding was provided for

nurse-midwifery training. Nurse-midwives are now recognized in every state. The majority of nurse-midwives are employed by physicians or medical centers. While nurse-midwives may attend births in home settings or freestanding birth centers, approximately 95% of all births attended by nurse-midwives occur in hospitals.[2]

A new generation of direct-entry midwives emerged in the 1970s to serve those women who were rediscovering normal birth and choosing to give birth at home. What began as a grassroots movement almost forty years ago has evolved into a body of professionals with a national identity. This professionalization began in 1982 with the founding of the Midwives Alliance of North America (MANA), an organization that brought together midwives from all backgrounds who were committed to unifying and strengthening midwifery. MANA's role was central to the development and evolving philosophy of contemporary direct-entry midwifery. From the beginning, its leaders and members were committed to envisioning an innovative midwifery model that could meet the needs of contemporary women of reproductive age who desired an alternative to the prevailing maternity care that would provide access to physiologic, woman- and family-focused care. MANA developed the first national certifying examination for direct-entry midwives and in 1986 launched a national registry of midwives, thereby laying the groundwork for the establishment of the Certified Professional Midwife (CPM) credential. In the early 1990s, MANA developed the *Statement of Values and Ethics*, providing guidance for professional conduct in the practice of midwifery with a unique focus on experience and competencies of childbearing women. At the same time, MANA's *Core Competencies* described the clinical skills and judgment needed for the practice of midwifery and became the foundational document for the professsionalization of direct-entry midwifery. In the early 1990s, MANA began collecting data on out-of-hospital births to assess the practice of direct-entry midwives which contributed to one of the largest prospective studies of midwifery practice conducted in North America. In 2004, MANA implemented a state-of-the-art on-line data collection system.

By the early 1990s, several states actively regulated the practice of direct-entry midwifery. Many more states were interested in licensing laws, and there was a growing consensus among midwives that national standards for the education and certification of direct-entry midwives would serve as useful tools for defining their particular expertise for the public and increase women's access to their services. The North American Registry of Midwives (NARM) created an innovative and credible new mechanism for certification. The Midwifery Education Accreditation Council (MEAC) established requirements for the accreditation of schools and was recognized by the U.S. Department of Education as a national accrediting agency for direct-entry midwifery education programs and institutions. In 2001, the National Association of Certified Professional Midwives (NACPM) was created to articulate the philosophy and principles of practice and to establish standards of practice specific to CPMs.

In 2000 all CPMs were required to participate in a year-long prospective study undertaken by a team of independent researchers to evaluate the practice of CPMs. The researchers analyzed over 5400 home births involving CPMs, comparing outcomes and medical interventions with low risk hospital births. The data revealed far lower rates of expensive medical interventions among planned home births attended by CPMs with outcomes that were comparable to low risk births in the hospital. This landmark study was published in the *BMJ* in 2005.[3]

It should be noted that direct-entry midwifery is also recognized within the American College of Nurse-Midwives which established the Certified Midwife (CM) credential in 1997. CMs are not nurses and must meet qualifications established by the ACNM. They are currently licensed to practice in three states.

Current Status of the Profession

Certified Professional Midwives are trained and credentialed professionals who offer primary maternity care to women and families across the United States. The number of Certified Professional Midwives is growing rapidly – from 500 in early 2000 to more than 1400 in 2008. At least 1 in 9 of all nationally-certified midwives in the United States today is a CPM.

Twenty-six states now recognize direct-entry midwives in statute, 24 through licensure. Before the advent of the CPM credential in 1994, individual states that licensed midwives each had their own requirements and standards. Since the availability of the CPM credential, the trend has been to use the CPM as the basis for

state licensure. Twenty-four states now recognize the CPM credential or use the NARM written examination in their state regulatory process. The use of the CPM credential as the basis for licensure preserves the Midwives Model of Care™, which emphasizes individualized care, continuity of care and minimization of risk[4] by defining the knowledge and skills necessary for entry to midwifery practice.

Currently there are legislative initiatives in numerous states, all with the goal of licensing CPMs. The National Birth Policy Coalition, a broad-based group of consumers, midwives and state and national midwifery organizations, has launched a campaign to increase women's access to the Midwives Model of Care™ by encouraging and supporting the licensing of CPMs in all 50 states. The CPM credential provides a process for licensing midwives that saves states the work and expense of developing and implementing their own program of evaluating and assessing the competency of midwives. The credential also establishes a national standard for quality assurance within the profession and minimizes confusion about the profession of midwifery among consumers and policy makers.

NARM: The Credentialing Agency for CPMs

The CPM credential was developed by NARM in collaboration with MANA, MEAC, Citizens for Midwifery (a consumer-based group) and diverse stakeholders from across the United States.[5] The credential validates the knowledge, skills and abilities vital to responsible midwifery practice and reflects and preserves the essential nature of midwifery care. The CPM credential is unique among maternity care providers in the United States as it requires training and experience in out-of-hospital birth. The CPM credential allows multiple routes of entry to the profession in order to encourage innovation in education, adaptability to evolving best practices of the profession, diversity in the pool of credentialed midwives and broad accessibility to the profession. The competency-based model for certification assures well-educated, skilled and competent providers in a way that also mitigates the costs of education.

The CPM credential requires that all candidates demonstrate successful mastery of both didactic information and clinical experience components, which includes either education in a program accredited by the Midwifery Education Accreditation Council or the ACNM Division of Accreditation or completion of a Portfolio Evaluation Process (PEP), a competency-based education process. Other routes to the credential are current legal recognition to practice in the United Kingdom, legal recognition in a state previously evaluated for educational equivalency and comparable international training. All CPM candidates are required to demonstrate acquisition of the required knowledge and skills and to have performed competently as a primary midwife under supervision. Certification is renewed every three years, and all CPMs must obtain continuing education and participate in peer review for recertification.

Competency-based credentialing is based on documentation of comprehensive training and testing of knowledge and skills that are relevant to real-life job conditions, as determined by psychometric research within the profession. The current CPM requirements are based on a national job analysis that surveyed the largest number of professionals ever examined in any study of midwives. The credential has been evaluated by independent researchers at Ohio State University and was determined to be a credential that exemplifies the established standards for educational testing as determined by the American Educational Research Association and the National Council of Measurement in Education.

NARM is accredited by the National Commission for Certifying Agencies (NCCA), the accrediting body of the National Organization for Competency Assurance (NOCA). The mission of NOCA is to promote excellence in competency assurance for practitioners in all occupations and professions. The NCCA accredits many healthcare credentials, including the Certified Nurse-Midwife. NCCA encourages their accredited certification programs to have an education evaluation process so candidates who have been educated outside of established pathways may have their qualifications evaluated for credentialing. The NARM Portfolio Evaluation Process (PEP) meets this recommendation. The CPM is the only NCCA-accredited midwifery credential that includes a requirement for out-of-hospital experience.

MEAC: An Accrediting Agency for Midwifery Education

Midwifery institutions and programs accredited by the Midwifery Education Accreditation Council currently produce almost one-half of all new CPMs annually. In 2008, eight free-standing institutions and two programs within other institutions had combined enrollments of more than 500 midwifery students. These institutions and programs are located in eight different states. Four offer distance education courses that allow students to combine local clinical preceptorships with their didactic studies, thereby making midwifery education available to students in virtually every state in the country. Three are degree-granting institutions offering entry-level and/or advanced degrees in midwifery. Three institutions are certified by the U.S. Department of Education to participate in Title IV student financial assistance programs. At least five newly-established or proposed institutions/programs in four additional states have expressed their intent to apply for pre-accreditation in the coming year, and several more schools are reportedly in the formative stages.

MEAC is recognized by the U.S. Secretary of Education as a national accrediting agency for direct-entry midwifery education programs and institutions. The standards for accreditation address curriculum requirements, faculty qualifications, facilities and student services, fiscal responsibility and administrative capacity. MEAC accreditation requires that midwifery schools incorporate the *Core Competencies* adopted by MANA and the clinical experience requirements and essential knowledge and skills identified by NARM. They must also provide evidence that graduates are capable of passing the NARM written examination and becoming CPMs and/or meeting the requirements for state licensure.

Building on a decade of experience in various models of community-based education, the founders of MEAC were deeply committed to the principles of midwifery care and to the preservation of creative, flexible educational pathways that include apprenticeship as the basis for clinical training and are based on core competencies While developing the standards for accreditation in the 1990s, MEAC also participated in the national Certification Task Force that established the basic requirements for the Certified Professional Midwife. MEAC today stands by the commitment made by the Task Force to recognize diverse routes to midwifery, affirms the valuable role that apprenticeship training plays in midwifery and supports the Portfolio Evaluation Process administered by NARM as another method of establishing the qualifications and competencies required of entry-level midwives. At the same time, MEAC believes in the value of accreditation as a measure of an educational program's adherence to established standards, commitment to self-evaluation and willingness to be held accountable to peers, state requirements and other third parties. Accreditation is useful to students, childbearing families, policy makers and others interested in determining the legitimacy of a program or institution offering a course of study leading to national certification.

In 2005, MEAC launched a project to reach out to midwifery educators across the U.S., regardless of their institutional affiliation, with the aim of sharing useful information and building a network of mutual support. That project resulted in the establishment of the Association of Midwifery Educators, which now hosts a website, produces a quarterly newsletter and provides training and support to teachers, preceptors and administrators. Again, the commitment is to develop and sustain a cadre of educators, working in a wide array of institutional and community settings, in order to preserve and promote diversity and accessibility in midwifery education.

NACPM: A Professional Association Representing CPMs

The National Association of Certified Professional Midwives aims to increase women's access to care provided by CPMs by removing barriers to this care and supporting the legal recognition of the CPM on the federal and state levels. In 2004, NACPM adopted the *Essential Documents* of the NACPM. These documents outline the philosophy and principles of practice, the CPM scope of practice and standards for practice. They provide a tool for measuring and assessing CPM practice as well as a mechanism for professional accountability.

The NACPM Standards for Practice provide guidance to states in the regulation of Certified Professional Midwives. In several states, the licensing legislation refers directly to the NACPM Standards of Practice as the reference for developing state rules for practice. This

specific inclusion in legislation is becoming the norm as more states take up licensing initiatives. Using the NACPM Standards as the guide to developing rules ensures that the Midwives Model of Care™ will be preserved and that accountability for midwifery practice will be consistent from state to state.

In 2008, NACPM is implementing a comprehensive plan to train advocates and support CPM participation in national and state health care reform initiatives. NACPM continues to develop strategic alliances with leading professional and women's organizations with a shared commitment to improving maternity care for all women.

MANA: An Alliance for the Profession of Midwifery

The Midwives Alliance of North America is a broad-based alliance representing the breadth and diversity of the profession of midwifery in the United States today. MANA was created for midwives from diverse educational backgrounds to work for the advancement of midwifery as a viable choice in maternity care. Members include Certified Professional Midwives as well as Certified Nurse-Midwives, state-licensed midwives and traditional midwives who serve special populations such as the Amish or indigenous communities. Over one-third of MANA's members are CPMs. MANA maintains a CPM Section to address the unique needs and support the valuable contributions CPMs make to maternity care in the U.S.

MANA's key contributions to the ongoing development and promotion of direct-entry midwifery, and specifically the CPM, are threefold. First, MANA continues to expand its role in midwifery research by maintaining the largest database in the country on the homebirth model offered primarily by direct-entry midwives. The MANA Division of Research, formed in 2004, initiated a large-scale project that collects prospective data online and will support future research projects on midwives and normal, physiologic birth. Secondly, MANA is a leader in education for and about midwives and the Midwives Model of Care™. MANA sponsors a national conference annually at which midwives from all backgrounds convene to coordinate efforts to advance midwifery and to attain accredited continuing education. MANA's national consumer education campaign, "Mothers Naturally," provides a website with up-to-date information on accessing birth options and a national roster of midwives. Finally, MANA maintains a Legislative Committee that posts the legal status of the CPM in each state, monitors the process and progress of CPM legislation nationally and provides education about the CPM to legislators, policymakers and consumers.

Meeting the Needs of Today and Tomorrow with CPMs

Midwives are urgently needed to address weaknesses in the current system of maternity care. Health policy experts, public health officials and other health care professionals are recognizing that Certified Professional Midwives possess valuable knowledge and skills in home and birth center care, are responsive to the needs of underserved and special populations, offer increased access to primary maternity care and provide care that is safe and significantly reduces health care costs.

The Coalition for Improving Maternity Services (CIMS), a multidisciplinary body of professional organizations representing ob-gyn and neonatal nurses, childbirth educators, midwives, physicians and consumer advocates produced the first broad-based consensus declaration to address maternity care in 1996.[6] Among the principles articulated in their landmark initiative — "Ten Steps of Mother-Friendly Care" — was the assertion that all birthing mothers should have access to professional midwifery care. An updated, comprehensive review of the scientific evidence underlying the CIMS recommendations was published in 2007,[7] showing that equally good or better outcomes can be achieved in low-risk women having planned home births or giving birth in freestanding birth centers. The review specifically cited the prospective study of home births with CPMs published in the *BMJ* in 2005.

In 2001, the American Public Health Association (APHA) adopted a resolution calling for increased access to out-of-hospital maternity care services.[8] APHA supports licensing and certification for direct-entry midwives, increased funding for scholarship and loan repayment programs and eliminating barriers to the reimbursement and equitable payment of direct-entry midwives.

One of the most unexpected arguments for the recognition and inclusion of CPMs in the system of maternity care emerged following a series of national disasters. In 2006, the White Ribbon Alliance for Safe Motherhood convened a national working group to develop guidelines to ensure that the health care needs of pregnant women, new mothers, fragile newborns and infants are adequately met during and after a disaster.[9] They recommend that CPMs should be engaged in local and regional planning efforts, that "homebirth skills" should be taught to all providers and that information should be provided on how to prepare for birth outside the hospital. This workgroup and their recommendations highlighted previously unnoticed and significant weaknesses in the national maternity care system — weaknesses that the inclusion of CPMs can address.

An economic cost-benefit analysis of direct-entry midwifery licensing and practice was undertaken in 2007 at the request of the Washington State Department of Health.[10] After reviewing the existing literature and state data, the researchers determined that planned out-of-hospital births attended by professional midwives had similar rates of intrapartum and neonatal mortality to those of low-risk hospital births. They also found that medical intervention rates for planned out-of-hospital births were lower than for planned low-risk hospital births. Using conservative cost estimates, they estimated the cost savings to the health care system (public and private insurance) was estimated at $2.7 million per biennium and recoveries from Medicaid Fee for Service alone to be more than $473,000 per biennium. These cost savings were achieved by Licensed Midwives attending just 2% of all births in the state.

Numerous federal reports in recent years have identified the need for fundamental health care system reform. In 2004, The Government Accountability Office called for reforms to address the unrelenting growth in health care spending and to improve value by rewarding providers who use resources economically and efficiently.[11] In 2001, the Institute of Medicine (IOM) found that health care routinely fails to deliver its potential benefits and too frequently harms patients.[12] The IOM report identified six aims for quality improvement: health care should be safe, effective, patient centered, timely, efficient and equitable. Published evidence demonstrates that the services of Certified Professional Midwives offer an effective response to these calls for health care reform by providing woman- and family-centered care that makes prudent, safe and effective use of resources.

Conclusion

Certified Professional Midwives are especially qualified and prepared to offer the kind of health care services that represent urgently needed policy solutions to the current health care crisis at both state and national levels. CPM care is proven to be safe, highly cost-effective and satisfying to consumers. CPMs provide care that is prevention-oriented with particular attention to education and support for the consumer. This process creates an essential health care partnership between the woman and her midwife that results in exemplary outcomes. These qualities of care are among those most needed to address and solve the problems that exist in the health care system in the U.S. today.

NARM, MEAC, NACPM and MANA look forward to the day when every woman in the United States has assured access to a trained, skilled and compassionate midwife for her care in the setting of her choice.

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Notes

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