



# Path to Midwifery: Certified Nurse-Midwife Education

NJHCQI Midwifery Collaborative

June 2023

# Nurse-Midwives

Midwife: With Woman

Educated in both Nursing and Midwifery

Primary and Reproductive Healthcare

- Gynecologic care, contraception, preconception care, STI treatment
- Basic primary care

Intrapartum Care

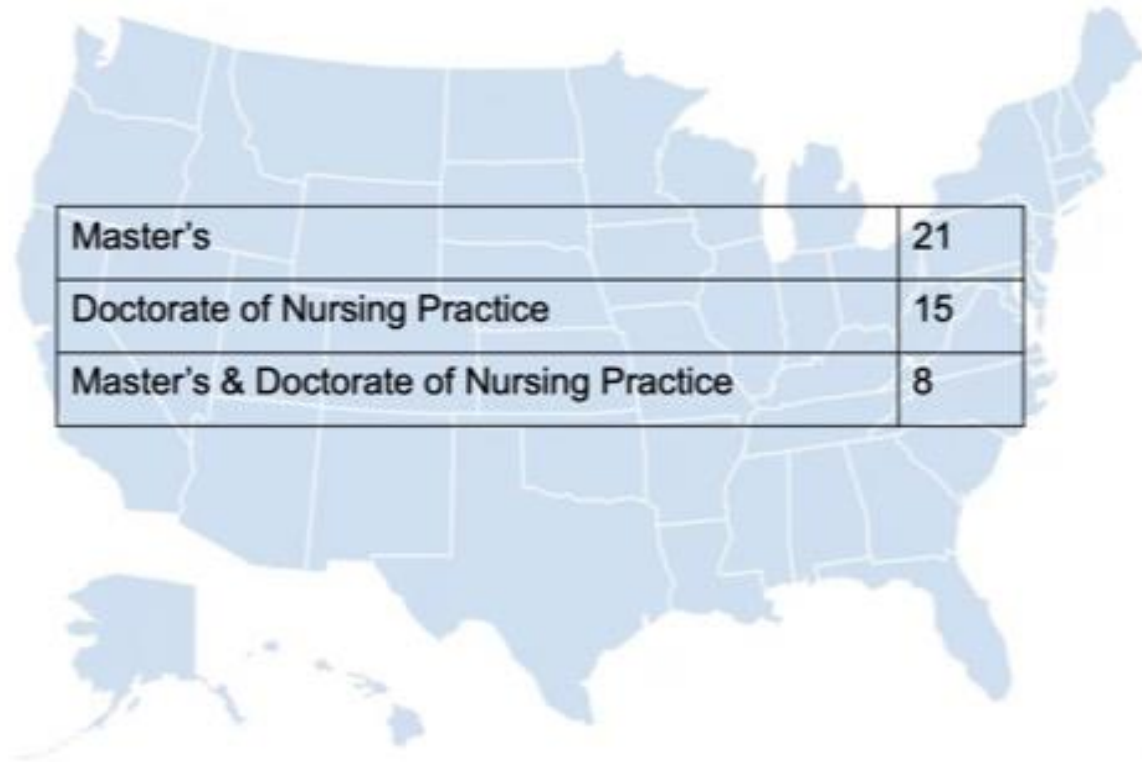
- Hospital and Community Birth

Care of the Newborn (up to 28 days of life)

ACME

ACCREDITATION COMMISSION  
*for* MIDWIFERY EDUCATION

Nurse-  
Midwife  
Programs





# Path to Midwifery: Certified Nurse- Midwife

- Degree
  - Enter graduate education with a bachelors of science in nursing
  - Exit with master's or doctoral degree
- Education
  - Accreditation Commission for Midwifery Education (ACME)
  - Health science theory
  - Clinical preparation
- Certifying Board
  - American Midwifery Certification Board (AMCB)



## CORE COMPETENCIES FOR BASIC MIDWIFERY PRACTICE

### ACNM Core Competencies for Basic Midwifery Practice

- Basic requirements for graduates of all midwifery education programs pre-accredited or accredited by ACME
- Fundamental knowledge, skills, and abilities expected of new midwives certified by the AMCB
- Guidelines for
  - Educators
  - Students
  - Health care professionals
  - Consumers
  - Employers
  - Policymakers
- The concepts, skills, and midwifery management processes identified in the Core Competencies are the foundation of educational curricula
- Acknowledges the basic and applied sciences, health systems and policy issues, and clinical skills that serve as the fundamental mechanisms for the profession of midwifery to improve the status and health care for all

# The Art and Science of Midwifery are Characterized by the Following Hallmarks:

- A. Recognition, promotion, and advocacy of **menarche, pregnancy, birth, and menopause** as **normal** physiologic and developmental processes
- B. Advocacy of **non-intervention in physiologic processes** in the absence of complications
- C. Incorporation of **evidence-based care** into clinical practice
- D. Promotion of **person-centered care** for all, which respects and is inclusive of diverse histories, backgrounds, and identities
- E. **Empowerment of women and persons** seeking midwifery care as **partners in health care**
- F. Facilitation of healthy family and interpersonal relationships
- G. Promotion of **continuity of care**
- H. Utilization of **health promotion, disease prevention, and health education**
- I. Application of a **public health perspective**
- J. Utilizing an understanding of **social determinants of health** to provide high-quality care to all persons including those from underserved communities
- K. Advocating for **informed choice, shared decision making, and the right to self determination**
- L. Integration of **cultural safety** into all care encounter
- M. Incorporation of **evidence-based integrative therapies**
- N. Skillful **communication, guidance, and counseling**
- O. Acknowledgment of the **therapeutic value of human presence**
- P. Ability to **collaborate** with and **refer** to other members of the **interprofessional health care team**
- Q. Ability to provide safe and effective care across settings including **home, birth center, hospital, or any other maternity care service**

# Components of Midwifery Care

- Professional responsibilities
  - History, legal basis for practice, national and international trends in care, legislation and policy initiatives, health disparities, advocacy, technology and informatics, bioethics
- Midwifery management process
- Fundamentals
  - Anatomy and physiology, physical, psychological, emotional, social, and behavioral development, reproductive and perinatal epidemiology, research, nutrition, pharmacokinetics and pharmacotherapeutics, ethics, genetics, diversity, equity and inclusion
- Independent management of primary health screening, health promotion, and the provision of care from adolescence through the lifespan as well as the neonatal period
  - Primary, preconception, gynecologic/reproductive/sexual health, antepartum, intrapartum, and post-pregnancy care

# Clinical Training

A minimum number of hands-on patient experiences in:

- primary care: common acute and stable chronic health conditions
- antepartum care: new and return prenatal care across gestational ages
- intrapartum care: labor and birth
- postpartum care: immediate and late postpartum and human milk feeding
- newborn care: assessment and anticipatory guidance within the first 28 days of life
- gynecologic care: preconception, contraception, adolescent, perimenopausal, and postmenopausal







# Clinical Placements

Primary  
Care

Gynecology

Antepartum

Intrapartum,  
Postpartum,  
& Newborn

Integration



| What NJ Midwifery Care Means for Mamas: Separating Myths + Facts with RWJBarnabas Health



## Welcome To Midwifery Care Associates, P.C.

*Family-Centered Home Birth and Hospital Birth in NJ and PA  
Well Woman Gynecology*



# Engagement, Leadership & Policy



## Student Liaison Committee

Serve as an active channel of communication between midwifery students and the Affiliate and vice versa; promote student participation in affiliate activities.

## NJ ACNM Mentorship Program

The ACNM NJ Affiliate has launched a 1-year Mentorship Program for new graduates or student members.  
Purpose: To connect student or new graduate midwives with experienced midwives and foster support, encouragement, skill development, and the advancement of evidence-based practice. To build community and develop relationships between midwives practicing in New Jersey.

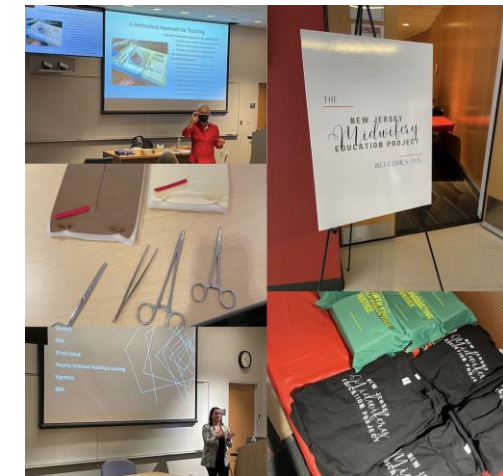
***“There is no better way to feel supported and nurtured as a student and a new midwife than to be involved within ACNM. I am a better midwife because I communicate with, connect with, and learn from all of the ACNM members I have the pleasure of working with.”***



*Rutgers Midwifery Class 2023*



# Rutgers Expert Advocates for Expanded Access to Midwifery Care



## Amber Price



President, Sentara Williamsburg  
Regional Medical Center



CMQCC  
California Maternal  
Quality Care Collaborative

CNMF is Proud to Share...

HARNESSING THE POWER  
OF TEAM-BASED CARE TO  
IMPROVE MATERNITY OUTCOMES  
MEDICINE & MIDWIFERY AS PARTNERS IN CARE

An informational webinar from  
CMQCC on team-based care  
with clinical teams utilizing  
midwifery to improve maternity  
outcomes. Presented by and  
featuring CNMF lead members!



## Amy Romano, MBA, MSN, CNM

Founder and CEO, Primary Maternity Care

Amy is a nationally-recognized expert in maternity care improvement and innovation. With a clinical background as a nurse-midwife, she has spent her career working to transform maternity care and helping to build a national movement for more human-centered, evidence-based, and respectful care for all. She writes about "midwifing the system" on [Medium](#).



**fm.** FEMINIST  
MIDWIFE™



## Ebony Marcelle

Director of Midwifery | CNM, MS, FACNM | Family Health and Birth  
Center



Ebony Marcelle is the Director of Midwifery at Community of Hope that includes Family Health and Birth Center. Formerly the Administrative Chief of Midwifery Service at Medstar Washington Hospital Center she completed her nursing education at Georgetown University and Midwifery at Jefferson University. She is currently pursuing her Doctorate at Frontier University.



# Certified Midwife Pathway

*Karen Jefferson, DM, CM, FACNM*

*ACNM director of midwifery practice and education*

# A little bit about me

- Midwifery as a second career
- Why the CM pathway rather than CNM or CPM
- Overview of my midwifery career since certification in 2000
- My passion for multiple pathways

# Certified Midwives(CMs)



**Established In 1994**



**Currently 2 accredited CM programs**

State University of New York at Downstate  
Thomas Jefferson University (Distance)

Both programs enroll SNM and SM together in a mixed cohort  
CM students first complete supplemental healthcare skills



**Aims of creating CM**

Increase access to healthcare for women  
Address national provider shortage



**Number of total CMs**

Around 130\*  
\*more initially certified but fewer due to normal attrition and deactivation

# Midwives of ACNM

**EDUCATION** Expertise | Dedication | Excellence



## Bachelor's Degree

*where nursing or required science and health prerequisites are met*

## Graduate Degree

*from a program accredited by the  
Accreditation Commission for Midwifery Education (ACME)*

**CERTIFICATION**



## National Qualifying Examination

*from the American Midwifery Certification Board (AMCB)*

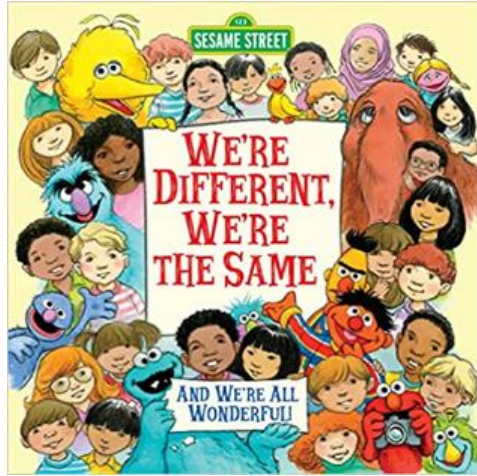
State Licensure of  
Certified Nurse-Midwives (CNM) and Certified Midwives (CM)

**CAREERS**



Clinicians | Researchers | Educators

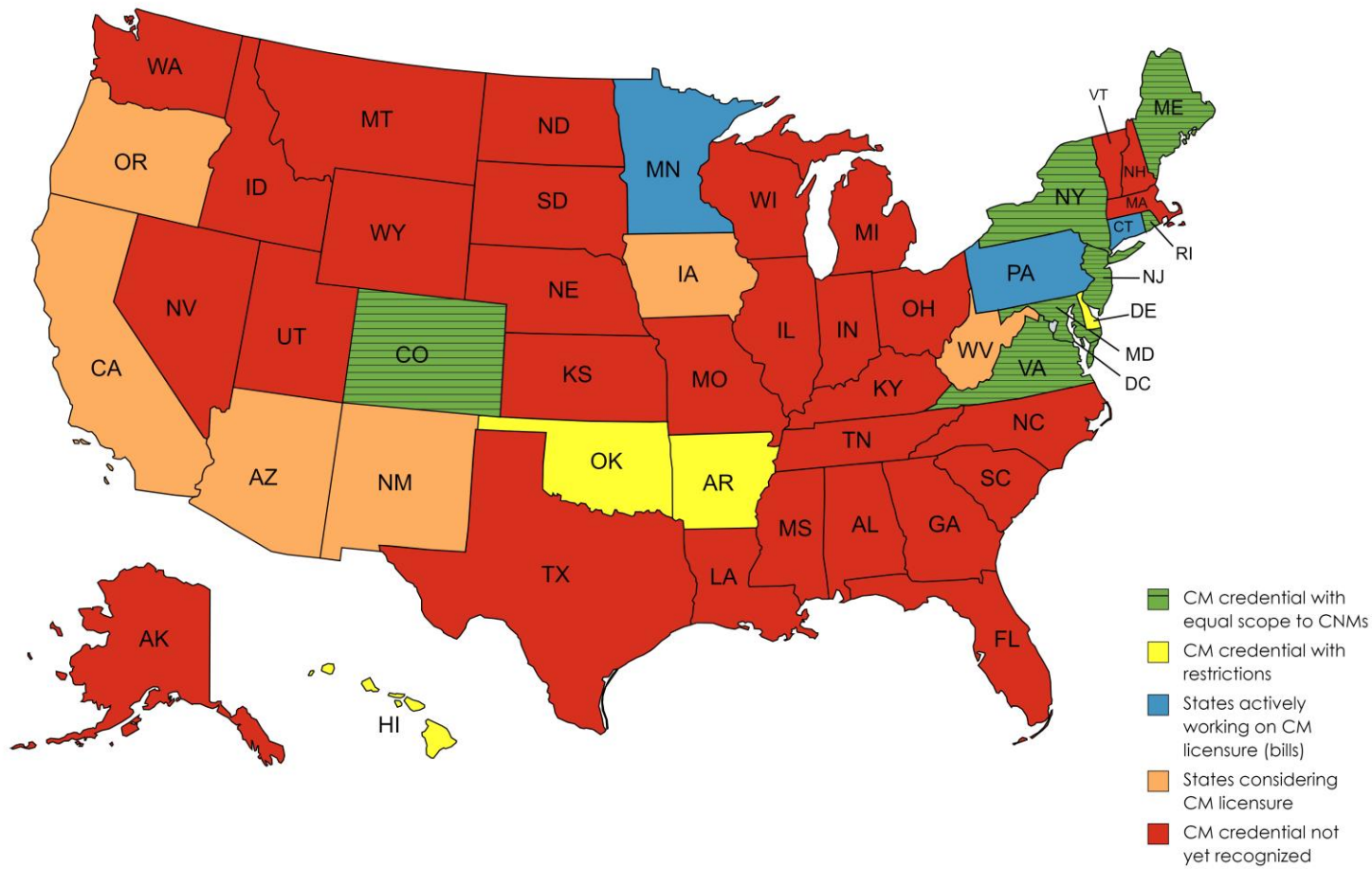
Women's Health, Primary Care, Newborns  
Hospitals, Birth Centers, Homes, and more!



## Key Concepts

CMs and CNMs share the same:

- Certifying Body (AMCB)
- Certification Exam
- Provider scope of practice
- Core graduate education requirements
- Educational program accreditation (ACME)
- Theoretical and clinical competencies
- Code of ethics
- Professional membership in ACNM



Created with mapchart.net

# CM prerequisites (Jefferson)

- Bachelor's degree
- Undergrad prerequisites
  - Anatomy & Physiology I and II with labs\*, General Biology, Microbiology, General Chemistry, Pathophysiology\*, Nutrition, Sociology, General or Abnormal Psychology, Life Span or Developmental Psychology, Statistics
- Clinical Basic Skills for Midwifery Practice
- Environments of Health Care
- Health and Illness in Clinical Practice





# Thank you!

*[kjefferson@acnm.org](mailto:kjefferson@acnm.org)*

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# Elevating Educational Pathways for Certified Professional Midwives

Dr. Wendy Gordon, DM, MPH, CPM, LM

Associate Professor and Chair

Dept of Midwifery

Bastyr University, Seattle, WA

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# Pathways to the CPM Credential

## *Apprenticeship*

The clinical component of the educational process must be at least two years in duration. The average apprenticeship which includes didactic and clinical training typically lasts 3-5 years.

A preceptor for a NARM PEP applicant must be credentialed as a CPM, CNM, or CM; or they must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care.

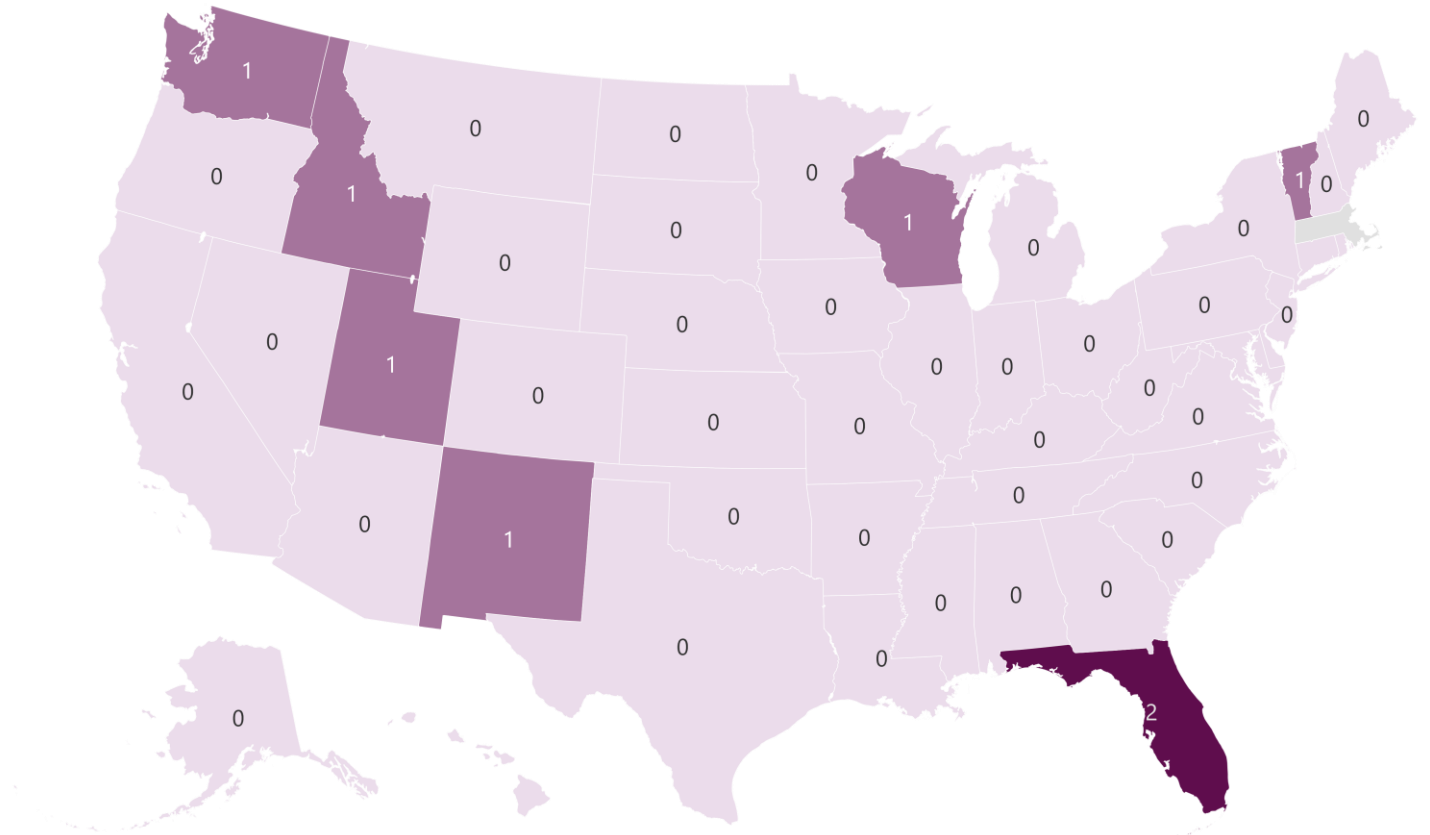
## *Formal Program*

Some learners prefer a more structured program of study. Midwifery education programs may take place in classrooms, online, or a combination of both (hybrid). They may be self-paced or structured with deadlines. Clinical training may take place through preceptors affiliated with the school, or students may have to find their own preceptors. Midwifery schools/ programs may be accredited by the Midwifery Education Accreditation Council (MEAC) or not accredited.

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# MEAC Accredited Programs

NUMBER AND LOCATION OF MEAC-ACCREDITED INSTITUTIONS AND PROGRAMS IN THE U.S. PER STATE,  
2023



# Levels of Education: MEAC programs

MS in Midwifery – 1 program

BS in Midwifery – 2 programs

AS in Midwifery – 2 programs

Certificate of Midwifery – 3  
programs

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# Portfolio Evaluation Process

This route has been developed to facilitate applicants who are primarily apprentice-trained and/or have not graduated from a MEAC-accredited program. NARM's Portfolio Evaluation Process (PEP) is a competency-based educational evaluation process that includes NARM's Skills Verification.

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# Clinical Requirements for CPM Certification

55 births:

- 10 observed
- 20 assisted
- 25 primary under supervision

At least 5 must be home births, but usually ALL of them are home/BC

100 prenatal visits

- 20 must be initial visits

50 postpartum visits

- 40 must be conducted

40 newborn exams

15 continuity of care

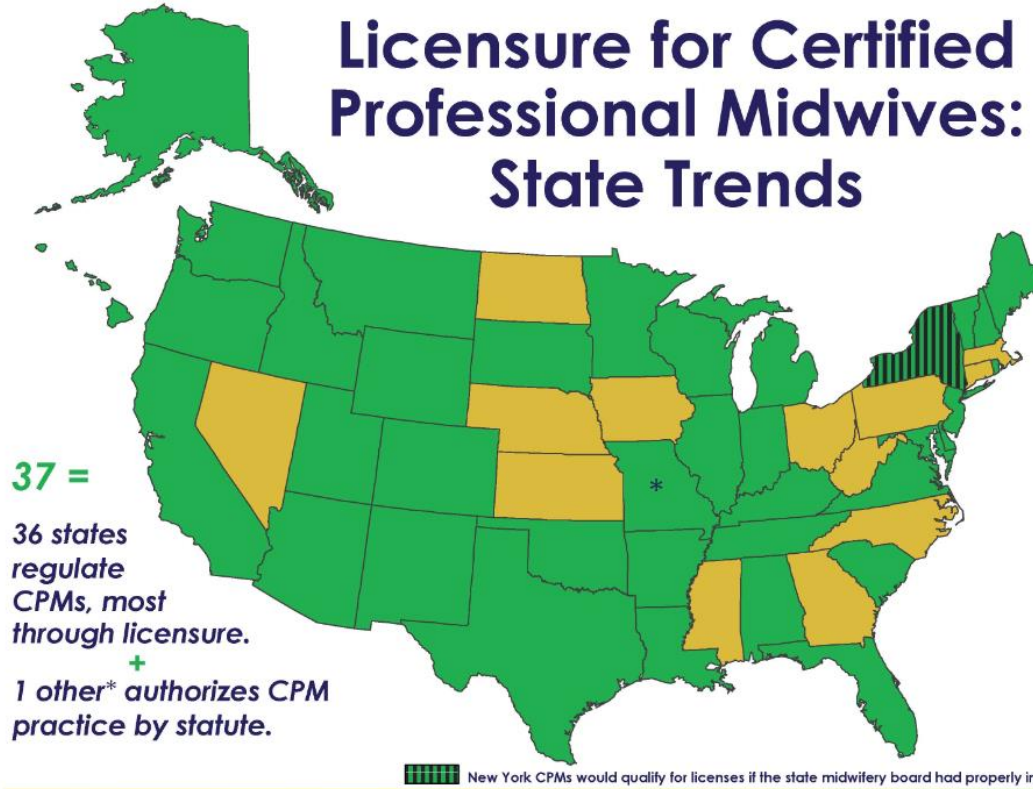
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# States Where CPMs are Regulated

## Licensure for Certified Professional Midwives: State Trends



Certified Professional Midwives NOW



- In 2021, add IL
- In 2020, add OK + DC
- In 2019, add KY + HI
- In 2017, add SD + AL
- In 2016, add ME + MI
- In 2015, add MD
- In 2014, add RI
- In 2013, add IN
- By 2010, add VT, NJ, TN, UT, VA, WI, MO, ME, ID, WY

In 1970 there were few laws licensing direct entry midwives



By 1980, add AZ, NM, SC, DE



By 1990, add WA, AR, LA



By 2000, add MT, FL, CA, CO, OR, AK, MN, TX, NH, NY





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# CPM Practice Settings

## *In 2011 – CPMs:*

- 82% attend home births
- 27% attend birth center births
- 65% in solo practice
- 21% in partnership
- 14% in group practice ( $\geq 3$  MWS)

Cheyney et al. (2015). Practitioner and practice characteristics of CPMs in the US: Results of the 2011 NARM Survey. *JMWH*, 60:534-545.

## *In 2019 – births:*

1% of all births occurred at home

- CPMs attended at least half\* of these
- CNMs/CMs attended 30%

1% of all births occurred in FBCs

- CPMs attended 37% of these
- CNMs/CMs attended 57%

Niles et al. (2023). Examining respect, autonomy, and mistreatment in childbirth in the US: Do provider type and place of birth matter? *Reprod Health* 20, 67.

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# Questions?

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Wendy Gordon

wgordon@bastyr.edu

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