



# POSITION STATEMENT

## Principles for Licensing and Regulating Midwives

It is the position of the American College of Nurse-Midwives (ACNM) that policymakers who develop laws and regulations related to the licensing and regulating of health care professionals who provide direct clinical care to women and their newborns should incorporate the following principles into regulatory requirements:

- **Successful completion of a formal education program accredited by an agency recognized by the US Department of Education.** The requirement for formal education is one mechanism whereby the public can receive a significant measure of assurance that individual practitioners have been educated within a system where the quality of the faculty, relevance of class and clinical content, and the rights of the students to receive a quality education are evaluated on a regular basis by an outside agency which specializes in these types of assessments. The education program should consist of a standard curriculum taught by qualified faculty.
- **Successful completion of a national certification examination.** This exam should be prepared and administered by an agency that adheres to a number of quality measures. These include the regular completion of a task analysis, regular revision of examination content to reflect the current task analysis and to minimize the risk of advance knowledge of the examination questions, and implementation of appropriate security measures to protect the integrity of the process.
- **The scope of practice that is recognized by law or regulation should be consistent with the content of the education process and the certification examination.** In recognition of the fact that new procedures are introduced into practice on a regular basis, it is appropriate to design a formal mechanism that allows for expanded practice within the limits of the law and based upon the individual's demonstrated knowledge and skills.
- **Laws and regulations governing health care providers should be designed to facilitate collaboration among professionals,** thus assuring the client access to a provider of choice and timely access to care that is appropriate for her condition and personal needs. To this end, midwives should have the opportunity to work with all physicians who can provide access to operative obstetrics/gynecology. Language that requires documentation of a specific relationship between physicians and midwives has been used to limit the number of midwives who can practice and/or resulted in decreased choice and limited access to care for women. To offset potential harm created by specific legal requirements for documentation of a relationship, ACNM urges the adoption of language that instead reflects mutual respect, independent judgment, and places professional accountability with the individual who is providing the care.

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Recognizing that quality in health care is optimally achieved through the “coordination of care across patient conditions, services, and settings over time” (IOM, 2001), ACNM looks forward to medical and midwifery practice regulations that reward rather than penalize physicians and midwives working in a collaborative relationship to bring safe, informed and sensitive care to women and families. Respectful collaboration creates a seamless system of quality health care, drawing on the strengths of both professions to improve outcome while fostering the needs and wishes of the clients.

- **Ensure equity in representation on decision-making bodies.** When decisions are made regarding licensure, the number of votes offered to the profession being licensed should be equal to the number of votes assigned to any other profession represented on the decision-making body. ACNM supports the development of boards of midwifery as the ultimate decision-makers regarding the licensure and practice of midwives.
- **Ensure access to licensed and qualified attendants in all settings.** ACNM believes that clients should have sufficient information to choose the licensed health care professional and birth setting that best match the current health status of the mother and baby and the personal values of the mother/family, and the opportunity to exercise such choices. Informed decision-making and safe practice begin with access to qualified health care professionals who work collaboratively within a health care system that promotes seamless access to the appropriate level of care.
- **Ensure ongoing competency of all health professionals.** There are numerous quality assurance vehicles for health care providers; ranging from re-certification exams to continuing education credit requirements. ACNM supports the development of quality assurance requirements for all providers, and offers a national program of continuing competency for CNMs/CMs. The ACNM program should be included in any legislation or regulation requirements as an option for providing proof of continuing competency for midwives.
- **Provide title protection.** Health care professionals should be able to maintain a license and/or credential without a requirement for clinical practice. For example, educators, administrators and policymakers should be recognized for their clinical preparation.
- **Grant prescriptive authority.** Laws and regulations should create a mechanism for appropriately educated health care professionals to prescribe medications, including controlled substances that are within their scope of practice, and should not require a formulary.

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**Reference**

Institute of Medicine, *Crossing the quality chasm A new health system for the 21st century*, National Academy Press, Washington (DC) (2001).

\* 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 the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC).

Source: ACNM Board of Directors

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