

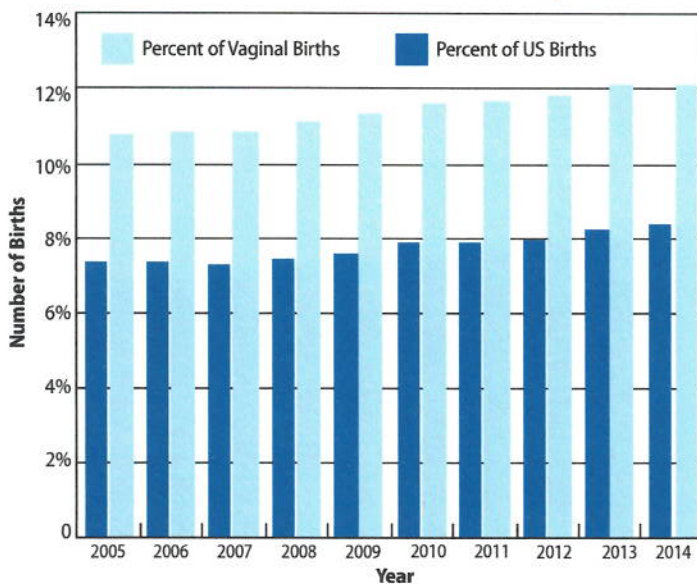
FACT SHEET

Essential Facts about Midwives

Midwives and Birth in the United States

- The American College of Nurse-Midwives (ACNM) is the professional association representing certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States. According to the American Midwifery Certification Board, as of May 2015, there were 11,194 CNMs and 97 CMs. The vast majority of midwives in the United States are CNMs.¹
- In 2014, CNMs/CMs attended 332,107 births—a slight increase compared to 2013. In 2014, CNMs/CMs attended 91.3% of all midwife-attended births, 12.1% of all vaginal births, and 8.3% of total US births.² (2014 is the most recent year for which birth data are available from the National Center for Health Statistics.)

**Percentage of Births Attended by
Certified Nurse-Midwives and Certified Midwives, 2005–2014**



Births: Final Data for 2014. National Vital Statistics Reports; Vol 64, No 12. 2015

Midwifery Practice

- CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, the District of Columbia, American Samoa, Guam, and Puerto Rico. CNMs are defined as primary care providers under federal law.
- CMs are also licensed, independent health care providers who have completed the same midwifery education as CNMs. CMs are authorized to practice in Delaware, Missouri, New Jersey, New York, and Rhode Island. CMs have prescriptive authority in New York and Rhode Island. The first accredited CM education program began in 1996. The CM credential is not yet recognized in all states.

- While midwives are well-known for attending births, 53.3% of CNMs/CMs identify reproductive care and 33.1% identify primary care as main responsibilities in their full-time positions. Examples include annual exams, writing prescriptions, basic nutrition counseling, parenting education, patient education, and reproductive health visits.³
- In 2014, 94.2% of CNM/CM-attended births occurred in hospitals, 3% occurred in freestanding birth centers, and 2.7% occurred in homes.²
- More than 50% of CNMs/CMs list physician practices or hospitals/medical centers as their principal employers.⁴
- Medicaid reimbursement for CNM care is mandatory in all states. Medicare and most Medicaid programs reimburse CNMs/CMs at 100% of physician rates. The majority of states also mandate private insurance reimbursement for midwifery services.

Midwifery Education

- Standards for education and certification in midwifery are identical for CNMs and CMs.
- The Accreditation Commission for Midwifery Education (ACME) is the official accrediting body for CNM/CM education programs. There are 39 ACME-accredited midwifery education programs in the United States.⁵
- Approximately 82% of CNMs have a master's degree.³ As of 2010, a graduate degree is required for entry to midwifery practice as a CNM/CM.⁶
- 4.8% of CNMs have doctoral degrees, the highest proportion of all APRN groups.⁷

REFERENCES

1. American Midwifery Certification Board
2. Martin JA, Hamilton BE, Osterman MJ, Curtin SC, Mathews TJ. Births: Final Data for 2014. National Vital Statistics Reports; Vol 64, No 12. Hyattsville, MD: National Center for Health Statistics. 2015.
3. Fullerton J, Schuling K, Sipe TA. Findings from the Analysis of the American College of Nurse-Midwives' Membership Surveys: 2006–2008. *Journal of Midwifery & Women's Health* 2010; 55: 299–307.
4. ACNM Core Data Survey, 2010
5. Accreditation Commission for Midwifery Education
6. *Mandatory Degree Requirements for Entry into Midwifery Practice*, ACNM Position Statement, July 2009
7. Fullerton JT, Sipe TA, and Schuling KD. Demographic profiles of certified nurse-midwives, certified registered nurse anesthetists and nurse practitioners: reflections on implications for uniform education and regulation. *Journal of Professional Nursing*. Vol 25, No 3 (May-June) 2009.

Updated February 2016



POSITION STATEMENT

HEALTH CARE FOR ALL WOMEN AND FAMILIES

The American College of Nurse-Midwives (ACNM) supports the development of a health care system that enables women and their families to receive appropriate care based on need, regardless of their ability to pay, socioeconomic status, race, ethnicity, culture, religion, or sexual orientation.

ACNM supports legislation that maintains the balance between controlling the cost of health care and ensuring that consumers receive adequate and accessible quality health care. Consumers of health care should have access to the full spectrum of qualified health care professionals and providers, including CNMs/CMs.

ACNM also supports legislation that ensures consumers have the following basic rights of access and choice when participating in a health plan:

- Health plans must have an adequate number and variety of health care providers within reasonable distance of the consumer's home or workplace to ensure that consumers have timely access to the benefits offered by the plan.
- Health plans must ensure direct access to women's health care services in a variety of settings by a variety of health care providers that are accessible, community-based, and culturally competent.
- Health plans must include CNM/CM services as covered benefits. Reimbursement must be equitable among maternity care providers, and payment methods must not encourage unnecessary interventions.
- Health plans must provide comprehensive health care benefits for all women and families.

Source: Division of Women's Health Policy and Leadership,
Policy Development and Evaluation Section

Approved by the ACNM Board of Directors: September 2004
Updated May 2014

Source: Division of Standards and Practice Clinical Documents Section