

The Current Context of Midwifery Education in the US

The multiple routes currently available to pursue midwifery education, training and practice in the US offer a constellation of options that can serve to confuse aspiring midwives, regulators, other health care professionals, childbearing persons and policy makers (Goode, 2014, p. 162). One must be aware that the path to legal midwifery practice in most (but not all) US states and territories is like a three-legged-stool, supported by an educational credential, a certification designation, and a professional license to practice. Because this project focuses on education and training, the following section of this literature review will primarily address issues regarding the various routes to obtaining a midwifery credential.

Midwifery schools in the US can be accredited by one of two different agencies [the Accreditation Commission for Midwifery Education (ACME) or the Midwifery Education Accreditation Council (MEAC)]; both ACME and MEAC are approved by the Department of Education to accredit midwifery schools. While most US midwives have attended institutions accredited by ACME or MEAC, a minority of midwives in the US pursue yet another route for their training to be discussed below in further detail. The route of education chosen by an aspiring midwifery student relates to and also determines which midwifery credential they will attain after completion of their training and testing (ACNM, 2014).

Three national midwifery credentials are available in the US. From most to least common, they are the Certified Nurse Midwife (CNM), Certified Professional Midwife (CPM) and Certified Midwife (CM). To attain any of these three national credentials, aspiring midwives must pass a national exam administered by an accredited certifying body (AMCB, 2016; NARM, 2016a) and receive satisfactory evaluations of their competencies and skills by their school

and/or preceptor(s) (ACME, 2016; MEAC, 2016; NARM, 2016a). More details about each of these three credentials is outlined in the following paragraphs.

Schools accredited by ACME (39 in 27 states with some distance options for didactic learning) oversee the education and training of CNMs who qualify to take a national exam administered by the American Midwifery Certification Board (AMCB) after graduating from their program with a masters or clinical doctorate degree. 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” (ACNM, 2014). Most nurse-midwifery students complete their intrapartum clinical training in a hospital setting and once they become CNMs, most go on to practice in hospital settings. The majority of CNMs obtain a nursing degree prior to completing their midwifery education. The length of midwifery education programs for CNMs varies mostly between 2 to 3 years, not including prerequisite courses or degrees (ACNM, 2014). All CNM/CM programs are located within regionally accredited universities or colleges; this administrative structure provides some additional benefits to students but can also create institutional barriers to the implementation of programmatic changes.

Schools accredited by MEAC (11 in 11 states with some distance options for didactic learning) oversee the education and training of CPMs who qualify to take a national exam administered by the North American Registry of Midwives (NARM) after graduating from their program (MEAC, 2016). CPMs are independent health care providers who are regulated to varying degrees (by licensure, certification, registration, voluntary licensure, or permit) in 30

states¹. Most aspiring CPMs complete their intrapartum clinical training in home and freestanding birth center settings and then once they become CPMs, most go on to attend births in those same settings. The majority of CPMs were not nurses prior to completing their midwifery education and are often therefore referred to as direct-entry midwives (DEMs). The length of midwifery education programs for CPMs varies mostly between 2 to 3 years, not including prerequisite courses. Nine of the eleven MEAC accredited programs that aspiring CPMs can attend are independent schools or colleges; this more independent administrative structure can reduce the institutional barriers to the implementation of programmatic changes but also limits the type of financial aid that is available and degrees conferred are not regionally accredited and therefore may have limited transferability². A few of the independently owned and operated MEAC-accredited schools are eligible for Title IV financial aid. An alternate route to certification as a CPM can be achieved through a Portfolio Evaluation Process overseen by NARM after the completion of an apprenticeship with one or more qualified preceptor(s) (NARM, 2016a). Beginning in 2020, all new CPM applicants wishing to complete the Portfolio Evaluation Process as a route to CPM certification will also have to complete the Midwifery Bridge Certificate (NARM, 2016b).

Another, less common, route to becoming a direct-entry midwife is through the CM credential. CM education is overseen by the same accrediting agency and the CM certification is granted by the same organization that regulates CNM education and certification. That is,

¹ Because the health care professions are regulated at the state level, some direct-entry midwives may not possess any of the three national credentials even though they may be licensed, regulated and practicing legally in their own states. In recent years, states seeking to regulate direct-entry midwives have adopted the CPM credential as the basis for state licensure sometimes with additional requirements such as the Midwifery Bridge Certificate (to be required after 2020). In still other states, direct-entry midwifery remains illegal.

² Two MEAC accredited schools are housed within regionally accredited universities or colleges.

schools accredited by ACME oversee the education and training of CMs who qualify to take the same national exam as CNMs which is administered by the AMCB after aspiring CMs graduate from their program with a Masters degree. CMs are licensed to practice in 4 states (by license or permit). Most aspiring CMs complete their intrapartum clinical training in a hospital setting and once they become CMs, most go on to practice in a hospital setting. The majority of CMs were not nurses prior to completing their midwifery education and are often therefore referred to as direct-entry midwives. The length of midwifery education programs for CMs varies mostly between 2 to 3 years, not including prerequisite courses (ACNM, 2014).

Tensions primarily surrounding the role of formal midwifery education and training historically prevented CNM/CMs and CPMs from forming strong political alliances at the national level (Davis-Floyd, 2006, p. 31). More recently, however, the professional associations, credentialing bodies and accrediting organizations that are affiliated with all three credentials have formed a coalition known as US MERA (Midwifery Education, Regulation and Association). By focusing on the global standards, competencies, tools and guidelines set forth by the International Confederation of Midwives (ICM), the major midwifery organizations have been able to make concessions to find common ground and identify shared priorities including their goal “to increase access to high quality and culturally relevant midwifery care.” (USMERA, 2016).

REFERENCES:

[Glossary and Table of Acronyms](#) summarizing major US midwifery organizations/credentials

[References for Website](#) (includes all citations referenced above)