



Celebrating Midwifery Care

AT ESSEX COUNTY OB/GYN

DR. BARRY BURROWS,
HAD THIS TO SAY
ABOUT WORKING
WITH MIDWIVES:

“ I did my training with midwives and I love working with them. We work as a team to provide optimum care for our patients. Midwives today can do anything an OB can except surgery and difficult surgical repairs. The benefit of a midwife is that they can give the patient more time both in the office and in delivery.

I told my own daughters to consider seeing Certified Nurse Midwives. There is a very special bond formed between the mother and the midwife, this often lasts lifelong and most patients come back to the midwife for their ongoing care.”

AS DR. DAVID DICHIARA
POINTS OUT:

“ Our certified nurse-midwives are essential to the success of our practice. Their collaboration with our obstetricians on labor and delivery has made it possible for more women to have the type of delivery experience that they hope for. They are invaluable to our practice.”

Midwifery was a recognized female occupation in Ancient Egypt in 1550 BCE. Midwives gained acclaim in the Greek and Roman Empires, and became the primary providers of prenatal care in several European countries. In April 2014, the National Health Service reported that midwives were the lead care providers at more than half of all births in England. (In fact, Kate Middleton gave birth to her daughter Charlotte under the care of two midwives.) In short, midwives (meaning “With Women” in old English) have been reputedly tending to mothers’ natural childbearing process for centuries.

Today, nurse-midwifery care not only encompasses obstetrical care but also includes gynecological and general women’s health issues. Additionally, with the evolution and formalization of nurse-midwifery’s advanced education and certification requirements, certified nurse midwives (CNMs) are among the most modern and forward-thinking providers in the United States today. Midwifery care is a sought-after option for the care of women from early womanhood through the family planning years and eventually menopause.

The Midwife’s mission is to be a partner in care, not just a provider of care. Midwives take into account the physical, emotional and social well-being of a patient which enables them to focus each woman’s unique situation and address their needs more fully and personally. Many women also choose midwifery care because they share the belief that childbearing, and other conditions, are a natural part of life and should be treated as such with technological interventions kept to a minimum.

In our practice, midwives work collaboratively with physicians and other care providers and, when necessary, are able to expeditiously refer women requiring more specialized medical attention for advanced care.

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In addition to obstetrical care, midwives provide general healthcare services including annual gynecological exams and problem visits, birth control options, family planning needs, treatment of sexually transmitted infections, teenage care and menopause care. They are dedicated to improving the health and well-being of women of all ages, from adolescence throughout their lifespan.



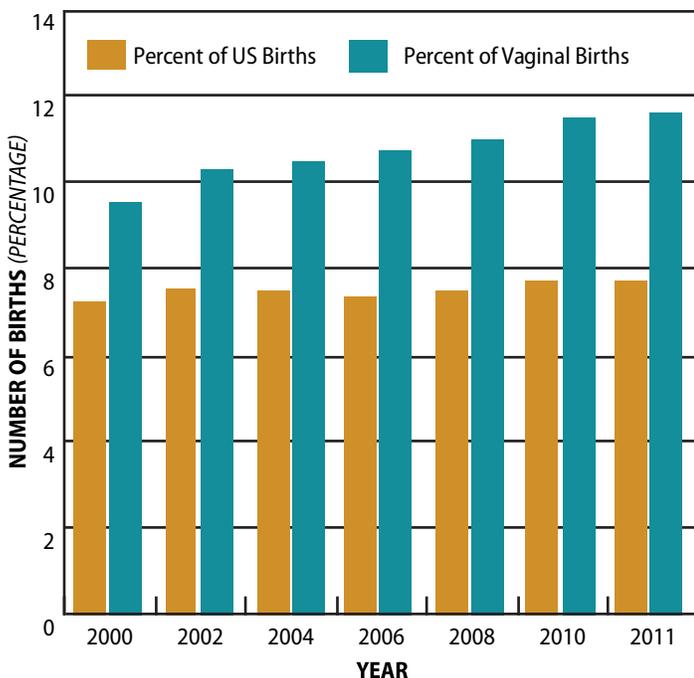
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EssexCountyObGyn.com

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, there are 13,071 CNMs and 84 CMs.¹ The vast majority of midwives in the United States are CNMs.
- In 2011, CNMs/CMs attended 309,514 births—a slight decline in total births, but a stable percentage of all US births and a slight increase in percentage of vaginal births compared to 2010. In 2011, CNMs/CMs attended 92.2% of all midwife-attended births, 11.7% of all vaginal births, and 7.8% of total US births.² (2011 is the most recent year for which final birth data are available from the National Center for Health Statistics.)

Percentage of Births Attended by Certified Nurse-Midwives and Certified Midwives, 2002–2011



Births: Final Data for 2011. National Vital Statistics Reports: Vol 62. No 1. 2013.

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.
- Because CM is a newer, equivalent pathway to midwifery, it is not yet reflected in all state legislatures. CMs are authorized to practice in Delaware, Missouri, New Jersey, New York, and Rhode Island. CMs have prescription-writing authority in New York.
- 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 2011, 95.2% of CNM/CM-attended births occurred in hospitals, 2.3% occurred in freestanding birth centers, and 2.4% occurred in homes.¹ More than 50% of CNMs/CMs list physician practices or hospitals/medical centers as their principal employers.⁴
- Medicaid reimbursement for CNM/CM care is mandatory in all states, and is 100% of the physician fee schedule under the Medicare part B fee schedule. 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

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- 2 Martin JA, Hamilton BE, Ventura SJ, Osterman MJ, Matthews TJ. Births: Final Data for 2011. National Vital Statistics Reports; Vol 62, No 1. Hyattsville, MD: National Center for Health Statistics. 2013.
- 3 Fullerton J, Schuiling 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 Schuiling 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.

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