

MIDWIFERY PROFESSION



Want to make a difference and have a positive influence on the health of women and their newborns? If so, consider a career in midwifery.

Midwife is a nurse midwife? A nurse midwife is an advanced practice nurse with additional training around delivering babies.

About the Profession

Midwives are primary health care providers to women throughout the lifespan. Women, children, and families have better lives because of the work of certified nurse-midwives (CNMs) and certified midwives (CMs).

Backgrounds of CNMs/CMs

A career in midwifery offers diversity and independence in practice. The profession attracts prospective students from all walks of life. However, they all share a deep commitment to bettering maternal and child health in the U.S. and throughout the world.

About the Midwifery Profession

Certified Nurse-Midwives (CNMs)

The practice of nurse-midwifery was established in the United States in the 1920s by such early leaders as Mary Breckinridge and Hattie Hemschemeyer; since then nurse-midwives have been recognized for their contributions to reducing infant and maternal mortality, premature births, and low birth weight rates. Their skills as primary care providers are evidenced by their low rates of infant mortality, cesarean birth, episiotomy, and use of epidural anesthesia and their high rates of success in vaginal birth after cesarean. These facts are made more impressive when considering that 70% of women who receive care from nurse-midwives are considered vulnerable to poor health outcomes by virtue of age, socioeconomic status, education, ethnicity or location of residence.

Certified Midwives (CMs)

The mechanisms to educate and credential certified midwives (CMs) were approved in 1994. These standards were developed in order to ensure that CMs are educated in a manner that is equivalent to the CNM. CMs are not registered nurses, but may hold other professional designations as health care providers such as a physician assistant or physical therapist. Licensed to practice in New York, New Jersey and Rhode Island, individuals choosing this career path are pioneers in the profession, much like the early nurse-midwives who practiced in the U.S.

Women, children, and families have better lives because of the work of certified nurse midwives and certified midwives. If you want to make a difference-and have a positive influence on health care-the midwifery profession is for you.

Caring for women during labor and birth is a centerpiece of the professional experience of many certified nurse-midwives and certified midwives. There are, however, a variety of career options for CNMs/CMs from clinical practice, education, administration or research to involvement in policy and legislative affairs. A career as a CNM/CM offers many roads to personal accomplishment and professional recognition.

- You can provide primary health care to women for comprehensive gynecologic and maternity care and have the responsibility and accountability for your practice.
- You can use your knowledge and skills to help women to realize personal fulfillment with their labor and birth. Also, through the art of midwifery you reduce the need for high-tech interventions for most women. But, when necessary, you are trained to make the latest in safe scientific procedures available to assist a normal birth process.
- You can share your professional health care abilities by teaching at a university in schools of nursing, public health, medicine, and allied health.
- You can conduct clinical research on such key topics as the safety, health benefits and cost-effectiveness of non-medical and medical interventions; maternal and infant health care; HIV/AIDS; new contraceptive methods; breast-feeding; and gynecological care.
- You will have the authority in most states to write prescriptions for many of the medications and health care products needed in your practice.
- You can become active in local and national legislative affairs and be a policy maker for health care reform.
- You can empower women to take more active roles in making decisions about their health care and lifestyle habits.
- You can play a key role in reducing the maternal and infant death rate in this country and in the world.
- You can use your business and administrative skills in directing a nurse-midwifery practice in a community, birth center or hospital.

- You will have the opportunity to work in collegial relationships with physicians, nursing specialists, and other health care professionals.

As a CNM or CM, you can choose any one or a combination of these career paths to design a career that is optimal for you.

Backgrounds of CNMs/CMs Rich in Diversity

A career in midwifery offers an individual diversity and independence in practice and attracts prospective students from all walks of life. America's certified nurse-midwives (CNMs) and certified midwives (CMs) are former elementary school teachers, writers, missionaries, general practice nurses, etc. They mirror today's society--rich in diversity. However, they all share a deep commitment to bettering maternal and child health, not only in this country but throughout the world. Today's CNMs and CMs provide personal, family-centered, understanding care in many different practice settings. CNMs and CMs are highly skilled health professionals who are able to draw on the vast resources of modern science to give women the best care possible no matter where the practice setting.

Hospitals

According to a 1990 survey by the American College of Nurse-Midwives (ACNM), 23.2% of CNMs/CMs are employed by hospitals: either public, private, university or military. In addition, almost 95% of births attended by CNMs/CMs were in hospitals. The roles they play in such a setting vary greatly--from intrapartum care only to prenatal care to well-woman care to full scope care. The most recent innovation in hospital obstetrics is the creation of labor and delivery rooms that provide a more comfortable atmosphere for deliveries. Added features include showers or jacuzzis to ease labor and more privacy to begin breastfeeding.

Working in a hospital is a wonderful set up for CNMs who like practicing with physicians always around. If we ever need doctors, they're only a page away. My particular hospital is a teaching hospital, which gives me the best of both worlds. In addition to seeing my own patients, I also have the opportunity to teach medical students. Because every medical student here learns how to do a pelvic exam from a certified nurse-midwife instructor, we take great delight in knowing that we're making a difference in how the future medical community will view and treat the importance of nurse-midwifery as well as individual CNMs. I see the growing acceptance of nurse-midwifery by students and residents.

Barbara Orza, CNM, University of Oklahoma School of Medicine Health Sciences Ctr., Oklahoma City.

Health Maintenance Organizations and Managed Care

With the advent of Health Maintenance Organizations (HMOs) 20 years ago, the managed health care system was initiated. Today, Preferred Provider Organizations (PPOs) and Independent Practice Associations (IPAs) have been added to the health plans that offer a variety of capitated payment systems through provider networks set up by insurance companies and employers to control soaring healthcare costs. CNMs/CMs are being employed by these managed care medical facilities, primarily in HMOs. CNMs/CMs have proven themselves as cost-effective, quality healthcare providers for OB/GYN care and family planning. In 1992, Kaiser Permanente, a California HMO, reported CNMs managed 70% of the low-risk patients and had lowered the C-section rate to 12%, compared to the national average of 23.5%.

I really didn't know much about nurse-midwifery until after I had my own children. I was working as a nurse in many different areas...Then, I had children. My birth experiences were absolutely wonderful and, consequently, changed my career outlook...So I decided midwifery was the answer for me. As a CNM, I have considerably more opportunity to effect change...An HMO is like a whole health care community or family. Patients can come to our facility for any problem under the sun and we'll have the specialists and means to treat them...I never have a problem finding someone to discuss various aspects of a case or finding someone I trust to refer my patients to, either for high-risk obstetrics or a completely unrelated problem. Furthermore, HMOs allow me the opportunity to build long-term relationships with clients.

Lisa Wachholz is a staff CNM at Physicians Plus, an HMO in Madison, WI.

Private Practices

A large number of CNMs/CMs work in private practices. These practices include: private OB/GYN practices with physicians, private all-CNM/CM practices, freestanding birth centers and home birth practices. CNMs/CMs seek to work in private practice for more independence, less bureaucracy and institutional rules, allowing them to empower their patients in making healthcare decisions.

I feel working in a private practice with a physician creates a perfectly balanced setting...I am able to be my own boss and practice in the way I want. Because I don't feel providing health care and birthing babies is a "business," I don't run my practice as one. Too many health care "businesses" forget their objective: caring for people...Working with a physician is not only rewarding and convenient for me, but also my patients. I have developed a strong relationship with my partner physician...He knows what kind of care I've been giving to those patients I refer him, and I know what kind of treatment they're going to receive from him--the best.

Pady Dusing, CNM, practices with Dr. Birky, Kalispell, MT

Birth Centers

CNM/CM care in birth centers to date indicates that birth centers result in financial savings, are well-liked by women and families, who generally return for care in subsequent pregnancies, and, with application of recommended criteria and standards for operation, are as safe for normal childbirth as short-stay and conventional hospital care. When CNMs/CMs are asked, "Why a birth center?" the general response is, "So that I can provide the kind of care that healthy women and childbearing families need and want."

Before I became a certified nurse-midwife, I worked as an OB/GYN nurse-practitioner. As a nurse-practitioner I had a great deal of independence, but I was unable to provide continuity of care...I wanted to deliver my patients who I had given prenatal care to and developed a relationship with. So, I enrolled in the University of Pennsylvania's nurse-midwifery program and here I am now--delivering babies...The biggest advantage of working in a birth center is that I don't have to adhere to any institutional guidelines other than those designed to insure my patients' safety...In our birth center, women have control over their environment at a time when they have no control over their body.

Amy Levi, CNM, The Birth Center, a freestanding birth center in Bryn Mawr, PA.

Clinics

Public health clinics--both independent clinics and those associated with a hospital--have long served as facilities that specifically cater to the needs of indigent and underserved populations. Since the beginning of nurse-midwifery in the U.S., CNMs/CMs have been dedicated to providing care to less fortunate women. Today CNMs/CMs in all types of practices are providing care to women from populations that are vulnerable to poorer than average outcomes of childbirth because of age, socioeconomic status, refugee status, and ethnicity. A study on vulnerable populations published in the Journal of Nurse-Midwifery concluded that CNMs/CMs, as a group, make a major contribution to the care of vulnerable populations.

Part of my practice is devoted to Lincoln Hospital's satellite clinics. In both the hospital and the clinics, I care for a great number of adolescents. Because of their youth, they require very personalized, education-oriented care--the kind of care I am able to give them in our clinics. I have always enjoyed the health promotion aspect of my profession, and in my situation, I am able to see results and make a difference. I find pregnant women to be very receptive to education. We try to get their families and boyfriends involved in the educational process, too. The combination of the educational philosophy and family involvement really works to make the woman's childbirth experience comfortable and, more importantly, successful.

Mary Widhalm, CNM, Lincoln Hospital Midwifery Practice, New York City

Home Birth

CNM/CM assisted home birth assures that women will have access to needed technology if required. Home births attended by CNMs/CMs meet the needs of many childbearing families for more personalized care in which the woman retains control while the CNM/CM insures the patient's safety and provides emotional support during birth.

I became interested in midwifery through gathering information on birth options. I soon found my niche in home births. Being self-employed has always been a dream of mine. When I became a nurse-midwife, my dream became a reality. It's wonderful being a home birth midwife! One has to have excellent skills and lots of self-confidence in order to function in the home setting. The relationship with my consulting physicians is truly collegial, with mutual respect. Home birth clients are generally very motivated and well informed people. The most wonderful aspect of home birth is helping clients give birth on their own "turf"! The client and midwife have a shared responsibility for the birth. Therefore, the client and her family have more control and are secure in knowing that their birth attendant is a highly skilled and sensitive person who will take an active role in helping them accomplish their birth plans.

Marsha Jackson, CNM, Co-Director of BirthCare & Women's Health, Alexandria, VA

International Health

Before nurse-midwifery was widely recognized and accepted in the U.S., a great number of nurse-midwives focused their energies on the betterment of maternal-child health worldwide. ACNM established its Special Projects Section to accommodate the demand for CNMs/CMs to be involved in international projects, as more and more international health organizations are funding projects for nurse-midwives.

Before I became a certified nurse-midwife, I worked in many different fields and obtained many different educational degrees...I always had an interest in health, especially public and international health, but during my time in the Peace Corps I developed a deep interest in maternal and child health...Thus, when I returned to the United States, I looked into nurse-midwifery, for it would allow me more freedom in doing the kind of work with women and children that I wanted to do...In international health, much of the work benefits underprivileged women. I get so much satisfaction out of getting health care services out to women who can't afford it or who are geographically disadvantaged. I also find it particularly exciting to work with the local people and learn their culture.

Gail Allison, CNM, Oakland, CA, recently returned from Nigeria, where she worked for the Special Projects Section of the American College of Nurse-Midwives.

Uniformed Services

Certified nurse-midwives (CNMs) in the Uniformed Services provide family-centered care and essential support within the military community and to those in need at home and abroad.

Frequently Questions and Answers (FOA) about Midwifery.

1. Do you need a bachelor's degree to take nurse-midwife courses?
Yes, you will need a bachelor's degree to become a Certified Nurse Midwife.

2. What do nurse-midwives do?
They are involved in labor and delivery, sometimes never leaving the mother.

3. Where do they work?
They work in hospitals, clinics, birthing centers, health departments, private practices, and institutions.

4. Do you need a master's degree to become a nurse midwife?
Some states require a master's degree to become a licensed CNM, but mostly only require a bachelor.

5. How long will it take to become a nurse midwife?
Length of certificate study depends on the program, but most run one or two years long.

6. What are the required courses for a specialty in nurse-midwifery?
Just a few.
Anatomy, Breastfeeding, Epidemiology, Family Planning, Genetics and Embryology, Health Research.

7. Must you be a woman to be a nurse-midwife?
Midwives can be men or women. According to ACNM, 2% of CMNs are male.

8. What is the average salary of a nurse midwife?
Beginning CNMs at \$35.000 and \$40.000 per year. Income ranges from \$41.500 to 52.000 a year.
Incomes vary greatly depending on years and type of experience.

(Taken from www.midwife.org & www.youtube.com)