



CPMs: Midwifery Landscape and Future Directions

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Certification and a National Credential

Health professional regulation in the United States takes place in a framework that generally dovetails with national certification and state licensure. National certification is a mechanism by which members of the midwifery profession exercise the right and responsibility for ensuring there are standards for the core competencies necessary for safe practice and that midwives achieve and maintain the defined competencies.¹ National certification, like educational program accreditation, is developed and administered through private agencies. State licensure is the mechanism by which state governments regulate health professionals. When state licensure is based on national certification, the profession as a whole plays an important role in regulation through the processes of accountability maintained by the national certifying agency.

Credibility of the CPM credential

The Certified Professional Midwife (CPM) credential, issued by the North American Registry of Midwives (NARM), is accredited by the National Commission for Certifying Agencies² (NCCA), the accrediting body of the Institute for Credentialing Excellence (ICE). The mission of ICE is to promote excellence in credentialing for practitioners in all occupations and professions. NCCA accredits many healthcare credentials, including the Certified Nurse-Midwife (CNM). NCCA accreditation adds significant credibility to the credential as NARM must adhere to standards established by the larger community of certifying agencies. NCCA accreditation also provides assurance to the midwifery profession that the qualifications and scope of practice reflect the actual practice of midwifery. The CPM is the only NCCA-accredited midwifery credential that includes a requirement for training and experience in settings outside of the hospital.³

State licensure based on the CPM credential

Each of the fifty states regulate the health professions according to the laws enacted by those individual states. There is no national licensing of professionals in the U.S. However, basing state licensure on national certification is common. Since the CPM credential was established in 1994, most of the new state laws regulating midwifery have been based on the CPM, and some existing laws have been modified to recognize CPMs. There are numerous advantages to the states and to midwives when state regulation is based on the national credential:

- » Assurance that the credential, including qualifications and scope of practice, is based on national standards and processes for the development and maintenance of the credential, when accredited by NCCA
- » State legislatures and administrative agencies can rely on the expertise and resources of the national certifying agency to maintain appropriate standards of competency and psychometrically sound testing mechanism, thereby limiting the expense of regulation

There is a growing commitment among divergent stakeholders to achieving state licensure for all nationally-certified midwives. In 2011, a consensus-building process undertaken by a cross-section of interests, including physicians, nurses, health policy experts, researchers, consumers, nurse-midwives, and midwives, endorsed the following statement:⁴

It is our goal that all health professionals who provide maternity care in home and birth center settings have a license that is based on national certification that includes defined competencies and standards for education and practice. We believe that guidelines should:

- » *allow for independent practice,*
- » *facilitate communication between providers and across care settings,*
- » *encourage professional responsibility and accountability, and*
- » *include mechanisms for risk assessment.*

To achieve further consensus among the national midwifery organizations regarding national certification and state licensure, seven national midwifery organizations began meeting in 2013 as the US Midwifery, Education, Regulation, and Association (US MERA) collaboration.⁵ In 2014, the US MERA member organizations agreed to support new licensing laws for CPMs that require applicants for licensure who become certified after December 31, 2019 to have completed a MEAC-accredited educational program. In 2015, the US MERA member organizations approved the concept proposed for the NARM Midwifery Bridge Certificate as a way for currently practicing CPMs to meet requirements in states with legislation requiring accredited education by 2020, to allow those CPMs to qualify to apply for licensure. In 2016, the American Congress of Obstetricians & Gynecologists (ACOG) recognized the Bridge Certificate as a way to address the training and educational needs of CPMs in states that do not currently license these providers and went on to strongly encourage all apprentice (PEP) trained CPMs to utilize this Bridge Certificate opportunity.⁶ Since then, several states where progress for midwives has been stymied for years have passed new state licensing laws based on the US MERA agreements regarding education requirements and the Bridge Certificate.

Federal recognition of the CPM credential

While the federal government does not license the health professions, there are numerous ways in which federal agencies influence and provide support to the health professions. Examples include Medicare/Medicaid payment for services, the national health professional loan repayment program, funding for education programs, stipends for students, and employment opportunities in federally-funded programs. It is much easier to make the case for federal recognition of midwives when talking about nationally-certified midwives rather than an assortment of state licensed midwives.⁷

Federal recognition through Congressional action would require state Medicaid programs to cover the services of CPMs. This means CPMs would be able to offer care to the 45% of childbearing families in the U.S. who now depend on Medicaid for their maternity care. Of course, that also means these families would have greater access to community-based midwifery care which has been shown to produce better outcomes and lower costs. Since 2015, NACPM has led efforts for federal recognition of CPMs based on the definitions agreed upon by the US MERA collaboration regarding state licensure.

Third party payment for midwifery services

Third party payers often look to Medicare and Medicaid to set the precedent for recognition of newly emerging professions such as CPMs. With federal recognition, it is likely more health insurance companies will include CPMs. Also, as health insurance companies continue to consolidate with multi-state or even national reach, it may become more important for advocates to join forces across states to make the case for inclusion and payment of midwifery services provided by nationally-certified midwives. Likewise, as new financing mechanisms emerge, such as Accountable Care Organizations and other entities responding to the mandates for value-based services, there will be new threats and new opportunities for midwifery that can be more effectively addressed with the support of a nationally-recognized credential.

Consumer awareness and confidence

The CPM credential provides a mechanism for accountability and supports consumer confidence in the knowledge base of the midwives they select. Consumers can also be reassured that CPMs have continuing education based on the NARM requirements for recertification.⁸

Development of the CPM credential

The CPM credential was developed by NARM in collaboration with the Midwives Alliance of North America (MANA), the Midwifery Education Accreditation Council (MEAC), and diverse stakeholders from across the United States, including consumers who later founded Citizens for Midwifery. The credential validates the knowledge, skills, and abilities vital to responsible midwifery practice and reflects and preserves the essential nature of midwifery care. The competency-based model for certification assures well-educated, skilled, and competent providers.⁹

The requirements and process for achieving national certification as a CPM were implemented by NARM in 1994. Multiple pathways to certification were established, including the Portfolio Evaluation Process, completion of an accredited program, and state licensure. Between 1994 and 2016, more than 3,000 midwives received the CPM certification, with 2069 certifications active at the end of 2016.

Qualifications are based on periodic surveys of practicing midwives to determine what midwives need to know and be able to do. This process, including a job analysis, is mandated by the National Commission for Certifying Agencies (NCCA). A job analysis is a list of tasks essential to the performance of a profession. The list defines the scope of practice for that profession, according to a consensus of the practitioners. The list of tasks is not meant to limit the job performed by those professionals but to identify the core skills needed for entry into the profes-

sion. The purpose of the job analysis for a certification program is to determine the knowledge and skills that must be demonstrated by those seeking certification. The skill list is generally created by a focus group of those considered experts in the field, and then the items are rated through a survey of a larger number of practicing professionals that reflect the diversity of the identified population. Items that are rated as important or frequently performed by the majority of survey participants are included on the final list of required skills, and the tasks that are rated lower are not included. That final list becomes the blueprint for test development. Following this process ensures that the test, or assessment instrument, accurately reflects the knowledge and skills necessary to perform the job. The examinations are intended to measure not only the ability to perform skills but also the knowledge base behind each skill and the abilities necessary to perform the job competently.¹⁰

NARM's most recent job analysis survey to identify the essential and current competencies necessary for safe and competent practice of midwifery was conducted in 2016. Participation in the job analysis survey is one important way CPMs continue to define and set standards for the profession. Approximately one-third of all CPMs who currently hold the CPM credential participated in the 2016 survey.¹¹

More about NARM

NARM's mission is to provide and maintain an evaluative process for multiple routes of midwifery education and training; to develop and administer a standardized examination system leading to the credential "Certified Professional Midwife" (CPM); to identify best practices that reflect the excellence and diversity of the independent midwifery community as the basis for setting the standards for the CPM credential; to publish, distribute and/or make available materials that describe the certification and examination process and requirements for application; to maintain a registry of those individuals who have received certification and/or passed the examination; to manage the process of re-certification; and to work in multiple arenas to promote and improve the role of CPMs in the delivery of maternity care to women and their newborns.¹²

The NARM Board of Directors is responsible for overseeing the operations of the certification program, including processing applications and recertifications, test development and administration, finances, accountability, public education and advocacy, publishing a newsletter, and maintaining up-to-date policies and procedures for all departments. The NARM Board currently consists of seven CPMs and one public member.

NARM maintains membership in organizations such as the Institute for Credentialing Excellence (ICE) and the Council on Licensure, Enforcement, and Regulation (CLEAR). NARM provides information about midwifery and the CPM credential at conferences such as the American Public Health Association and the National Conference of State Legislators. NARM leaders are often asked to participate in or speak at state and national midwifery conferences.

¹ <http://narm.org/wp-content/uploads/2012/05/State-Licensure-of-CPMs2012.pdf>

² <http://www.credentialingexcellence.org/ncca>

³ <http://narm.org/wp-content/uploads/2012/05/State-Licensure-of-CPMs2012.pdf>

⁴ <http://www.homebirthsummit.org/summits/vision/statements/>

⁵ <http://www.usmera.org/index.php/category/annual-meeting-reports/>

⁶ <http://www.acog.org/About-ACOG/News-Room/Statements/2016/ACOG-Statement-on-the-US-MERA-Bridge-Certificate>

⁷ <http://nacpm.org/for-policy-makers/midwives-and-health-care-policy/>

⁸ <http://nacpm.org/for-families/>

⁹ <http://nacpm.org/about-cpms/who-are-cpms/>

¹⁰ <http://narm.org/about-narm/job-analysis/>

¹¹ <http://narm.org/pdffiles/2016-Job-Analysis.pdf>

¹² <http://narm.org/about-narm/mission-statement/>