

North American
Registry of Midwives

Providing Certification Standards
For Certified Professional Midwives

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Certified
Professional
Midwives

TO: Open letter to the ACNM Board of Directors and Executive Director
FROM: The North American Registry of Midwives Board of Directors
RE: ACNM opposition to federal recognition for the CPM credential
Date: August 4, 2009

The North American Registry of Midwives takes issue with the recent letter by the ACNM to its members and to members of congress in opposition to the effort to include CPMs in Medicaid reimbursement. The ACNM claims, in its letters, to look forward to the day when there is one unified profession of midwifery, and yet continues to undermine the nationally recognized and accredited credential for the Certified Professional Midwife. The ACNM seems to only look forward to the day when it controls the profession of midwifery, the routes to midwifery, and restricts access of American mothers to only one type of midwifery provider.

Your evident turf battle is poorly disguised by your claim that CPMs do not meet minimal educational requirements. All routes to the CPM credential are equivalent in terms of education as defined by the acquisition of knowledge and skills. The core content of the education and the required clinical performance of skills has been set by NARM, and is also followed by all MEAC-accredited midwifery programs. All educational routes to the CPM must follow the same curriculum content which may be verified through diplomas from midwifery schools, licenses from states with equivalent requirements, or an extensive evaluation of alternative pathways through the Portfolio Evaluation Process. Students from all routes to certification must meet the same educational goals, follow the same curriculum, and pass the same nationally standardized examinations.

Twenty-five states license direct-entry midwives to attend out-of-hospital births using the CPM credential or equivalent training followed by the NARM Exam. One-half of these licensing programs have been in existence for over 20 years, and no state has sought to terminate the licensure program. This is testimony to the excellence of midwifery care by the Certified Professional Midwife. ACNM's attempt to discredit the midwives who qualified for certification through the Portfolio Evaluation Process also discredits most of the state midwifery licensure programs and the many licensed midwives who attained their education through a formal apprenticeship, supervised practicum, and nationally standardized testing.

Very few CNMs in these states provide home birth services. Does the ACNM really believe that thousands of home birth families should be left with no licensed care provider because those states accept and endorse the CPM credential for licensure? Or is it just that you don't want those licensed midwives to receive Medicaid reimbursement?

Your letter to Congress also minimizes the relevance of accreditation by the National Commission for Certifying Agencies by saying that it only reflects an approved testing process and psychometrically sound exam. The NCCA accreditation reflects much more than the exam. The NCCA requires that a psychometrically sound process be used to determine the required knowledge and skills necessary for competent performance of a profession, and that the attainment of that knowledge and skill be appropriately measured in order to determine which candidates are qualified to practice. NCCA accreditation means not only that the testing is reliable and valid, but that the credentialing organization is governed appropriately, is financially sound, and is accountable to its certificants. It also requires that eligibility decisions be made on the basis of assuring competency rather than on reducing access to the profession. How does the ACNM decision to require increased graduate degrees for CNMs meet this accreditation standard?

You have used the recent WHO standards as another weapon in your turf battle, but you neglect to mention that these standards were developed by nursing organizations as an assessment of institutional nursing and midwifery education without a comparison of American midwifery educational pathways. The CPM education was not considered by the authors, who showed no familiarity at all with non-institutional midwifery education. Thus, rather than demonstrating the need for university education it demonstrates the narrow focus of the authors. The International Confederation of Midwives, which includes representation from many international and American midwives, will likely reach a different conclusion in their upcoming global midwifery standards.

In conclusion, the North American Registry of Midwives stands by its Certified Professional Midwife credential as both an accredited and nationally recognized midwifery credential for midwives who specialize in out-of-hospital birth. CPMs are the current providers of care in all the states that license direct-entry midwives specifically to attend home births. Mothers who are Medicaid eligible deserve the same maternity care choices in those states as the mothers who have other payment options. The ACNM's opposition to Medicaid reimbursement for CPMs is clearly an effort to prevent those mothers from choosing care with a CPM. It's time for the ACNM to put the mothers first, and to join NARM in promoting excellence in midwifery care.

Sincerely,

Ida Darragh, chair
Board of Directors
North American Registry of Midwives