

# “CNM-Classic:” Preserving the Past and Protecting the Future

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**A**s we embrace this new year, we anticipate both opportunities and challenges for our profession.

The implementation of health reform—and its ripple effects—must continue to draw our dedicated focus, energy, and passion. We are well-positioned to influence the accessibility to and practice of midwifery in the United States over the coming years, and we are investing considerable resources to assure that the voice of midwifery is heard at all levels. Our focus is always to support our mission of providing highest quality health care to women and their families and advancing the midwifery profession.

Throughout ACNM’s history, we have advanced the midwifery profession by a state-by-state campaign to gain licensure, prescriptive authority, the right to practice independently, and legal recognition of our defined scope of practice. We have accomplished so much, and yet we all know how far we still must travel. Now, this effort to ensure our continued right to practice has taken a somewhat different twist.

Part of advancing the midwifery profession requires protecting the CNM and CM credentials to ensure recognition and stature in all jurisdictions throughout the United States. With this goal, a decision was made in 2008 by the American Midwifery Certification Board (AMCB; formerly the ACNM Certification Council, or ACC) that all CNMs and CMs in active practice must demonstrate current competency—not just those CNMs and CMs certified since 1997.

For those certified prior to 1997, the transition from lifetime to time-limited certifications is a major change indeed. Some have accepted the change as an inevitable step to meet current certification standards, while others have vigorously rejected it. Many of those who worked so hard to develop the credential initially find it shocking to consider that they may no longer

be able to use it unless they are enrolled in AMCB’s Certification Maintenance Program (CMP).

The decision is ultimately AMCB’s, who have held our certificates since 1991, when the ACC was separately incorporated as an independent entity. ACNM’s role is to represent the interests of our members and maintain an open dialogue with AMCB to address the concerns our members have raised. In that vein, the ACNM Board of Directors and our legal counsel met with AMCB President Barbara Graves, CNM, MPH, FACNM, and Executive Director Carrie Bright during our December board meeting. In preparation for the meeting, we assembled the diverse comments and perspectives that our members had communicated to us on this issue. Important questions were raised that require further exploration, which AMCB has agreed to do and get back to us early in 2011.

Although members of the ACNM Board of Directors regret the distress this transition has generated for some of our members, we also recognize that major consumer and regulatory forces have been in motion for some time that have left part of our profession perilously behind—to the potential jeopardy of all. The call for more rigorous certification maintenance requirements for all health professionals dates back 20 years or more, and received a major push forward with the 2001 publication of the Institute of Medicine’s *Crossing the Quality Chasm*. This movement has advanced to the point in which health care professions that do not adequately require recertification risk being discredited. Consumer advocacy groups are calling for tougher state laws; state regulators have begun to threaten revocation of licensure for those with lifetime certifications; and certification boards that do not require rigorous assessment of continuing competency are being scrutinized and risk obsolescence. We believe that these trends can no longer be ignored, and that they have a potential impact on all CNMs and CMs and

the integrity and stature of our profession. In that context, the ACNM BOD supports AMCB’s decision to require time-limited certifications for all CNMs and CMs in active clinical practice, in order to preserve public safety; protect CNM’s/CM’s eligibility for state licensure; maximize eligibility for government program payments for our services; safeguard a positive reputation for ACNM, AMCB, and the profession of midwifery; and limit otherwise potentially extensive liability exposure for AMCB and ACNM.

However, the question remains about how we recognize CNMs and CMs who are no longer engaged in active clinical practice, but continue to do policy, research, and/or political work for the profession. How can they continue to be identified as midwives? Similarly, when midwives retire, are they no longer midwives? CNM is a trademarked credential, owned by AMCB—the letters communicate to the public that the person who uses it has met certain standards and requirements for active clinical practice. It cannot have multiple definitions, but we believe that variations could be developed to effectively draw the distinction between those in active clinical practice and those who have entered other phases of their careers. It’s a bit like Coke® and Coke-Classic®. Now, I would never compare our credential or members to carbonated beverages, but it is complicated stuff and should be carefully considered before finalizing our approach to this matter. It also gives us pause and opportunity to think about how we want to communicate our midwifery credential in the future to the public.

We will be back in touch with our members as we learn more. In the meantime, thank you again for your passion, commitment, and “classical” contributions

to our profession in the past, present, and future! 

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