

Certified Nurse-Midwives: Practical Solutions to Primary Dilemmas

BY LESLIE LUDKA, CNM, MSN AND MELISSA GARVEY

Struggling with ways to decrease costs, optimize productivity, and maintain healthy outcomes for your female clientele? Discover the solution that is already working at many community health centers.

When HealthNet opened its doors to the Indianapolis community more than 39 years ago, women seeking care at the original three clinics had access to one OB/GYN physician. Several burnt out physicians and family practice residents later, a nurse practitioner with midwifery education began offering services at one of the clinics. Her model of care became so successful that it soon became HealthNet's organizational standard. Today HealthNet successfully serves over 40,000 patients annually in a network of six clinics with its team of 16 certified nurse-midwives.

Fast Facts about CNMs

Certified nurse-midwives (CNMs) are advanced practice nurses who specialize in midwifery and women's health. All CNMs graduate from accredited education programs and sit

for a national certification exam. CNMs are licensed to practice and have prescriptive authority in all 50 states and the District of Columbia. They are also eligible for reimbursement under Medicare, Medicaid, and most private insurance companies.

Although many people associate midwives with labor and birth, the scope of practice for modern CNMs goes way beyond the delivery room. At HealthNet, CNMs offer prenatal, postpartum, intrapartum, and primary care.

National Association of Community Health Centers (NACHC) data suggests that many community health centers have already discovered how valuable CNMs are to their patients — and their bottom lines. The number of CNMs working at Federally Qualified Health Centers (FQHCs) has increased 13 percent



since 2002, and in 2006, CNMs cared for nearly 1 million patients in U.S. community health centers.

The CNM Advantage

What's behind that double-digit growth? CNMs fit nicely into the structure of FQHCs for multiple reasons:

Congruity of Mission: "Midwives' values are really right in line with FQHCs," says Martha Cook-Carter, CEO of the West Virginia based FamilyCare Health Center, which employs eight midwives.

Lynette Hamlin, CNM, PhD, associate professor and director of the department of nursing at the University of New Hampshire agrees, "CNMs have a long history of caring for the



underserved and have a good understanding of their needs. They're good at seeing the whole picture—the physical, family, and psychosocial needs of patients.”

Continuity of Care: “CNMs are available for prenatal, birth, and postnatal care,” says Carter. Consequently, patients see CNMs more frequently and over a longer period of time than if they were receiving care solely from an OB/GYN.

According to Mary Blackburn, CNM and midwifery services director at HealthNet, it's a model of care that leads to positive outcomes and encouraging feedback. “We've had some good feedback from patients,” she says. “Part of why we've grown so much is because patients love our midwives.”

High Levels of Autonomy: Midwives work in a system where a physician is available for consultation, collaboration, or referral for high-risk patients. However, CNMs are trained and qualified to function independently.

In some areas of rural West Virginia, where it is economically unfeasible to hire a physician, FamilyCare Health Center recruits CNMs to care for the community.

Judith Robinson, MD, an OB/GYN at HealthNet, says it's a model of care she welcomes. “There is simply one word to describe our CNMs' quality of care,” she says, “exemplary.”

Economic Sense: “The cost of [employing] a CNM is significantly less than a physician,” says Blackburn, who manages the 16 CNMs at HealthNet. CNMs can also be on call and obtain hospital privileges, allowing for the capture of labor and delivery fees.

Carter adds her own reasons why CNMs make economic sense. “Our CNMs have a very low rate of costly interventions like C-sections and inductions,” she says. “CNMs also tend to draw insured women to the center, which means more patients and more money.”

Tips for Bringing a CNM Onboard

Interested in bringing nurse-midwifery to your FQHC? Take the advice of industry colleagues who are already working with CNMs.

✓ Get institutional support. Check the bylaws of your affiliate hospital, and be sure they accommodate CNM staffing. “You have to line up support in your OB community,” says Blackburn. “That's the biggest hurdle.”

✓ Get creative. Consider joining forces with an existing birth center or private practice group, suggests Carter. A freestanding birth center may

welcome the opportunity to receive federal funding, while a struggling private practice may appreciate increased access to Medicare and Medicaid patients.

✓ Making the effort to incorporate CNMs into your strategic plan is a worthwhile endeavor, says Dr. Robinson. When asked what it's like to work with CNMs at HealthNet, she heartily replies, “Once you work with a group of midwives, you wonder how anybody can do without them.”

✓ Get familiar with ACNM resources. If you choose the direct hire route, check out www.Midwifejobs.com, the official career site of the American College of Nurse-Midwives (ACNM). ACNM also offers a free FQHC packet with information about scheduling, reimbursement, legal concerns, and professional support.

View the packet at www.acnm.org/siteFiles/education/FQHC_Packet_2007.pdf, or visit ACNM's booth at the 2008 NACHC Community Health Institute (CHI). Melissa Garvey is a writer/editor for ACNM and Leslie Ludka, CNM, MSN is the ACNM Senior Technical Advisor. Please direct any questions to (240) 485-1842 or email lludka@acnm.org.

Did You Know?

- CNMs are registered nurses with additional graduate-level midwifery education from one of 40 programs across the U.S.
- CNMs can legally practice in all 50 states and the District of Columbia.
- CNMs have prescriptive authority in all 50 states and the District of Columbia.
- In 2005, CNMs attended 11.2 percent of vaginal births in the U.S., according to the National Center for Health Statistics (NCHS).
- Nearly 11 percent of CNMs work in non-profit or community health centers.
- More than 50 percent of CNMs list physician practices or hospitals as their principal employers.