



# POSITION STATEMENT

## **SAFEGUARDING MATERNAL AND INFANT HEALTH IN A COMPETITIVE HEALTH ENVIRONMENT**

The American College of Nurse-Midwives (ACNM), in recognition of the potential negative effect of emphasizing cost-containment over quality care, holds the following beliefs regarding the provision of safe care to women and their families.

- Optimal care is a combination of knowledge, judgment, skill and informed decision-making occurring within an overall plan which addresses individual patient needs, expectations, and systems of support. Safe care is not defined by the clinician's professional title, by the site chosen for provision of care, or by a predetermined length of stay.
- Women and their families deserve access to quality care that is convenient and culturally competent, continuity of care with the clinician of their choice, and active participation in decisions such as site of birth and proposed interventions. In addition, women should know who is ultimately making decisions regarding provision or denial of care, and which payment structure is being used to reimburse their health care clinicians. They should also have access to timely methods of arbitration within their health care plan.
- Individualized assessment of health status, medical condition and socioeconomic factors is an ongoing responsibility of the certified nurse-midwife (CNM) and certified midwife (CM). Such assessments determine appropriate interventions, level of care required for a safe outcome, and need for additional services.
- Patient education is an essential part of health care which is designed to provide patients with knowledge and abilities appropriate to their level of understanding, but should not be seen as a substitute for the assessment skills of a knowledgeable clinician.
- CNMs and CMs have an obligation to consider the cost-benefit ratio of proposed interventions to insure that services are provided in a cost-effective manner. The patient's needs, and not solely the ability to pay for services, should determine which services are provided.

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- The CNM and CM, in consultation with the woman and her family, are ultimately responsible for determining the frequency of visits and appropriate setting for the provision of health care for midwifery patients.
- The timing of discharge after birth is a clinical decision determined by the patient's medical condition and circumstances, the content and quality of prenatal care, the conduct of labor and birth, the newborn's condition, and the availability of qualified personnel to provide early post-partum and newborn assessment. ACNM believes that many women and their newborns are appropriate candidates for early discharge. ACNM encourages the development of systems that promote access to pediatric care and active involvement of the mother and family in care of the newborn. ACNM supports payment for health care services provided in the home, birth center or office that augment or substitute for hospitalization.

\* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse Midwives Certification Council, Inc. (ACC).

Source: Clinical Practice Committee  
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