

Labor and Delivery Nursing Experience: A Prerequisite for Midwifery Education?

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EDITOR'S NOTE

After this commentary was accepted for publication and separate from that decision, the editors of the *Journal of Midwifery & Women's Health (JMWH)* accepted a study (Niemczyk N, Cutts A, Perlman D. Prior work and educational experience are not associated with successful completion of a master's-level, distance education midwifery program. <https://doi.org/10.1111/jmwh.12716>) that found midwifery education program completion is not significantly associated with students' labor and delivery nursing experience, or lack thereof, prior to admission. The study authors conclude that requiring labor and delivery nursing experience may be an unnecessary barrier to midwifery education. The study is published in this issue of JMWH.

INTRODUCTION

Members of the midwifery profession disagree as to whether labor and delivery nursing experience is necessary for success in midwifery training, clinical preceptorships, or entrance into the profession of midwifery.¹ Despite the fact that the American College of Nurse-Midwives (ACNM) affirms midwifery as a distinct profession, separate from nursing, and acknowledges that labor and delivery nursing experience is not required for success as a midwifery student or graduate midwife,² debate continues. The ACNM Annual Meeting & Exhibition offers midwifery students in programs accredited by the Accreditation Commission for Midwifery Education (ACME) the opportunity to gather and voice concerns, and requests for improvement regarding midwifery education and professional issues. The *ACNM 2016 Student Report* expressed specific concern for the perceived disapproval by preceptors toward certified midwife (CM) and certified nurse-midwife (CNM) students lacking labor and delivery nursing experience.³ Students without previous labor and delivery experience can be seen as labor intensive, which can be a barrier for precepted experiences.¹

No published data currently exist related to midwifery graduation, certification, or practice-based outcomes for those with and without labor and delivery experience as a registered nurse (RN). Students, preceptors, and midwifery education program directors and faculty, as well as employers, express individual opinions that are not based on published data

or outcomes related to the necessity of labor and delivery nursing experience prior to midwifery education. It is true that the majority of nurse-midwifery students enter midwifery education programs with a nursing labor and delivery background, and that those without labor and delivery nursing experience may be viewed as challenging or require extra time and resources to achieve minimum midwifery competencies.¹ Nevertheless, previous labor and delivery experience as an entrance requirement into midwifery education has not been shown to improve outcomes and may limit the growth of midwifery as a profession, as the demand for accelerated, second-degree programs in midwifery increases.¹ Because of the lack of available data regarding the impact of previous labor and delivery nursing experience on midwifery outcomes, it may be possible to gather some insight from evidence related to required clinical experience prior to entrance into advanced practice clinical specialties in other health care professions. This commentary will review that evidence and discuss the implications for midwifery education.

BACKGROUND

Midwifery education programs accredited by ACME are housed in a variety of institutions, including schools and colleges of nursing, public health, medicine, and liberal arts institutions.^{4,5} All ACME-accredited midwifery education programs are held to the same standard of providing basic midwifery education and clinical competencies regardless of student clinical experience.⁶ Upon successful completion of a basic midwifery education program, graduates sit for the American Midwifery Certification Board (AMCB) examination, which leads to the credential of CNM or CM, depending on the academic program from which the student graduates and whether the graduate is licensed as a registered nurse.⁷ The CNM and CM credentials offer the same scope of practice and are the same profession, midwifery.

There are multiple entry points into midwifery education, and within these, many pathways exist for students without previous nursing experience, including labor and delivery nursing experience.⁵ While CM students are not required to have nursing licensure or experience, CNM students may not have any nursing experience either. Students with undergraduate degrees in any field can apply to enter second-degree or accelerated nursing programs that lead directly into midwifery education programs without labor and delivery or other related nursing experience. Graduates of these programs are prepared to meet the same standards that all ACME-accredited programs are held to.

When a midwifery student lacks related nursing experience, he or she can be seen as resource intense, requiring

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additional faculty and preceptor time to obtain the meaningful midwifery clinical experiences that are needed to incorporate clinical competency into bedside care. Some report that preceptors regard students without a nursing background as less prepared, and some faculty note that finding preceptors willing to teach midwifery students without related nursing experience is a challenge.⁸ Despite this, students with and without labor and delivery nursing experience can develop confidence in midwifery practice.⁹ When supported by preceptors, students demonstrate high self-efficacy scores for therapeutic presence and nonintervention in the absence of complications, regardless of clinical setting, educational program type, or experiential background.⁹ Further insight into requirements for entry into education programs and outcomes can be drawn from related health professions.

CLINICAL EXPERIENCE REQUIREMENTS IN RELATED HEALTH PROFESSIONS

Certified Registered Nurse-Anesthetists and Neonatal Nurse Practitioners

Two advanced practice nursing professions, certified registered nurse anesthetists and neonatal nurse practitioners (NNPs), require related clinical experience in nursing for admission to education programs. Nurse anesthesia programs require a minimum of one year of critical care nursing experience.¹⁰ Despite this requirement, a direct correlation cannot be drawn between years of previous nursing experience, success in an academic program, certification, and practice after graduation.^{11,12} In fact, nurse anesthesia students with more years of critical care nursing experience demonstrated lower grade point averages during graduate school.¹²

Students enrolling in neonatal nurse practitioner education programs are required to have worked for 2 years in a neonatal intensive care unit (NICU) as a registered nurse prior to beginning clinical coursework.¹³ This requirement was based initially on anecdotal evidence: experienced NNPs, who likely had several years of NICU nursing experience, believed that this was necessary for student success.¹⁴ When questioned about the value of their previous NICU nursing experience for their performance in the neonatal nurse practitioner program, current students discussed their reliance on previous neonatal nursing knowledge and experience as an asset in their educational program.¹⁴ Conversely, when entering the clinical environment, NNP students stated that despite their years of previous experience, they still felt ill-prepared to provide care as an advanced practice nurse.¹⁴ Both nurse anesthesia and neonatal nurse practitioner programs require specific nursing experience for admission. However, because a minimum number of years of specific nursing experience is required for all prospective nurse anesthesia and NNP students, no control group is available for comparison to determine the differences in success between those with and without nursing experience.

Nurse Practitioners

In contrast to nurse anesthesia and NNP students, other advanced practice nursing specialties do not require specific nursing experience for admission. Nurse practitioners are

nurses with graduate degrees who have advanced clinical training beyond their initial RN preparation.¹⁵ Educational accreditation boards, such as the Commission on Collegiate Nursing Education, do not mandate that nurse practitioner programs require nursing experience for their students. Evidence suggests that the transition in role for nurse practitioners has no significant positive relationship with prior RN experience and that the role transition to nurse practitioner was actually easier for those with less RN experience.¹⁶ Furthermore, for nurse practitioner students, no relationship was found between previous nursing experience and grade point averages or having failed a course. Those with more clinical experience as a registered nurse were less likely to graduate in 4 years.¹⁷

Other Health Professions

Physician assistants (PAs) are not nurses but are trained in the United States to provide medical care with physician supervision in postbaccalaureate certificate programs or master's degree programs.¹⁸ Many PA programs base admission on a student's undergraduate record, including grade point average, prerequisite course work, entrance examination scores, and number of hours of previous health care experience.¹⁹ PA education relies heavily on the tenet that success in a program can be linked to previous exposure to the health care environment.²⁰ Despite this, Hegmann and colleagues found that previous health care experience was not associated with improved clinical year outcomes among PA students.²⁰ Similarly, in dentistry and pharmacy programs, clinical experience was found to enhance the likelihood of admission to the education program but did not result in improved academic performance or performance during clinical assessments.^{21,22} In summary, for the health care specialties discussed here, related clinical experience was often required or looked upon favorably for admission to education programs but was not associated with improved outcomes in academic or clinical performance.

STRATEGIES FOR MIDWIFERY EDUCATION

Although there is little evidence that prior clinical experience is a factor in student success in midwifery or related health professions, having certain competencies may facilitate learning skills, reduce anxiety, and reassure potential preceptors of students' preparedness. Many midwifery education programs develop innovative experiences to increase student clinical skills, such as doula training to increase familiarity with labor and birth²³ or clinical skills training sessions to ensure that all students have reached the appropriate level of beginning clinical readiness. Skills taught and evaluated during on-campus training sessions may include comprehensive normal well-woman and antepartum examinations and intrapartum normal and emergency management skills. Clinical skills may be further practiced with direct faculty feedback using online return demonstrations and web-conferencing software.²⁴ These types of experiences often reassure both the student and preceptor of the student's preparedness for hands-on clinical experience. When a clinician is asked to precept a student, he or she has the opportunity to inquire about the student's

preclinical preparation and skills training. One institution developed a standardized form for students to complete and submit that allowed potential preceptors to appraise the level of student experience, comfort, and clinical needs. This helped to avoid misunderstanding about student clinical skill preparation and expectations at the start of a rotation.²⁵

Ultimately, midwifery education is competency-based; therefore, all students should enter the required clinical experiences prepared with the skills necessary to be successful. Preclinical experiences, such as hands-on skills intensives; labor and delivery simulations; and programs such as Advanced Fetal Heart Monitoring (Association of Women's Health, Obstetric and Neonatal Nurses), Advanced Life Support in Obstetrics (American Academy of Family Physicians), and the Neonatal Resuscitation Program (American Academy of Pediatrics), can help to build confidence and ensure preparedness for all students. The previously referenced volunteer doula program, in which midwifery students serve as doulas for women during labor, allows students without labor and delivery nursing backgrounds the opportunity to increase their familiarity with the places and processes of birth, as well as the chance to work alongside CNMs.²³ Although this voluntary program for midwifery students during their basic nursing year was not developed with a research design to evaluate improved student clinical readiness or enhanced experience with preceptors, the authors felt that students who participated had a much better sense of what birth involves when they started intrapartum clinical rotations than those without the volunteer doula experience (M. Collins, CNM, PhD, written communication, October 2017). This alternative to labor and delivery nursing experience allowed students exposure to birth prior to their intrapartum clinical rotation.

Although student preparation for clinical experiences is essential, adequate preparation of preceptors is an additional strategy for improving the overall clinical experience. ACME-accredited midwifery education programs are required to provide documentation of clinical preceptor training.⁴ This training could also include information on mentorship, strategies for effective precepting, and resources to support the preceptor if the student is not as clinically ready as anticipated.²⁵ It is important for education programs to consider the depth of the information that is provided to preceptors and to consider additional alternative resources²⁶ when troubleshooting student issues.

Midwifery education requires students to learn the full scope of midwifery. Labor and delivery nursing experience increases students' familiarity with places of birth and comfort level of working with gravid women, which may translate into greater ease in an office-based midwifery practice. Many preceptors desire students with this experience in order to maintain their level of clinical productivity, even in the office setting. Germano et al identified decreased productivity as one of 4 major barriers to precepting midwifery students and found that an inexperienced student can prevent a preceptor from seeing a full caseload.⁸ Several strategies exist to facilitate the preceptor-student relationship and support preceptor productivity, including the concept of quality learning experiences over quantity. Preceptors can select clinical experiences for students that enhance the students' level of learning while maintaining productivity in their practices.⁸ A

variation on this idea allows a student and preceptor to see separate clients simultaneously. As the preceptor finishes his or her visit, he or she can then join the student in the separate encounter.²⁷ Alternatively, students can focus on one aspect of a visit until competent and allow the preceptor to manage the rest of the visit.²⁷ Employing multiple strategies for overcoming barriers to precepting should be a priority for midwifery education programs.

CONCLUSION

The profession of midwifery is a profession separate from nursing.² Given this distinction, why should labor and delivery nursing experience be a prerequisite for midwifery education? Just as related clinical experience does not predict success in other health professions, no data currently demonstrate that labor and delivery nursing experience predicts success in midwifery. Students from varied backgrounds may enhance the profession of midwifery with different ideas and talents. Although midwifery students without previous related nursing experience may require different teaching strategies, these students should have every opportunity to succeed as practicing midwives, bring their strengths to the profession, and help to alleviate the maternity care provider shortage.¹ Midwifery faculty who work collaboratively with preceptors can ensure the right kinds of experiences for all students in order to produce well-rounded and competent beginning practitioners.

Unfortunately, a lack of data limits the discussion on this topic. Researchers need to study outcomes both in education programs and after graduation for midwives with and without labor and delivery experience prior to midwifery school. These data would provide a clear answer to the long-standing debate on the link between labor and delivery experience and midwifery education and practice. Until such data on outcomes are available, labor and delivery nursing experience should not be a requirement for entry into midwifery education or a barrier for students in precepted clinical experiences.

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CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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