

# COMPETENCIES FOR DOCTORAL EDUCATION IN MIDWIFERY

## INTRODUCTION

The discipline of midwifery has a long and rich history of providing care to individuals, families, and communities. To continue this tradition, midwives have an obligation to remain responsive to changing health care needs in an increasingly complex health care environment. To enhance leadership knowledge, skills, and competencies that foster system-level change, midwives need opportunities to expand their education beyond the Core Competencies for Basic Midwifery Practice<sup>1</sup> and thus may seek education at the doctoral level.

The American College of Nurse-Midwives (ACNM) is the professional organization for midwives educated in programs accredited by the Accreditation Commission for Midwifery Education and nationally certified by the American Midwifery Certification Board. Initially published in 2011, the ACNM standard-setting document *The Practice Doctorate in Midwifery* established the original recommended doctoral competencies. In response to the evolution of practice and professional doctorates in a variety of disciplines, ACNM Board of Directors convened a second task force in 2020 to review and revise those competencies.

Although ACNM endorses a minimum of a master's degree as basic preparation for midwifery practice, it recognizes the need to develop competencies for midwifery education at the doctoral level and supports a variety of doctoral degree options for midwives.<sup>2</sup> Programs that educate midwives at the doctoral level must provide a rigorous curriculum that gives students a solid foundation of the knowledge, skills, and competencies necessary to assess and improve health care processes and outcomes, and it should provide opportunities to implement the doctoral competencies in a focused area of interest.

When entry-to-practice midwifery education is offered in programs that culminate in a doctoral degree (eg, a Doctor of Midwifery, Doctor of Nursing Practice, or similar degree), the midwifery body of knowledge must be clearly represented in the curriculum. Programs that provide entry-level midwifery education in the context of a doctoral degree must meet both the Core Competencies for Basic Midwifery Practice<sup>1</sup> as well as the doctoral-level competencies for midwives.

## PRACTICE OR PROFESSIONAL DOCTORATE?

Discussion exists about whether the terminal degree in a discipline is considered a Professional Doctorate or a Practice Doctorate. Some consider the terms to be interchangeable. However,

according to the National Center for Education Statistics Integrated Postsecondary Education Data System glossary, the Practice Doctorate is “conferred upon completion of a program providing the knowledge and skills for the recognition, credential, or license required for professional practice.”<sup>3</sup> For midwives nationally certified by the American Midwifery Certification Board, the entry-to-practice degree is at the graduate level and may be either a master’s or a doctoral degree. Therefore, when earned after national certification as a midwife, the terminal doctorate in midwifery is best defined as a Professional Doctorate. Given that, at this time, most students seeking their doctoral education in the discipline of midwifery have already received their midwifery clinical education, these Doctoral Competencies do not address the foundational clinical knowledge and skills that are required for the direct care of people served by midwives. Should programs that combine the Core Competencies for Basic Midwifery Practice<sup>2</sup> and these Doctoral Competencies be developed, it may be appropriate to conceptualize that degree as a Practice Doctorate in midwifery.

## **DOCTORAL COMPETENCIES IN MIDWIFERY**

ACNM’s Core Competencies for Basic Midwifery Practice ("Core Competencies") reflect the International Confederation of Midwives definition of competency: “the minimum set of knowledge, skills and professional behaviors required by an individual to use the designation of midwife.”<sup>4</sup> The competencies outlined in this document expand upon the Core Competencies, reflecting the knowledge, skills and professional behavior required for midwifery doctoral graduates. These proficiencies may be used to guide educators who are developing doctoral programs and are available to the Accreditation Commission for Midwifery Education to inform the development of criteria for the accreditation of doctoral programs in midwifery. Although specific components have been identified around which to organize the stated competencies, the task force has agreed that all competencies should reflect the following key concepts and be:

- Developed under the unifying themes of leadership, ethics, and racial and social justice
- Focused on health care improvement that reflects the humanistic principles of quality, relevance, equity, and effectiveness<sup>5</sup>
- Embedded in relevant theory
- Useful and relevant to midwifery practice
- Flexible enough to support a variety of tracks or options for midwifery doctoral study
- Applicable to all professional- and practice-focused doctorate programs for midwives, regardless of the credential awarded

The ultimate goal of midwifery education and practice, at both the doctoral and master’s levels, is to improve the health and well-being of those who seek midwifery care. These Doctoral Competencies prepare midwives to be leaders who identify problems, set agendas, and initiate changes that contribute to such improvement and to the advancement of the profession of midwifery.

The current health care system in the United States, although able to provide scientifically advanced health care, has also been shown to be the most expensive in the world,<sup>6</sup> and the United States is the only wealthy nation that does not offer universal access. Health care in the United States characterized by significant health care inequity and wide disparities in health outcomes.<sup>7</sup>

Among, for example, Black, Indigenous, or People of Color and the lesbian, gay, bisexual, transgender, queer/questioning+ (LGBTQ+) community, the cost and inequity within the health care system have particular impact, affecting access to care, health status, and health outcomes. Change in the delivery of health care cannot occur nor be sustained without focused study. The following Doctoral Competencies in Midwifery require the graduate to understand systems, including and expanding on the midwifery model of care, to effectuate the changes necessary to improve health outcomes among individuals, communities, and organizations.

## **Leadership**

Leadership underpins all the competencies of the Doctor of Midwifery degree. Leading and communicating are learned behaviors and mastering both skill sets is a professional necessity for midwives. To optimize the delivery of health care and meet the needs of women and people seeking midwifery care, midwives must exercise leadership in organizational decision-making processes. Midwifery leaders must prioritize human rights principles that are the hallmarks of the midwifery philosophy of care. They have a responsibility to challenge structures and processes that perpetuate harm through gender discrimination, racism, and classism. Midwifery leadership includes the imperative to significantly increase the numbers of Black, Indigenous, and People of Color in the profession. Midwives have the potential to use innovative leadership practices that transform organizations and health systems to promote the well-being of workers and the communities they serve. Doctorally prepared midwives must be capable negotiators who can build consensus among groups that may have differing viewpoints regarding how to achieve optimal health. Midwifery leaders need to communicate clearly and persuasively in many arenas, including written and oral methods and using technological media. Ultimately, effective leaders advance the midwifery model of care and improve the delivery of optimal, evidence-based care to all who benefit from the care of a midwife.

A midwifery doctorate prepares graduates to:

- Use organizational theory to develop strategies to implement changes with a shared vision consistent with the midwifery model of care and aligned and engaged with relevant stakeholders.
- Anticipate and prepare for the future by maintaining awareness of the internal and external environments affecting midwifery.
- Build and lead teams, empowering team members to work independently and together toward a common goal.
- Lead with integrity and confidence stemming from an awareness of one's own strengths, weaknesses, and biases.
- Collaborate with other health care leaders in the development of systems that improve the standard of care for persons seeking midwifery care.
- Secure access to resources in concert with community and stakeholders and take action when available resources are not used efficiently.
- Develop the capacity of others to lead, creating an environment in which diversity in leadership will thrive.
- Critique and improve structures that perpetuate harm and employ innovative strategies that promote well-being and equity for organizational members and the communities they serve.

## Population Health

Population health, or the field of study focused on understanding the determinants of health for various populations, provides a framework to understand health and health outcomes.<sup>8</sup>

Population health can be thought of as the science of analyzing the inputs and outputs of the overall health and well-being of a population and then using this knowledge to produce desirable population outcomes. A population's health can be analyzed at various geographic levels (eg, countries, states, counties, or cities) and according to various determinants of health, including access to health care, social environment (eg, income, education, social support, culture), physical environment (eg, clean water, air quality, urban design features), genetics, and individual behaviors. Approaching health from the lens of population health enables midwives to influence health outcomes beyond individual patient care, addressing the factors influencing the health of local, regional, national, and global populations and subpopulations. This includes racism and all forms of systemic oppression that intersect to influence population health. A foundation in population health is requisite for graduates of a doctorate in midwifery program and includes epidemiological and public health principles that can be applied locally, nationally, or globally. The midwifery doctorate prepares graduates to:

- Apply epidemiological tenets to:
  - Identify the distribution (frequency and pattern) of health-related outcomes.
  - Describe the determinants of health-related states and events.
- Use public health principles to:
  - Promote health as defined by people and their communities, focus on promoting healthy lifestyles, address social and structural determinants of health, and respond to health disparities.
  - Promote health care equity, quality, and accessibility.
- Promote health globally by:
  - Applying midwifery skills and knowledge to global health systems, governments, agencies, and organizations to optimize health.
  - Developing, in coordination with communities, organizations, and governments, best practices in the delivery of health care at diverse geographic levels (eg, municipalities, states/provinces, countries).
  - Responding to global health threats, including outbreaks of biologic diseases, environmental hazards, and chronic disease threats that disregard national borders.
  - Advancing evidence-based models of reproductive and sexual health care.
  - Applying principles of respect, cultural humility, co-development, sustainability, and self-determination to minimize harm and foster equitable relationships with global partners.

## Health Systems

Whether working in large health systems, smaller clinics and hospitals, birth centers, home birth services, policy, academia, or administration, the midwife prepared at the doctoral level demonstrates a thorough comprehension of organizational structures, functions, and culture, as well as the economic foundations upon which health care is based. These graduates are proficient in the use of organizational change theories, improvement science, research principles,

knowledge of practice and financial models, evidence-based practices, and measurement of outcomes to further the evolution of health care into a system that provides optimum health care for all. Areas of focus for midwifery doctoral graduates are health outcomes related to gender, individual and family health; birth care; and the work of midwives, with a particular focus on those in marginalized communities.

A midwifery doctorate prepares graduates to:

- Lead, support, or advise institutions or complex systems on quality care initiatives to improve individual, community, and health care system outcomes.
- Integrate theories, models, and best practices into health care settings to improve the health of people, including midwives and their colleagues.
- Use macroeconomic and microeconomic principles to guide:
  - The development of health system and supporting organization programs.
  - Advocacy work in support of midwives and their patients.
- Assess the cost-effectiveness of models of care in clinical practice.

## **Policy and Advocacy**

Evidence supports increased use of the midwifery model of care to improve public health and perinatal outcomes.<sup>9-13</sup> Recognition of midwifery as an autonomous profession is vital to making the midwifery model the standard of care for all childbearing families and scaling up access to midwifery to provide improve outcomes for those seeking midwifery services. Institutions, agencies at all levels of government, and multiple organizations develop policies that affect midwifery practice. To meet the needs of people seeking midwifery care, midwives must have the knowledge and skills to influence organizational leaders and policy makers to prioritize access to midwifery care.

A midwifery doctorate prepares graduates to:

- Analyze the impact of legislation, judicial opinions, regulations, and policies on reproductive, family, and community health.
- Apply an antiracist lens to policy making and advocacy.
- Build coalitions designed to influence and implement policy initiatives in concert with communities and stakeholders.
- Serve as an expert advisor to policy makers on health issues, law, and policy.
- Influence health policy and program decision-making based on scientific evidence, health equity principles, and ethical precepts.
- Develop, promote, and implement policies that support physiologic processes and discourage intervention in the absence of complications.
- Create and advocate for policies that support rights to self-determination and informed choice for people seeking midwifery care.
- Present scientific evidence to advance sexual, reproductive, and primary health care policy in an engaging and persuasive manner.

## **Data and Analysis**

Analysis of data provides meaning relevant to the phenomenon of interest. Although all midwives must demonstrate sufficient skill in interpreting available data, midwives prepared at the doctoral level assume the additional obligation to participate and provide leadership in the development and analysis of data related to the practice and profession of midwifery. The focus of methods of investigation for the doctorate in midwifery includes but is not limited to improvement science and translational science.

A midwifery doctorate prepares graduates to:

- Interpret and critically appraise existing literature and other evidence not only for direct applicability to practice, but also to inform the need for further study.
- Use appropriate theory and methodologies to develop, implement, and evaluate projects to improve the health care of individuals and families seeking midwifery care.
- Evaluate the use of existing databases and provide leadership in the development of new data sets to address phenomena of interest to the practice and profession of midwifery.
- Translate expert clinical knowledge and research relevant to midwifery into best practice, education, and advocacy models.

## **Information and Technology**

Health care informatics as a discipline has evolved from the broader concept of computer science to encompass a focus on the generation of technology to provide collection, storage, retrieval, and communication of data as well as the ability to access, synthesize, and interpret those data to support quality care of individuals and populations. Although not typically focused on the development of technology, midwives prepared at the doctoral level must have sufficient knowledge of the processes and capabilities of current information systems to understand the possibilities and limitations of the science and to provide clinical perspective that informs the systems that support midwifery practice.

A midwifery doctorate prepares graduates to:

- Appraise and use information and technology to design, implement, and evaluate programs and practices which improve quality in and access to midwifery care
- Use information technology in the collaborative generation of policy, clinical knowledge, and education innovation.
- Use a clinical perspective to evaluate information systems for accessibility, relevance, cost-effectiveness, and efficacy.
- Provide leadership and accountability regarding ethical, racial, and social justice and legal aspects of information and technology related to midwifery.

## **Scholarship and Dissemination**

Integration of midwifery doctoral competencies sets the stage for the scholarly dissemination of midwifery expertise. A broad appreciation of the potential for midwifery to affect health



outcomes at every level is pivotal to creating and supporting a more robust and effective midwifery workforce. It is imperative that midwives lead, grow, and propagate the art and science of the profession. Doctoral projects in midwifery serve as the initial vehicle for the dissemination of scholarly work, driving innovation and change. These projects represent the synthesis of other competencies and the opportunity to focus on a specific aspect of health care and/or midwifery. Doctorally prepared midwives are active contributors to scholarly discourse across venues.

A midwifery doctorate prepares graduates to:

- Complete projects relevant to the profession of midwifery that demonstrate:
  - Alignment with the Hallmarks of Midwifery
  - Integration and interpretation of relevant literature
  - Intersection with political, social, or economic policies and programs that will improve health in diverse populations
  - An ability to design a policy, program, project, strategic plan, or intervention
  - Strategies to identify stakeholders and build coalitions and partnerships
  - Analysis, interpretation, and display of data
  - Communication and dissemination of audience-appropriate midwifery scholarship in writing, visually, and in oral presentations
  - Expertise and shared knowledge in a selected area of midwifery practice or scholarship beyond the ACNM Core Competencies for Basic Midwifery Practice<sup>2</sup>
- Produce written documents that synthesize evidence and disseminate knowledge
- Prepare and submit scholarly manuscripts for publication

## REFERENCES

1. American College of Nurse-Midwives. ACNM core competencies for basic midwifery practice. American College of Nurse-Midwives. Approved March 20, 2020. Accessed July 1, 2021. [https://www.midwife.org/acnm/files/acnmldata/uploadfilename/00000000050/ACNMCoreCompetenciesMar2020\\_final.pdf](https://www.midwife.org/acnm/files/acnmldata/uploadfilename/00000000050/ACNMCoreCompetenciesMar2020_final.pdf)
2. American College of Nurse-Midwives. Midwifery education and the Doctor of Nursing Practice (DNP). Position statement. American College of Nurse-Midwives. Approved June 1, 2007. Revised July 8, 2009. Accessed October 4, 2011. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000079/Midwifery%20Ed%20and%20DNP%207.09.pdf>
3. National Center for Education Statistics. Integrated Postsecondary Education Data System glossary. Institute of Education Sciences, US Department of Education. Accessed July 1, 2021. <https://nces.ed.gov/programs/coe/glossary>
4. International Confederation of Midwives. Essential competencies for basic midwifery practice 2019. International Confederation of Midwives; 2019. Accessed December 22, 2021. [https://internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019\\_final\\_18-oct-5db05248843e8.pdf](https://internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019_final_18-oct-5db05248843e8.pdf)

5. Bolen C, Woollard B. Social accountability and accreditation: a new frontier for educational institutions. *Med Educ*. 2009;43(9):887-894. doi: 10.1111/j.1365-2923.2009.03413.x
6. Organisation for Economic Cooperation and Development. *Health at a Glance 2019*. Health Expenditure. November 7, 2019. Accessed July 1, 2021. <https://doi.org/10.1787/19991312>
7. National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, et al; Baciú A, Negussie Y, Geller A, et al, eds. *Communities in Action: Pathways to Health Equity*. National Academies Press; 2017. <https://www.ncbi.nlm.nih.gov/books/NBK425844/?report=printable>
8. Kindig D, Stoddart G. What is population health? *Am J Public Health*. 2003;93(3):380-383. doi: 10.2105/ajph.93.3.380
9. ten Hoop-Bender P, de Bernis L, Campbell J, et al. Improvement of maternal and newborn health through midwifery. *Lancet*. 2014;384(9949):1226-1235. doi: 10.1016/S0140-6736(14)60930-2
10. Vedam S, Stoll K, MacDorman M, et al. Mapping integration of midwives across the United States: impact on access, equity and outcomes. *PLoS One*. 2018;13(2):e0192523. doi: 10.1371/journal.pone.0192523
11. Alliman J, Bauer K. Next steps for transforming maternity care: what strong start birth center outcomes tell us. *J Midwifery Womens Health*. 2020;65(4):462-465. doi: 10.1111/jmwh.13084
12. Neal JL, Carlson NS, Phillippi JC, et al. Midwifery presence in United States medical centers and labor care and birth outcomes among low-risk nulliparous women: a Consortium on Safe Labor study. *Birth*. 2019;46(3):475-486. doi: 10.1111/birt.12407
13. Frost J, Declercq E, Shah N, et al. FQHC-based midwifery-led birth centers as an innovative response to disparities in maternal morbidity and birth outcomes: an embedded-unit case study. Presented at: APHA Annual Meeting and Expo; November 2-6, 2019; Philadelphia, PA. Abstract 4046.0.

---

*Source: Division of Education Task Force. Approved by the ACNM Board of Directors 2011*  
*Revised: Doctoral Competencies Task Force. Approved December 2021*