AMERICAN COLLEGE of NURSE-MIDWIVES

Core Competencies for Basic Midwifery Practice

Introduction

The Core Competencies for Basic Midwifery Practice include the fundamental knowledge, skills, and abilities expected of new midwives certified by the American Midwifery Certification Board (AMCB). They serve as guidelines for educators, students, health care professionals, consumers, employers, and policymakers. The Core Competencies constitute the basic requisites for graduates of all midwifery education programs pre-accredited or accredited by the Accreditation Commission for Midwifery Education (ACME). They are inclusive of the hallmarks of midwifery practice.

Midwifery practice is based on the Core Competencies for Basic Midwifery Practice, the Standards for the Practice of Midwifery, the Philosophy of the American College of Nurse-Midwives (ACNM), and the Code of Ethics developed and disseminated by ACNM. Midwives certified by AMCB assume responsibility and accountability for their practice as midwives and as primary care providers for the individuals they serve, as defined in the Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives.

ACNM defines the midwife's role in primary health care based on the National Academies of Sciences, Engineering, and Medicine's report, *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*,[1] the Philosophy of the American College of Nurse-Midwives,[2] and the ACNM position statement, Midwives are Primary Care Providers.[3] Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing the majority of health care needs, developing a sustained partnership with clients, and practicing within a context of family and community. As primary care providers, midwives certified by AMCB assume responsibility for the provision of, and referral to, appropriate health care services, including prescribing, administering, and dispensing pharmacologic agents. The concepts, skills, and midwifery management processes identified in the Core Competencies form the foundation upon which practice guidelines and educational curricula are built.

Midwives provide care that incorporates appropriate consultation, collaborative management, and referral, as indicated by the health status of the individual. ACNM endorses care that is most effective when provided in a system that facilitates communication across care settings and providers.[4] Individual education programs are encouraged to develop their own methods to address health care issues beyond the scope of the current Core Competencies. Each graduate is responsible for complying with the ACNM Standards for the Practice of Midwifery[5] and the laws of the jurisdiction where they practice.

The basis of midwifery education includes an understanding of health-science theory and clinical preparation that provides a framework for the development of the necessary clinical competence. The scope of midwifery practice may be expanded beyond the Core Competencies to incorporate

additional skills and procedures that improve care for the individuals midwives serve. Following completion of basic midwifery education, midwives may choose to expand their practice per Expansion of Midwifery Practice and Skills Beyond Basic Core Competencies.[6]

Since 2012, ACNM has recognized the role of midwives in caring for transgender and gender nonbinary (TGNB) individuals. The term "TGNB" is used in this document as an umbrella term for all individuals whose gender expression or identity differs from their sex assigned at birth, recognizing that not all transgender individuals have binary identities (male or female).[5] Additionally, midwives are aware of the increased risks, barriers to care, and disparities in health outcomes faced by many marginalized communities due to systems of oppression and discrimination. Midwives work to eliminate those obstacles and therefore need a thorough understanding of fundamental concepts related to discrimination and oppression experienced by people of color, women, individuals of diverse gender identities and sexual orientation, immigrants and refugees, and people with disabilities to provide culturally safe care. As midwives, we also recognize the threat of increasing perinatal mortality, particularly for Black and Indigenous pregnant and birthing people. The Core Competencies for Basic Midwifery Practice acknowledge the basic and applied sciences, health systems and policy issues, and clinical skills that serve as the fundamental mechanisms for the profession of midwifery to improve the status and health care of all clients.

Given this information, we consider the use of inclusive nondiscriminatory language a powerful tool to address inequities. We understand that individuals are influenced by how they are perceived as well as how they identify. We have chosen to use both gendered and gender-neutral terms to represent the full diversity of people who experience pregnancy, birth, and lactation. We also acknowledge and support people who are not childbearing but are accessing sexual or reproductive health care. These language choices were intended to ensure respect and visibility for all individuals– including all people who identify as women as well as transgender, non-binary, and intersex individuals.

The Core Competencies for Basic Midwifery Practice are reviewed and revised regularly to incorporate changing trends in midwifery practice. This document must be adhered to in its entirety and applies to all settings where midwifery care is provided.

I. Hallmarks of Midwifery

The art and science of midwifery are characterized by the following hallmarks:

A. Advocacy for informed choice, collaborative decision-making, and the right to self-determination in all aspects of care
B. Affirmation of individuals seeking midwifery care as partners in their health care
C. Recognition, promotion, and advocacy for menarche, pregnancy, birth, and menopause as normal physiologic and developmental processes
D. Advocacy for support of physiologic processes along with the appropriate use of interventions and technology as desired by the client
E. Incorporation of evidence-based care into clinical practice

F. Promotion of person-centered care for all, which respects and is inclusive of diverse histories, backgrounds, and identities
G. Facilitation of healthy family and interpersonal relationships
H. Promotion of continuity of care
I. Use of health promotion, disease prevention, risk reduction, and health education
J. Application of a public health perspective
K. Understanding of social determinants of health to provide high-quality care to all persons including those from systematically disadvantaged communities
L. Integration of cultural humility and structural competency as foundation for cultural safety in all care encounters
M. Incorporation evidence-based integrative therapies
N. Application of skillful communication, guidance, and counseling
O. Acknowledgment of the therapeutic value of human presence
P. Engagement in mutual and appropriate consultation, collaboration, and referral to other members of the interprofessional health care team
Q. Provision of safe and effective care across settings including home, birth center, hospital, or any other perinatal care service

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II. Components of Midwifery Care: Professional Responsibilities

The professional responsibilities of midwives certified by AMCB include, but are not limited to, the following components:

A. Promotion of the hallmarks of midwifery
B. Knowledge of the history of midwifery with attention to the evolving role of the midwife, dynamics of power and privilege in shaping midwifery including the experiences of strategically marginalized midwives
C. Knowledge of the legal basis for practice
D. Knowledge of national and international issues and trends in women's, TGNB, perinatal, and neonatal care
E. Support for legislation and policy initiatives that promote quality health care
F. Knowledge of structural determinants of health that cause inequities resulting in health disparities
G. Knowledge of issues and trends in health care policy and systems
H. Advocacy for health equity, social justice, and ethical policies in health care
I. Appropriate use of technology and informatics to improve the quality and safety of health care
J. Broad understanding of bioethics related to the care of individuals and families seeking midwifery care
K. Practice in accordance with the ACNM Philosophy, Standards, and Code of Ethics
L. Ability to evaluate, apply, interpret, and collaborate in research
M. Participation in self-evaluation, peer review, lifelong learning, and other activities that ensure and validate quality practice
N. Development of leadership skills including critical reflection and critical thinking
O. Knowledge of certification, licensure, privileging, and credentialing
P. Knowledge of practice management and finances

Q. Promotion of the profession of midwifery, including participation in the professional organization at local and national levels
R. Support of the profession's growth by precepting midwifery students and demonstrating the integration of basic interdisciplinary teaching strategies
S. Knowledge of the structure and function of ACNM
T. Ability to consult, collaborate, and refer with other health care professionals as part of a health care team

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III. Components of Midwifery Care: Midwifery Management Process

The midwifery management process guides all areas of clinical care. When engaging in the management process, the midwife:

A. Obtains all necessary data for the complete evaluation of the client
B. Identifies problems or diagnoses and care needs based on correct interpretation of the subjective and objective data
C. Anticipates potential problems or diagnoses that may be expected based on the identified risk factors
D. Evaluates the need for immediate intervention or consultation, collaborative management, or referral to other health care team members as dictated by the condition of the client
E. Develops a comprehensive evidence-based plan of care in partnership with the client that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated
F. Assumes responsibility for the safe and efficient implementation of an evidence-based plan of care including the provision of treatments and interventions as indicated
G. Evaluates effectiveness of the treatments and interventions, which includes repeating the management process as needed

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IV. Components of Midwifery Care: Fundamentals

Knowledge of the following subject areas is fundamental to the practice of midwifery:

A. Anatomy and physiology, including pathophysiology
B. Normal physical, psychological, emotional, social, and behavioral development, including growth and development related to gender identity, sexual development, sexuality, and sexual orientation
C. Reproductive and perinatal epidemiology and basic epidemiologic methods relevant to midwifery practice
D. Research and evidence-based practice
E. Nutrition and physical activity
F. Pharmacokinetics and pharmacotherapeutics
G. Principles of individual and group health education and counseling
H. Health care ethics
I. Health care policy and advocacy
J. Clinical genetics and genomics
K. Justice, equity, diversity, inclusion, and belonging

V. Components of Midwifery Care: Clinical Care Across the Lifespan

Midwifery care includes the independent management of primary health screening, health promotion, and the provision of care from adolescence through the lifespan as well as the neonatal period using the midwifery management process. Midwives provide integrated care along a continuum of primary care, preconception, reproductive and sexual health, prenatal, birth, postpartum, and lactation, including care of the neonate.

A. Primary Care

A midwife demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to the following components of care:

1. Applies evidence-based defined goals and objectives for health promotion, health maintenance, and disease prevention
2. Performs age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment
3. Uses evidence-based screening and immunization recommendations to promote health and detect and prevent diseases
4. Applies management strategies and therapeutics through a shared decision-making lens to facilitate health and promote healthy behaviors
5. Uses advanced health assessment skills to identify normal and deviations from normal in the following systems:
    a. Constitutional
    b. Head, eyes, ears, oral cavity, throat
    c. Integumentary
    d. Cardiovascular
    e. Respiratory
    f. Mammary
    g. Gastrointestinal
    h. Genitourinary
    i. Neurological
    j. Musculoskeletal
    k. Hematologic/Lymphatic
    l. Immunological
    m. Endocrine
    n. Psychiatric/Behavioral Health
6. Uses common screening tools; and orders and interprets diagnostic tests to manage common primary care needs independently
7. Recognizes complex health problems and utilizes consultation, collaboration, or referral to appropriate health care services as indicated
8. Assesses for and addresses client safety, including dysfunctional interpersonal relationships; sexual abuse and assault; intimate partner violence; structural violence; emotional abuse; and physical neglect

B. Preconception Care

A midwife demonstrates the knowledge, skills, and abilities to provide preconception care, including but not limited to:

1. Performs a thorough evaluation through collecting a complete health history and performing a physical exam
2. Assesses individual and family readiness for pregnancy, including physical, emotional, psychological, social, cultural, and sexual factors
3. Identifies and provides appropriate counseling and education related to risk factors, including but not limited to immunization status, environment, occupation, nutrition, medications, physical and mental health, personal safety, travel, lifestyle, family, genetic, and genomic risk
4. Performs health and laboratory screenings including genetic testing when appropriate
5. Counsels regarding fertility awareness, signs and symptoms of pregnancy, pregnancy spacing, and timing of discontinuation of contraceptive method
6. Addresses infertility and family building including fertility preservation options and assisted reproductive technology, utilizing consultation, collaboration, or referral as indicated

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C. Sexual and Reproductive Health Care

A midwife demonstrates the knowledge, skills, and abilities to provide comprehensive sexual and reproductive health care, including but not limited to the following components of care:

1. Supports clients in healthy life transitions from puberty through end of life including menarche, coitarche, reproduction, perimenopause, and menopause
2. Counsels clients about sexual and reproductive anatomy and physiology, including the menstrual cycle, conception and reproduction, and intersex variations
3. Affirms gender identity and expression
4. Validates clients' experiences of sexuality, including sexual orientation, eroticism, intimacy, and consent across the lifespan
5. Uses common screening tools and diagnostic tests, including those for hereditary cancers
6. Manages common sexual and reproductive health conditions
7. Provides comprehensive care for all available contraceptive methods, including nonpharmacologic methods
8. Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated
9. Provides counseling for behaviors that promote primary prevention and harm reduction
10. Describes and validates the effects of perimenopause, menopause, and aging on physical, mental, and sexual health including:
    a. Initiation of and referral for age and risk appropriate screening
    b. Management and provision of therapeutics for alleviating common discomforts
11. Identifies conditions meriting intervention
12. Manages complications and emergencies using consultation, collaboration, and referral as indicated

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D. Antepartum Care

A midwife demonstrates the knowledge, skills and abilities to provide care in the antepartum period, including but not limited to the following components of care:

1. Confirms pregnancy and assesses gestational age using appropriate methods
2. Manages abortion, including:
   a. Provides, or refers for, options counseling, supporting individualized decision-making based on client needs
   b. Provides or refers for, medication or procedural abortion in support of client autonomy and consistent with state scope of practice and licensing statutes
   c. Provides follow-up services for preconception planning or pregnancy prevention depending on client goals
3. Manages pregnancy loss, including:
   a. Recognizes pregnancy loss and consulting, collaborating, or referring as indicated
   b. Supports physiologic processes and addressing emotional support needs
   c. Counsels, manages, and refers as appropriate for options including medication or procedural abortion
   d. Provides follow-up services for preconception planning or pregnancy prevention depending on client goals
4. Uses evidence-based management strategies, including screening tools and diagnostics, and therapeutics to promote health in pregnancy
5. Utilizes evidence-based screening tools and diagnostics as indicated
6. Educates clients on the management of common discomforts of pregnancy
7. Assesses the influence of environmental, cultural, and occupational factors, health habits, and client behaviors on pregnancy outcomes
8. Screens for pregnancy-related safety risks, including but not limited to intimate partner and gender-based violence, perinatal mood disorder, and substance use
9. Provides support and education regarding emotional, psychological, social, and sexual changes during pregnancy
10. Provides anticipatory guidance related to birth, lactation and infant feeding, puerperium, parenthood, and changes in the family constellation
11. Identifies the need for and initiates appropriate interventions, including management of complications and emergencies
12. Applies knowledge of placental physiology, embryology, fetal development, and indicators of fetal well-being

E. Intrapartum Care

A midwife demonstrates the knowledge, skills, and abilities to provide care during the intrapartum period, in partnership with the birthing person, including but not limited to:

1. Supports and facilitates physiologic processes during labor and birth including but not limited to:
   a. Develops and implements a labor and birth plan in partnership with the birthing person and their support team including ongoing evaluation and modification as appropriate
   b. Addresses nutritional, physical, emotional, spiritual, and social needs

c. Provides comfort and facilitating coping using nonpharmacologic and pharmacologic modalities

2. Evaluates for onset and progress of labor and wellbeing of the birthing person and their fetus, utilizing client feedback, physical assessment, and technology as appropriate, including but not limited to:
   a. Evaluates fetal position and presenting part
   b. Evaluates contractions
   c. Evaluates and interprets fetal wellbeing
   d. Evaluates amniotic membrane status and amniotic fluid
   e. Identifies indication for induction of labor; develops and implements a management plan including but not limited to:
      i. Integrative therapies
      ii. Mechanical modalities
      iii. Artificial rupture of membranes (AROM)
      iv. Pharmacologic modalities
   f. Identifies and manages deviations from normal physiologic progress of labor using pharmacologic and nonpharmacologic methods, including but not limited to:
      i. Individualizes management of biopsychosocial factors
      ii. Initiates consultation, collaboration, or referral as indicated
3. Manages spontaneous vaginal birth including:
   a. Determines need for and performs midline and mediolateral episiotomy as appropriate
4. Administers local anesthesia or pudendal block as appropriate
5. Inspects for and identifies labial, perineal, vaginal, rectal, and cervical lacerations; determines need for repair; and performs repair of first- and second-degree lacerations, and episiotomies
6. Manages third stage of labor, including, but not limited to:
   a. Performs physiologic or active management
   b. Uses estimated or quantitative measurement of blood loss
   c. Recognizes and manages retained placenta and membranes
   d. Recognizes and manages postpartum hemorrhage
7. Identifies and manages deviations from health and well-being of the birthing person and fetus during labor and birth including complications and emergencies, including, but not limited to:
   a. Initiates appropriate interventions
   b. Recognizes need for and initiating consultation, collaboration, or referral as indicated, including safe and timely transfer between community-based settings and hospital-based settings when indicated

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F. Postpartum Care

A midwife demonstrates the knowledge, skills, and abilities to provide care in the postpartum period, including but not limited to:

1. Manages physiological changes following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth
2. Manages common postpartum discomforts

3. Identifies and manages postpartum mental health concerns
4. Explains postpartum self-care
5. Provides anticipatory guidance for normal adaptations to social roles and expectations, physiologic and psychological changes, and emotional status
6. Facilitates the initiation, establishment, and continuation of lactation and breastfeeding/chestfeeding where indicated; counsels about alternatives to human milk when indicated; manages common complications of lactation
7. Counsels regarding sexual activity, pregnancy spacing, and choice of contraception as needed
8. Identifies and manages deviations from the normal puerperium including complications and emergencies

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G. Neonatal and Infant Care

A midwife demonstrates the knowledge, skills, and abilities to independently manage the care of the well neonate, including, but not limited to:

1. Evaluates the effect of prenatal and fetal history and risk factors on the neonate
2. Prepares and plans for birth based on ongoing assessment
3. Facilitates physiologic transition to extrauterine life that includes, but is not limited to:
   a. Establishment of respiration
   b. Cardiac and hematologic stabilization, including cord clamping and cutting
   c. Thermoregulation
   d. Establishment of feeding and maintenance of euglycemia
   e. Bonding and attachment through skin-to-skin contact
   f. Identification of deviations from normal and their management
   g. Emergency management, including resuscitation, stabilization, and consultation or referral as needed
4. Evaluates the neonate, including:
   a. Initial physical and behavioral assessment of term and preterm neonates
   b. Gestational age assessment
   c. Comprehensive screening
   d. Ongoing assessment and management
   e. Identification of deviations from well neonatal status and timely collaboration, consultation, and referral
5. Evaluates feeding and weight gain, including management of common lactation and infant feeding problems
6. Integrates the neonate into the family and cultural unit
7. Develops a plan in conjunction with the neonate's primary caregivers, including the following evidence-based goals and objectives for health promotion and disease prevention:
   a. Use of vaccination and screening guidelines and schedules to optimize newborn health outcomes
   b. Provision of health education to enhance parent and family knowledge about newborn attachment, behavior, and development
   c. Normal daily care, interaction, and activity
   d. Need for ongoing preventive health care with pediatric care providers

8. Provides appropriate interventions and referrals for abnormal conditions, including, but not limited to:
   a. Minor and severe congenital malformations
   b. Poor transition to extrauterine life
   c. Symptoms of infection
   d. Neonates born to patients with infections that may affect the neonate
   e. Postpartum depression and its effect on the neonate
   f. Stillbirth
   g. Palliative care for conditions incompatible with life, including addressing the psychosocial needs of the grieving parent(s)

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Note. The terms midwifery and midwives as used throughout this document refer to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

Source: Basic Competency Section, Division of Advancement of Midwifery
Approved by the ACNM Board of Directors: 2019
Updated: 2025