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Research Article

A Descriptive Study of Career Satisfaction and Professional Trajectories of Certified Midwives and Certified Nurse-Midwives

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Introduction: The Certified Midwife (CM) credential was introduced by the American College of Nurse-Midwives in 1996 to increase the midwifery workforce and provide an equivalent direct entry pathway to midwifery practice without prior nursing education. No research has compared the professional experiences of certified nurse-midwives (CNMs) and CMs. This study compared the career trajectories and experiences of CNMs and CMs who graduated from the State University of New York Downstate Health Sciences University Midwifery Program between 1997 and 2019.

Methods: Using a cross-sectional design, a survey was sent to 237 alumni. The survey included items on satisfaction with chosen education pathways, role transition from student to midwife, and professional experiences. Mann-Whitney U tests and Pearson's χ^2 tests of independence were used to assess group differences.

Results: Of the 237 individuals invited to participate in the survey, 131 completed the survey in sufficient detail to be included in the analysis. Participants reported similar career trajectories, satisfaction with their education preparation, measures of job performance, longevity as a midwife, and overall satisfaction with their careers. CMs were significantly more likely to express dissatisfaction with their education route, largely due to a lack of geographic mobility. CMs and CNMs experienced significantly different levels of respect from professional colleagues in their first and current or most recent positions. There were no significant differences in reported clinical competence or perceived success between groups.

Discussion: This study demonstrates that CNMs and CMs have equal career success and satisfaction. Expanding the geographic mobility of CMs by expanding state licensure could enhance career satisfaction and potentially increase the number of students interested in becoming CMs. Because both the CNM and CM pathways produce qualified midwives, the American College of Nurse-Midwives and state affiliates should continue to seek CM licensure with an identical scope of practice to CNMs in all 50 states.
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Keywords: American College of Nurse-Midwives, midwifery education, midwifery, midwifery professional issues, workforce

INTRODUCTION

The origins of midwifery practice in the United States can be traced back to indigenous communities, midwives in colonial times, grand or "granny" midwives (mostly women of color who practiced in the Southern states), and immigrant midwives.[1] These traditions were carried on through the early twentieth century when many US nurses saw a need for midwives in rural communities and traveled to the United Kingdom to receive midwifery training. The first nurse-midwifery service in the United States was then established in 1925 in rural Kentucky.[2] This relationship with nurse-midwifery in the United Kingdom established nursing as a prerequisite for professional midwifery in the United States.

Over the next decades, several changes occurred that further cemented the mandatory requirement of a combined nursing and midwifery education for state licensure. The American College of Nurse-Midwives (ACNM) was established as the professional organization for nurse-midwives in 1955.[3] Nurse-midwifery education programs were accredited by ACNM and incorporated into schools and colleges of nursing or health professions.[2] Lastly, a national certification examination was created, enabling graduates to use the title of Certified Nurse-Midwife (CNM).[2]

This early credentialing of CNMs was unique among US health professions as the only model that required dual education in both nursing and midwifery. By the 1980s, however, CNM leaders began to explore other pathways to midwifery. The goal was to provide an education and certification track for individuals who chose not to pursue nursing education before becoming midwives.[4] Several factors influenced these initiatives, and in 1996, the State University of New York (SUNY) Downstate Health Sciences University in partnership with North Central Bronx Hospital established the first accredited midwifery education program that did not require the completion of a nursing degree. The American Midwifery Certification Board (AMCB) fully accepted this equivalent

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Quick Points

- CNMs and CMs have similar demographics, employment rates, job satisfaction, and midwifery work experiences with no differences in professional success.
- The recent expansion of the CM licensing in several new states since this study was completed may increase CM satisfaction.
- CNM and CM pathways are both viable options for midwifery education.

education pathway resulting in 2 credentials, CNM and CM, which have an identical scope of practice.

Individuals accepted into the SUNY Downstate CM education pathway come from diverse education pathways and with various life experiences. To be eligible for this program, individuals need a bachelor's degree in any field from a regionally accredited university or college and a variety of prerequisite science and social science courses.[5] The curriculum for students without a nursing background is integrated with the university's well-established graduate midwifery program for nurses. From its inception, all students took the same courses, completed the same clinical rotations, and took the same examinations, but those who entered as registered nurses were exempt from the prerequisite and essential health skills courses. At graduation, all students are eligible to sit for the AMCB national midwifery certification examination. A second program at The Midwifery Institute of Philadelphia University (now Thomas Jefferson University) was launched in 2010. As of 2025, these remain the only midwifery education programs in the United States accredited by Accreditation Commission for Midwifery Education (ACME) preparing individuals to become CMs.[6]

Although the CM education pathway has existed for 27 years, only 2 studies to date have evaluated the CM pathway. Early research into the dual CNM and CM integrated education program at SUNY Downstate showed success with this model, however these studies reported on only the first 2 graduating classes of students.[7,8] Anecdotal evidence in New York State, where CMs have practiced since 1997, supports the viability of this credential. (Marian Seliquini, MS, CM, Chair, Association of Certified Midwives, email communication, February 2025). However, no follow-up studies have systematically examined any elements of CM experience beyond these first 2 graduating classes or compared their experiences to those of CNMs despite a call to evaluate the CM credential.[9] The purpose of this study was to compare the career trajectories and professional satisfaction between SUNY Downstate graduates who earned either a CNM or CM credential.

METHODS

This cross-sectional study investigating the professional experiences of CM and CNM SUNY Downstate graduates was approved as an exempt study by the SUNY Downstate Health Science University Institutional Review Board (formerly SUNY Downstate Medical Center IRB). To be eligible to participate in this study, individuals must have graduated from the SUNY Downstate Midwifery Program between 1997 and 2019. Of 253 graduates in this period, 237 (93.7%) had a valid email and were invited to complete a survey. Email addresses of graduates were obtained through (1) program records, (2) a directory of midwives published by ACNM, (3) social media, and (4) word of mouth in the midwifery community. The survey was distributed from December 2020 through January 2021 via email through the Qualtrics online survey platform. Automated reminders were sent every week through the end of the 8-week enrollment period. Because some CMs went on to obtain their nursing degree after graduation from the program, all participants were instructed to answer the survey based on which midwifery credential they had initially pursued.

The survey included an introduction stating that submitting the survey constituted consent to participate in the study. The survey was distributed to potential participants by sharing a Qualtrics link with a unique identification generated for each email. No identifying information was collected in the survey. Participants were told that the study was voluntary, and they could withdraw at any time. The anonymized data were stored in a password-protected online program only accessible to the investigators.

Survey Components

The survey was designed to address 3 areas of professional growth and development: (1) entry to the profession (satisfaction with education pathway and role transition from student to midwife), (2) professional experiences (professional respect and career satisfaction), and (3) career performance and retention. The questionnaire items were designed, modified, and enhanced based on graduate surveys that have been traditionally sent to alumni of SUNY Downstate. Content validity was assessed via a panel of experts. These experts included midwives who have practiced or taught midwifery for at least 10 years or have held leadership positions in midwifery practice (as a service director), midwifery education and research (as a faculty member or director of an education program in midwifery), or the profession of midwifery (as an officer of ACNM at the local, regional, or national level).

The final version of the survey contained 24 items in addition to the characteristics of the participants. Characteristics included age at certification, race and ethnicity, gender, and English as a first language. Most questions provided a drop-down list of options for participants to choose from and included a fill-in other category. The survey contained Likert scale items that gauged the degree to which participants felt adequately prepared by their midwifery education (2 items), the degree to which they experienced difficulties during their

transition from student to professional (4 items), the degree to which they felt respected by others (6 items), the degree to which they were satisfied with aspects of their career (8 items), and measures of their overall career performance, retention, and reflection (4 items).

For most Likert scale questions, response options included 5 items (strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree). Questions that gauged participants' satisfaction included 5 options (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, and very dissatisfied). One question asked participants if they would choose a career in midwifery if they knew then what they know now, to which responses included 5 options (definitely, probably, maybe, probably not, and definitely not). Participants were also asked about the number of months of formal orientation they received; the 5 options were: still ongoing, less than 2 months, greater than 2 months but less than 3 months, greater than 3 months but less than 4 months, and more than 4 months. Lastly, participants were asked about the number of times they took the certification examination, to which response options included one time, 2 times, 3 times, and 4 times.

Frequencies and percentages were calculated to describe demographic data. Because all survey questions were categorical variables, nonparametric tests were used for statistical analysis. Because Likert scale questions were ordinal variables, Mann-Whitney *U* tests were used to assess group differences for these questions. Score distributions were visually inspected for all Likert-style questions to inform which measure of central tendency to interpret. Because score distributions appeared to be dissimilar, the mean rank was interpreted for each test instead of the median to compare credential groups. Further, because of ties in scores, an asymptotic *P* value was used for *U* tests. Binary variables were assessed by Pearson's χ^2 tests for independence and one degree of freedom. For all statistical tests, a *P* value below .05 indicated a significant difference between credential groups. R Statistical Software (version 4.4.3) was used for all statistical tests.

RESULTS

Among the 237 alumni who were emailed the survey, 145 returned the survey, yielding an overall response rate of 61.5%. Response rates were higher among CMs (76%, n = 69) than CNMs (52%, n = 76). Fourteen participants (4 CMs and 10 CNMs) were excluded due to incomplete items, resulting in a final analytic sample of 131 participants (65 CMs and 66 CNMs).

Participants primarily identified as being female, non-Hispanic White, and were less than 50 years of age (Table 1). Both CNMs and CMs worked in health care prior to entering their midwifery education program, although to varying degrees. Over three-quarters (83%) of the CNMs previously worked as nurses, and nearly 30% of CMs worked in health care prior to entering midwifery education. More CM graduates than CNM graduates are employed in New York State. In their first position, 83% of CMs compared with 65% of CNMs worked in New York (*P* = .04), whereas 86% compared to 58% worked in New York in their last or current position (*P* = .01).

Table 1. Characteristics of SUNY Downstate Midwifery Graduates, 1997-2019 (N = 131)

Participant Characteristics	CM (n = 65), n (%)	CNM (n = 66), n (%)
Age at certification, y		
20-29	20 (30.76)	11 (16.67)
30-39	30 (46.15)	43 (65.15)
40-49	10 (15.38)	9 (13.64)
50-59	4 (6.15)	1 (1.52)
>60	1 (1.54)	0
Race		
Asian	4 (6.15)	1 (1.52)
Black/African American	13 (20.00)	21 (31.82)
White	42 (64.62)	40 (60.61)
Multiple	2 (3.08)	0
Other	1 (1.54)	1 (1.52)
Prefer not to answer	3 (4.62)	3 (4.55)
Hispanic/Latino(a)		
Yes	11 (16.92)	6 (9.09)
No	53 (81.53)	59 (89.39)
Prefer not to answer	1 (1.53)	1 (1.51)
Gender		
Male	1 (1.50)	1 (1.50)
Female	64 (98.50)	65 (96.97)
Prefer not to answer	0	1 (0.76)
English as first language		
Yes	48 (73.85)	51 (77.27)
No	17 (26.15)	15 (22.73)

Abbreviations: CM, certified midwife; CNM, certified nurse-midwife; SUNY, The State University of New York.

Entry to the Profession

Overall, CNMs and CMs were satisfied with their clinical and didactic education preparation and their choice to become a midwife (Table 2). However, CMs reported lower satisfaction with their chosen education route than CNMs. Satisfaction scores for CMs (mean rank, 57.28) and CNMs (mean rank, 74.59) were significantly different ($U = 1578$; $P < .001$). Further, on reflection, 35% of CMs stated that they would have changed their education pathway compared to only 9% of CNMs ($X_1^2 = 11.7$; $P < .001$). The primary reasons for reconsidering their education pathway differed between groups. The CNMs who would have chosen the CM pathway most frequently cited less student debt as a consideration. CMs reported that they wanted more geographic mobility and job opportunities, and a small percentage of CMs (4.61%) went on to earn a registered nurse (RN) credential after they achieved the CM credential.

There were no significant differences between CNMs and CMs in their transition from students to midwives. Both groups experienced a similar length of time of formal orientation and had similar pass rates on their certification

Table 2. Entry to the Profession (N = 131)

Survey Scale Item	CM (n = 65) n	CM (n = 65) Mean Score (SD)[a]	CM (n = 65) Mean Rank	CNM (n = 66) n	CNM (n = 66) Mean Score (SD)[a]	CNM (n = 66) Mean Rank	*U*	*P* Value[b]
Satisfaction with education pathway								
1. The classroom component of my midwifery education program adequately prepared me for independent, full-scope practice.	62	3.61 (0.66)	65.83	66	3.70 (0.58)	66.17	1936	.50
2. The clinical component of my midwifery education program adequately prepared me for independent, full-scope midwifery practice.	65	3.74 (0.62)	69.00	66	3.59 (0.74)	63.07	2339	.21
3. How satisfied are you with your chosen education route to midwifery?	65	3.55 (0.77)	57.28	66	3.98 (0.12)	74.59	1578	<.001
4. Knowing what you know now, if you could choose again, would you pursue a career in midwifery?	65	4.25 (0.84)	62.75	66	4.33 (0.98)	69.20	1934	.29
Role transition from student to professional midwife								
5. Number of times taking certification examination	62	1.32 (0.59)	71.18	65	1.15 (0.44)	60.89	2287	.055
6. Number of months of formal orientation	65	2.95 (1.12)	62.24	64	3.03 (0.99)	69.70	1901	.37
7. Experienced difficulties acclimating to role expectations	64	3.59 (1.05)	69.02	66	3.45 (1.08)	63.03	2275	.43
8. Experienced a lack of confidence	64	3.20 (1.13)	66.29	66	3.21 (1.16)	65.71	2098	.95
9. Problems managing workload	64	3.36 (1.17)	68.14	66	3.24 (1.28)	63.89	2218	.61
10. Felt a lack of collegial support	63	3.56 (1.10)	63.78	65	3.65 (1.35)	68.18	1871	.38

Abbreviations: CM, certified midwife; CNM, certified nurse-midwife.
[a]Five-point Likert Scale with anchors of 1 = strongly disagree and 5 = strongly agree (items 1 to 3 and 7 to 10), anchors of 1 = definitely not and 5 = definitely (item 4), anchors of 1 = one time and 4 = 4 or more times (item 5), and anchors or 1 = still ongoing and 5 = more than 4 months (item 6).
[b]Asymptotic significance (2-tailed) for Mann-Whitney U test.

examination. Although a larger percentage of CMs (25%) than CNMs (12%) reported taking the AMCB certification examination more than once, the number of times they took the examination did not significantly differ between groups (U = 2287; P = .055). Overall, CNMs and CMs felt equally confident in their abilities to adapt to and manage the professional responsibilities of a midwife.

Professional Experiences and Career Satisfaction

Overall, CNMs and CMs felt similarly respected by their professional colleagues, patients, and families (Table 3) and were similarly satisfied with aspects of the midwifery profession in both their first and current or most recent positions. However, CNMs reported higher satisfaction scores (mean rank, 74.50) with the respect they received from nursing colleagues during their first position (mean rank, 57.38; U = 1521; P = .008). CMs reported higher satisfaction scores (mean rank, 68.35) with the respect they received from management during their second position (mean rank, 63.68; U = 1514; P = .02). Both groups reported the most dissatisfaction with the lack of recognition they received for their work and the lack of opportunities available to them for career advancement.

Career Performance and Retention

No significant differences were identified between measures of job performance and longevity as a midwife (Table 4). Very few participants were disciplined for poor job performance in their career. Most are currently certified and employed as midwives. However, among the few participants who reported not currently working, CMs and CNMs expressed different reasons for not working. Most CMs stated that they weren't working because of an inability to be licensed in the state where they lived. For CNMs, the most common reason was the inability to find a job. The second most common reason was the same for both groups: a family or personal situation that prevented employment at that time.

Table 3. Professional Experience

Survey Scale Item	CM (n = 65) n	CM (n = 65) Mean Score (SD)[a]	CM (n = 65) Mean Rank	CNM (n = 66) n	CNM (n = 66) Mean Score (SD)[a]	CNM (n = 66) Mean Rank	*U*	*P* Value[b]
Professional respect - first position								
1. I am (was) respected by my midwifery colleagues	64	3.94 (0.99)	64.62	65	4.05 (0.95)	67.36	1990	.54
2. I am (was) respected by my nursing colleagues	64	3.39 (0.92)	57.38	64	3.80 (0.96)	74.50	1521	.008
3. I am (was) respected by my physician colleagues	65	3.35 (0.94)	67.35	66	3.30 (1.01)	67.67	2233	.67
4. I am (was) respected by other health care professionals	65	3.55 (0.88)	62.87	65	3.69 (0.83)	69.08	1942	.38
5. I am (was) respected by my patients and families	64	4.33 (0.80)	63.16	66	4.50 (0.61)	68.80	1895	.26
6. I am (was) respected by management	65	3.52 (0.94)	68.85	65	3.31 (0.95)	63.20	2331	.28
Professional respect - most recent position								
7. I am (was) respected by my midwifery colleagues	49	4.39 (1.00)	64.94	50	4.24 (1.24)	67.05	1276	.68
8. I am (was) respected by my nursing colleagues	48	4.10 (0.99)	61.91	49	4.31 (0.85)	70.03	1046	.31
9. I am (was) respected by my physician colleagues	49	4.20 (0.71)	63.45	49	4.08 (1.06)	68.51	1196	.97
10. I am (was) respected by other health care professionals	48	4.31 (0.66)	63.64	50	4.32 (0.82)	68.33	1142	.65
11. I am (was) respected by my patients and families	49	4.63 (0.64)	63.68	50	4.64 (0.72)	68.28	1195	.79
12. I am (was) respected by management	49	4.10 (0.94)	68.35	49	3.61 (1.08)	63.68	1514	.02
Career satisfaction								
13. Salary	63	3.97 (1.05)	68.85	66	3.82 (1.18)	63.20	2199	.55
14. Hours	64	3.61 (1.14)	59.63	64	3.92 (1.26)	72.27	1667	.06
15. Professional interaction with colleagues	63	3.89 (1.09)	64.45	65	4.05 (0.96)	67.53	1914	.50
16. Level of autonomy	63	4.13 (1.14)	66.59	65	4.11 (1.15)	65.42	2054	.98
17. Ability to provide full-scope care	64	4.14 (1.08)	65.28	63	4.06 (1.24)	66.70	2036	.92
18. Recognition for your work	64	3.72 (1.30)	70.55	66	3.42 (1.34)	61.52	2375	.20
19. Support for continuing education	64	3.89 (0.96)	72.70	66	3.42 (1.30)	59.40	2515	.052
20. Opportunity for career advancement	63	3.37 (1.20)	69.89	65	3.12 (1.28)	62.17	2268	.28

Abbreviations: CM, certified midwife; CNM, certified nurse-midwife.
[a]Five-Point Likert Scale with anchors of 1 = strongly disagree and 5 = strongly agree (items 1 to 12), and anchors 1 = very dissatisfied and 5 = very satisfied (items 13 to 20).
[b]Asymptotic significance (2-tailed) for Mann-Whitney U test.

DISCUSSION

This is the first study comparing the career trajectories of CNMs and CMs. The findings of this study demonstrate very few differences in their professional experiences. These findings suggest that both CNM and CM pathways are viable options to become a midwife in the United States.

Although the CM pathway has been an education option since 1996, there exists a lack of understanding about the viability of both the CNM and CM credentialing routes among health care professionals, policy members, and ACNM members alike.[10] In a 2019 study that examined ACNM members' understanding of the 3 national midwifery credentials (CM, CNM, and Certified Professional Midwife [CPM]), more than 33% of participants were incorrect or unsure about the identical nature of the scope of practice between the CNM and CM credential pathways.[11] Nearly 30% also misunderstood the CM route to certification.[11] Further, understanding was significantly lower in regions that lacked CM licensure or education

Table 4. Career Performance, Retention, and Reflection (N = 131)

Survey Scale Item	CM (n = 65), n (%)	CNM (n = 66), n (%)	χ^2	*df*	*P* Value[a]
Ever disciplined by employer?			<.001	1	.99
Yes	2 (3.08)	1 (1.52)			
No	63 (96.92)	65 (98.48)			
Ever disciplined by AMCB or state?			<.001	1	>.99
Yes	0	1 (1.52)			
No	65 (100)	65 (98.48)			
Currently nationally certified?			.51	1	.48
Yes	63 (96.92)	65 (98.48)			
No	2 (3.08)	0			
Currently working as a midwife?			<.001	1	>.99
Yes	56 (86.15)	57 (86.36)			
No	9 (13.85)	9 (13.64)			
Looking back, would you change your education route?			11.65	1	<.001
Yes	23 (35.38)	6 (9.09)			
No	42 (64.62)	60 (90.91)			

Abbreviations: AMCB, American Midwifery Certification Board; CM, certified midwife; CNM, certified nurse-midwife.
[a]Pearson's χ^2 test of independence *P* value.

programs. The findings of this current study suggest that both groups are equally prepared to enter the profession and experience equal career success. Individuals interested in pursuing a career in midwifery could benefit from understanding that there are 2 identical education pathways accredited by ACME.

Despite being equally prepared, CMs and CNMs do differ in their satisfaction with the route they chose to midwifery, with CMs being significantly more dissatisfied. The CMs (4.61%) who went on to obtain an RN certification did so due to the limited availability of midwifery licensure without a nursing degree in many states. The lack of geographic mobility has likely contributed to the fact that a greater percentage of CMs than CNMs in this study practice in New York State. Expanding the number of states that license CMs will increase opportunities for individuals to practice midwifery without a nursing license and may enhance a CM's satisfaction with their decision to pursue a CM pathway. More geographic mobility would curtail the number of CMs who need to obtain a nursing degree to practice midwifery in the state where they live. A postmidwifery RN takes time and money, and CMs won't occupy scarce seats in nursing education programs.

In 2019, only 5 states recognized and licensed CMs to practice midwifery: New York, New Jersey, Rhode Island, Maine, and Delaware. In recent years, through lobbying and legislative efforts by ACNM and state affiliates, CMs are now licensed in 12 states and the District of Columbia, and 2 more states have introduced CM licensure bills, indicating an increased recognition and acceptance of the CM credential across the country. In addition, several new education programs that include the CM pathway are in discussion or development. In 2019, the first class of 8 students graduated with Doctorates in Midwifery from the program developed at Thomas Jefferson University. This new degree created an option for CMs, as well as CNMs and CPMs, to pursue a discipline-specific doctorate.

Strengths and Limitations

Importantly, this study initiates a critical conversation around the viability of the CNM and CM pathways. A major strength of this study is the high overall response rate, although nonresponse bias may have affected the results, especially because the response rate was lower for CNMs than for CMs. The primary limitation of this study is that the survey was conducted with the graduates of only one of the 2 programs offering the CM pathway. Additionally, reporting mean ranks for Mann-Whitney *U* tests weakens the descriptive power of results but is an appropriate test for ordinal variables. The extent of the difference between group means cannot be interpreted as is the case when medians are reported. However, the study was limited to interpreting means because the distributions of responses for ordinal variables were dissimilar between CM and CNM groups upon observation.

Implications for Practice and Research

The intention to create an innovative, direct pathway to midwifery with the same education, certification, and scope of practice as CNMs has resulted in midwives with similar career trajectories and experiences. Because both the CNM and CM pathways produce qualified midwives, the ACNM and state affiliates should continue to seek CM licensures in their states and work to improve statutes where the CM scope of practice is not identical to that of CNMs. Midwifery educators should consider adding the CM pathway to their existing CNM programs, even in colleges or schools of nursing, as well as

developing dual CNM and CM education programs in other colleges, such as colleges of public health or health professions. Both actions will increase the number of CM students, which currently is fewer than 10 per year in the 2 existing programs.

CONCLUSION

Existing efforts to expand opportunities for people to become educated as CMs must persist and increase. This has the potential to allow more qualified people to enter the profession and to enhance the public's understanding of the midwifery profession. An expansion of the number of programs that educate CMs may invite more individuals into the midwifery profession. A call for expansion is justified to create equitable opportunities for aspiring midwives, so they can choose a midwifery education route that best fits their individual needs. The literature is replete with studies attesting to the value of midwifery care for improving rates of maternal mortality and morbidity in this country and globally, contributing added value to providing choice to prospective midwives.[12,13]

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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