



2007 Revision of the Core Competencies for Basic Midwifery Practice: Highlights and Process

Valerie Roe, CNM. MS
Chair, Basic Education Section of the Division of Education

The fifth revision of the Core Competencies for Basic Midwifery Practice went before the Board of Directors (BOD) of the American College of Nurse-Midwives (ACNM) during their meeting in June 2007, at the tail of our annual meeting in Chicago. The Core Competencies for Basic Midwifery Practice is a framework for midwifery education and a touchstone for graduate midwifery competence in caring for women through the life cycle, newborns during the first month of life, and providing family counseling and referral. The first "Core Competencies" were published in 1978. Melissa Avery provided a detailed history of the evolution of this document in this journal in 2005. (1)

Revision of the Core Competencies every five years is a mandate of the Basic Education Section (BES) of the Division of Education (DOE). This article is designed to describe the process and share the major and minor changes in this document. One goal of BES in undertaking this enormous task was to be inclusive. Our committee made every effort to reach out to Directors of Midwifery Education (DOME), Service Directors Network, Division of Accreditation (DOA), Accreditation Commission for Midwifery Education (ACME) as well as the Board of Directors (BOD) of the ACNM. In addition, through "Quick e News" and Quickening, BES urged input from individual members.

Two themes emerged from our outreach: the importance of language as an expression of the autonomy and philosophy of midwifery care and assuring that the document defines midwifery care in a multitude of settings and does not unintentionally limit practice.

THE PROCESS:

The initial steps in approaching this huge task began in the spring of 2006. As Chair of the Basic Education Section with the assistance of our Education Director at that time, Nancy Hanson, I sent an email to all Midwifery Service Directors with the dual purpose: of recruiting members to our Section and requesting input regarding the synchrony of what was being taught in the Education Programs and what was contained in the Competencies. In some sense, we were working at a disadvantage, in that the Task Analysis, a survey of what midwives are actually doing in clinical practice, a survey that

is conducted every five years, would not be available until long after our revision was due. In the future, our Section may request that the bylaws of the DOE reflect a coordination of the Core revision with the publication of the Task Analysis, particularly since the Task Analysis is a resource for the American Midwifery Certification Board (AMCB) in the creation of the certifying exam for midwives.

The members of our Section were concentrated in the Northeast and in order to have a diverse voice, we asked program directors to encourage interested faculty members to attend the meeting of BES in Utah. Two new members were recruited as a result of this outreach, one from Tennessee and one from Utah. We continue to encourage interested faculty and clinicians to consider joining this important section of the DOE.

The next step in the process was the meeting of the BES in Utah, 2006. We reviewed the many comments we had received, agreed upon small fundamental changes, and divided the sections of the core among our group according to areas of expertise and interest. It became apparent from the beginning, that the most passionate interest was the section dealing with the care of the newborn.

There was also much discussion about the evolution of the language used to describe our approach to the diverse cultural population midwives serve. Cultural competence is one of the Hallmarks of Midwifery. Several responders pointed out that the evolving language in cultural care stresses cultural sensitivity and/or cultural humility. Although our committee did suggest that language in a first draft, most of our membership felt more comfortable with the current wording: Cultural Competence. My prediction is that we will revisit this wording during the next revision.

In the next weeks, over the summer of 2006, BES worked together via email and track changes in a Word document to create a draft revision, reviewing comments and suggestions from membership including midwifery education programs, midwifery services as well as individuals with a particular perspective. An initial draft was presented to the BOD during their December meeting. The members of the Board and the ACNM Professional staff suggested additional changes. All suggested BES reviewed changes for consensus and a final document of the Core Competencies revision was submitted to the BOD as an agenda item at the annual meeting in Utah. This revision was accepted by the BOD with the addition of a single phrase in the last sentence of the introduction (in italics):

“This document must be adhered to in its entirety and applies to all settings for midwifery care including hospital, ambulatory care settings, birth center and home.

What a challenge.

THE CHANGES: Additions and changes are in italics throughout.

The Introduction:

The revised Core Competencies do not alter or augment essential components of beginning midwifery practice. Rather the changes in wording, in language aim to emphasize the autonomy of midwifery practice including the role of the midwife in primary care. For example, one short additional phrase in the introductory paragraphs highlights midwifery prescriptive authority (in italics) and strikes out a phrase that might be conceived as boundaries to our practice (in parenthesis): In fact, throughout the document references to “a defined scope of practice” were deleted in order to avoid implying practice limitations

"As primary health care providers, CNMs and CMs assume responsibility for the provision of, and referral for, appropriate health care services including the *prescribing, administering and dispensing of pharmacologic agents* (that are within a defined scope of practice)

Since the last revision of this document, Certified Nurse-Midwives (CNMs) have achieved prescriptive authority in all 50 states. Milestones in moving our profession forward are only achieved with considerable local and national midwifery presence where laws are made. Certified Midwives (CMs) are licensed as midwives, with full prescriptive authority in several states, including the state of New York, yet there are many states that do not yet recognize our CMs as eligible for professional practice and/or prescriptive privilege. The State of New Jersey, for example, has recently offered licensure to CMs but without prescriptive authority.

II Components of Midwifery Care: Professional Responsibilities:

There were several changes and additions in this category:

- J Participation in self-evaluation, peer review, *lifelong learning* and other activities that ensure and validate quality practice.
- L *Knowledge of licensure, clinical privileges, credentialing*
- M *Knowledge of practice management and finances*
- N *Promotion of the profession of midwifery including participation in the professional organization at the local and national level*
- O *Support growth of the profession through participation in midwifery education*
- P *Knowledge of the structure and function of ACNM*

III Components of Midwifery Care: Midwifery Management Process:

The seven steps of the midwifery management process were taken directly from Varney’s Midwifery (2).

IV Components of Midwifery Care: Fundamentals:

I *Bioethics related to the care of women, newborns and families*

V Components of Midwifery Care: The Primary Health Care of Women.

Additions included references to assessment of social and sexual health as well as physical and mental health, knowledge and implementation of national immunization recommendations. Lists of specific conditions were essentially eliminated in favor of broader terms. The most significant change in this category is under the heading “Management of Common Health Problems”.

VI Components of Midwifery Care: The Childbearing Family

Several small but meaningful changes in language were added to the sections related to the antepartum and intrapartum period. *Confirmation* of pregnancy and labor replaces diagnosis, *physiologic* labor replaces normal. *Deviations from normal and appropriate interventions including management of complications and emergencies* is added to the antepartum management.

The one section that generated the most passionate debate was Newborn Care. When we first set out to engage the membership in our review of the Core Competencies, we asked for input regarding the management of the newborn in the first 28 days of life. We asked:

"Are midwives actually "...independently managing the care of the newborn during the first 28 days?"
"How will altering this competency affect midwifery practice?"

There was an outpouring of response from the membership in support of keeping this competency intact. Specific rationale from the membership included the following:

- Independent management of the well newborn in the first 28 days includes anticipatory guidance that requires a fundamental knowledge of normal newborn behavior, recognition of deviations from normal behavior, and appropriate interventions.
- Midwives need this component as essential to "Disaster Preparedness" – caring for women and babies during a natural or man-made catastrophe
- Midwives who provide early newborn care in rural or out of hospital settings, will be vulnerable to attack for practicing outside of their scope of practice should the competency be changed.
- Midwives who work internationally or in underserved areas need this knowledge base.
- Difficulties in obtaining well visit pediatric appointments in some rural areas.

Newborn care remains intact with a few changes in language, including the addition of the term *well* newborn.

THE BASIC EDUCATION SECTION:

Valerie Roe, CNM, MS, Chair
Mary Barger, CNM, MS
Barbara Graves, CHM MN, MPH, FACNM
Barbara Hackley, CNM MS
Robin Jordan, CNM, MSN

Jennifer Martin, CNM, MS
Kate McHugh, CNM, MS
Julia Cain Phillippi, CNM, MSN
Catherine Salam, CNM, MS

References:

- 1 Avery MD. The history and evolution of the core competencies for basic midwifery practice. *J Midwifery Women's Health* 2005;50::102-7)
- 2 Varney H, Kriebs JM, Gegor CL. *Varney's Midwifery*, 4th ed. p31. Boston: Jones & Bartlett,2004.