



## CORE COMPETENCIES FOR BASIC MIDWIFERY PRACTICE

The core competencies for basic midwifery practice describe the fundamental knowledge, skills, and behaviors expected of a new practitioner. Accordingly, they serve as guidelines for educators, students, health care professionals, consumers, employers, and policy-makers and constitute the basic requisites for graduates of all nurse-midwifery and midwifery education programs accredited/preaccredited by the [Accreditation Commission for Midwifery Education \(ACME\)](#) (formerly the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA)).

Midwifery practice is based on the Core Competencies for Basic Midwifery Practice, the [Standards for the Practice of Midwifery](#) and the [Code of Ethics](#) promulgated by the American College of Nurse-Midwives. Certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the ACNM or the American Midwifery Certification Board (AMCB), formerly the ACNM Certification Council, Inc. (ACC), assume responsibility and accountability for their practice as primary health care providers for women and newborns.

The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the *Standards for the Practice of Midwifery*.

Midwifery education is based on an understanding of health sciences theory and clinical preparation that shapes knowledge, judgment, and skills deemed necessary to provide primary health care management to women and newborns. Midwives provide health care that incorporates appropriate medical consultation, collaborative management, or referral. Each education program is encouraged to develop its own method of addressing health care issues beyond the scope of the current core competencies, and each graduate is responsible for complying with the laws of the jurisdiction where midwifery is practiced and the ACNM *Standards for the Practice of Midwifery*.

ACNM defines the midwife's role in primary health care based on the Institute of Medicine's report (1996)\*, the [ACNM philosophy](#) (2004), and the [ACNM Position Statement on Certified Nurse-Midwives and Certified Midwives as Primary Health Care Providers/Case Managers](#) (1997). Primary health 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 patients, and practicing within the context of family and community. 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. The concepts, skills, and midwifery management process

identified below comprise the foundation upon which practice guidelines and educational curricula are built. The core competencies 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 for midwifery care including hospitals, ambulatory care settings, birth centers and home.

## I. Hallmarks of Midwifery

The art and science of midwifery are characterized by these hallmarks:

- A. Recognition of pregnancy, birth, and menopause as normal physiologic and developmental processes
- B. Advocacy of non-intervention in the absence of complications
- C. Incorporation of scientific evidence into clinical practice
- D. Promotion of family-centered care
- E. Empowerment of women as partners in health care
- F. Facilitation of healthy family and interpersonal relationships
- G. Promotion of continuity of care
- H. Health promotion, disease prevention, and health education
- I. Promotion of a public health care perspective
- J. Care to vulnerable populations
- K. Advocacy for informed choice, shared decision-making, and the right to self-determination
- L. Cultural competence
- M. Evaluation and incorporation of complementary and alternative therapies in education and practice
- N. Skillful communication, guidance, and counseling
- O. Therapeutic value of human presence
- P. Collaboration with other members of the health care team

## II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs

The professional responsibilities of CNMs and CMs include, but are not limited to, these components:

- A. Promotion of the hallmarks of midwifery
- B. Knowledge of the history of midwifery
- C. Knowledge of the legal basis for practice
- D. Knowledge of national and international issues and trends in women's health and maternal/newborn care
- E. Support of legislation and policy initiatives which promote quality health care
- F. Knowledge of issues and trends in health care policy and systems
- G. Broad understanding of the bioethics related to the care of women, newborns, and families

- H. Commitment to the ACNM Philosophy, Standards, and Code of Ethics
- I. Ability to evaluate, apply, interpret, and collaborate in research
- J. Participation in self-evaluation, peer review, (lifelong learning, and other activities that ensure and validate quality practice
- K. Development of leadership skills
- 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 midwifery management process consists of seven sequential steps:

- A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn.
- B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.
- C. Anticipate other potential problems or diagnoses that may be expected based on the identified problems or diagnoses.
- D. Evaluate the need for immediate midwife or physician intervention and/or consultation or collaborative management with other health care team members, as dictated by the condition of the woman or newborn.
- E. Develop, in partnership with the woman, a comprehensive plan of care that is supported by valid rationale and is based on the preceding steps.
- F. Assume responsibility for the safe and efficient implementation of the plan of care.
- G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.

### IV. Components of Midwifery Care: Fundamentals

- A. Anatomy and physiology, including fetal anatomy and physiology
- B. Normal growth and development
- C. Clinical genetics
- D. Psychosocial, sexual and behavioral development
- E. Basic epidemiology
- F. Nutrition
- G. Pharmacokinetics and pharmacotherapeutics
- H. Principles of individual and group health education
- I. Bioethics related to the care of women, newborns and families.

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

- A. Health Promotion and Disease Prevention

Independently manages primary health screening and health promotion of women from the perimenarcheal through the postmenopausal periods

1. Applies knowledge of midwifery practice that includes, but is not limited to, the following:
  - a. Nationally defined goals and objectives for health promotion and disease prevention
  - b. Parameters for assessment of physical, mental and social health
  - c. Nationally defined screening and immunization recommendations to promote health and detect/prevent disease
  - d. Management strategies and therapeutics to facilitate health and promote healthy behaviors
  
2. Applies knowledge of midwifery practice in the preconception period that includes, but is not limited to, the following:
  - a. Assessment of individual and family readiness for pregnancy, including emotional, psychosocial, and sexual factors
  - b. Impact of health, family and genetic history on pregnancy outcomes
  - c. Influence of environmental and occupational factors, health habits, and behavior on pregnancy planning
  - d. Health and laboratory screening to evaluate the potential for a healthy pregnancy
  
3. Applies knowledge of midwifery practice of gynecologic care that includes, but is not limited to, the following:
  - a. Human sexuality
  - b. Common screening and diagnostic tests
  - c. Parameters for differential diagnosis of common uro-gynecologic problems
  - d. Management strategies and therapeutics for gynecologic health, implementation of contraceptive methods, and common uro-gynecologic problems
  - e. Management strategies and therapeutics for sexually transmitted infections that includes indicated partner evaluation, treatment, or referral
  - f. Counseling for sexual behaviors that promote health and prevent disease
  - g. Counseling, clinical interventions and/or referral for unplanned or undesired pregnancies, sexual concerns, and infertility.
  
4. Applies knowledge of midwifery practice in the perimenopausal, postmenopausal and aging periods that includes, but is not limited to, the following:
  - a. Effects of menopause on physical, mental and sexual health
  - b. Identification of deviations from normal
  - c. Counseling and education for health maintenance and health promotion in the aging woman

- d. Initiation or referral for age/risk appropriate periodic health screening
- e. Management strategies and therapeutics for alleviating the common discomforts that may accompany the perimenopausal period

#### B. Management of Common Health Problems

Independently manages infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate levels of health care services as indicated.

1. Applies the knowledge of midwifery practice that includes, but is not limited to, the following:
  - a. Identification of deviations in the following areas:
    - Cardiovascular/hematologic
    - Dermatologic
    - Endocrine
    - Eye, ear, nose, and throat
    - Gastrointestinal
    - Mental health
    - Musculoskeletal
    - Neurologic
    - Respiratory
    - Renal
  - b. Management strategies and therapeutics for the treatment of common health problems/deviations of essentially healthy women

### VI. Components of Midwifery Care: The Childbearing Family

#### A. Care of the Childbearing Woman: Independently manages the care of women during pregnancy, childbirth, and the postpartum period

1. Applies knowledge of midwifery practice in the antepartum period that includes, but is not limited to, the following:
  - a. Confirmation of pregnancy
  - b. Genetics, placental physiology, embryology, and fetal development
  - c. Epidemiology of maternal and perinatal morbidity and mortality
  - d. Influence of environmental, cultural and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
  - e. Emotional and psychosexual changes during pregnancy
  - f. Health risks, including but not limited to, domestic violence, infections, and substance use/abuse
  - g. Promotion of breastfeeding
  - h. Indicators of normal pregnancy and deviations from normal

- i. Assessment of the progress of pregnancy and fetal well-being
    - j. Etiology and management of common discomforts of pregnancy
    - k. Management strategies and therapeutics that facilitate healthy pregnancy
    - l. Deviations from normal and appropriate interventions including management of complications and emergencies
    - m. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
  2. Applies knowledge of midwifery practice in the intrapartum period that includes, but is not limited to, the following:
    - a. Confirmation and assessment of labor and its progress
    - b. Assessment of maternal and fetal status during labor
    - c. Indicators of deviations from normal, including complications and emergencies
    - d. Measures to support psychosocial needs during labor and delivery
    - e. Management strategies and therapeutics to facilitate physiologic labor progress
    - f. Techniques for (i) administration of local anesthesia (ii), spontaneous vaginal delivery, (iii) third stage management, and (iv) performance and repair of episiotomy and repair of lacerations
    - g. Techniques for management of emergency complications and abnormal intrapartum events
  3. Applies knowledge of midwifery practice in the postpartum period that includes, but is not limited to, the following:
    - a. Postpartum self-care, newborn care and feeding, contraception, and family relationships
    - b. Management strategies and therapeutics to facilitate a healthy puerperium
    - c. Facilitation of the initiation, establishment, and continuation of lactation
    - d. Deviations from normal and appropriate interventions including management of complications and emergencies
    - e. Management of discomforts of the puerperium
- B. Newborn Care: Independently manages the care of the well newborn during the first 28 days of life.
1. Applies knowledge of midwifery practice to the newborn that includes, but is not limited to, the following:
    - a. Effect of maternal/fetal risk factors on the newborn
    - b. Bonding and attachment theory
    - c. Evaluation of the newborn: initial gestational age assessment and initial and ongoing physical and behavioral assessment

- d. Methods to facilitate adaptation to extrauterine life: (i) stabilization at birth, (ii) resuscitation, and (iii) emergency management
- e. Primary health screening, health promotion and assessment of growth and development up to 28 days of life
- f. Facilitation of the initiation, establishment, and continuation of lactation
- g. Management strategies to facilitate integration of the newborn into the family
- h. Indications of deviation from normal, recognizing which infants should be referred to their pediatric care provider for further evaluation and care

\*Committee on the Future of Primary Care, Institute of Medicine, National Research Council. "Primary Care: America's Health Care in a New Era". Washington, D.C: National Academy Press, 1996.

Source: Basis Competency Section, Division of Education

Approved by the ACNM Board of Directors: June 1, 2007

Updated January 15, 2008

(Supersedes *ACNM Core Competencies for Basic Midwifery Practice, May 2002*)