MICHIGAN NURSING
UNIVERSITY OF MICHIGAN

Midwifery Program Handbook

You are a midwife; you are assisting at someone else's birth.
Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening. You must take the leap, leap so that the mother is helped yet still free and in charge. When the baby is born, the mother will rightly say: we did it ourselves!
The Tao Te Ching – Chinese Classic Text 400 BC

University of Michigan Nurse-Midwifery Student Handbook

Updated August 2026

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WELCOME

Welcome to the Nurse-Midwifery Program at the University of Michigan School of Nursing. We are delighted that you have chosen to join our program and look forward to supporting you throughout a challenging, rewarding, and enriching educational experience.

This handbook provides essential information about the nurse-midwifery program and the profession of nurse-midwifery. It should be used in conjunction with the University of Michigan School of Nursing Graduate Handbook, available on the School of Nursing website at: http://www.nursing.umich.edu/info/current-students/handbooks-policies.

Students are responsible for understanding and adhering to the policies and procedures outlined in both handbooks. Because this handbook is reviewed and updated regularly, the most current version supersedes all previous editions.

THE PHILOSOPHY OF THE NURSE-MIDWIFERY PROGRAM

The faculty affirms the philosophy of the American College of Nurse-Midwives (ACNM) and is committed to providing an educational environment that reflects its principles.
Nurse-midwives are registered nurses with advanced education and clinical preparation who provide safe, evidence-based, person-centered care to individuals seeking midwifery services and their newborns. Midwifery care promotes health through a collaborative model that is equitable, ethical, accessible, and grounded in clinical excellence, respect for cultural diversity, human dignity, client self-determination, social justice, and human rights. Nurse-midwives honor the normal physiologic processes of pregnancy, birth, and other reproductive life events, using watchful waiting, appropriate intervention, and effective communication to support informed decision-making. Care is provided within the context of each individual's family and community.

The program embraces adult learning as a lifelong, self-directed process that requires critical thinking, application of evidence, and reflective practice. Classroom instruction and repeated clinical experiences reinforce the theoretical, ethical, and philosophical foundations of midwifery practice. Faculty are committed to fostering students' professional growth, leadership, scholarly inquiry, and well-being throughout the program.

The program defines competence as the ability to provide safe, beginning-level nurse-midwifery care consistent with the ACNM Core Competencies for Basic Midwifery Practice. Students must demonstrate competency in evidence-based primary, antepartum, intrapartum, postpartum, and newborn care in both didactic and clinical settings. Successful completion of both course components is required to progress through the curriculum.

STATEMENT OF PURPOSE OF THE NURSE-MIDWIFERY PROGRAM

The purpose and outcomes of the Nurse-Midwifery Education Program are:

- To prepare safe, beginning level nurse-midwives whose knowledge and skills reflect the ACNM core competencies
- To prepare graduate nurse-midwives whose evidence-based practice, provided within a collaborative health care system, encompasses the primary care of individuals and newborns.

- To provide an educational setting which is based on sound principles of adult learning and excellent clinical experience, which encourages innovation, creativity, and cultural humility
- Prepare graduates to provide care that values and respects people of all genders, ages, races, sexual orientations or gender identities, cultural backgrounds, religions, abilities, nationalities, and beliefs.
- To provide an opportunity for global engagement through clinical, service, and research experiences.
- To prepare graduates who are eligible for certification by the American Midwifery Certification Board (AMCB)

(Updated 8/23, reaffirmed 8/25)
The University of Michigan Nurse-Midwifery Program successfully completed the reaccreditation process in Fall 2025 and is accredited by the ACNM Accreditation Commission for Midwifery Education (ACME) through *January 2036.*

ACNM Definition of Midwifery Practice and Scope of Midwifery Practice:
Midwifery as practiced by certified nurse midwives (CNMs) and certified midwives (CMs) encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. Midwives provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.

CNMs and CMs are educated in graduate level midwifery programs accredited by the Accreditation Commission for Midwifery Education (ACME). CNMs and CMs pass a national certification exam administered by the American Midwifery Certification Board (AMCB) to receive the professional designation of CNM (if they have an active registered nurse [RN] credential at the time of the certification exam) or CM. CNMs and CMs must demonstrate that they meet the Core Competencies for Basic Midwifery Practice[1] of the American College of Nurse Midwives (ACNM) upon completion of their midwifery education programs and must practice in accordance with ACNM Standards for the Practice of Midwifery.[2] ACNM competencies and standards are consistent with or exceed the global competencies and standards for the practice of midwifery as defined by the International Confederation of Midwives.[3] To maintain the designation of CNM or CM, midwives must be recertified every 5 years through AMCB and must meet specific continuing education requirements.

GENERAL INFORMATION

Academic Advising

Graduate academic advising is available to all midwifery students through the School of Nursing Graduate Advisors (GradAdvisors@med.umich.edu). At the start of the midwifery core courses, each student is also assigned a midwifery faculty advisor who provides clinical guidance, conducts site visits, and facilitates clinical conferences.
Students may schedule an advising appointment at any time by contacting the program lead or their faculty advisor. Any proposed changes to a program plan must be approved by the Graduate Advisors and the program lead to ensure compliance with clinical sequencing and progression requirements.

Parking

Parking near the School of Nursing is limited. Students are encouraged to attend School of Nursing orientation for information about parking and transportation options, including free Ann Arbor Area Transportation Authority (TheRide) bus service with a valid University of Michigan ID. Metered parking is most readily available before 8:00 a.m. On-street parking is generally limited to two hours without a residential permit, and parking regulations are strictly enforced. Parking permits and transit information are available through University Parking & Transportation Services. Shuttle service is available from designated commuter parking lots, including the Chrysler Center. Students are responsible for allowing sufficient travel and parking time to arrive at class promptly.

Technology and Online Learning

Many School of Nursing courses are delivered online or blended formats. Students are expected to use technology throughout the program to:

- Access course materials through Canvas
- Complete assignments and word processing
- Conduct literature searches and manage references
- Track clinical experiences
- Communicate with faculty and classmates

Email Communication

University email (umich.edu) is the program's official method of communication. Students are expected to check their university email daily.

- All official School of Nursing correspondence must be sent from your umich.edu email
- Students remain responsible for all messages sent to their university email, even if they forward messages to another account.
- Canvas email lists are used for course communication.
- Program announcements, including scholarship and employment opportunities, are distributed through the nurse-midwifery listserv.

Textbooks and Learning Resources
Required textbooks are listed on each course Canvas site. Before purchasing textbooks, students are encouraged to consult the course faculty, as required texts may change. Many students purchase textbooks through online retailers, and some required texts are available electronically through the University of Michigan Library.

Employment During the Program
We recognize that many students work to support themselves and their families, manage educational expenses, or maintain health insurance. While limited employment may be feasible during some phases of the program, students should carefully consider the significant academic and clinical demands of midwifery education.

Students in the 3-year MSN and 4-year DNP programs may have greater flexibility to work during the early portion of the curriculum. However, students in the 2-year MSN, 3-year DNP, and dual FNP/Nurse-Midwifery programs should plan to work minimally, if at all, throughout the program. The final three clinical semesters (NURS 546, NURS 676, and NURS 677) are particularly demanding. During this time, we strongly recommend limiting or eliminating outside employment to maximize learning, meet program competencies, and prepare for entry into practice.
Clinical schedules are determined by preceptor availability, clinical site requirements, and course schedules. Employment cannot take precedence over academic or clinical responsibilities. Students with flexible schedules have access to a wider range of clinical placement opportunities.
Many clinical sites cannot accommodate limited availability, and students should anticipate commuting to clinical sites, including locations outside the Ann Arbor area. Some experiences may require temporary housing near the clinical site.

During the final integration course (NURS 677), students are expected to participate in clinical full time, following the schedule of a practicing Certified Nurse-Midwife. Some placements, including birth centers and smaller practices, also require call responsibilities, making outside employment impractical.

Students are expected to ensure that employment does not interfere with class attendance, laboratory sessions, clinical experiences, or adequate rest. Working immediately before class or clinical is strongly discouraged, as fatigue can negatively affect learning, clinical performance, and patient safety. Students are encouraged to discuss employment plans with the program lead and clinical faculty early and throughout the program. Proactive planning can help balance employment responsibilities with the demands of a rigorous clinical education.

Financial Aid
The School of Nursing and University in general have multiple financial aid resources and services. During your admission process to the program, you will have gotten materials from the Financial Aid office. Your first step is to complete the FAFSA each year to then be considered for financial aid options. There is both need-based support and scholarship and targeted recruitment support. There is also the Terri L. Murtland Scholarship offered each year to two midwifery students. The faculty will also provide you with links and emails about scholarship options and loan forgiveness opportunities as they become available. While the faculty works hard to stay on

top of the many options that are available, we strongly encourage you to be in contact with the Financial Aid Office. https://nursing.umich.edu/admissions-aid/financial-aid

Written Work

The expectation is that students will be able to write at a graduate level. If writing is challenging for you, we strongly recommend you utilize the Sweetland Writing Center resources https://lsa.umich.edu/sweetland. The writing style for student papers, case studies and other assignments follows the guidelines of the latest edition of the Publication Manual of the American Psychological Association. These additional links include helpful information about using the APA style for course and / or research papers. http://www.apastyle.org/elecref.html. The university also has available for free citation managers such as Zotero. https://www.lib.umich.edu/research-and-scholarship/help-research/citation-management

Student Code of Conduct

Students are expected to abide by the code of academic conduct as written in the **Graduate Student Handbook**. This includes, but is not limited to, exams, written work, and use of computers, hospital information system and patient records, as well as nurse-patient relationships.

Professional Communication Standards for Midwifery Students

Communication between faculty and students is at the core of midwifery education. Communication should primarily occur through email, face-to-face or Zoom. The student is expected to respond within 72 hours to email or phone requests from faculty. If the matter is marked urgent, the student should respond as soon as possible within 24 hours of the email or phone request.

DIDACTIC

Classes/Seminars

Students are expected to attend **all on-site lectures and seminars**. Timely arrival is essential to avoid disruptions to faculty, guest speakers, and fellow students. Please plan accordingly, including allocating extra time for potential parking delays.

Nurse-midwifery specialty courses are delivered primarily in a **seminar format**, which requires students to be fully prepared and actively engaged. Students should complete all assigned readings in advance and come ready to participate in meaningful discussions. While not every objective will be explicitly addressed during seminar sessions, students are responsible for mastering all course objectives outlined in the syllabus and module materials.
Active participation is expected in both on-campus seminars and web-based discussions. These sessions are designed to enhance understanding, connect theory to clinical practice, and support collaborative learning.

Seminar and Web Discussion Goals:

1. Clarify complex topics and emphasize key concepts.
2. Organize and synthesize subject matter.
3. Facilitate discussion of assigned readings.
4. Provide a forum for sharing clinical experiences related to the topic.

5. Progressively build clinical readiness—from normal to complex and high-risk situations.
6. Encourage student input on additional relevant topics; students are invited to share suggestions with course faculty early in the semester.
7. Include presentations by expert guest speakers who contribute valuable insights based on their professional experience.

Cell phones and pagers are to be placed on 'do not disturb' during classes/seminars. Wearable devices such as Apple watches should be removed so they do not distract you. You should not take calls/answer texts unless there is an emergency. Policies vary regarding use of computers during classes. Some professors request that you do not use them during guest speaker presentations or in general, while others allow their use for focused note taking. In either case, please be respectful of the course policies, and if using a computer in class, it should be for class purposes. If students must miss an on-site lecture or seminar, they should email the faculty prior to their absence if possible and will need to submit an alternative plan for making up that work to faculty within seven days of their absence.

Grading

To pass a nurse-midwifery course, students must successfully complete **both the didactic and clinical components**. A **minimum grade of B-** is required in each nurse-midwifery course to progress to the next course in the clinical sequence and to remain eligible for program completion. Students must also maintain a **cumulative GPA of 3.0** to remain in good standing within the master's program. While a standardized grading scale is used across the School of Nursing, individual courses may apply slight variations. Students should refer to each **course syllabus** for specific grading criteria and expectations. Failure to pass **either** the clinical or didactic component will result in the student being **unable to progress** to the next nurse-midwifery clinical course. In such cases, the entire course, including both components, must be **repeated the following academic year**, space permitting. The student will then resume the program by following the clinical sequence from that point forward. In the event of a course failure, an **individualized Academic Success Plan** will be developed in collaboration with the graduate academic advisor and course faculty. This plan will identify the area(s) of deficiency and outline options for remediation and continued learning during the interim period before re-entry into the clinical sequence.

Testing

All testing is confidential. Do not share test questions or answers. Students are expected to know and follow the University of Michigan and School of Nursing Code of Honor. Tests may be reviewed in the nurse-midwifery faculty offices but may not be taken outside the office or duplicated in any way. **For midwifery core courses (NURS 561, NURS 546, NURS 676, NURS 677) an average minimum grade of 80% must be attained on examinations**. In addition, satisfactory clinical practice including professional behavior, must be demonstrated to achieve satisfactory course completion. An individual exam score lower than 80% will initiate an Academic Success Plan.

Comprehensive Exam

In the last semester of the program, all students are required to take the nurse-midwifery comprehensive exam. The exam covers course content from the previous semesters in the midwifery clinical sequence of courses. This includes primary care, well person, family

planning, antepartum, intrapartum, post-partum, newborn care, and professional issues. Pharmacology content specific to each of these areas is also included, as well as physical assessment evaluation of health conditions.

To facilitate successful completion of board examinations, students must pass the comprehensive exam with a grade of 80% or higher. Successful completion of the exam is one of the criteria for completing the nurse-midwifery education program. If students score between 80% to 85%, we strongly recommend students do the retake exam. Students who do not score 80% on the comprehensive exam will get an incomplete and are allowed one retake at an interval determined by the N677 faculty and Program Lead.

Student Check-Out

Before graduation, all students are required to "check-out" with the program lead. This may take varied forms, including a block of appointment times set aside in April, Zoom conferences after the exam period, and written program evaluations.

To be successfully "checked-out" students will:

1) Have a short exit interview with program director.
2) Make sure all other completed evaluations are in your file.
3) Have on file a completed final Summary Statistics Sheet.

Students will not be endorsed by the program lead to take the American Midwifery Certification Board (AMCB) certification exam until the requirements are fulfilled.

CLINICAL EXPERIENCE

General Information

- Compliance requirements for all students in the School of Nursing are detailed in the Graduate Student Handbook. Students must be in compliance with the necessary immunizations and documentation requirements by the noted deadlines or there are resulting fines. Students who have not met these requirements will not be able to participate in clinical until they are completed. More information about compliance requirements is available from the Office of Practice and Professional Graduate Programs. Email UMSN-graduateclinicalplacement@med.umich.edu with questions or for more information. The notice for compliance requirements and deadlines is emailed to all students with multiple reminders as the deadline approaches each year. Clinical participation will be delayed if you are not in compliance and students are disenrolled from their clinical courses if they do not meet the compliance deadline. Please watch for this information and follow up in a timely fashion to assure compliance and to not disrupt the process of being placed clinically.
- There are some clinical sites that require additional testing or screening to be placed in their health system or setting. The clinical placement coordinator will inform students about any of these requirements prior to being placed in a particular site. This information will come to your umich.edu email so please check this often.
- In addition to health compliance requirements most sites also require completion of training courses for use of medical records and to assure knowledge of privacy requirements. Training sessions are established by the clinical sites and students are expected to work with the clinical placement office to complete these requirements in a timely fashion to allow for an on time start for their clinical courses.

- Clinical experiences obtained while functioning as an employee (i.e., RN on Labor and Delivery etc.) cannot be counted toward your nurse-midwifery clinical experience statistics. Only those experiences obtained while being precepted and functioning as a nurse- midwifery student at your clinical site are considered clinical experiences. Any change in times and place of clinical experiences must be discussed with the clinical faculty and approved by **before** the change is made.
- All statistics and evaluation forms must be kept up to date and entered into Typhon in a timely manner. Keep a copy for your own records.
- Compliance with universal precautions is **mandatory**.
- Clinical sites are located in a variety of locations throughout the state of Michigan including Benton Harbor, Kalamazoo, Saginaw and Traverse City. Site locations and availability vary from semester to semester.
- The majority of clinical preceptors are CNMs, although our preceptors for N546 include some NPs and physicians.
- Respect for the uniqueness of settings and individual service protocols/guidelines are part of professional behavior and a component of collaborative practice.
- It is expected that students will respect the privacy of clients and their families. All information about clients is considered privileged and confidential. Compliance with HIPPA standards is mandatory. This includes NOT removing or emailing (except to your preceptor's work email address) any materials that have protected patient information.
- Students are required to dress appropriately in either scrubs or business casual attire, as suitable for their specific clinical setting. While the midwifery model of care generally discourages the use of lab coats, some clinical sites may require students to wear one in accordance with site policies
- **Additionally, to ensure patient comfort during physical examinations, fingernails must be kept trimmed so they do not extend beyond the fingertip this standard must be upheld at all times during NURS 503 and all clinical courses.**
- Students must contact their faculty immediately should they not be able to attend a planned clinical day for any reason. It is expected that the student will make up that day and should submit a plan to do so within seven days of their absence.

In the clinical setting, it is expected that students will work under the supervision and guidance of a preceptor who has been selected for you at that site. Your preceptor should be readily and directly available to support you when you are completing any clinical care with clients. This means on site with you when you are providing client care, whether in the office, hospital, home, or birth center setting.

When students are in the clinical setting, they must abide by the clinical guidelines and standards that govern that practice, as well as the Nurse Midwifery Program guidelines for working with a preceptor and providing care consistent with the clinical course and experience you have had thus far in your courses. During your clinical rotations, you may have experiences which do not go as desired or planned. We ask that you alert your clinical faculty or the program lead if you have concerns or there is an unexpected outcome in the process of your clinical experiences. Timely contact is desired, and a process of discussion and debriefing is a usual step that the preceptor, student, and clinical faculty will use to review clinical cases and outcomes as a system of peer review. The general rule should be that if you have any

questions, it is better to ask and seek guidance than to make assumptions. Your faculty and preceptors are here to support your learning and to guide your experiences as much as possible. To do this effectively, it requires timely, open communication as a key part of that process.

Special Note to Students without Labor and Delivery RN Experience

A solid background of Labor and Delivery nursing experience can be helpful to midwifery students in the Intrapartum course which is taken in the fall of the clinical year. As experienced nurse-midwifery educators, we have found that if a student is comfortable working with laboring patients, interpreting fetal heart rate monitoring patterns, has knowledge of neonatal resuscitation techniques, they can be free to concentrate on the new skills that a beginning midwife must learn. Therefore, to prepare you to have the best experience possible in the Intrapartum course, those with minimal or no Labor and Delivery nursing experience will have the opportunity to complete a 60 hour clinical experience with a nurse in a labor and birth environment during NUR 561.

Clinical Placements

Decisions about clinical placements are based on individual student's strengths, experiences needed, and clinical site availability. The faculty will place students in settings where they believe you can best meet your learning objectives. Student preferences are taken into consideration but are not guaranteed. Expect to commute for at least one or more semesters for your clinical experiences. This commute could be more than 150 miles from your home and may require overnight accommodation. These accommodations are the responsibility of the student. For the safety of you and the patients, you must maintain adequate rest both before and after clinical experiences. Factor rest as well as weather into your planning. Students going out-of-state for Integration sites may be required to obtain an RN license for that state. The faculty tries to have student Integration site plans confirmed before Thanksgiving; however, this varies depending on locations desired and types of student placements being requested. Students are encouraged to begin the process of securing any additional licensure as soon as they know their integration site.

Clinical Hours

Midwifery education is competency based. The following clinical hours are the **minimum** required, and, in some cases, students may need (or wish) to spend additional time to meet course objectives and ACNM competencies.

N546 (*Midwifery care during pregnancy and primary care*)

- 224 hours (averages to 2 days per week)

N676 (Intrapartum/Postpartum/Newborn)

- **348 hours or more**. This may be 2-12 hour blocks of time or on an "on call" of 24 to 48 hours call time per week and may include 8 hours of clinic (outpatient care – AP, or PP follow-up) time / week depending on the site. Days, nights, and/or weekends is nearly always a component of this time.

N677 (Integration)

- **468 hours or more** Integration is a full-time clinical commitment equivalent to 40 hours clinical time per week. Clinical will include weekends, on-call, and/or off shifts as schedules dictate.

Clinical Performance

Although we consider the ACNM guidelines for number of clinical management experiences, we recognize that these are the minimum requirements and do not indicate skill mastery. Using a mastery approach, we do not assume hours or experiences accomplish mastery but instead rely on the ongoing evaluations of the preceptors and course faculty during site visits to verify the competency of the students in the clinical environment.

Clinical Experiences

This is the minimum recommended number to Be Completed by the End of the Nurse Midwifery Program

Minimum Clinical Experiences (ACME 2019):

- Primary care 40 Includes common acute and stable chronic health conditions.
- Gynecologic care 80 Includes preconception, contraception, adolescent, perimenopausal, and postmenopausal.
- Antepartum care 100 Includes new and return prenatal care across gestational ages.
- Intrapartum care 60* Includes labor assessment, labor management, and births. *Includes access to or opportunity to attend at least 35 births.
- Postpartum care 50 Includes postpartum visits (0-7 days), up to 8 weeks postpartum, and breastfeeding support.
- Newborn Care 30 Includes newborn assessment and anticipatory guidance.

Students are expected to achieve all course objectives and demonstrate competency in clinical practice. Meeting program competencies may require more than the minimum required clinical experiences or hours. Additional clinical experiences or hours may be required at the discretion of the course faculty, in consultation with preceptors. Students must earn a Pass in the clinical component of each course to successfully complete the course and progress through the clinical sequence.

If a student's progression through the nurse-midwifery clinical sequence is interrupted for any reason, re-entry into the next clinical course is not guaranteed and is dependent on available clinical placements. Students requesting re-entry must submit a written request to the program by March 1 for fall term re-entry or November 1 for winter term re-entry. Requests will be reviewed by the midwifery faculty.

Student Clinical Responsibilities

Students will be responsible for his/her own learning by:

1. **Being prepared** via reading, reviewing course material, reflecting on learning needs, setting goals.
2. Being able to define learning needs and being able to discuss them with clinical faculty at beginning of session. Prior to each clinical practicum, the student's CV/resume, a photo and updated summary of clinical experience, current competencies and learning needs focused on the current semester, will be given to the course clinical coordinator and to the clinical preceptor. This summary of competencies and learning needs will be updated for each subsequent clinical placement.
3. Seeking direction from clinical faculty in choosing experiences to meet objectives.

4. Sharing knowledge deficits and special skills.
5. Evaluating progress daily and seeking validation
6. Maintaining an up-to-date evaluation tool. Students are responsible for filling out clinical evaluations and submitting them to the clinical faculty in a timely manner.
7. Being sensitive to personnel and institutional policies. Recognize that the clinical faculty brings their own life experiences, expertise, unique perspectives, and intuitive abilities to the clinical experience.
8. Knowing and practicing within written nurse-midwifery policies, protocols, or clinical guidelines.
9. Providing care in a professional manner.
10. Notifying clinical and program faculty in advance if need to be absent and accept responsibility for loss of clinical time.
11. Being responsible for making all student entries in client's charts.
12. Being responsible for coming on time and prepared to the clinical site.

Clinical Faculty Responsibilities

The Clinical Faculty will:

1. Facilitate student learning with knowledge of site resources, personal expertise and educational opportunities. Have awareness that students need time to learn.
2. Be sensitive to the fact that the student brings life experiences, expertise, unique perspectives and intuitive abilities to the learning experience.
3. Know and practice within nurse-midwifery policies/guidelines/protocols.
4. Role model a professional manner in providing nurse-midwifery care and in giving feedback to students.
5. Notify students in advance if need to be absent and accept responsibility for loss of clinical time.
6. Have time available for evaluation of clinical tool(s) and for student conferences.
7. Provide and take feedback with minimal defensiveness.

Achieving Competency as a Student Midwife.

To be considered competent and to progress through the midwifery sequence a student is expected to meet or exceed the following metrics

1. A minimum of 80% on all exams
2. A minimum of 80% on all simulations
3. The minimum clinical hours required per course AND acceptable progress towards meeting the minimal clinical criteria as defined by ACME.
4. Clinical progress as reported by preceptor evaluation and faculty communication with preceptors.
5. Maintenance of Professionalism as demonstrated by timeliness, communication with faculty and preceptors, and preparedness for class and clinical experiences.

The American Midwifery Certification Board (AMCB) Certification Exam

The Nurse-Midwifery Program Lead must recommend each student, without reservation, to the American Midwifery Certification Board to write the examination. This recommendation is made based upon 1) satisfactory completion of the nurse-midwifery program of study, 2) passing the

comprehensive examination, and 3) check-out. Students will not be eligible to sit for the certification exam until all three of the previous components are completed successfully. Students should access the AMCB booklet, Information for Candidates, and an application on the web at http://www.amcbmidwife.org . The exam is usually offered via computers in all states.

The cost of the exam is currently ***$450.00 (this can change so please refer to the AMCB website at www.amcbmidwife.org).*** This fee must be paid in full at the time of application.

UNIVERSITY OF MICHIGAN NURSE-MIDWIFERY FACULTY

The University of Michigan Nurse-Midwifery Faculty is committed to assisting students in their development as a nurse-midwife. While many faculty from within the School of Nursing participate in your education, the nurse midwifery faculty is comprised of those individuals who work specifically within the midwifery clinical courses. Nurse-midwifery faculty can all be reached by e-mail, phone, and fax or, of course in person. The members of the nurse midwifery faculty include:

Ruth Zielinski PhD CNM FACNM, FAAN Clinical Professor/Program Lead	ruthcnm@umich.edu
Lee Roosevelt PhD, MPH CNM, FACNM Clinical Associate Professor	morgaine@umich.edu
Nora Drummond DNP, CNM, FNP-BC Clinical Assistant Professor	noradrum@umich.edu
Sarah Maguire DNP, CNM, ANP Clinical Instructor	maguires@umich.edu

Meeting with Faculty

Since many of the faculty have commitments outside the School of Nursing, it is best to make an appointment if you would like to meet with them in person. The program lead is your first point of contact for general information, while your course faculty is your first point of contact or questions about courses. Appointments may be scheduled with faculty by contacting them preferably by e- mail.

The faculty and department staff are delighted to assist you in applying for scholarships, jobs, etc. by writing references. However, we require **two weeks'** notice for fulfilling requests for references, scholarship applications, and/or other documentation

PROFESSIONAL ACTIVITIES

Professional involvement and advocacy are an expectation within the midwifery profession.

The American College of Nurse-Midwives

Students are strongly encouraged to join the American College of Nurse-Midwives (ACNM) and to be involved. Student membership in ACNM is available at a much-reduced fee and includes subscriptions to the *Journal of Midwifery and Women's Health* and *Quickening*. In addition,

Obstetrics & Gynecology subscriptions are offered at a reduced rate to ACNM members. This also includes your membership in the State of Michigan Affiliate of ACNM.

Students should become acquainted with ACNM and all official documents that define, guide, and direct nurse-midwives and nurse-midwifery practice. The ACNM web site has information helpful to students. It can be found at http://www.acnm.org.

ACNM State Affiliate

The ACNM state affiliate group meets at varying locations three times a year. Information about upcoming meetings will be sent via email and on the Facebook group. If you are a member of the ACNM and have a Michigan address, you will be on the Listserv to get emails from the Michigan Affiliate. You may also ask to join the Facebook Group: "Michigan Affiliate of the ACNM". The leadership includes two students on its board. The state affiliate also has an annual winter "forward" where it awards Nurse-Midwifery Student Scholarships to attend the ACNM national meeting. These scholarships are chosen at random – the eligibility requirements are that you are a member, and you must be present to win. Students are strongly urged to attend, as is it a great way to meet other students, CNMs around the state, and have some time to relax while also getting CEUs.

ACNM Annual Meeting

The faculty encourages students to attend the ACNM Annual Meeting. The total cost depends on whether you share a room, how far away from Michigan the meeting is, and how long you decide to stay. Most students share accommodations, which is part of the fun of attending the Annual Meeting. You can apply to act as a page or assist with the meeting to receive a reduced registration fee or the ability to attend a workshop for free.

A student representative is selected from each Midwifery Education program. They participate in developing a report with the students from the other midwifery programs that one of the student representatives reads to the entire Annual Meeting attendees. The student representative brings concerns/issues from the students in each program to student meetings at the Annual Meeting for inclusion in the report. This report is taken very seriously and carries weight with both the Board of Directors, and membership.

An additional student leadership opportunity is as the school student member of the ACNM Government Affairs Committee. This student participates in disseminating information about legislative activity and advocacy work to promote midwifery practice and the health care of women and their families. The student who is in this role the prior year will ask for volunteers for this position as they graduate, or you can ask your advisor for more information.

Appendix A - ACNM Philosophy

We, the midwives of the American College of Nurse-Midwives, affirm the power and strength of all people seeking midwifery care and the importance of health in the well-being of families, communities, and nations. We believe in the basic human rights of all persons and recognize that some incur disproportionate risk when these rights are violated. Human dignity and bodily autonomy are basic human rights that should be protected and respected in all areas of care, including in reproductive and sexual health.

We believe every person has a right to:

- Equitable, ethical, accessible quality health care that promotes healing and health
- Complete and accurate information to make informed health care decisions
- Self-determination and active participation in health care decisions, as the final decision maker of the health care team

We believe the best model of health care for a woman and her family:

- Includes the full scope of health across the lifespan
- Involves a continuous and compassionate partnership between persons seeking care and their healthcare providers
- Recognizes the importance of interdisciplinary, collaborative care.
- Respects the individual's absolute right to bodily autonomy
- Honors a person's expertise, life experiences, community, and historical knowledge
- Includes methods of care and healing guided by research and best available evidence, centered on the individual's decisions, values, and preferences.
- Balances watchful waiting and support of physiologic processes with the appropriate use of interventions and technology
- Involves therapeutic use of human presence and skillful communication

Revised: August 2023

Appendix B—ACNM Core Competencies

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,* and the *Code of Ethics* developed and disseminated by the American College of Nurse-Midwives (ACNM). Midwives certified by the AMCB assume responsibility and accountability for their practice as primary health 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 Institute of Medicine's report, *Primary Care: America's Health Care in a New Era* (1) the *Philosophy of the American College of Nurse-Midwives* (2) and the ACNM position statement, "*Midwives are Primary Care Providers and Leaders of Maternity Care Homes.*" (3) 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 clients, and practicing within a context of family and community. As primary health care providers, midwives certified by AMCB assume responsibility for the provision of and referral to appropriate health care services, including prescribing, administering, and dispensing of 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 health care that incorporates appropriate consultation, collaborative management, and/or referral, as indicated by the health status of the individual.
ACNM endorses that health care is most effective when it occurs 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* 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 provide 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 that midwives serve. Following the completion of 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.*

Since 2012, ACNM has recognized the role of midwives in caring for transgender and gender non-conforming (TGNC) individuals. The term "TGNC" is used in this document as an umbrella term for all individuals whose gender expression and/or identity differs from their sex assigned at birth. (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 maternal mortality, particularly for women of color. 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 for all our clients.

Given this information, we consider the use of inclusive non-discriminatory language a powerful tool that may be used 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 and/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, gender non- conforming, 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.

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

A. Recognition, promotion, and advocacy of menarche, pregnancy, birth, and menopause as normal physiologic and developmental processes
B. Advocacy of non-intervention in physiologic processes in the absence of complications
C. Incorporation of evidence-based care into clinical practice
D. Promotion of person-centered care for all, which respects and is inclusive of diverse histories, backgrounds, and identities.
E. Empowerment of women and persons seeking midwifery care as partners in health care
F. Facilitation of healthy family and interpersonal relationships

G. Promotion of continuity of care
H. Utilization of health promotion, disease prevention, and health education
I. Application of a public health perspective
J. Utilizing an understanding of social determinants of health to provide high-quality care to all persons including those from underserved communities.
K. Advocating for informed choice, shared decision making, and the right to self- determination
L. Integration of cultural safety into all care encounters
M. Incorporation of evidence-based integrative therapies
N. Skillful communication, guidance, and counseling
O. Acknowledgment of the therapeutic value of human presence
P. Ability to collaborate with and refer to other members of the interprofessional health care team.
Q. Ability to provide safe and effective care across settings including home, birth center, hospital, or any other maternity care service.

II. Components of Midwifery Care

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 diverse history of midwifery
C. Knowledge of the legal basis for practice
D. Knowledge of national and international issues and trends in women's, TGNC, perinatal, and neonatal care
E. Support for legislation and policy initiatives that promote quality health care
F. Knowledge of 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 the bioethics related to the care of women, TGNC individuals, neonates, and families.
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 critical thinking and leadership skills
O. Knowledge of certification, licensure, clinical privileges, and credentialing
P. Knowledge of practice management and finances
Q. Promotion of the profession of midwifery, including participation in the professional organization at the local and national level
R. Support of the profession’s growth by understanding the importance of precepting midwifery students and demonstrating basic teaching skills
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.

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 health 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 and/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 evidenced-based plan of care including the provision of treatments and interventions as indicated
G. Evaluates effectiveness of the treatments and/or interventions, which includes repeating the management process as needed.

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. Clinical genetics and genomics
J. Diversity, equity, and inclusion

V. Components of Midwifery Care

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. While each person's life is a continuum, midwifery care can be divided into primary, preconception, gynecologic/reproductive/sexual health, antepartum, intrapartum, and post-pregnancy care.

A. A midwife demonstrates the knowledge, skills, and abilities to provide primary care of the individuals they serve, including but not limited to:
    1. Applies nationally defined goals and objectives for health promotion and disease prevention.
    2. Provides age-appropriate physical, mental, genetic, environmental, sexual, and social health assessment.

3. Utilizes nationally defined screening and immunization recommendations to promote health and detect and prevent diseases.
4. Applies management strategies and therapeutics to facilitate health and promote healthy behaviors.
5. Utilizes advanced health assessment skills to identify normal and deviations from normal in the following systems:
   a. Breast
   b. Cardiovascular and hematologic
   c. Dermatologic
   d. Endocrine
   e. Eye, ear, nose, oral cavity, and throat
   f. Gastrointestinal
   g. Genitourinary
   h. Mental health
   i. Musculoskeletal
   j. Neurologic
   k. Respiratory
   l. Renal
6. Applies management strategies and therapeutics for the treatment of common health problems and deviations from normal, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.
7. Assesses for safety, including dysfunctional interpersonal relationships, sexual abuse and assault, intimate partner violence, structural violence, emotional abuse, and physical neglect.

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

1. Performs thorough evaluation including complete health history, dental history, family history, relevant genetic history, and 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 modifiable and non-modifiable risk factors, including but not limited to immunization status, environmental and occupational factors, nutrition, medications, mental health, personal safety, travel, lifestyle, family, genetic, and genomic risk.
4. Performs health and laboratory screenings.
5. Counsels regarding fertility awareness, cycle charting, signs and symptoms of pregnancy, pregnancy spacing, and timing of discontinuation of contraceptive method
6. Addresses infertility, gamete banking, and assisted reproductive technology, utilizing consultation, collaboration, and/or referral as indicated.

C. A midwife demonstrates the knowledge, skills, and abilities to provide comprehensive gynecologic/reproductive/sexual health care, including but not limited to:

1. Understands human sexuality, including biological sex, intersex conditions, gender identities and roles, sexual orientation, eroticism, intimacy, conception, and reproduction.
2. Utilizes common screening tools and diagnostic tests, including those for hereditary cancers.
3. Manages common gynecologic and urogynecologic problems.
4. Provides comprehensive care for all available contraceptive methods.

5. Screens for and treats sexually transmitted infections including partner evaluation, treatment, or referral as indicated.
6. Provides counseling for sexual behaviors that promotes health and prevents disease.
7. Understands the effects of menopause and aging on physical, mental, and sexual health.
    a. Initiates and/or refers for age and risk appropriate screening.
    b. Provides management and therapeutics for alleviation of common discomforts.
8. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated

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

1. Confirmation and dating of pregnancy using evidence-based methods.
2. Management of unplanned or undesired pregnancies, including:
    a. Provision of or referral for options counseling, supporting individualized decision-making based on patient needs.
    b. Provision of or referral for medication abortion as consistent with the individual's ethics in support of patient autonomy and in line with state scope of practice and licensing statutes
    c. Referral for aspiration or surgical abortion as indicated.
3. Management of spontaneous abortion, including:
    a. Recognizing threatened, inevitable, complete, or incomplete spontaneous abortion
    b. Supporting physiologic processes for spontaneous abortion and addressing emotional support needs
    c. Counseling, management, and/or referral for inevitable or incomplete spontaneous abortion, as appropriate - including options for medication management, aspiration, and surgical care procedures.
    d. Recognizing indications for and facilitating collaborative care or referral, as appropriate
    e. Providing follow-up services for preconception or pregnancy prevention depending on patient need
4. Uses management strategies and therapeutics to promote normal pregnancy as indicated.
5. Utilizes nationally defined screening tools and diagnostics as indicated.
6. Educates client on the management of common discomforts of pregnancy.
7. Examines the influence of environmental, cultural, and occupational factors, health habits, and maternal behaviors on pregnancy outcomes.
8. Screens for health risks, including but not limited to intimate partner gender- based violence, infections, and substance use and/or dependency.
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, parenthood, and change in the family constellation.
11. Identifies deviations from normal and institutes appropriate interventions, including management of complications and emergencies.
12. Applies knowledge of placental physiology, embryology, fetal development, and indicators of fetal well-being

E. A midwife demonstrates the knowledge, skills, and abilities to provide care in the intrapartum period, including but not limited to the following:

1. Confirms and assesses labor and its progress.
2. Performs ongoing evaluation of the laboring person and fetus.
3. Identifies deviations from normal and implements appropriate interventions, including management of:
   a. Complications
   b. Abnormal intrapartum events
   c. Emergencies
4. Facilitates the process of physiologic labor and birth.
5. Provides support for physical, psychological, emotional, spiritual, and social needs during labor and birth
6. Applies pharmacologic and non-pharmacologic strategies to facilitate coping of the person in labor.
7. Performs the following skills independently:
   a. Administration of local anesthesia
   b. Management of spontaneous vaginal birth
   c. Management of the third stage of labor
   d. Episiotomy, as indicated.
   e. Repair of episiotomy, first and second-degree lacerations

F. A midwife demonstrates the knowledge, skills, and abilities to provide care in the period following pregnancy, including but not limited to:

1. Manages physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth.
2. Utilizes management strategies and therapeutics to facilitate a healthy puerperium, including managing discomforts.
3. Identification and management of postpartum mental health
4. Explains postpartum self-care.
5. Discusses psychological, emotional, and social coping and healing following pregnancy.
6. Counsels regarding the readjustment of significant relationships and roles
7. Facilitates the initiation, establishment, and continuation of lactation where indicated; and/or counseling about safe formula feeding when indicated.
8. Advises regarding resumption of sexual activity, contraception, and pregnancy spacing.
9. Identifies deviations from normal and appropriate interventions, including management of complications and emergencies.

G. A midwife demonstrates the knowledge, skills, and abilities to independently manage the care of the well neonate (newborn immediately after birth and up to 28 days of life), including, but not limited to, the following:

1. Understands the effect of prenatal and fetal history and risk factors on the neonate.
2. Prepares and plans for birth based on ongoing assessment.
3. Utilizes methods to facilitate physiologic transition to extrauterine life that includes, but is not limited to, the following:
   a. Establishment of respiration
   b. Cardiac and hematologic stabilization, including cord clamping and cutting.
   c. Thermoregulation

d. Establishment of feeding and maintenance of normoglycemia
e. Bonding and attachment through prolonged contact with neonate
f. Identification of deviations from normal and their management
g. Emergency management, including resuscitation, stabilization, and consultation and referral as needed.

4. Evaluates the neonate, including:
   a. Initial physical and behavioral assessment of term and preterm neonates
   b. Gestational age assessment
   c. Ongoing assessment and management of term, well neonate during first 28 days
   d. Identification of deviations from normal and consultation and/or referral to appropriate health services as indicated.
5. Develops a plan in conjunction with the neonate's primary caregivers for care during the first 28 days of life, including the following nationally defined goals and objectives for health promotion and disease prevention:
   a. Teaching regarding normal behaviors and development to promote attachment.
   b. Feeding and weight gain, including management of common lactation and infant feeding problems
   c. Normal daily care, interaction, and activity
   d. Provision of preventative care that includes, but is not limited to:
      i. Therapeutics according to local and national guidelines
      ii. Testing and screening according to local and national guidelines
      iii. Need for ongoing preventative health care with pediatric care providers.
   e. Safe integration of the neonate into the family and cultural unit
   f. Provision of appropriate interventions and referrals for abnormal conditions, including, but not limited to:
      i. Minor and severe congenital malformation
      ii. Poor transition to extrauterine life
      iii. Symptoms of infection
      iv. Infants born to mothers with infections.
      v. Postpartum depression and its effect on the neonate
      vi. Stillbirth
      vii. Palliative care for conditions incompatible with life, including addressing the psychosocial needs of a grieving parent.
   g. Health education specific to the needs of the neonate and family

APPENDIX C - STANDARDS FOR THE PRACTICE OF MIDWIFERY

The American College of Nurse-Midwives (ACNM) affirms that certified nurse-midwives (CNMs) and certified midwives (CMs) practice in accordance with the standards detailed below. Midwifery as practiced by CNMs and CMs: *encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. CM/CNMs exist in a community of all midwives, and we respect and elevate the importance of having midwifery care available for all people who want it.*[1]
These standards apply to those midwives certified by the American Midwifery Certification Board (AMCB).

STANDARD I
Midwifery Care Is Provided by Qualified Practitioners.
The midwife:

1. Graduates from a program accredited by the Accreditation Commission for Midwifery Education (ACME).
2. Is certified by AMCB.
3. Shows evidence of continuing competency as required by AMCB.
4. Follows the legal requirements of the jurisdiction where the midwifery practice occurs.

STANDARD II
Midwifery Care Is Composed of Knowledge, Skills, and Clinical Judgments That Foster the Delivery of Evidence-Informed, Client-Centered Care.
The midwife:

1. Practices in accordance with the ACNM *Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives*[1] and hallmarks of midwifery.[2]
2. In collaboration with the client, collects and assesses client care data, develops and implements an individualized management plan, and evaluates the outcomes of care, inclusive of the client's perspective.
3. Incorporates new practices beyond the *Core Competencies for Basic Midwifery Practice*[2] according to ACNM's position statement *Expansion of Midwifery Practice and Skills Beyond Basic Core Competencies*.[3]
4. Practices in accord with the best evidence available.
5. Provides clients with information regarding, and/or referral to, other providers and services when requested or according to the health care needs of the client.

STANDARD III
Midwifery Care Supports Individual Rights and Self-Determination and Respects Human Dignity, Individuality, and Diversity.
The midwife:

1. Upholds and facilitates the autonomy of all people to make informed health care decisions.
2. Demonstrates cultural humility and understanding of cultural safety, affirming the dignity of all persons.
3. Supports self-determination and shared decision-making within the context of the family, the community, and the health care setting.
4. Practices in accord with the *Philosophy of the American College of Nurse-Midwives*[4] and the *Code of Ethics*.[5]

STANDARD IV
Midwifery Care Occurs Within the Context of the Family, Community, History, and a System of Health Care.
The midwife:

1. Demonstrates knowledge that the individual resides within a context of health care, legal, structural, historical, psychosocial, economic, cultural, and family dynamics that affect health, perceptions of care, outcomes of care, and satisfaction with care.
2. Engages with the individual, community, and other health professionals to promote and improve health outcomes.
3. Promotes the involvement of support persons as a key element of health care.

STANDARD V
Midwifery Care Is Documented in a Format That Is Accessible, Confidential, and Complete.
The midwife:

1. Uses records that facilitate interprofessional communication.
2. Maintains timely and complete documentation of evaluation, course of management, and outcomes of care.
3. Complies with all regulatory standards for the documentation and transmission of health records.
4. Maintains confidentiality in all communications related to client care.
5. Maintains documentation that reflects the client's individual dignity and chief concerns using language that strives to be bias free.
6. Provides clients with a means to access their health care records.

STANDARD VI
Midwifery Care Is Evaluated According to an Established Process for Quality Management.
The midwife*:*

1. Regularly participates in a process of quality management for the practice.
2. Performs systematic collection of practice data.
3. Uses data to document, analyze, and improve their midwifery practice.
4. Acts to address any findings, as appropriate.

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Note. The terms *midwifery* and "*midwife"* 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 AMCB.
Original Source: Division of Standards and Practice Approved by the ACNM Board of Directors: 2003 Revised: 2009, 2011, 2022
(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993)