



SCHOOL OF 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, 2500 Years Ago

**University of Michigan
Nurse-Midwifery
Student Handbook
Updated June 2020**

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INTRODUCTION

Welcome to the University of Michigan School of Nursing, Nurse-Midwifery Program. The faculty is very delighted to have you join us and look forward to a productive and rewarding experience.

The purpose of this handbook is to provide information related to the nurse-midwifery program and about nurse-midwifery in general. ***The handbook should be used in conjunction with the University of Michigan School of Nursing Graduate Handbook***. It is available on the School of Nursing webpage at: <http://www.nursing.umich.edu/info/current-students/handbooks-policies>. It is important for your successful progress through the program that you become thoroughly familiar with the policies and information contained in this and the other handbooks. This handbook is reviewed and/or revised annually at the suggestion of current and former students and faculty, and supersedes any previous ones.

THE PHILOSOPHY OF THE NURSE-MIDWIFERY PROGRAM

The faculty affirms the philosophy of the American College of Nurse-Midwives (ACNM) and is dedicated to providing an educational setting reflective of that philosophy. Nurse-midwives are nurses with advanced skills and formal education who are prepared to provide safe and satisfying care to pregnant people and their newborns. They facilitate health promotion through a collaborative model of evidence-based care that is equitable, ethical, and accessible, and is based upon clinical competence, respect for cultural diversity, human dignity, and client self-determination within a framework of social justice and basic human rights. Nurse-midwives provide care that honors the normalcy of women's lifecycle events and includes watchful waiting and non-intervention, as well as individualized and appropriate use of interventions. They use interpersonal communication skills to foster client self-determination. Nurse-midwives provide care to pregnant people and their infants, in the context of their families and communities.

Adult learning is a life-long process that is largely self-directed and requires critical thinking and the ability to utilize conceptual knowledge and research. The educational setting should provide reinforcement of theoretical, ethical, and philosophical principles through regular repeated clinical experiences. Faculty welcome the responsibility to foster adult learning skills while supporting each student's need to maintain a personal life and a sense of humor. It is also our goal to foster students' potential for leadership and expansion of the knowledge evidence base to support midwifery practice. Preparing highly qualified nurse midwives ultimately promotes optimum health for parents and babies.

Based on ACNM Philosophy (attached)

Revised and affirmed by NMW Faculty and approved by the Curriculum Committee 3/26/14.

Statement of Purpose of the Nurse-Midwifery Program

The purpose of the Nurse-Midwifery Education Program is:

- 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 women and newborns.
- To prepare graduate nurse-midwives with the potential for leadership in the disciplines of nursing, midwifery, and systems of health care.
- 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 sensitivity.
- 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)

(Revised 3/14)

(Reaffirmed 8/16)

The University of Michigan Nurse-Midwifery Program successfully completed the reaccreditation process in Fall 2015 and is accredited by the ACNM Accreditation Commission for Midwifery Education (ACME) through January 2026.

The Following is the Most Recently ACNM approved Definition of Midwifery Practice and Scope of Midwifery Practice:

Midwifery, as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs), encompasses a full range of primary health care services for women, from adolescence beyond menopause. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests, and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling. These services are provided in partnership with women and families in diverse settings, such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals, and birth centers.

CNMs are educated in two disciplines: midwifery and nursing. They earn graduate degrees, complete a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME), and pass a national certification examination administered by the American Midwifery Certification Board (AMCB) to receive the professional designation of CNM. CMs are educated in the discipline of midwifery. They earn graduate degrees, meet health and science education requirements, complete a midwifery education program accredited by ACME, and pass the same national certification examination as CNMs to receive the professional designation of CM.

CNMs and CMs must demonstrate that they meet the *Core Competencies for Basic Midwifery Practice* 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*. 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.¹ To maintain the designation of CNM or CM, midwives must be recertified every 5 years through AMCB and must meet specific continuing education requirements.

REFERENCES

1. International Confederation of Midwives. Essential competencies for basic midwifery practice 2014. [http://www.unfpa.org/sowmy/resources/docs/standards/en/R430 ICM 2011 Essential Competerencies 2010 ENG.pdf](http://www.unfpa.org/sowmy/resources/docs/standards/en/R430_ICM_2011_Essential_Competerencies_2010_ENG.pdf). Published 2014. Accessed 25 June 2020

GENERAL INFORMATION

Academic Advisor

Students are not assigned an individual academic advisor but rather as group meetings each semester for all the students within the midwifery program. Advising sessions can occur with all the students in the program or may be held by class once you enter the clinical sequence of the program. The program lead will host these sessions and other faculty participate depending on the topic or the time of the year. Individual advising sessions are available at any time by contacting the program lead and appointments will be set up with the appropriate faculty member by the program lead. If there are any changes or desire for a change to your program plan, you must be in contact with the graduate advisors and program lead/s first to confirm that the change will not create any difficulty in clinical sequencing or program progression.

It is the student's responsibility to be in contact with the program lead if they have any concerns about their progression in a course. If your exam scores are low, you are having difficulty keeping up with the content, or find that you are having difficulty with the materials, please reach out both to the course faculty and to the program lead so they can assist you in identifying resources and offer additional support as needed. The program lead may not be aware of your status in a particular course, especially in the non-clinical courses. Consistent with our commitment to adult learning, we ask that you seek support as needed in a manner that is proactive to avoid delays in your progression within the program. Please refer to the Master's Student Handbook for specific policies for passing courses.

Absences

Attendance is critical throughout the program, especially in the clinical courses. Students are expected to attend all scheduled seminars and clinical experiences, as well as actively

participate in web courses. An expected absence from class should be communicated to the course faculty as soon as possible. **Any** changes in the clinical schedule, including absences, must be reviewed by the faculty and arranged between the student and preceptor BEFORE they occur. It is the student's responsibility to make sure that all involved have been notified well in advance of the absence and to take the initiative in arranging to make up any time missed. Students must plan on making up any absences in the clinical experiences by the end of that semester, or receive an "Incomplete". Extended absences, more than one week in N566, N546, N676 and more than 2 days in N677, are **not** permitted. As a general practice, if you have changes to your clinical schedule or there is a need for variance from what was initially planned for your clinical placement, you should contact the faculty for the course to discuss the change and any implications of the change, before it takes place.

Parking

We know parking can be a challenge. You are advised to attend the School of Nursing orientation for "tips" on options, such as the free AATA bus usage when you show your UM ID. During the academic year, to assure yourself a metered spot, it is best to arrive well before 8:00 am. On street parking around the School of Nursing is limited to two hours only if you don't have a resident parking sticker and violators are frequently ticketed.

Student parking stickers and bus passes are available at:

Parking Customer Service, 777 North University, Ann Arbor, MI 734-764-8291

Orange and yellow parking is available at Chrysler Arena from which you are then transported by shuttle bus into the main campus.

Regardless of the option you choose for parking, you must plan ahead and include the necessary time so that you can arrive in class at the regularly scheduled start time.

Information Technology

Most of the master's core courses at the University of Michigan School of Nursing have been web-based or supported for several years, and some of the nurse-midwifery courses have class sessions that are web-based as well. Generally, web-based courses are offered in a 'blended' format combining on campus classes and web-based assignments and discussions.

Graduate students will use computers for accessing course web pages, word processing, statistical analyses, literature searching, reference management, maintaining a database of clinical experiences and most importantly, communicating with students and faculty through email and discussion areas.

Email is widely used to disseminate information; students are expected to check their umich.edu email **daily** so as not to miss any important communications, such as scholarship opportunities and important events or deadlines. It is also important to note that all official communication with the offices in the School of Nursing must be sent from your official email account, even if you route all your email to a central account, such as Gmail. The address that all official email

will come to is the umich.edu account as well. Most courses use a student “email list” to facilitate communication between students and faculty that is run through the Canvas site. Within the nurse-midwifery program, important announcements are posted to the “umsn-allmidwifery@umich.edu” email list, such as scholarship and employment opportunities. Anyone on the email list may send a message to all nurse-midwifery students, but please be respectful of each other’s “email” boxes and only send school or midwifery specific information.

Registered students can obtain a computer ID number to access the University of Michigan Computing Environment (UMCE). The following describes the process for getting connected: Your computing ID at U-M is called a username. Your username and its accompanying UMICH password provide proof of identity to log in to many computing systems and services on campus, including the computers at Campus Computing Sites. New students receive their usernames and passwords at orientation and/or when you are admitted to the University of Michigan as a student.

A computer center for student use is available on the fourth floor of the School of Nursing, as well as in Taubman Library and many other areas on campus.

Texts. Videos. Tapes

Buy textbooks with your future courses in mind. Increasingly, students are buying textbooks using internet based resources for convenience and to avoid long lines; Text book listings are provided on the Canvas sites for the courses you enroll in and there is a link to the local book stores to secure them. It is wise to consult with the faculty **before** purchasing textbooks in case changes have been made.

Fetoscopes

In some clinical sites (particularly internationally) having a fetoscope (stethoscope designed for listening to the fetal heart beat) is beneficial. There are catalogs available, i.e., Moonflower Birth Supply, and they are available on amazon.com.

Employment while in the Midwifery Program

We recognize the need to support yourself and possibly your family, as well as accommodate the costs of your education or to maintain health benefits. If you are in the 3 year MSN or 4 year DNP program you have some flexibility for working during the first portion of your program. However, 2 year MSN, 3 year DNP and dual FNP/midwifery PNP/midwifery students need to plan to work very little if at all during their entire program. For all midwifery students, the final two clinical semesters have a very heavy clinical component and we strongly recommend you work as little as possible to get the best educational experiences possible and to be prepared to successfully complete the program requirements. There are factors, such as preceptor’s schedules and class days/times, that cannot be adjusted to accommodate student’s work schedules. The greater flexibility you have the more likely you are to accomplish the educational and clinical needs of the program.

Students who work several days a week will have very limited options for clinical placements, as the site or preceptors may not be able to accommodate a particular day of the week. If your availability is very limited, it can also limit the options you have for a clinical placement. There is also drive time involved in the placements which require you to account for that in your schedule. The UM Nurse-Midwifery program is fortunate to have a number of

Preceptors that are exceptionally experienced and dedicated that are not in the Ann Arbor area so plan on commuting for at least one or more of your clinical experiences. For some of these sites this may require students to find accommodations near those sites. Finally, during the integration experience, it is expected that you are in clinical full time (mirroring the schedule of a full time CNM), thus holding a regular position outside of school is not possible. It is also noted that the rich clinical experiences that can be gained in some sites require you to be on call more than the actual clinical “hours” indicated for that clinical course. Outside work commitments can alter your ability to be placed in practices such a birth center setting or small midwifery practices. It is also expected that work commitments will not interfere with your ability to be in the classroom and the additional labs prior to the start of that clinical portion of your classes. This includes not working the night before class. Fatigue interferes with your ability to fully retain information and to participate in classroom discussions to assure you are clinically ready for the necessary experiences you will have in your clinical placements.

We ask that you be in close communication with the program lead at the outset of the program and with the faculty for the clinical course you are enrolled in to assist in proactive planning to try to blend what we hope will not be two competing needs for employment and quality educational experiences.

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>.

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.

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, phone conferences after the exam period, and written program evaluations. *It is wise to check your nurse-midwifery student file periodically throughout the program to insure that the completed statistics summary sheets and evaluations are in your file (Faculty will be happy to assist you with this).*

In order 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 (submitted to Typhon).

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

DIDACTIC

Classes/Seminars

It is expected that students will attend all on-site lectures and seminars. It is extremely important that students arrive **ON TIME** for lectures and seminars in avoid disruptions to the class, faculty, and guest speakers who have come to support the program but may be on a very tight timeline. This means planning ahead for parking difficulties. Nurse-midwifery specialty courses follow the seminar format. Students are expected to come to class prepared having accomplished all the required reading. Although each objective may not be covered during the seminar, the student is responsible for all content covered in seminars and all objectives detailed in the syllabus/module.

Students are expected to be prepared to participate in the discussion of all on-campus seminars and web discussions.

The purpose of the seminars and web discussions are:

1. Clarification of topics and emphasis of key concepts.
2. Organization of subject matter.
3. Discussion of readings.
4. Sharing clinical experiences relating to topic.

Seminar topics are:

1. Selected to increase readiness for clinical experience.
2. Arranged to progress from the normal to the complicated and/or high-risk situations.
3. We welcome ideas from students on new topics to cover, please reach out to the course faculty early in the semester with suggestions.
4. Guest speakers are asked to present certain topics and are chosen for their expertise.

Cell phones and pagers are to be placed on 'vibrate' during classes/seminars. 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.

Grading

In order to pass the course, you must pass *both* the clinical and didactic components. You must obtain a grade of B or better in each nurse-midwifery course to progress to the next clinical course and to successfully complete the program of study. You must also satisfy the academic requirement of maintaining a B (3.0) cumulative GPA to stay in the master's program. While there are standardized grading scales, each course may use some variation of this scale. Refer to the course syllabus for specific information about the scales used. In addition, students must pass both the clinical and the didactic component of the course in order to progress into the next clinical sequence course. Students who do not receive a passing grade, course or clinical, will not be allowed to continue on to the next nurse-midwifery clinical course and will have to repeat the course by returning the following year, space permitting, and continuing on then following the clinical sequence from there. Both the clinical and didactic component must be repeated. An individualized learning plan will be developed with the graduate academic advisor and the course faculty, indicating where a failure occurred, in order to outline options for progress and opportunities to augment your learning in the interval before returning to the clinical course 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.

Students must pass all of the nurse midwifery courses with at least an 80% on exams. If a student scores less than 80% they may, at the discretion of the course coordinator, have the ability for a test re-take or have another alternative knowledge assessment to support the student's continued progress in the course. Successful retake of the exam will only increase the score to 80% (regardless of how high the student scores on the retake) when it is factored into the final grade. The retake process confirms appropriate knowledge base and is not meant to allow students to improve their grade. This applies to each exam; midterm, final, and any interval examinations within the courses.

Course Units

Course syllabi and units of instruction are set up for mastery learning based on adult learning theory. The principles are as follows:

Principles Governing Adult Learning

- ◆ Adults respond better in a non-threatening learning environment.
- ◆ Adults want to assess their progress against a relevant standard.
- ◆ Adults prefer to select their own learning experiences.
- ◆ Adults prefer a problem-oriented, patient-centered approach to learning, with an opportunity to apply their new-found knowledge to real situations.

Students are strongly encouraged to contact the course faculty to clarify questions and concerns as they arise and in a timely manner.

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 in each of these areas.

In order to facilitate successful completion of board examinations students must pass the comprehensive exam with a grade of 85% or higher. Successful completion of the exam is one of the criteria for completing the nurse-midwifery education program. Students may retake another version of the exam up to two times at an interval determined with the N677 faculty and Program Lead.

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 are 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 in order to be placed in their health system or setting. This may include drug testing, or added vaccination documentation. 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 requirement 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 in to 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 N571 and 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.**

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 particular 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 Experience

A solid background of Labor and Delivery nursing experience can be helpful to midwifery students in the Intrapartum course which is taken at the beginning of the second (last) clinical

year. As experienced nurse-midwifery educators, we have found that if a student is comfortable working with women in labor, 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 in order 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 clinical experience with a nurse in a labor and birth environment. In addition, there are some experiences students can gain throughout the program that will better support their transition to caring for women during childbirth. We ask that all students review this list and complete those experiences that they have not had prior to N676.

Requirements:

1. Fetal heart rate monitoring course, including a final test/evaluation. AWHONN offers and online course which meets this requirement.
2. Neonatal resuscitation course which can be completed in the first week of the N676 course.
3. A Doula training course (certification not required) or labor support workshops or conference. There are several opportunities to do this in the Ann Arbor area.

Other recommended experiences are of high value:

1. Attend a series of childbirth education classes.
2. Attend “strip rounds” on the Obstetric unit.
3. Attend 3-5 births as a volunteer doula or work as a doula to gain similar experience.
4. Participate in research projects related to pregnancy and childbirth.
5. Volunteer to participate or observe a Centering Pregnancy Group Prenatal Care program.

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 100 miles from your home and may require overnight accommodations. 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.

For the final semester, clinical placements for Integration, N677, may be at out of state or international sites. If a site is desired that has not previously been offered, the clinical coordinator must be notified as soon as possible in order to negotiate a possible placement as contracts take time. 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 in order to meet course

objectives and ACNM competencies and guidelines for clinical experiences. The clinical hours follow:

N566 (Primary Care I) =112 hours

This may be 8- hours in one day or split between two days and/or additional learning experiences, including the community experience.

N546 (Antepartum) =158 hours

This will be an average of 12 hours per week and will include some L & D triage experience.

N676 (Intrapartum/Postpartum/Newborn) = 224 hours

This may be in two 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) = 36-40 hours/week

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 take into account 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 count hours of clinical experience or assume that being part of particular care events 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. Students are encouraged to acquire experiences beyond the minimum requirements, but may need fewer if they already have some practice competencies, such as a post-master’s nurse practitioner or an individual who has been educated and practiced as a midwife in another country. Overall we use a competency based approach, so while the clinical hours and experiences are guidelines, we use evaluation of your skills as the primary determination for completion of a particular course and the program overall.

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.

We expect achievement of course objectives, which may require more than the *minimum* required clinical management experiences and hours. These will be arranged at the discretion of the clinical coordinator or the course coordinator. Students must receive a “Pass” in the clinical component of a course to pass the course and progress in the clinical sequence.

If, for any reason, student progression in the sequence of nurse-midwifery clinical courses is delayed/interrupted, there is no guarantee that you will have a position in the clinical course when it is offered next. Students whose clinical sequence is interrupted must put in writing their desire to be re-admitted into the subsequent clinical courses by March 1 before a fall term re-entry or by Nov. 1 for a Winter term re-entry and the faculty will review the request.

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.
13. Dressing modestly and following the dress code of 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.

PROFESSIONAL ACTIVITIES

Professional activism is an expectation within the midwifery profession.

The American College of Nurse-Midwives

Students are required to join the American College of Nurse-Midwives (ACNM) and are strongly encouraged to become 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 is an excellent resource and full of information that is helpful to students. It can be found at <http://www.acnm.org>.

The national ACNM office may be contacted directly at:

ACNM

8403 Colesville Road, Suite 1550

Silver Spring, MD 20910-6374

240-485-1800

Home page: <http://www.acnm.org/>

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 **\$500.00 (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 by cashier's check, certified check, or money order.

The national AMCB Office address is:
American Midwifery Certification Board
849 International Drive, Suite 205
Linthicum, MD 21090410-694-9424
410-694-9425 (fax)

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 Listserve 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, which is held each year in the spring. No nurse-midwifery classes are held during the week of the 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.

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:

Faculty	Email
Ruth Zielinski PhD CNM FACNM, FAAN Clinical Professor/Program Lead	ruthcnm@umich.edu
Lee Roosevelt PhD, MPH CNM Clinical Assistant Professor	morgaine@umich.edu
Nora Drummond DNP, CNM, FNP-BC Clinical Instructor	noradrum@umich.edu
Lisa Kane Low PhD, CNM, FACNM, FAAN Associate Dean for Clinical Affairs and Professional Graduate Programs	kanelow@umich.edu

Department Administrative Office room 3160

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. There are also the group advising sessions that will be held each semester. 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.

Appendix A-ACNM Philosophy

We, the midwives of the American College of Nurse-Midwives, affirm the power and strength of women and the importance of their health in the well-being of families, communities and nations. We believe in the basic human rights of all persons, recognizing that women often incur an undue burden of risk when these rights are violated.

We believe every person has a right to:

- Equitable, ethical, accessible quality health care that promotes healing and health
- Health care that respects human dignity, individuality and diversity among groups
- Complete and accurate information to make informed health care decisions
- Self-determination and active participation in health care decisions
- Involvement of a woman's designated family members, to the extent desired, in all health care experiences

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

- Promotes a continuous and compassionate partnership
- Acknowledges a person's life experiences and knowledge
- Includes individualized methods of care and healing guided by the best evidence available
- Involves therapeutic use of human presence and skillful communication

We honor the normalcy of women's lifecycle events. We believe in:

- Watchful waiting and non-intervention in normal processes
- Appropriate use of interventions and technology for current or potential health problems
- Consultation, collaboration and referral with other members of the health care team as needed to provide optimal health care

We affirm that midwifery care incorporates these qualities and that women's health care needs are well-served through midwifery care.

Finally, we value formal education, lifelong individual learning, and the development and application of research to guide ethical and competent midwifery practice. These beliefs and values provide the foundation for commitment to individual and collective leadership at the community, state, national and international level to improve the health of women and their families worldwide.

Revised last: September, 2004
(Replaces version updated October, 1989)
8403 Colesville Rd, Suite 1550,
Silver Spring MD 20910
240-485-1800 Fax: 240-485-1818
Web: www.midwife.org

Appendix B—ACNM Core Competencies



CORE COMPETENCIES FOR BASIC MIDWIFERY PRACTICE

ACNM Core Competencies for Basic Midwifery Practice

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 in order 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.

I. 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 a 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

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*Source: Basic Competency Section, Division of Advancement of Midwifery
Approved by the ACNM Board of Directors: October 27, 2019*

https://www.midwife.org/acnm/files/acnmlibrarydata/uploadfilename/00000000050/ACNMCoreCompetenciesMar2020_final.pdf

Appendix C- ACNM Standards of Practice

Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post-partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

STANDARD I

MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS

The midwife:

1. Is certified by the ACNM designated certifying agent.
2. Shows evidence of continuing competency as required by the ACNM designated certifying agent.
3. Is in compliance with the legal requirements of the jurisdiction where the midwifery practice occurs.

STANDARD II

MIDWIFERY CARE OCCURS IN A SAFE ENVIRONMENT WITHIN THE CONTEXT OF THE FAMILY, COMMUNITY, AND A SYSTEM OF HEALTH CARE.

The midwife:

1. Demonstrates knowledge of and utilizes federal and state regulations that apply to the practice environment and infection control.
2. Demonstrates a safe mechanism for obtaining medical consultation, collaboration, and referral.
3. Uses community services as needed.
4. Demonstrates knowledge of the medical, psychosocial, economic, cultural, and family factors that affect care.
5. Demonstrates appropriate techniques for emergency management including arrangements for emergency transportation.
6. Promotes involvement of support persons in the practice setting.

STANDARD III

MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY

The midwife:

1. Practices in accord with the Philosophy and the Code of Ethics of the American College of Nurse-Midwives.

2. Provides clients with a description of the scope of midwifery services and information regarding the client's rights and responsibilities.
3. Provides clients with information regarding, and/or referral to, other providers and services when requested or when care required is not within the midwife's scope of practice.
4. Provides clients with information regarding health care decisions and the state of the science regarding these choices to allow for informed decision-making.

STANDARD IV

MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE, SATISFYING, AND CULTURALLY COMPETENT CARE.

The midwife:

1. Collects and assesses client care data, develops and implements an individualized plan of management, and evaluates outcome of care.
2. Demonstrates the clinical skills and judgments described in the ACNM Core Competencies for Basic Midwifery Practice.
3. Practices in accord with the ACNM Standards for the Practice of Midwifery.

STANDARD V

MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN PRACTICE GUIDELINES AND ARE USED TO GUIDE THE SCOPE OF MIDWIFERY CARE AND SERVICES PROVIDED TO CLIENTS.

The midwife:

1. Maintains written documentation of the parameters of service for independent and collaborative midwifery management and transfer of care when needed.
2. Has accessible resources to provide evidence based clinical practice for each specialty area which may include, but is not limited to, primary health care of women, care of the childbearing family, and newborn care.

STANDARD VI

MIDWIFERY CARE IS DOCUMENTED IN A FORMAT THAT IS ACCESSIBLE AND COMPLETE. The midwife:

1. Uses records that facilitate communication of information to clients, consultants, and institutions.
2. Provides prompt and complete documentation of evaluation, course of management, and outcome of care.
3. Promotes a documentation system that provides for confidentiality and transmissibility of health records.
4. Maintains confidentiality in verbal and written communications.

STANDARD VII

MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY MANAGEMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.

The midwife:

1. Participates in a program of quality management for the evaluation of practice within the setting in which it occurs.
2. Provides for a systematic collection of practice data as part of a program of quality management.
3. Seeks consultation to review problems, including peer review of care.
4. Acts to resolve problems identified.

STANDARD VIII

MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES.

The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
 - a. Knowledge of risks, benefits, and client selection criteria.
 - b. Process for acquisition of required skills.
 - c. Identification and management of complications.
 - d. Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.

Source: Division of Standards and Practice

Approved: ACNM Board of Directors, March 8, 2003;

Revised and Approved: ACNM Board of Directors, December 4, 2009

Revised and Approved: ACNM Board of Directors, September 24, 2011

(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993. Standard VIII has been adapted from the ACNM's Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice)

Appendix D

Objectives for IP experiences for Midwifery Students without prior labor and delivery RN experience

University of Michigan – Nurse Midwifery Program

Pre-midwifery IP practicum clinical experience: This clinical experience is intended to enable the midwifery student who does not have RN experience in labor and delivery care to acquire the following objectives:

1. Be able to recognize the behavioral cues that reflect a person's status in labor and differentiate early labor, active labor and the 2nd stage.
2. Be able to identify (as documented in the medical record or by observation) and explain the significance of the following features in labor:
 - a. Gestational age/EDC – and criteria for this assessment (i.e. LNMP or ultrasound report)
 - b. Age and parity: Be able to explain the significance of low or high maternal age and parity on the course of labor
 - c. Vital signs – BP and TPR as well as FHR
 - d. State of hydration
 - e. Cervical dilatation/effacement/station
 - f. Status of the Bag of Waters (BOW)
 - g. Recognize when the amniotic fluid is meconium-stained and explain the significance of this occurrence
 - h. Nature of vaginal discharge/fluid, bleeding or bloody “show”
3. Explain the significance of the following prenatal and admission lab tests in care during labor:
 - a. Blood type and Rh
 - b. RPR/VDRL
 - c. Hct/Hgb
 - d. Hepatitis screen
 - e. Rubella screen
 - f. HIV
 - g. GBS
 - h. Fetal genetic screening (quad/integrative/NIPT/amnio)
4. Explain the significance of the Estimated Fetal Weight (EFW) of the fetus and identify the basis for this estimate (i.e. ultrasound report, provider, or mother's estimate)
5. Fetal status:
 - a. Fetal heart rate by auscultation with a Doppler and the electronic fetal monitor (EFM).
 - b. Be able to recognize the basic features of the FHR on an EFM, baseline rate, variability, accelerations and decelerations and category

- c. Differentiate between the features of the FHR that can be assessed with the external versus the internal FM
 - d. Explain when direct versus indirect fetal monitoring would be indicated.
 - e. Explain the significance of fetal movement during labor
6. Desirable clinical skills:
 - a. Abdominal palpation
 - i. Leopold's for fetal presentation and position
 - ii. Uterine contractions
 - b. Vaginal/cervical exam (if appropriate in clinical setting)
 - c. IV insertion (if appropriate in clinical setting)
 - d. VS (
7. Explain what actions (by RN or provider) should be taken when there are "nonreassuring" features on a FHR tracing
8. Be able to support a laboring person with relaxation and other strategies to cope with contractions and pain
 - a. Be able to include other family members in supportive care
 - b. Explain the merit of mobility and position change during labor and appropriate precautions for safety
 - c. Be able to recognize a woman's or her family's need for information or practical assistance
9. Identify the responsibilities of the RN along with the CNM or Physician provider in the care of women during labor
10. Identify the circumstance when the following medications might be given to a woman in labor and the major considerations regarding their effects and safe administration:
 - a. Induction, cervical ripening agents
 - i. Differentiate between the use of Pitocin or an oxytocic during labor and third stage
 - ii. Mechanical cervical ripening with Foley or Cook balloon
 - iii. Misoprostol (Cytotec) differentiate between use as a cervical ripening agent vs. third stage
 - b. MgSO₄ infusion
 - c. Narcotic analgesia – and major types used
 - d. Epidural anesthesia – and major care implications
 - e. Nitrous oxide
 - f. Antibiotics
11. Identify the main concerns associated with the following situations:
 - a. Preterm rupture of membranes (PROM) and PPROM
 - b. Vaginal birth after a previous C-section attempt (VBAC)
 - c. Fetal malpresentation, especially occiput posterior and breech
 - d. Hypertension/preeclampsia
 - e. Positive GBS culture
12. Identify what provisions need to be made by the RN or CNM when a woman in labor needs a Cesarean birth
13. Identify the major needs of a woman during the 2nd stage of labor and birth and the roles of the RN and provider (CNM or physician)
14. Support the patient and family with immediate skin to skin and initiation of breastfeeding

15. Identify the key indicators of a woman's status during the period immediately following birth
16. (Active Management of Third Stage (AMSTL) interpretation of vital signs, hydration status, bleeding, pain and response to the newborn)

The 1 credit N697 Independent L&D RN clinical experience will be accomplished by completing 60 hours of clinical time with an experienced L&D nurse. Typically, this is completed during the spring/summer semester prior to N677 which is the Intrapartum/Postpartum/Newborn Course. The assignments of the course are:

- Participate in an online discussion of your experience
- Have your preceptor sign the form below OR email me verifying you have completed your hours. You may have more than one preceptor so you may want to have each preceptor sign as you go along.

This is to verify that the following student has completed her L&D experience and had an opportunity to participate in L & D experiences and skills as they were available. The student has a beginning knowledge of their application in the care of patients during labor

Student Name _____

Student Signature _____

Preceptor Name/Title _____

Preceptor Signature _____