


Collaborative Practice between
Certified Nurse-Midwives and Obstetricians
and the Factors Involved in
Working Together to Normalize Childbirth:
An Integrative Review

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**“Coming together is a beginning,
staying together is progress and
working together is success”**



Henry Ford



ACNM gives ACOG a very special award: the Organizational Partner Award for aiding in the development and practice of midwifery

“ACOG acknowledged that improving women’s health care and access to care is a shared goal of both our organizations.” (Conry, 2013)

“The reality as look toward the future? It is likely that many models of collaborative practice will be adopted by physicians.” (Conry, 2013)

Objectives for session

1. Identify concepts/characteristics that were identified in building successful collaborative relationships between CNM and physicians.
2. Identify state regulatory limitations on independent practice, restrictive institutional policies and agreements that prohibit independent practice.
3. Indicate how the DNP health care provider will be able to advocate professionally for health care reform and policy changes at local, state, and federal levels.

A Perspective: “Collaborative Relationship”

When midwives and physicians practice in a collaborative environment, they deliver health care more efficiently, patients experience better outcomes, and providers enjoy enhanced overall satisfaction (Garvey, 2011).

Collaborative Environment
delivers health care more efficiently, patients experience better
outcomes, and providers enjoy enhanced overall satisfaction



Purpose of this Integrative Review

To examine the current body of knowledge for linkages to:

- ❖ function and successes in collaborative practices between Certified Nurse-midwives (CNMs) and Obstetricians as they relate to normalization of childbirth, cost factors, and safety outcomes.
- ❖ an understanding of collaborative practice and its potential barriers to practice as it pertains to CNMs and physicians.
- ❖ potential predictive effects of collaboration on CNM and Obstetrician practice and how it may influence the normalization of childbirth.

Assumptions

The major assumptions for the Integrative Review and analysis:

- ❖ The definition of collaboration between CNMs and physicians is not fully understood by all parties as to its purpose and function.
- ❖ Collaboration between CNMs and physicians exists in some form, but to what degree and how it is characterized may be different in the future than how it appears today.

Questions

Four questions addressed in this review:

- ❖ What is **known currently about the collaborative effort** between CNMs and physicians?
- ❖ What are the **characteristics** of current collaborative practices between CNMs and physicians?
- ❖ What are the **barriers** to CNMs and physicians developing effective collaborative practices?
- ❖ Is there evidence in the literature of **improved structures of collaborative practice** between CNMs and physicians?

CNM and Collaboration . . . And the Current State of Infant Mortality

- ❖ For CNMs, **collaboration or a collaborative agreement** is not a new concept, but a mandated component of practice imposed by State Boards of Nursing (National Council of State Boards of Nursing, 2011).
- ❖ In 2005 (the latest year that international ranking is available) the United States ranked 30th in the world in **infant mortality**, behind most European countries, Canada, Australia, New Zealand, Hong Kong, Singapore, Japan and Israel (MacDorman & Mathews, 2009).

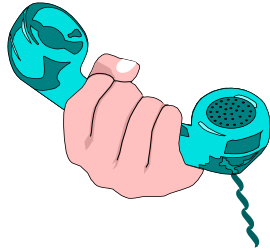
Definitions:

- ❖ **Certified Nurse-Midwives:** are registered nurses who have graduated from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME) and have passed a national certification examination. (American College of Nurse-Midwives, 2011).

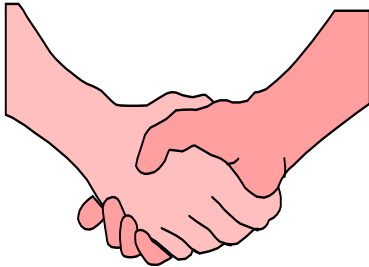
Definitions (cont):

- ❖ **Collaboration of Obstetricians and CNMs:**
Collaboration is the process whereby a CNM/CM and physician jointly manage the care of a woman or newborn who has become medically, gynecologically or obstetrically complicated. (American College Of Nurse-Midwives, 2011).

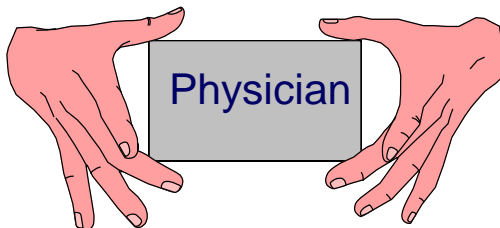
Collaborative Practice



- **Consultation**



- **Collaboration**



- **Referral**

Limitations of the Integrative Review:

- ❖ Only articles published in **peer reviewed journals** in the **English language** in the **United States** and did not include findings from other countries.
- ❖ Topics were limited to **regulations, policy, and standards only for collaborative practice** and this did not include co-management of patient conditions.
- ❖ The review: **Includes articles that were written before January 1991 to December 2011**, to better identify factors affecting current collaborative practice.

Inclusion Criteria of Integrative Review:

- ❖ All practice settings were considered . . . including academic practice settings, and private practice /underserved public clinics where CNMs and physicians collaborated.
- ❖ Also included in this review were descriptive articles on collaborative practice that described what has been successful, what has not worked, and identified barriers to practice.

Data Bases Searched

- ❖ CINAHL,
- ❖ Medline,
- ❖ Psychological Info,
- ❖ Health and Psychosocial Instruments,
- ❖ Sociological Abstracts,
- ❖ Social Sciences.

Key Words Searched

- ❖ collaboration,
- ❖ collaborative practice,
- ❖ interprofessional,
- ❖ interdisciplinary,
- ❖ team building,

and

- ❖ physician,
- ❖ nurse-midwives,
- ❖ APRNs,

Search Results

- ❖ 14,986 articles.
- ❖ Limited search to titles that included physician and nurse-midwives along with one of the following terms: collaboration, interdisciplinary, interprofessional, or team.
- ❖ 477 articles remained.
- ❖ Further limited to practice in the U.S.
- ❖ Eliminated Articles related to skills, clinical management of care or practice based interventions
- ❖ 16 articles met criteria

Article Results on Collaboration:

- ❖ Midwifery care, coupled with timely access to medical consultation, collaboration, and if needed, referral, provides women with optimal care (Roberts, 2001).
- ❖ Collaborative Practice provided access to care for vulnerable populations, decreased medical interventions, improved birth outcomes, and normalization of birth (Baldwin, Hutchinson, & Rosenblatt, 1992; DeJoy et al., 2011; Everly, 2011; Hutchison et al., 2011; Jackson, Lang, Ecker, Swartz, & Heeren, 2003; Keleher, 1998; Payne & King, 1998; and Shaw-Battista et al., 2011).
- ❖ Other articles discussed improved outcomes through evidence-based practice, cost effectiveness, quality of maternity care and satisfaction in collaborative practices (Baldwin, Hutchinson, & Rosenblatt, 1992; Collins-Fulea, 2009; DeJoy et al., 2011; Hutchison et al., 2011; King & Shah, 1998; Miller, King, Lurie, & Choitz, 1997; and Stapleton, 1998).

Article Results on Collaboration (cont):

- ❖ Concepts and constructs of collaboration identified in several of the articles consisted of: trust, accountability, communication, responsibility, satisfaction, support, understanding and team (Avery & Delgiudice, 1993; Clark-Coller, 1998; Collins-Fulea, 2009; Darlington, McBroom, & Warwick, 2011; DeJoy et al., 2011; Hutchison et al., 2011; Keleher, 1998; King & Shah, 1998; Payne & King, 1998; and Stapleton, 1998).
- ❖ Collaboration should start with a request initiated by the CNM. A collaborative relationship between CNMs and physicians should have no supervisory aspect to the relationship. (Darlington, McBroom & Warwick, 2011; Avery & DelGiudice, 1993; DeJoy et al., 2011; and Stapleton, 1998).

Article Results on Collaboration (cont):

- ❖ Collaboration should result in independent clinical practices in which each service had the opportunity to excel at what it did best (Shaw-Battista et al., 2011; Darlington, McBroom & Warwick, 2011; DeJoy et al., 2011; and Hutchison et al., 2011).
- ❖ One study found the balance struck between independence and interdependence of the practice groups has led to innovation and successes that might otherwise not have come to being (Hutchison et al., 2011).
- ❖ Midwives reported appreciating their collaborating physicians in emergent situations (Everly, 2011).

Article Results on Collaboration (cont):

- ❖ Barriers to collaboration were many: professional competition, educational differences, lack of understanding of roles, ineffective communication, gender issues, hierarchical relationships, social class and economics (Keleher, 1998) .
- ❖ States vary in the regulatory barriers to full midwifery partnership in collaborative practice settings. The struggle with medical group internal policies, practice agreements, and hospital by-laws and privileges have prevented CNM partnerships and have restricted their scope of practice (Hutchison et al., 2011; Shaw-Battista et al., 2011; and Miller, King, Lurie & Choitz, 1997) .

Nurse-Midwives Educating Legislators Staff in Washington, DC



Article Results on Collaboration (cont):

- ❖ Physicians who work with midwives would likely have increased exposure to the midwifery skills or the midwifery model of care that support physiologic childbirth; thus the role of midwives should be a critical component in the education of physicians who will be involved with childbearing women (Collins-Fulea, 2009).

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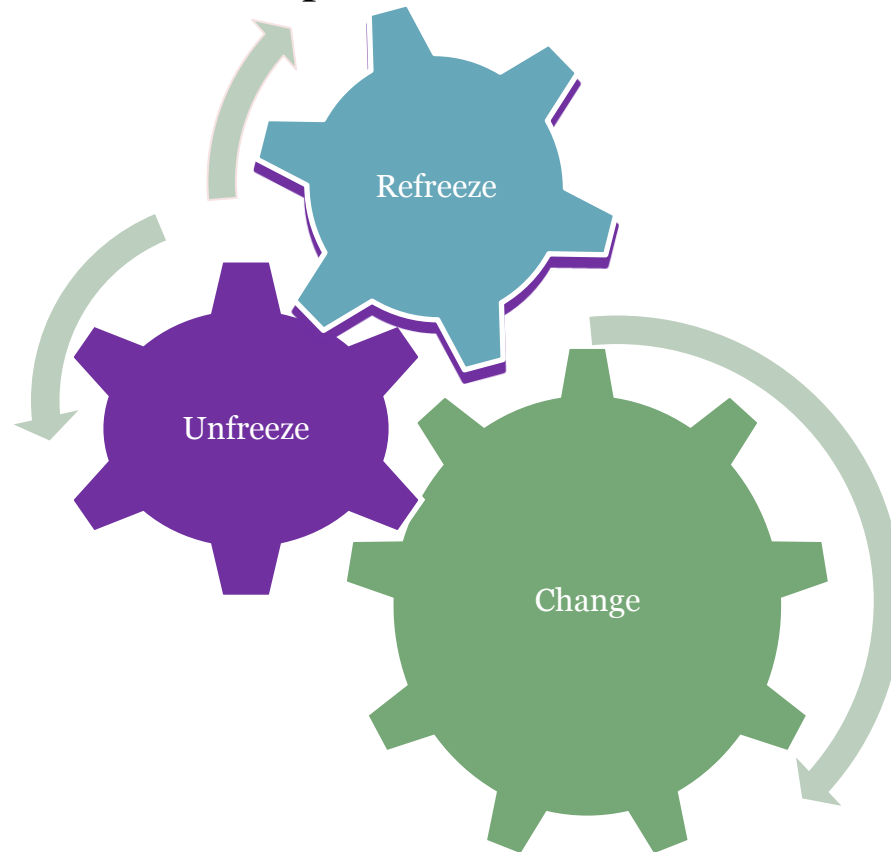
Summary of Literature

- ❖ CNMs have seen themselves as practicing independently when in reality they were in some form of collaborative model that contributed to their patient outcomes.
- ❖ Many CNMs have the benefit of practicing within states that have already gone through regulatory change, removing many of the barriers to independent practice; however, there is still significant effort that is needed to cultivate the collaboration with physicians in those states.
- ❖ Interprofessional collaboration can best be achieved through early education of residents, nurses, and student NMs who are all learning together in institutions that promote integrated learning and appreciation of roles.

Change is Clearly Needed to Improve Patient Outcomes

Kurt Lewin's Change Theory

- ❖ The change agent's goal is to unfreeze the current processes, make changes, and then refreeze them within a new context of the changed process. Each step must be taken to affect the change outcome.



Past Change in CNM/Obstetrician Collaboration

❖ 1900s:

- Obstetrics created as a medical specialty, discredits the practice of midwives (Reed & Roberts, 2000).
- Physicians attend about half of the nation's births (Rooks, 1997).
- Midwives are predominantly female and considered “least powerful segment of American society” (Rooks, 1997).

❖ 1900 – 1930s:

- Trend toward hospitalization for childbirth;
- Mortality and morbidity associated with childbirth begins to increase (Reed & Roberts, 2000) .

Trend toward hospitalization for childbirth 1900 – 1930's



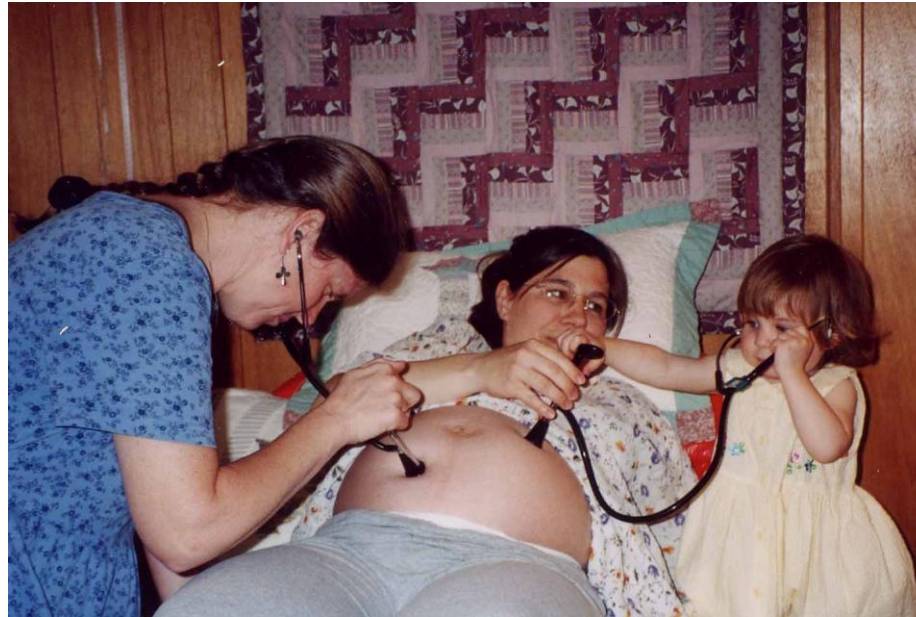
Past Change in CNM/Obstetrician Collaboration (cont)

- ❖ 1960s and 1970s: ACNM develops definitions to strengthen nurse-midwife's established role in mainstream health care and to negotiate an agreement with ACOG. (Rooks, 1997).
- ❖ 1971: ACNM, ACOG, and NAACOG approved a “Joint Statement on Maternity Care;” the first recognition and acceptance of nurse-midwives by medicine (Rooks, 1997).
- ❖ 1974: ACNM Legislative Committee issued a “Position Statement on Nurse-Midwifery Legislation;” calling for nurse-midwives to be involved in the policy-making process of appropriate state regulatory bodies (ACNM Legislative Committee, 1974).

Past Change in CNM/Obstetrician Collaboration (cont)

- ❖ 1975: The “Joint Statement on Maternity Care” from 1971 was revised to clarify that an obstetrician does not always need to be physically present when care is rendered by a nurse-midwife (ACNM 1975).
- ❖ 1978: ACNM approved a new definition of nurse-midwifery practice that declared that the nurse-midwife could “independently manage the antepartal, intrapartal, postpartal, and gynecological care of essentially normal women and their normal newborns” (Dawley & Varney Burst, 2005).

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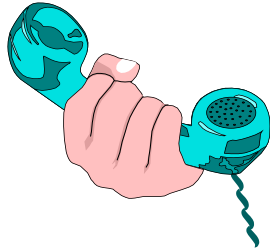


Past Change in CNM/Obstetrician Collaboration (cont)

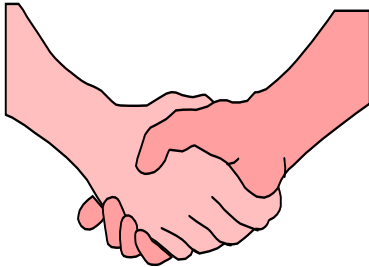
- ❖ 2000:
 - ❖ CNMs practice legally in all 50 states.
 - ❖ ACNM and ACOG develop “Joint Practice Statement” which further defines the **collaborative relationship** between CNMs and Obstetricians as one of “consultation, collaboration and referral” (Reed & Roberts, 2000).
 - ❖ 28 States adopted requirements similar to the “Joint Practice Statement” and used the phrase “consultation, collaboration and referral” in practice regulations (Reed & Roberts, 2000).

- ❖ 2000-2010:
 - ❖ 44 states regulate CNMs under the Board of Nursing, where that number was 42.
 - ❖ No changes in collaborative practice recommendations.

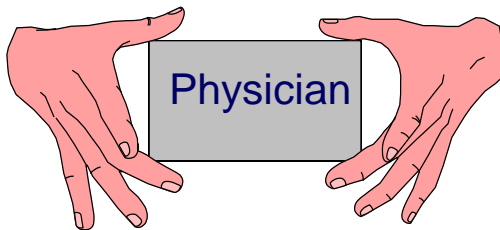
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Summary of Health Care Outcomes

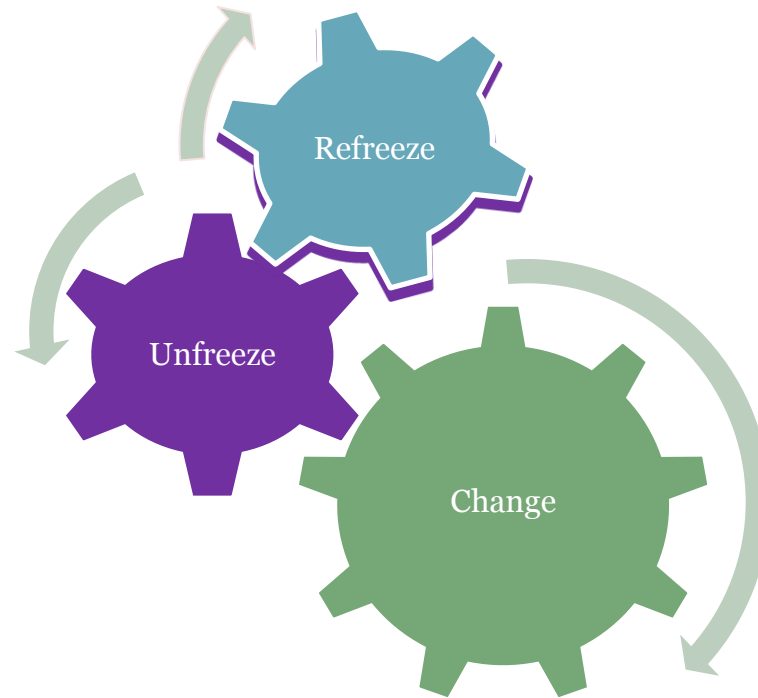
- ❖ Collaborative practice between CNM/OB was more cost effective, improved patient safety, improved patient outcomes and improved satisfaction for patients and health care professionals alike.
- ❖ Physicians that practiced with CNMs had lower rates of labor induction, higher chances of vaginal birth, and reduced incidence of preterm birth.

more cost effective, improved patient safety, improved patient outcomes and improved satisfaction for patients



Change Summary

Professional organizations are leading the charge of change in professional attitude, behavior of colleagues, and the Joint Practice Statements.



Awareness of Past change + Current Time of Change = New Future

Current Cycle of Change

❖ 2011:

- ❖ ACNM and ACOG approved a new “Joint Statement of Practice Relations between CNMs and OBs.”
- ❖ Institute of Medicine (IOM) put forth that APRNs are not practicing to the full extent of their education and training.
- ❖ IOM calls for transformation and rethinking of the role of the APRNs (which includes CNMs).

Current Cycle of Change

- ❖ This joint statement from ACNM and ACOG, along with the recommendation from NCSBN and IOM, will aid CNMs to achieve the needed changes in state legislation and policies. These changes will accomplish collaboration and will support improved birth outcomes.
- ❖ The future holds promise for CNMs as the current cycle of change continues.


**The future holds promise for CNMs/CMs as we continue in our current cycle of change.
Nurse-Midwives working with State Legislators**



Implications for the Practice Doctorate

❖ Goals:

- ❖ The Doctor of Nursing Practice (DNP)/CNM will assist in the building of collaborative relationships between CNMs and physicians with a level of parity.
- ❖ The DNP/CNM is educated and well prepared to be a patient advocate and will play a role in policy change and mediation.
- ❖ The DNP/CNM has the leadership skills to institute care practices to normalize birth.
- ❖ The DNP/CNM will advocate for patient care using evidence-based practice to insure patient care, safety, and satisfaction.
- ❖ The DNP health care provider has advocacy and collaborative skills to work with other professional organizations to influence policy makers for healthcare reform and policy changes at local, state, and federal levels.




Objective 1: Identify concepts/characteristics that were identified in building successful collaborative relationships between CNM and physicians.

- The research literature supports the configuration of collaborative relationships between CNMs and physicians. However, it does not specify the manner in which such a relationship can be accomplished. The literature does suggest that relationships need to be cultivated and that cultivation takes time.
- The concepts/characteristics that were identified in building successful relationships were described as: fostering open communication, trust, mutual respect, being accountable and sharing decision making to achieve quality patient care.

Objective 2: Identify state regulatory limitations on independent practice, restrictive institutional policies and agreements that prohibit independent practice.

- The literature reflected that CNMs saw themselves as practicing independently when in reality they were in some form of collaborative model that contributed to their patient outcomes. In many instances, their practice institutions may have given them a sense of independence due to the collaborative practice structure that has been cultivated over time with physicians in the same facility.
- In other instances, state regulatory limitations on independent practice, restrictive institutional policies and agreements prohibit independent practice.
- Many CNMs have the benefit of practicing within states that have already gone through regulatory change, removing many of the barriers to independent practice, however, there is still significant effort that is needed to cultivate the collaboration with physicians in those states.
- There is a need for collaboration and team building within the health care system in general, and specifically in maternity care.



Objective 3: Indicate how the DNP health care provider will be able to advocate professionally for health care reform and policy changes at local, state, and federal levels with the collaboration of other professional organizations to influence policy makers.

- The DNP clinician is educated to be a patient advocate for patient care using evidence based practice to insure patient care, safety, and satisfaction.
- The DNP health care provider has advocacy and collaborative skills to advocate for healthcare reform and policy changes at local, state, and federal levels with the collaboration of other professional organizations to influence policy makers.

Final Remarks

- ❖ Change in the collaborative relationship between CNMs and physicians as it is currently known will be no easy task.
- ❖ As CNMs discuss changing the national health care system to improve health outcomes, collaboration is needed for success.
- ❖ As CNMs work in collaborative relationships with physicians and health care teams, they will continue to influence other providers through evidence-based practice and benchmarking. The influence will result in normalization of pregnancy and birth -- which in turn produces improved pregnancy outcomes, lowers health care expenses, and increases patient and professional satisfaction.

Collaborative Relationship



The future holds promise for CNMs/CMs and all APRN's as we continue in our current cycle of change.

Questions?

