

# The DNP and Entry Into Midwifery Practice: An Analysis

Melissa D. Avery, CNM, PhD, and Carol Howe, CNM, DNSc

The American Association of Colleges of Nursing recently published a policy statement calling for the requirement of the Doctor of Nursing Practice for entry into practice as an Advanced Practice Nurse by the year 2015. Certified nurse-midwives, defined as those educated in both nursing and midwifery, are commonly included in the definition of Advanced Practice Nurses, along with nurse practitioners, nurse anesthetists, and clinical nurse specialists. This paper explores issues related to the practice doctorate as an entry requirement for midwifery practice in the United States. The results of a brief survey of midwifery students indicate mixed interest in a clinical doctorate. At the present time, evidence points to the fact that current education requirements produce safe, knowledgeable, competent midwives. Because data are lacking regarding the potential impact of the proposed Doctor of Nursing Practice on the cost of education to both the institution and the student, on the applicant pool, and on the health care system, the Directors of Midwifery Education endorse a statement affirming support for multiple routes of midwifery education based on the ACNM Core Competencies, and does not endorse a mandatory requirement for the clinical doctorate for entry into practice at this time. *J Midwifery Womens Health* 2007;52:14–22 © 2007 by the American College of Nurse-Midwives.

**keywords:** clinical doctorate, DNP, midwifery education

## INTRODUCTION

The American Association of Colleges of Nursing (AACN) recently published a policy statement calling for the Doctor of Nursing Practice (DNP) to be the requirement for entry into practice as an Advanced Practice Nurse by the year 2015.<sup>1</sup> This statement has resulted in controversy over the wisdom of recommending this education degree requirement without compelling evidence for the change.<sup>2,3</sup> Because certified nurse-midwives (CNMs), defined as those educated in both nursing and midwifery,<sup>4</sup> are commonly included in the definition of advanced practice nursing, along with nurse practitioners, nurse anesthetists, and clinical nurse specialists, this recommendation requires serious deliberation by midwives.

The Directors of Midwifery Education have endorsed a position statement (Table 1) in response to the AACN recommendation and others who have endorsed the concept of the DNP. The purpose of this paper is to explore issues related to the practice doctorate as an entry requirement for midwifery practice in the United States. The results of a brief survey of midwifery students are described.

## BACKGROUND

Midwifery is as old as time. As long as women have given birth, they have had attendants at their side, “with woman.” Professional midwifery has evolved in various ways to meet the needs of women in different cultures, different countries, and different health systems. In the

United States, professional midwifery\* has developed with close ties to nursing, primarily as a result of Mary Breckinridge’s decision to import the early 20th century United Kingdom model of nurse-midwifery to the Frontier Nursing Service beginning in 1925.<sup>5</sup>

Midwifery and nursing share many similarities in philosophy, education, and practice. For the most part, midwifery education is provided in schools of nursing, and much of its funding is shared with nursing. In all but two midwifery education programs, students must obtain basic nursing education either prior to or as a component of their midwifery education program. In 2005, 32 of 41 accredited programs were located in schools of nursing.<sup>6</sup> In 37 states (as well as Puerto Rico, Guam, the District of Columbia, the Virgin Islands, and the North Mariana Islands), CNMs are licensed under Boards of Nursing. In an additional 5 states, they are regulated jointly by Boards of Nursing and Medicine. There are only 8 states (as well as American Samoa) where nursing is not involved in the regulation of nurse-midwifery practice.<sup>7</sup> Thus, trends in nursing education and practice have significant impact upon midwifery.

However, midwifery has maintained an identity separate from nursing. It is unique from other nursing specialties for many reasons, but primarily because of its recognition as a profession that antedates nursing itself. Midwifery has maintained a professional organization, the American College of Nurse-Midwives (ACNM) for over 50 years. ACNM has a Philosophy, Code of Ethics, and Core Competencies<sup>8–10</sup>; the ACNM Division of Accreditation (DOA) accredits nurse-midwifery and

---

\* Midwifery as used throughout this article refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the ACNM Certification Council, Inc. (ACC).

---

Address correspondence to Melissa Avery, CNM, PhD, FACNM, University of Minnesota, 5-160 Weaver Densford Hall, 308 Harvard St. SE, Minneapolis, MN 55455. E-mail: avery003@umn.edu

midwifery education programs.<sup>11</sup> Graduates of ACNM DOA-accredited programs may take a national certification examination.<sup>12</sup> Historically, the certification process has acknowledged education in dual disciplines by the title Certified Nurse-Midwife. Nurse-midwifery education programs have been accredited by the ACNM DOA since 1974, and DOA has been recognized by the US Department of Education since 1980.<sup>13</sup>

Despite important ties between nursing and midwifery, nursing is no longer the sole pathway to or prerequisite for professional midwifery education in the United States. For 10 years, ACNM and the certification body, the American Midwifery Certification Board, Inc. (AMCB, formerly the ACNM Certification Council, Inc.) have recognized the Certified Midwife (CM), a professional midwife who has attained the same midwifery competencies and has passed the same certification examination as the CNM and graduated from ACNM DOA-accredited programs.<sup>14</sup> These midwives meet the same standards of practice as CNMs, but without the nursing credential. Approximately 50 CMs practice in New York, New Jersey, and Delaware<sup>15</sup> and have recently been recognized by the American College of Obstetricians and Gynecologists.<sup>16</sup>

## DNP PROPOSAL

The DNP as proposed by the AACN would likely require a 3- to 4-year course of study for the student who enters with a bachelor's degree in nursing. The recommendation does not preclude programs that admit students with a non-nursing baccalaureate degree and provide generalist nursing education as a component of the program, thus adding approximately 1 year to the DNP educational requirements. The DNP would differ from the PhD in that it would focus directly upon clinical practice. The purpose of the degree is to prepare independent practitioners with advanced knowledge and skills in various advanced practice nursing specialties as well as graduates with an enhanced capacity to understand and effect change in complex health care systems. Initially, seven "essentials" of the DNP were proposed. Two task forces were appointed by the AACN, one to develop and refine these essentials<sup>16</sup> and the other to establish a "roadmap" to implementation.<sup>17</sup> The current eight essentials, as reflected in the August 2006 essentials document, is found in Appendix A.<sup>18</sup>

Those who support the implementation of the clinical

---

Melissa Avery, CNM, PhD, FACNM, is currently Associate Professor and Director of the Nurse-Midwifery Program at the University of Minnesota, School of Nursing, Chair, Child and Family Health Co-operative, and participates in full-scope nurse-midwifery practice.

Carol Howe, CNM, DNSc, FACNM, is currently Professor and Director of the Nurse-Midwifery program and interim Director of Advanced Practice Nursing Programs at the Oregon Health & Science University.

**Table 1.** Directors of Midwifery Education (DOME) Statement on DNP

### Summary and Recommendations

1. DOME affirms its commitment to multiple educational routes to midwifery practice, with all curricula based upon the Core Competencies established by the midwifery profession. Development of the clinical doctorate should continue to be explored, addressing not only curricula, but also better documentation of both potential advantages and disadvantages of the degree. However, the requirement of the DNP or any doctorate for entry into practice should not be supported. Insufficient data exist to justify the necessity of the DNP for all graduates, and there is the potential for significant negative impact upon applicants, students, educational programs, and the health care industry.
2. Midwifery educational programs should consider the potential of developing a clinical doctoral degree within midwifery. This degree could be offered both within schools of nursing as well as by midwifery programs that exist in other institutions or departments. If this degree is beneficial to the profession and to the populations it serves, DOME and ACNM should encourage its endorsement and acceptance for midwifery practice and academic roles.
3. DOME and ACNM should work with nursing to encourage flexible routes to degree completion. If the practice doctorate becomes the predominant mode of education for APNs, it is likely that a significant number of applicants will come from programs with master's degrees seeking to complete their doctoral education either to qualify for faculty appointment or to be competitive with newer doctoral graduates. Midwifery and nursing have reached a level of academic maturity that should not only tolerate, but encourage the richness brought by a variety of educational backgrounds, including public health, health administration, and the like. Admission to a nursing doctoral completion route should not be limited to only those with a nursing master's degree, and entry to midwifery doctoral completion should not be limited to only those with a midwifery master's.
4. As the practice doctorate develops, ACNM should systematically collect data to reflect outcomes of the change in midwifery programs where the degree is adopted. These outcomes should include, but are not limited to:
  - a. The impact upon applications
  - b. The impact upon minority and disadvantaged applications
  - c. The growth or dissolution of midwifery programs that adopt the practice doctorate or choose not to adopt the degree
  - d. The cost to students
  - e. Employment of graduates with practice doctorates (type and location)
  - f. The starting, 5-, and 10-year salaries of its graduates
  - g. Charges for services performed by midwives with the doctorates as compared to master's or certificate prepared graduates
  - h. Differences in health care outcomes according to degree
 DOME encourages the AACN to collect similar data for APN programs that adopt the practice doctorate as well.

doctorate for entry into practice point to the ever-expanding scope of practice for advanced practice nurses, and believe that the additional didactic content and clinical experience that must accompany this expanded scope of practice cannot be offered within the constraints of a master's degree curriculum.<sup>19</sup> They argue further that advanced nursing practice requires not only superb clinical skills but degrees that are commensurate with the level of responsibility assumed and practitioners that are on par educationally with their health professions' colleagues. These colleagues include

not only physicians, but clinicians in other health disciplines that have moved or are considering moving toward the requirement of doctoral education (for example, physical therapy, occupational therapy, audiology, and pharmacy). Finally, it is argued that assumption of an increasingly influential presence in the health care system requires greater depth of education in systems, leadership, collaboration, and technology than currently offered in master's degree programs. Each of these arguments could be advanced with regard to midwifery education as well.

### **IMPACT OF DOCTORAL ENTRY ON MIDWIFERY EDUCATION AND PRACTICE**

Most concerns from midwifery educators regarding the clinical doctorate have focused not upon the degree option itself, but on its requirement for entry into practice. What will be the impact of the DNP on the cost of providing and obtaining education? Will potential applicants be deterred by the prospect of 3 to 4 years of education? How will qualified faculty be found to teach in these programs in the face of an existing nursing faculty shortage? Will the increased education requirements create an even greater barrier to students from minority and disadvantaged backgrounds? What will be the impact on the health care system, particularly the cost of health care, if advanced practice nurses are all doctorally prepared? Is there evidence that this advanced education will improve health outcomes? Will there be jobs in the evolving health care system for these doctorally prepared clinicians? All of these concerns have direct relevance for midwifery.

An additional issue exists within midwifery education. Specifically, not all midwifery education occurs within schools of nursing. Approximately 20% of accredited programs are located in schools of Science and Health, Health Related Professions, Allied Health, Public Health, Medicine, or an independent, accredited educational institution.<sup>20</sup> What would be the impact upon those schools and their graduates? How will midwifery education thrive in response to the increased cost, the increased need for doctorally prepared faculty, and the potentially longer, more intense clinical placements?

### **Clinical Doctorate and Midwifery Education**

Conversion of midwifery programs to the doctoral level would significantly change the face of midwifery education. Advantages would include a greater period of time to incorporate ever-increasing content and provide additional clinical experiences. However, one of the major challenges of midwifery education has been the identification of sufficient clinical sites to provide experiences for students during programs of 1 to 2 years' duration. This could be addressed in some settings with a clinical residency that allows the more senior student to practice

independently and to provide supervision for beginning students in much the same model as medical education. One institution's DNP proposal envisioned that "some DNP students would be able to become certified NPs after the first 2 years, thus allowing broader options for reimbursement during their third-year residency."<sup>21</sup> However, clinical site placement for midwifery students has become a greater challenge for midwifery educational programs. An additional year of clinical residency would result in three cohorts of students to place simultaneously instead of two, exacerbating an already difficult situation.

It should be noted that not all schools of nursing with advanced practice nursing or midwifery programs are able to offer doctoral education. Some publicly-funded systems, such as the California State University System, are prevented by charter from offering the doctoral degree. Other similar situations may exist for some schools currently offering midwifery programs.

Perhaps an even more significant impact upon midwifery education is the change in faculty required by the DNP. Accreditation requirements typically stipulate that education must be provided by faculty with a degree equal to or higher than the degree to which the student aspires. Initiation of the DNP would likely result in the requirement for a doctoral degree for all midwifery faculty, including clinical faculty. Would this stipulation also apply to clinical preceptors? The preceptor question aside, most midwifery programs do not have a full complement of doctorally prepared faculty, but a mix of both doctorally and master's prepared teachers. The DNP requirement presents the challenge of providing access to doctoral education for those master's prepared faculty who wish to remain in academia. If all faculty members are doctorally prepared, program budgets will inevitably be inflated by a higher paid faculty.

Doctorally prepared faculty members can be expected to command higher salaries, raising the cost of midwifery education. According to the AACN,<sup>22</sup> the mean 12-month salary for non-doctorally-prepared nurse practitioner instructors is \$58,264. Mean salaries for doctorally prepared faculty were significantly higher for assistant professors (\$69,394), associate professors (\$78,332), and professors (\$94,459).

Doctorally prepared faculty are more likely to be expected to meet criteria for higher academic rank and tenure, making it difficult for their assignment to be limited to teaching or practice endeavors. Increased demands for scholarly productivity, while a tremendous benefit to the profession, could divert faculty time from education, requiring additional faculty to meet the demands of teaching and clinical supervision. A concern for nursing and midwifery faculty with a clinical doctorate is whether they will be eligible for promotion and tenure in a fashion comparable to the PhD. The products of scholarly activity for those with clinical doctorates

will differ from those with a research doctorate. How will those products compare with the research grants and publications expected of faculty with the PhD?

Some midwifery programs maintain faculty practices, typically staffed with master's prepared midwives, and most of these practices are expected to be self-sustaining. The requirement of the doctoral degree for these clinical faculty members may substantially increase the cost of maintaining the faculty practice, changing the productivity model and potentially exerting a detrimental impact upon student education. Midwifery programs, already known for being resource intensive, could become even more expensive.

On the other hand, the rewards of a faculty prepared exclusively at the doctoral level would potentially include greater stature in the academic community and perhaps in the practice community. Although the focus of the practice doctorate is not on basic research, the potential exists for the development of much needed evaluation and systems research in the practice and the business of midwifery.

What would happen to midwifery programs that exist outside of schools of nursing? Should the DNP become the legal standard for entry into practice, these programs might not be able to educate their students to meet licensing requirements. They would be forced either to close or to develop relationships with schools of nursing for "DNP completion" programs, much like certificate programs that now provide access to "master's completion" programs for their graduates. Programs that graduate midwives without a nursing background (CMs) would not be directly subject to the DNP requirements because they are not accredited by nursing, nor are their graduates licensed by nursing. However, these programs and graduates are currently few in number, and CMs are legally recognized in only 3 states.

### **Clinical Doctorate and Students**

The addition of one or more years to current midwifery education requirements may deter potential applicants who are unwilling or unable to assume the additional financial cost or invest the time required for the clinical doctorate. Applicants might see additional years of post-baccalaureate education devoted to medical, rather than nursing, education as an investment likely to provide more financial remuneration and status. Although medical education remains significantly longer, the residency years provide some income rather than demanding further tuition investment.

Without creative new sources of financial aid, the students' total economic investment will increase by 50% to 100%. Moreover, students will lose 1 to 2 years of income that would have been generated with earlier graduation. Midwifery students already graduate with significant financial debt.

The number of midwifery graduates has declined progressively in recent years. In 1997, the ACC certified 588 midwifery graduates. In 2004, that number had declined to 287, a decrease of 51%. Economic forces, including double-digit inflation in health care costs and a decline in the job market that was driven by the health care changes of the mid-1990s, have resurfaced. The future is far from clear. The requirement of the clinical doctorate has the potential to decrease the applicant pool and the number of graduates further yet. Programs unable to sustain a viable applicant pool may be in danger of closing. Conversely, those midwives who graduate with a clinical doctorate may find themselves, by virtue of the content and status of the degree, better able to influence the market positively, opening up new opportunities for midwifery practice.

### **DOMÉ Student Survey**

A brief survey (Appendix B) was designed by members of the Directors of Midwifery Education (DOMÉ) DNP Task Force to obtain information about the perception of current students regarding a clinical doctorate as a requirement for entry to midwifery practice following the AACN statement on the DNP. Students were asked how they saw the clinical doctorate affecting both midwifery and their intention to pursue midwifery education should the DNP or other clinical doctorate be required. The survey was sent to midwifery program directors electronically, and the directors disseminated it to their students by whatever means they chose. This was a convenience sample of program directors who were able to distribute the survey and the students who chose to respond. Data were received from 20 ACNM DOA-accredited midwifery programs. Surveys were sent to 441 students, and 147 (33%) were returned. Exemption was granted by the University of Minnesota Institutional Review Board because of the lack of identifiable information from participants.

Students were almost evenly split in their perception of the potential benefit of the clinical doctorate for midwifery. Slightly fewer students ( $n = 56$ , 41%) responded that the clinical doctorate would be better for midwifery than those ( $n = 59$ , 43%) who thought it would be worse for midwifery; 23 (17%) selected the unsure response. However, while 65 (49%) indicated that they would not have applied to a midwifery program if the clinical doctorate was required, 67 (51%) would still have applied, again an almost even split in responses. An additional 6 wrote in comments such as "unsure." Respondents that indicated they would not have applied to midwifery school were asked to select reasons for that response. There were 30 responses for the option "could not afford the tuition," 24 for the option "unable/unwilling to spend 3–4 years in school," 38 for "might as well go to medical school," and 18 selections for "other."

(Total responses are 110, indicating that respondents chose multiple options or others might have also answered this question.)

Those who indicated that they still would have applied to a midwifery program were also asked to respond to a series of statements supporting their decision. Of those, 68 indicated that the doctorate was more commensurate with the level of responsibility, 52 indicated that the degree would increase the stature of midwives, 38 chose the importance of additional clinical experience, and 33 indicated that they wished to be a midwife so much that they would do whatever it takes. When asked how they would finance their education if the program duration increased, 80 students selected loans, 46 selected scholarships, 43 selected going part-time so they could work, and 23 responded that they could not finance the education. Only 6 thought they would have enough funds to pay the cost.

Respondents were also asked to project the loan burden they currently anticipated at the completion of their midwifery education. The mean anticipated amount was approximately \$40,000 for midwifery education alone. It should be noted that several students still had outstanding loans from their nursing education, and projected total anticipated debt over \$100,000.

Additional comments included the following:

- Concerns about increased cost/debt and that fewer individuals will apply and the number of midwives would decrease
- Good for midwifery to have similar educational background as other health professionals including nurse practitioners
- Important to consider a midwifery doctorate
- Additional clinical experience would make degree more attractive
- Clinical doctorate should be optional, not required
- Might consider medical school or different type of midwifery program
- Not enough data to support this degree

Note that these data are limited by several factors: some faculty gave the survey to enrolled students as well as recent graduates and students about to enter programs, and some students were not available during the summer when the survey was conducted. Some students probably did not have a full understanding of the issues surrounding the clinical doctorate. Students were asked what they thought they would do if a clinical doctorate was required, which may or may not be the action they would actually choose. In addition, only 49% of programs submitted responses. Data for three of the questions cannot be reported as proportions because respondents were able to select more than one response option. However, despite the limitations, the 20 programs that responded represented both master's and certificate pro-

grams, CNM and CM programs, and geographically diverse programs. The sample of 147 represents almost half of the current annual number of graduates from accredited midwifery programs.

### **Clinical Doctorate and Funding**

Funding for academia, for research, and for student support is dwindling in all arenas. Midwifery education is no exception. Publicly-funded education institutions are particularly vulnerable in periods of poor economy when there is typically a lack of taxpayer support. Many midwifery programs have received start-up funding from the Division of Nursing (Department of Health and Human Resources, Health Resources and Services Administration) and a number of established programs continue to benefit from the Division's ongoing support. Should the DNP become the standard for advanced practice nursing education, it seems likely that the proportion allocated for doctoral, as opposed to master's education, would increase. Support for master's programs would clearly decline. Midwifery programs in Schools of Nursing would have to offer the DNP to compete for those dollars. If programs are longer, and more expensive, will fewer programs receive support? The Division of Nursing has not yet taken a position on the DNP.

In addition to program support, student support must also be considered. Many midwifery students have benefited from Advanced Nurse Traineeships to defray some of the cost of their education. These traineeships provide a total of 4 semesters or 6 quarters of support. Would the initiation of the nursing doctorate as a requirement provide longer support for fewer students? Additional funding mechanisms should be explored that could support a clinical residency, much as Graduate Medical Education funds support medical residents.

### **Clinical Doctorate and Health Care**

All published reports demonstrate excellent clinical outcomes for patients cared for by CNMs/CMs, regardless of their academic credentials.<sup>23-35</sup> Furthermore, it is clear that all eight essentials identified for the DNP are addressed in the Core Competencies for Basic Midwifery practice.<sup>10</sup> The DNP does have the potential to enhance the educational experience through expanded clinical experiences and through greater depth in systems content, increasing the impact of the graduate's presence in the local, state, federal, and global arena. However, these theoretical benefits are offset by concerns that creating a higher-priced graduate could contribute to the escalating costs of health care. It is also possible that the demand for higher salaries could price these graduates out of the market. As salaries of advanced practice nurses and CNMs/CMs approach those of their physician colleagues, institutions may view the physicians' broader

scope as worth a modest cost differential. Increased salary expectations and productivity expectations may undermine the midwifery model of care, as well as increase the difficulty for practicing midwives to serve as clinical preceptors. Conversely, health care market forces may not result in significant salary increases associated with the DNP. In that case, the motivation for individuals entering midwifery (or nursing) might be lacking, if alternative professions with a comparable length of education are more financially lucrative.

### **Clinical Doctorate and Midwifery Research**

Midwifery needs more researchers. If midwifery practice is to thrive, its evidence base must become more robust. The DNP curriculum will not include the same type of independent research preparation as the PhD; therefore, some additional period of study would be required for midwives with a DNP to earn the PhD and be prepared for a research career. Some are concerned that the requirement of the DNP could deplete the applicant pool for the PhD or other research doctorates or create a greater lag time between midwifery education and the initiation of a research trajectory.

### **CAN THE AACN ENFORCE THE REQUIREMENT OF A CLINICAL DOCTORATE?**

Consideration of the impact of the AACN's statement requires a realistic assessment of its ability to implement the policy. Requirements for licensure to practice are the purview of state licensing boards, over which the AACN has no authority. However, the Commission on Collegiate Nursing Education (CCNE), in response to its parent organization, the AACN, is developing an accreditation process for DNP programs<sup>36</sup> and is expected eventually to incorporate the DNP as an accreditation requirement for advanced practice nursing programs. Thus, those programs located in CCNE-accredited schools would have to be offered at the DNP level to be accredited. Of the 32 midwifery education programs in schools of nursing, at least 27 are in schools that have chosen CCNE as their accrediting body. The expectation would likely be that midwifery education would be included among those programs expected to conform to the DNP requirement. Therefore, the AACN has tremendous power to effect this change indirectly through the accreditation process.

### **MIDWIFERY EDUCATION RESPONSE TO THE DNP STATEMENT**

Midwifery's response to the DNP could be the most significant issue facing the profession today, as it raises the question of our fundamental relationship to nursing. Left unaddressed, the DNP requirement could ultimately govern the education and practice of most CNMs. Given the potential advantages of the DNP, that course might

serve to benefit and strengthen the profession. More likely, however, such a path may eliminate midwifery education programs that exist outside of schools of nursing, including some of the largest programs, and could also have a negative impact upon midwifery education generally through declining enrollment. It would also serve to embed midwifery further within the nursing profession, masking our distinct identity as midwives.

Conversely, rejection of the DNP could damage or even eliminate the majority of midwifery education programs that exist within schools of nursing. Midwifery programs would be left searching for an educational home, either within independent institutions or within other schools in educational institutions, and could become ineligible for Division of Nursing funding. CNMs might be forced to pursue independent legislation in those 42 states in which nursing is involved in midwifery licensure. In some states, however, because the midwifery presence is so small, alliances with nursing have made it possible for midwives to achieve their legislative goals. Separation from nursing, especially where there might be active opposition from nursing or medicine, might lead to untoward legislative effects, possibly including the loss of practice privileges and reimbursement currently guaranteed in legislation that governs both nursing and midwifery. Given the apparent move of other health professions toward clinical doctoral education, midwifery must also consider the potential negative perception by patients and institutions that midwives have less education than other health professionals.

For midwifery in particular, these concerns loom large. The need remains to address the concerns of all of our educational programs and graduates. To that end, DOME makes a series of recommendations as shown in Table 1.

### **CONCLUSION**

Advantages of the DNP include consistency with other health professions in granting a clinical doctorate at the highest level of practice, increased depth of knowledge in areas necessary to tackle important issues in contemporary health care systems, possible increased clinical experiences, and opportunities to influence health care systems and policy. Leaders in the National Organization of Nurse Practitioner Faculty (NONPF) have underscored those advantages and are moving forward with making recommendations for educators and clinicians.<sup>37</sup> Disadvantages are increases in cost to students, requirements for additional faculty and clinical sites, increased costs to the health care system, and lack of hard data to support the change. Education in the two disciplines of midwifery and nursing adds another layer of complexity to the issue for midwifery programs.

Most criticism of the DNP has been leveled at the

requirement for entry into practice rather than at the degree itself. Both the American Association of Nurse Anesthetists and the National Association of Clinical Nurse Specialists have expressed significant concerns regarding the economic and educational impact of a DNP requirement, and the nurse anesthetist association has issued a statement not supporting the clinical doctorate at this time.<sup>38,39</sup> Both believe that additional consideration must be given to documentation of need, strategies for implementation, and the proposed timeframe. DOME shares those concerns and raises other issues specific to midwifery.

AACN's attempt to define elements of the degree to provide consistency across educational programs is a strength. The essentials that have been proposed address areas that can reasonably be expected to benefit graduates. As is true with any additional time spent in an educational environment, most graduates would likely gain intellectually from the additional content and clinical experience that are projected to occur within the DNP educational experience. However, no data are available addressing the need for additional education to practice safely as a midwife. Indeed, all evidence points to the fact that current education requirements produce safe, knowledgeable, competent midwives. Data are lacking regarding the potential impact of the DNP on the cost of education to both the institution and the student, on the applicant pool, and on the health care system itself to justify support for its requirement for entry into practice at this time.

This article was written on behalf of the Directors of Midwifery Education (DOME) DNP Task Force, which includes the following individuals: Melissa Avery, Mary Barger, Mary Brucker, Elaine Diegman, Carol Howe, Lauren Hunter, Peter Johnson, Ronnie Lichtman, William McCool, Barbara Peterson, and Suzan Ulrich.

## REFERENCES

1. American Association of Colleges of Nursing Web site. AACN Position Statement on the Practice Doctorate in Nursing. Available from: [www.aacn.nche.edu/DNP/pdf/DNP.pdf](http://www.aacn.nche.edu/DNP/pdf/DNP.pdf) [Accessed October 9, 2006].
2. Meleis A, Dracup K. The case against the DNP: History, timing, substance, and marginalization. *Online Journal of Issues in Nursing* Vol. 10, No. 3. Available from: [www.nursingworld.org/ojin/topic28/tpc28\\_2.htm](http://www.nursingworld.org/ojin/topic28/tpc28_2.htm) [Accessed October 9, 2006].
3. Fulton J, Lyon B. The need for some sense making: Doctor of Nursing Practice. *Online Journal of Issues in Nursing* Vol. 10, No. 3. Available from: [www.nursingworld.org/ojin/topic28/tpc28\\_3.htm](http://www.nursingworld.org/ojin/topic28/tpc28_3.htm) [Accessed October 9, 2006].
4. American College of Nurse-Midwives. Definition of a Certified Nurse Midwife. Silver Spring, MD: ACNM, 2004.
5. Varney H, Kriebs JM, Gegor CL. *Varney's midwifery* (4th ed). Sudbury, MA: Jones and Bartlett Publishers, 2004.
6. American College of Nurse Midwives Web site. Graduate programs and post-baccalaureate programs. Available from: <http://www.acnm.org/careers.cfm?id=105> [Accessed October 9, 2006].
7. Reed A, Roberts J. State regulation of midwives: Issues and options. *J Midwifery Womens Health* 2002;45:130–49.
8. American College of Nurse-Midwives. *Philosophy of the American College of Nurse Midwives*. Silver Spring, MD: ACNM, 2004.
9. American College of Nurse-Midwives. *Code of ethics*. Silver Spring, MD: ACNM, 2004.
10. American College of Nurse-Midwives. *Core competencies for basic midwifery practice*. Silver Spring, MD: ACNM, 2002.
11. American College of Nurse Midwives Web site. The Division of Accreditation. Available from: <http://www.acnm.org/about.cfm?id=54> [Accessed October 9, 2006].
12. American Midwifery Certification Board Web site. About us. Available from: <http://www.amcbmidwife.org/c/104/about-us> [Accessed October 9, 2006].
13. American College of Nurse Midwives. *Division of accreditation. Policies and procedures manual*. Silver Spring, MD: ACNM DOA, 2005.
14. American College of Nurse-Midwives. *Definition of a certified midwife*. Silver Spring, MD: ACNM, 2004.
15. American College of Obstetricians and Gynecologists Web site. *ACOG Statement of Policy: Lay Midwifery*. Washington, DC: ACOG, 2006. Available from: <http://www.acog.org/departments/perinatalHIV/sop0602.cfm> [Accessed October 9, 2006].
16. American Association of Colleges of Nursing Web site. The task force on the essentials of nursing education for the doctor of nursing practice. AACN, 2004. Available from: <http://www.aacn.nche.edu/ContactUs/DNPEssentialsTskFrc.htm> accessed 4/20/06 [Accessed October 9, 2006].
17. American Association of Colleges of Nursing Web site. DNP road map task force. AACN, 2005. Available from: <http://www.aacn.nche.edu/ContactUs/DNPRoadmapTskFrc.htm> [Accessed October 9, 2006].
18. American Association of Colleges of Nursing Web site. The essentials of doctoral education for advanced nursing practice (revised August 16, 2006). AACN, 2006. Available from: <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf> [Accessed October 9, 2006].
19. Lenz ER. The practice doctorate in nursing: An idea whose time has come. *Online Journal of Issues in Nursing*, September 30, 2005. Available from: [http://www.nursingworld.org/ojin/topic28/tpc28\\_1.htm](http://www.nursingworld.org/ojin/topic28/tpc28_1.htm) [Accessed October 9, 2006].
20. American College of Nurse Midwives Web site. Graduate programs and post-baccalaureate certificate programs. Available from: <http://www.acnm.org/careers.cfm?id=105> [Accessed October 9, 2006].
21. Brown M, Draye M, Aimmer P, Magyary D, Woods S, Whitney J, et al. Developing a practice doctorate in nursing: University of Washington perspectives and experience. *Nurs Outlook* 2006;54:130–8.
22. Berlin LE, Stennett J, Bednash P. 2003–2004 Salaries of instructional and administrative nursing faculty in baccalaureate

and graduate programs in nursing. Washington, DC: American Association of Colleges of Nursing, 2004.

23. Levy B, Wilkinson F, Marine W. Reducing neonatal mortality rates with nurse-midwives. *J Nurse Midwifery* 1971;109:50–8.

24. Beal M. Nurse-midwifery intrapartum management. *J Nurse Midwifery* 1984;29:13–9.

25. Brucker M, Muellner M. Nurse-midwifery care of adolescents. *J Nurse Midwifery* 1985;30:277–9.

26. Piechnik S, Corbett M. Reducing low birth weight among socioeconomically high-risk adolescent pregnancies: Successful intervention with certified nurse-midwife managed care and a multidisciplinary team. *J Nurse Midwifery* 1985;30:88–98.

27. Office of Technology Assessment. U.S. Congress. Nurse practitioners, physician's assistants and certified nurse-midwives: A policy analysis. U. S. Government Printing Office, 1986.

28. Thompson J. Nurse-midwifery care: 1925–1984. *Ann Rev Nurs Res* 1986;4:153–73.

29. Buhler L, Glick N, Sheps S. Prenatal care: A comparative evaluation of nurse-midwives and family physicians. *Can Med Assoc J* 1988;139:397–403.

30. Bell K, Mills J. Certified nurse-midwives' effectiveness in the health maintenance organization obstetric team. *Obstet Gynecol* 1989;74:112–6.

31. Heins H, Nance N, McCarthy B, Efirid C. A randomized trial of nurse-midwifery prenatal care to reduce low birth weight. *Obstet Gynecol* 1990;75:341–5.

32. Brown S, Grimes D. A meta-analysis of nurse practitioners and nurse-midwives in primary care. *Nurs Res* 1995;44:332–9.

33. Gabay M, Wolfe S. Encouraging the use of nurse-midwives: A report for policymakers. Washington, DC: Public Citizen Health Research Group, 1995.

34. Rosenblatt RA, Doboie S, Hart LG, Schneeweiss R, Gould D, Raine TR, et al. Interspecialty differences in the obstetric care of low risk women. *Am J Public Health* 1997;87:344–51.

35. MacDorman F, Singh GK. Midwifery care, social and medical risk factors, and birth outcomes in the USA. *J Epidemiol Comm Health* 1998;52:310–7.

36. American Association of Colleges of Nursing Web site. CCNE moves to consider for accreditation only practice doctorates with the degree title DNP. Press release, September 2005. Available from: <http://www.aacn.nche.edu/Media/NewsReleases/2005/CCNEDNP> [Accessed October 9, 2006].

37. Sullivan A, Carter M, Marion L, Pohl J, and Werner K. Moving forward together: The practice doctorate in nursing. *Online Journal of Issues in Nursing*, September 30, 2005. Available from: [http://www.nursingworld.org/ojin/topic28/tpc28\\_4.htm](http://www.nursingworld.org/ojin/topic28/tpc28_4.htm).

38. AANA (2006). Interim position statement on the DNP as entry into Advanced Practice for Nurse Anesthetists. Available from: [http://www.aana.com/professionaldevelopment.aspx?ucNavMenu\\_TSMMenuTargetID=131&ucNavMenu\\_TSMMenuTargetType=4&ucNavMenu\\_TSMMenuID=6&id=1733&terms=DNP&searchtype=1&fragment=True](http://www.aana.com/professionaldevelopment.aspx?ucNavMenu_TSMMenuTargetID=131&ucNavMenu_TSMMenuTargetType=4&ucNavMenu_TSMMenuID=6&id=1733&terms=DNP&searchtype=1&fragment=True) [Accessed May 12, 2006].

39. National Association of Clinical Nurse Specialists Web site. White paper on the nursing practice doctorate. National Association of Clinical Nurse Specialists, 2005. Available from: [www.nacns.org/nacns\\_dnpwhitepaper2.pdf](http://www.nacns.org/nacns_dnpwhitepaper2.pdf) [Accessed October 9, 2006].

#### Appendix A. Essentials of Doctoral Education for Advanced Nursing Practice

1. Scientific underpinnings for practice
2. Organizational and systems leadership for quality improvement and systems thinking
3. Clinical scholarship and analytical methods for evidence-based practice
4. Information systems/technology and patient care technology for the improvement and transformation of health care
5. Health care policy for advocacy in health care
6. Interprofessional collaboration for improving patient and population health outcomes
7. Clinical prevention and population health for improving the nation's health
8. Advanced nursing practice

Source: American Association of Colleges of Nursing.<sup>18</sup>

#### Appendix B. Midwifery Student Survey

The American Association of Colleges of Nursing (AACN), an association of deans of nursing schools, has recently announced a policy statement calling for the requirement of a new degree, the Doctorate of Nursing Practice (DNP), for entry into Advanced Practice Nursing by 2015. This policy statement has implications for midwifery education and practice. Although many midwifery programs are located in schools of nursing, some are located in schools of allied health, public health, and others. Educators in midwifery programs are considering the implications of a clinical doctorate for entry to practice. A clinical doctorate is the entry level to many professions including pharmacy, medicine, dentistry and physical therapy. A clinical doctorate for entry to practice (whether in nursing or midwifery) would likely require a somewhat longer program. Some have estimated this at 1-2 more years. This new degree might include more clinical experience, enhanced content related to health systems and policy, and might result in greater status and higher salary.

The Directors of Midwifery Education (DOME) is attempting to obtain information about the opinion of current midwifery students about the clinical doctorate as a requirement for entry into practice and how this change may influence applicants' choices about a career in midwifery. Please take a few minutes to answer the questions below and return this brief questionnaire to your midwifery Program Director.

1. Recognizing that there are still many unknowns about the clinical doctorate for entry to practice, my initial reaction is that this change in requirements would be:
  - a. better for midwifery
  - b. worse for midwifery
  - c. about the same for midwifery
2. If the clinical doctorate were the requirement for practice:
  - a. I would not have applied to a midwifery program
  - b. I would still have applied to a midwifery program
3. If you would NOT have applied to midwifery given a clinical doctorate requirement please circle any of the following that would have influenced your decision:
  - a. I could not afford the additional years of tuition.
  - b. I am unwilling/unable to spend 3-4 years to obtain midwifery education.
  - c. If I had to spend that long in school, it would be better to go to medical school.
  - d. Other, please specify \_\_\_\_\_
4. If you would still have applied to a midwifery program with a clinical doctorate requirement, please circle any of the following that would have influenced your decision.
  - a. I think that doctoral education is more commensurate with the level of responsibility that characterizes midwifery
  - b. I think that doctoral education would increase the status of midwives within the health care system.
  - c. I think the increased opportunity for clinical experience in the program would be important.
  - d. I want to be a CNM/CM so badly that I will do whatever it takes.
  - e. Other, please specify \_\_\_\_\_
5. How do you believe you would finance your midwifery education if there were a requirement for 1-2 additional years of midwifery education?
  - a. Loans
  - b. Scholarships
  - c. I would have enough money to pay
  - d. I would have go part-time so that I could work
  - e. I don't think I could finance it
  - f. Other, please specify \_\_\_\_\_
6. If you have secured loans to finance your midwifery education, can you estimate the total amount of loans you will have upon graduation? \_\_\_\_\_

Thanks for helping us with this information!