



POSITION STATEMENT

Midwives as Abortion Providers

Certified nurse-midwives (CNMs) and certified midwives (CMs) provide care for individuals across the lifespan, including sexual and reproductive health care. Many midwives currently provide safe and effective abortion services, including options counseling, ultrasound, comprehensive abortion care, and post-abortion care. The American College of Nurse-Midwives (ACNM) affirms the following:

- Midwives may perform manual vacuum aspiration (MVA) abortion as part of an expanded scope of practice in accordance with state regulations and credentialing.^{1,2}
- Manual vacuum aspiration abortion has low risk of post-procedure complications, such as infection or hemorrhage. The risk profile of medication abortion is even lower than MVA abortion. Both options pose much lower risks than childbirth.³
- Manual vacuum aspiration abortion and medication abortion may be safely provided by trained advance practice clinicians (APCs), including midwives.^{4,5}
- Individuals have the right to decide what is best for their health, bodies, lives, and families.¹ ACNM opposes legislative, policy, or administrative efforts at the federal, state, and local levels to restrict or ban abortion as well as any efforts to render it less accessible.
- ACNM supports policy efforts that work to expand clinician scope of practice laws to include APCs as abortion providers, which will increase access to comprehensive reproductive health services.

Background

In the United States, 45% of all pregnancies are unintended, and 42% of these end in abortion.⁶ By the age of 45, 1 in 4 women will have obtained at least one abortion.⁷ Although patients seeking abortion have a variety of religious, ethnic, and racial backgrounds, in 2014, nearly 75% were low-income.⁸ This statistic highlights the fact that access to abortion is an important part of addressing health disparities in the United States.

In addition to economic barriers, geographic disparities significantly limit abortion access. Because of increasing restrictions and legal barriers, 90% of US counties now lack abortion clinics, and 39% of individuals of reproductive age live in these counties.⁹ More abortion

providers are needed, particularly in the low-resourced, underserved communities that midwives frequently serve.

Midwives provide medication and MVA abortions in some states. Sixteen states do not require a physician to provide medication abortion,¹⁰ and a number of states do not require a physician to perform MVA abortion.¹¹ Of all abortions, 89% are performed within the first 12 weeks of pregnancy, a timeframe within which MVA can be performed safely.¹² Medication abortion is approved by the US Food and Drug Administration (FDA) to 10 weeks gestation. Following competency-based training, such as the training outlined in the APC Toolkit,¹³ midwives can safely provide medication and MVA abortions. This concept is supported by the US FDA, which moved away from physician-centric language in labeling for Mifeprex (mifepristone), 1 of 2 medications used to provide abortions: “Mifeprex must be ordered, prescribed and dispensed by or under the supervision of a healthcare provider who prescribes and who meets certain qualifications.”¹⁴ Nineteen states require the clinician to be physically present to dispense mifepristone, and 18 of these states also require the clinician be a physician.¹⁰

Ethical Considerations

The ACNM Code of Ethics is imbued with the ethical principles of autonomy, beneficence, non-maleficence, justice, veracity, and fidelity and serves as the framework for safe and ethical midwifery practice.¹⁵ The Core Competencies for Basic Midwifery Practice promote “advocacy for informed choice, shared decision making, and the right to self-determination” as integral to the art and science of midwifery care.¹⁶ Ethical duties of the midwife include provision of the following services based on unbiased, factual information: education on reproductive services, advocacy for the individual’s informed decisions regarding fertility, and the provision of abortion services or referral for those services.¹⁵ Midwives who provide abortion and/or abortion care support the individual’s autonomy through shared decision making about pregnancy intentions.¹⁷ Providing abortion and/or abortion care contributes to reducing health care disparities and promotes access, especially for individuals in rural or underserved areas.

The decision to terminate an unplanned or unwanted pregnancy can be difficult, often influenced by multiple factors including finances, health, or a need to focus on other children.¹⁸ While midwives are ethically obligated to provide non-directional counseling and shared decision making about pregnancy options, some may morally oppose pregnancy termination.¹ ACNM recognizes the ethical dilemma that may result from this conflict:

Midwives have the right as individuals to live and practice with moral integrity in accordance with ethical, moral, or religious beliefs. However, in emergency situations in which referral is not an option, midwives have an ethical, moral, and legal obligation to provide appropriate, quality care regardless of personal bias and beliefs. Midwives who have ethical, moral, or religious limitations to scope of practice have an obligation to notify potential employers and

clients of those limitations and to ensure that mechanisms are in place for referral.¹⁹

Refusal to provide abortion services or to quickly and appropriately provide a referral for these services may create delay in care or moral distress on the part of the patient.²⁰ For midwives and other APCs who feel a moral and ethical duty to provide abortions and/or the care surrounding abortions, the ability to provide these services is an important part of a fulfilling practice.²¹ This conscientious provision of care is supported by ACNM.

Advance Practice Clinicians as Abortion Providers

ACNM joins the following organizations in support of APCs, including midwives, as abortion providers:

- The International Confederation of Midwives includes abortion-related care, including medication and MVA abortion to 12 weeks gestation, as an essential competency for basic midwifery practice.²²
- The American College of Obstetricians and Gynecologists supports increasing the types of abortion providers to include APCs and expanding abortion training programs for APCs.^{4,23}
- The American Public Health Association supports the provision of abortion by advanced practice nurses and physician assistants: “Surgeons perform surgery. Aspiration abortion is not surgery. Primary care providers, including NPs, CNMs, and PAs, provide a wide range of procedures, including intrauterine device (IUD) insertion, endometrial biopsy, management of early pregnancy loss, and abortion.”²⁴

Abortion care is an essential element of reproductive health care in accordance with the ACNM view that “everyone has the right to make reproductive health choices that meet their individual needs.”¹ Midwives who choose to do so are ideal abortion providers, and their services will help to improve access to abortion in the United States, especially for underserved populations.

REFERENCES

1. American College of Nurse-Midwives. ACNM position statement: access to comprehensive sexual and reproductive health care services. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000087/Access-to-Comprehensive-Sexual-and-Reproductive-Health-Care-Services-FINAL-04-12-17.pdf>. Published October 2016. Accessed February 1, 2018.
2. American College of Nurse-Midwives. ACNM position statement: expansion of midwifery practice and skills beyond basic core competencies. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000066/Expansion-of-Midwifery-Practice-June-2015.pdf>. Published June 2015. Accessed February 1, 2018.

3. Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstet Gynecol.* 2012;119(2 Pt 1):215-219.
4. American College of Obstetricians and Gynecologists. ACOG committee opinion number 612: abortion training and education. <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co612.pdf?dmc=1&ts=20170626T0455425989>. Published November 2014. Accessed February 1, 2018.
5. Weitz TA, Taylor D, Desai S, et al. Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver. *Am J Public Health.* 2013;103(3):454-461. doi: 10.2105/AJPH.2012.301159.
6. Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008–2011. *N Engl J Med.* 2016;374:843-852.
7. Jones RK, Jerman J. Population group abortion rates and lifetime incidence of abortion: United States, 2008–2014. *Am J Public Health.* 2017;107(12):1904-1909. doi: 10.2105/AJPH.2017.304042.
8. Jerman J, Jones RK, Onda T. Characteristics of U.S. abortion patients in 2014 and changes since 2008. <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>. Published May 2016. Accessed February 1, 2018.
9. Jones RK, Jerman J. Abortion incidence and service availability in the United States, 2014. *Perspect Sex Reprod Health.* 2017;49(1):17-27. doi: 10.1363/psrh.12015.
10. Guttmacher Institute. Medication abortion. <https://www.guttmacher.org/state-policy/explore/medication-abortion>. Accessed February 1, 2018.
11. Guttmacher Institute. An overview of abortion laws. <https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>. Accessed February 1, 2018.
12. Guttmacher Institute. Induced abortion in the United States. <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>. Updated January 2018. Accessed February 1, 2018.
13. Taylor D, Safriet B, Dempsey G, Kruse B, Jackson C. Providing abortion care: a professional toolkit for nurse-midwives, nurse practitioners and physician assistants. <http://apctoolkit.org/wp-content/themes/apctoolkit/index.html>. Published 2009. Accessed February 1, 2018.
14. U.S. Food and Drug Administration. Mifeprex (mifepristone) information. <https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm>. Updated January 23, 2018. Accessed February 1, 2018.
15. American College of Nurse-Midwives. Code of ethics with explanatory statements. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000293/Code-of-Ethics-w-Explanatory-Statements-June-2015.pdf>. Approved June 2015. Accessed February 2, 2018.
16. American College of Nurse-Midwives. Core competencies for basic midwifery practice. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000>

[000050/Core%20Comptencies%20Dec%202012.pdf](#). Approved December 2012.

Accessed February 2, 2018.

17. American College of Nurse-Midwives. ACNM position statement: shared decision making in midwifery care. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000305/Shared-Decision-Making-in-Midwifery-Care-10-13-17.pdf> Approved December 2016. Accessed February 2, 2018.
18. Biggs, M. A., Gould, H., & Foster, D. G. (2013). Understanding why women seek abortions in the US. *BMC Women's Health*, 13(1), 29. <http://doi.org/10.1186/1472-6874-13-29>
19. American College of Nurse-Midwives. ACNM position statement: conscientious refusal and the profession of midwifery. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000301/ConscientiousObjectionPositionStatementFINAL2016.pdf>. Approved March 2016. Accessed February 2, 2018.
20. American College of Obstetricians and Gynecologists. ACOG committee opinion number 385: the limits of conscientious refusal in reproductive medicine. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/The-Limits-of-Conscientious-Refusal-in-Reproductive-Medicine>. Published November 2007. Accessed February 2, 2018.
21. Harris LH. Recognizing conscience in abortion provision. *N Engl J Med*. 2012;367(11):981-983. doi: 10.1056/NEJMp1206253.
22. International Confederation of Midwives. International Confederation of Midwives essential competencies for basic midwifery practice 2010. Revised 2013. <https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Essential%20Competencies%20for%20Basic%20Midwifery%20Practice%202010,%20revised%202013.pdf>. Accessed February 2, 2018.
23. American College of Obstetricians and Gynecologists. ACOG committee opinion number 613: increasing access to abortion. *Obstet Gynecol*. 2014;124(5):1060-1065. doi: 10.1097/01.AOG.0000456326.88857.31.
24. American Public Health Association. Provision of abortion care by advanced practice nurses and physician assistants. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/16/00/provision-of-abortion-care-by-advanced-practice-nurses-and-physician-assistants>. Published November 1, 2011. Accessed February 2, 2018.

Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

Source: Gender Equity Taskforce & Clinical Documents Section. Approved by the ACNM Board of Directors: March 2018