HEALTH BASICS

Certified nurse-midwife

A certified nurse-midwife is an advanced practice nurse who provides reproductive, pregnancy, birth, and primary care.

WHAT IT IS
An advanced practice registered nurse specializing in midwifery care

WHERE IT COMES UP
Reproductive, pregnancy, birth, postpartum, newborn, and primary care

WHY IT MATTERS
It shapes your clinician's training, scope, and care options

WHAT IT IS NOT
Not a disease, diagnosis, physician, or doula

WHO TO ASK
State nursing board, midwifery practice, or insurance plan

HOW IT IS CHECKED
AMCB certification and an active state nursing license

Overview

A certified nurse-midwife, often shortened to CNM, is a licensed health professional trained in both nursing and midwifery. Midwifery focuses on reproductive health, pregnancy, birth, postpartum care, and newborn care.

A CNM is an advanced practice registered nurse. Current certification pathways require registered nursing preparation followed by graduate-level midwifery education. Graduates must pass a national certification examination and meet state licensing requirements.

This article describes the United States credential. Training, titles, and legal authority differ in other countries.

CNMs may work in hospitals, birth centers, clinics, community health centers, or private practices. Some attend home births, but many do not. Their services can include routine gynecologic care, contraception, pregnancy care, labor and birth support, postpartum care, and care of healthy newborns.

A CNM is not a physician. CNMs do not perform cesarean births, although some may assist during surgery and provide care before and after it. They work with obstetricians, maternal-fetal medicine specialists, pediatric clinicians, anesthesiology teams, and other

professionals when additional care is needed.

A CNM is also different from a doula. A doula offers emotional, physical, and practical support but does not provide medical care, diagnose conditions, order tests, or prescribe medicines.

How it works

A CNM usually begins by reviewing your health history, medicines, previous pregnancies, goals, and concerns. The care offered depends on why you are visiting and on the CNM's license, workplace privileges, and clinical experience.

During pregnancy, a CNM may:

Outside pregnancy, a CNM may provide contraception, cervical cancer screening, testing for sexually transmitted infections, menstrual or menopause care, and some general primary care. The exact services differ among practices and states.

Prescribing authority is controlled by state law. CNMs can prescribe medicines in the United States, but supervision, collaboration, and prescribing rules are not identical in every state. A hospital or clinic may also limit which procedures a particular CNM can perform.

CNMs generally focus on supporting normal body processes while watching for medical problems. This does not mean avoiding tests, medicines, pain relief, or medical intervention. A CNM can discuss options such as induction of labor or an epidural and coordinate them when appropriate and available.

- Provide routine prenatal visits and physical examinations
- Order and review laboratory tests and ultrasound examinations
- Monitor the health of the pregnant person and fetus
- Discuss nutrition, activity, birth preferences, and pain relief
- Attend labor and vaginal birth
- Provide postpartum and newborn care
- Refer or transfer care when specialist or emergency treatment is needed

Why it matters for your health

The CNM credential tells you something specific about a clinician's education and legal role. It can help you understand who may examine you, order tests, prescribe treatment, and attend a birth.

The style of care may also matter to you. Midwifery care often gives attention to informed decision-making, personal preferences, emotional wellbeing, and avoiding interventions that are not medically needed. Individual clinicians and practices still differ, so the title alone does not tell you exactly what your experience will be.

Your health needs may affect whether a CNM provides care independently or as part of a larger team. Many people with medical conditions can still receive some or all of their care from a CNM. Others need shared care with an obstetrician or another specialist.

The birth setting matters as well. A hospital has immediate access to surgery, blood products, advanced newborn support, and other emergency services. A birth center or home-birth practice should have a clear plan for consultation and transfer if those services become necessary.

Insurance coverage and referral rules can affect access. A clinician may be licensed and qualified but outside your insurance network or unable to attend births at your chosen hospital.

What can go wrong

A CNM is not a medical condition, and the credential itself does not cause complications. Problems can arise when a person's needs exceed the services available in a particular practice or birth setting.

Pregnancy-related conditions such as preeclampsia, placenta previa, heavy bleeding, fetal growth problems, or preterm labor may require specialist care. During labor, situations such as fetal distress, umbilical cord prolapse, severe bleeding, or labor that does not progress may require urgent intervention or cesarean birth. A CNM should recognize concerns, begin appropriate care, and involve the necessary team.

Confusion about credentials can also lead to mismatched expectations. A certified midwife, certified professional midwife, licensed midwife, doula, and CNM do not necessarily have the same education, nursing background, licensing rules, or practice authority. Ask for the exact credential rather than relying only on the word "midwife."

Routine questions about test results, appointment timing, prescriptions, or birth planning can usually wait for the practice's normal contact route.

Seek urgent advice from your maternity service for concerns such as vaginal bleeding, leaking fluid, signs of labor earlier than expected, a major decrease in fetal movement, or a severe headache with vision changes. Follow the emergency instructions given by your care team.

Call emergency services for severe bleeding, trouble breathing, chest pain, a seizure, fainting, or another rapidly worsening emergency. Do not wait for a routine appointment or try to reach

one specific clinician first.

What you can do

There is no medical test that determines whether a CNM is the right clinician for you. You can check qualifications, available services, and whether the practice fits your needs.

Before choosing a CNM, consider asking:

Certification can be checked through the American Midwifery Certification Board. State nursing boards provide license verification and may publish disciplinary information. Hospital privileges must be confirmed with the practice or hospital.

Keep an up-to-date record of your medicines, allergies, medical conditions, previous pregnancies, operations, and important test results. Bring it when changing practices or receiving urgent care.

If you are already receiving care and your needs change, ask whether the CNM will continue as your main clinician, share care with a specialist, or transfer care. A transfer does not always mean the CNM must stop being involved. The arrangement depends on the condition, setting, and local practice.

- Is your certification current with the American Midwifery Certification Board?
- Is your state nursing license active?
- Where do you attend births, and what hospital privileges do you have?
- Who provides care if you are unavailable?
- Which conditions require consultation, shared care, or transfer?
- How are urgent concerns handled after office hours?
- What is the emergency transfer plan for this birth setting?
- Is the practice covered by my insurance?

Common questions

Is a CNM the same as an obstetrician?

No. An obstetrician is a physician trained in pregnancy care and gynecologic medicine and surgery. A CNM is an advanced practice nurse trained in midwifery. They often work together, especially when surgery or specialist care is needed.

Can a CNM prescribe medicine?

Yes, but the details of prescribing authority are set by state law. Workplace policies and the individual CNM's scope may add further limits.

Can a CNM provide an epidural?

An epidural is usually placed by an anesthesia professional. A CNM can discuss this option, request or coordinate anesthesia care, and continue managing labor.

Can I see a CNM if I am not pregnant?

Yes. Many CNMs provide contraception, routine gynecologic services, sexual health care, menopause care, and some primary care. Ask the practice which services it offers.

Can a CNM care for a high-risk pregnancy?

Sometimes, usually through consultation or shared care. The answer depends on the medical condition, available specialists, birth setting, and practice policies. Conditions such as significant heart disease, severe high blood pressure, or major placental problems may require specialist-led care.

Do all CNMs attend home births?

No. Most work in hospitals or clinics. Some practice in birth centers or attend planned home births. Ask where the CNM is licensed and credentialed to provide birth care.

Is a referral required?

That is determined by your insurance plan, state rules, and the practice. Contact the plan and practice before scheduling if coverage is important.

Sources

- American College of Nurse-Midwives - Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives
- American Midwifery Certification Board - Certification information
- Accreditation Commission for Midwifery Education - Midwifery education accreditation
- U.S. Bureau of Labor Statistics - Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners
- National Council of State Boards of Nursing - Advanced Practice Registered Nurses