Advanced Practice Registered Nurses

Official Position Statement of the Association of Women's Health, Obstetric and Neonatal Nurses

AWHONN 1800 M Street NW, Suite 740 S, Washington, DC 20036

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Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) supports full practice authority for advanced practice registered nurses (APRNs) as independent providers of health care services for women and newborns. AWHONN supports a woman's right to choose and have access to a full range of providers and settings for pregnancy, birth, and women's health care. Women have a right to fair, reliable, and unbiased information about care options so they can make well-informed choices best suited to their individual and family needs. A woman's choice may be influenced by several factors, such as health status; personal circumstances and preferences; and family, religious, or cultural values. Clinicians should respect a woman's health care provider choices.

Background

The Role of APRNs

The APRN designation includes the following roles: certified nurse-midwife (CNM)/certified midwife, certified nurse practitioner (NP), certified registered nurse anesthetist (CRNA), and clinical nurse specialist (CNS). APRNs serve as patient care clinicians, in nursing leadership roles in health care delivery organizations, and as faculty in academic settings.

The APRN consensus model core elements include licensure, accreditation, certification, and education to ensure uniformity across the United States. However, boards of nursing regulations can vary regarding licensure, practice authority, and prescriptive authority (APRN Consensus Work Group & National Council of State Boards of Nursing [NCSBN], 2008).

Throughout the COVID-19 pandemic, APRNs established themselves as critical health care team members, filling gaps regarding access to care and shortages of health care clinicians. However, the lack of certification examinations for specific designated APRN populations, the lack of standardization of licensure requirements, and differences in scope of practice and prescriptive authority made it difficult for APRNs to practice to their fullest capabilities and address the community's health care needs during the pandemic.

The Role of CNMs

Midwifery practice includes health care for women from adolescence through menopause. Midwives partner with women to provide evidence-based, individualized care that consists of the following (American College of Nurse-Midwives [ACNM], 2021):

- primary care and gynecologic care
- family planning
- preconception care
- pregnancy, childbirth, and postpartum period care
- normal newborn care during the first 28 days of life
- treatment of partners for sexually transmitted infections

Midwifery practice facilitates natural processes with an emphasis on the holistic care of women for their families and communities. The midwife collaborates with and refers women and their newborns to qualified specialists, as needed, if complications arise beyond the midwife's scope of practice.

AWHONN supports the Essential Competencies for Midwifery Practice and Global Standards for Midwifery Education as defined by the International Confederation of Midwives (ICM; 2019, 2021), which have been endorsed by the ACNM (2014) and American College of Obstetricians and Gynecologists (2020) as the minimum requirements that should be recognized for practicing in the United States. The ICM defines a midwife as a person who has successfully completed a nationally recognized midwifery educational program that is consistent with the Essential Competencies and the Global Standards framework. Individuals must pass a nationally recognized midwifery certification examination offered by the American Midwifery Certification Board and the North American Registry of Midwives (NARM). Upon certification, individuals must be registered and legally licensed to practice midwifery, demonstrate competency in the practice of midwifery (ICM, 2017), and meet all requisite qualifications for the jurisdiction in which the midwife practices (ACNM, 2014).

It is important to distinguish the differences between a CNM/certified midwife and a certified

professional midwife (CPM). CPMs must hold high school diplomas (or the equivalent) and participate in an apprenticeship model that meets NARM's standardized criteria or those of the Midwifery Education Accreditation Council. Once state requirements are met and NARM certifications are earned, CPMs are authorized to practice in 36 states. Most CPMs work in home settings or birthing centers in the United States, Canada, and Mexico; however, it is important to note that CPMs are not licensed as registered nurses or APRNs (NARM, n.d., 2021).

The Role of NPs

Women's health NPs (WHNPs) are APRNs who provide evidence-based primary, reproductive health, gender-specific, gynecologic, and obstetric care with a holistic focus. WHNPs are unique because they bridge the gap between primary and obstetric care through interdisciplinary collaboration. Because of their distinctive position of caring for women throughout their lives, WHNPs, family NPs (FNPs), and adult–gerontology NPs (Adult Nurse Practitioners [ANPs]/Adult-Gerontology Nurse Practitioners [A-GNPs]) play a pivotal role in identifying risk factors during pregnancy and the postpartum period by optimizing perinatal, maternal, and neonatal health care outcomes (Nurse Practitioners in Women's Health [NPWH], 2020). All NPs (e.g., WHNPs, FNPs, and ANPs/A-GNPs) can assess, diagnose, and treat a range of health conditions. Additionally, they have extensive expertise in promoting optimal health care practices (e.g., disease prevention, interventions, and education).

AWHONN supports the WHNP competencies published by the National Certification Corporation (NCC; 2022). NPs who have earned either a master's or doctoral degree from an accredited nursing education program, have successfully passed national board certification examinations through the NCC for WHNPs and American Academy of Nurse Practitioners or American Nurses Credentialing Center for FNPs/ANPs/A-GNPs, and are licensed by the state board of nursing are permitted to practice in APRN roles (NPWH, 2020).

The Role of CRNAs

The American Association of Nurse Anesthesiology (AANA) defines CRNAs as APRNs who plan and administer direct anesthesia care for patients in all settings and stages of life in cases where anesthesia is recommended. CRNAs are licensed, independent practitioners who provide comprehensive anesthesia services autonomously and in collaboration with other health care professionals to deliver high-quality, holistic, patient-centered, evidence-based anesthesia and pain care services (AANA, 2019). Licensed registered nurses with critical care experience are eligible to enroll in CRNA educational programs accredited by the Council on Accreditation of Nurse Anesthesia Education, resulting in a doctoral degree. Additionally, before applying and securing state licensure to practice as a CRNA, graduates must successfully complete the National Certification Examination. The scope of the nurse anesthesia practice is influenced by local, state, and federal laws, as well as organizational policies (AANA, 2020). AWHONN supports the *Scope of Nurse Anesthesia Practice* published by the AANA (2020).

The Role of CNSs

CNSs are APRN clinical experts and change agents who affect patients, nurses, nursing practice, and organizational systems. CNSs provide evidence-based patient care, educate nurses in clinical settings, and serve as change agents for organizations to improve health care quality and safety and reduce health care costs. As a result of their growing influence in health care, CNSs in maternal–child health care units are frequently referred to by other titles (e.g., perinatal, women's health, or neonatal CNSs; National Association of Clinical Nurse Specialists [NACNS], n.d.). Women's health and perinatal CNSs specialize in care across the life span, including before, during, and after pregnancy and lactation, as well as fetal and neonatal care.

AWHONN supports the core competencies published by the NACNS (2019). The *Women's Health and Perinatal Clinical Nurse Specialist Competencies* (in press) supplement the core competencies, which outline population-specific competencies related to gynecologic, perinatal, fetal, and neonatal advanced practice CNS care (AWHONN & NACNS, 2014). In most states, CNSs must possess a master's or doctoral degree, pass a national certification examination, and meet the requirements to be licensed in the state where they desire to practice.

Employment Settings

APRN employment locations and settings (e.g., inpatient, outpatient, community, academic, and home settings) can affect the level of care a patient receives (AANA, 2020; ACNM, 2014; NACNS, n.d., 2019; NPWH, 2020). Inpatient settings such as health care facilities where APRNs provide care to patients include the following variety of units:

Inpatient Settings: antepartum, labor and delivery, mother–baby and postpartum; nursery; NICUs; surgical pre-, peri-, and postanesthesia units; gynecology surgical and oncology units; and emergency and triage units. Additionally, CRNAs provide care to patients in nonoperating anesthetizing areas (e.g., endoscopy, radiology, and ambulatory surgery).

Outpatient Settings: primary care practices, obstetrician-gynecologist offices, family planning clinics, reproductive science centers, sexual health centers, rural health clinics, military and veterans' facilities, prisons, adolescent gynecology health centers, patient homes, and telemedicine. For the CRNA, outpatient settings would also include free-standing ambulatory and outpatient surgery centers, providers' offices, and pain management clinics.

Community Settings: public health centers; Special Supplemental Nutrition Program for Women, Infants, and Children centers; lactation support; home care; long-term care facilities; and faith-based health centers. APRNs also work on community, local, state, national, and international policy and on professional and patient advocacy.

Academic Settings: undergraduate and graduate nursing, medical and public health programs, precepting nursing and APRN programs students, develop professional education, and conduct research.

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Barriers for APRNs

The barriers to full-practice authority of APRNs are complicated and multifactorial. Lack of population-specific certification examinations, state regulatory practice restrictions, recognition, and equitable reimbursement services as well as unnecessary (e.g., not evidence-based) requirements for physician supervision are barriers that restrict independent APRN practice in many states (AANA, 2022; American Association of Nurse Practitioners, n.d.). The APRN consensus model (APRN Consensus Work Group & NCSBN, 2008) states that all APRNs who seek licensure to practice must obtain national certification based on their specific population focus. Although there are certification examinations for the CNM, CRNA, WHNP and some specialty foci for the CNS, there is no national board certification available for the women's health and perinatal CNS. The lack of certification examinations for these professionals who serve vulnerable populations decreases enrollment in CNS educational programs and inhibits CNSs who specialize in this area from licensure as APRNs. This reduces the number of qualified health care providers per patient; decreases access to safe, evidence-based, cost-effective care; and limits access to expert resources in the perinatal/neonatal setting.

APRNs experience additional barriers across state lines because of varying licensure requirements, scopes of practice, and prescriptive authority regulations. Furthermore, APRNs are not permitted to cross state lines through compact licensure to practice in the advanced role (NCSBN, n.d.).

Third-party reimbursement varies across public and private companies. Barriers to increasing the APRN pool include limited graduate-level APRN educational programs and insufficient student funding. The limited funding of APRN education is far less than what is seen for medical education, putting an extra burden on nurses seeking to advance their scope of practice to better meet the needs of their community. Many nurses decide not to move forward with the APRN career pathway because of these extensive barriers (AACN, n.d.).

Recommendations

AWHONN supports the availability of APRN services as an option for all women and newborns. Recommendations to remove barriers for APRNs and increase APRN full practice authority in caring for women and newborns are as follows:

- Recognize and respect the appropriate and evidence-based scope of practice and state licensure parameters of each health care professional.
- Increase the number of APRN educational programs for all APRN roles and population foci.
- Increase access to care through various delivery models, including telehealth.
- Ensure access to hospital privileges and full participation on medical committees and boards.
- Create and publish a nationally recognized women's health and perinatal CNS certification examination.
- Ensure that licensure requirements applicable to APRNs reflect the minimal standards identified by the APRN consensus model.

Public Policy Recommendations

- Develop policies and legislation to expand APRN practice to full practice authority.
- Develop and expand policies and legislation to recognize and utilize APRNs in private and public health care plans.
- Provide federal and state funding for APRN education programs.
- Enact an APRN licensure compact.
- Develop and extend prescriptive authority to APRNs (e.g., practice to the full extent of licensure and training without a requirement to enter a formal supervisory or written collaborative agreement with a physician in all states and territories).
- Provide equitable, third-party reimbursement, including reimbursement under Medicaid fee-for-service and managed care programs, for professional services of the APRN.

AWHONN Contextual Statement

Although the words "woman," "women," and "mother" and related pronouns are used herein, AWHONN recognizes the existence of diverse gender identities and acknowledges that not all individuals who present for care self-identify as women or exclusively as women. When referencing the published results of previous studies, terms used by the original authors are retained for accuracy. To provide appropriate, respectful, and sensitive care, the health care provider is encouraged to always ask individuals what words they use to describe themselves, their bodies, and their health care practices.

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