

# Midwives in Abortion Care: A Call to Action

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## INTRODUCTION

In 2018, 3 significant resources supporting midwives in abortion care were published: a position statement entitled *Midwives as Abortion Providers* by the American College of Nurse-Midwives (ACNM)<sup>1</sup>; an evidence-based review of *The Safety and Quality of Abortion Care in the United States* by the National Academies of Sciences, Engineering, and Medicine (NASEM)<sup>2</sup>; and a collaborative effort between university and nonprofit groups to create the online resource *Abortion Provider Toolkit*<sup>3</sup> for health care providers seeking to integrate abortion provision into practice. This wave of professional resource publications coincides with rapid and aggressive state and national political movements<sup>4,5</sup> to restrict both abortion provision and individuals' rights and access to abortion, despite its legality for over 45 years. In accordance with the publication of its new position statement *Midwives as Abortion Providers*, ACNM subsequently issued press releases opposing attempts to limit all-options counseling for health care providers who accept Title X funding<sup>6</sup> and state legislative threats to limit or restrict abortion care.<sup>7</sup> As an organization, ACNM speaks clearly about its support of abortion, including abortion provision by midwives and other qualified abortion providers, and the right to abortion access for all people. ACNM's strong stance and the momentum of collaborative organization support, as well as evidence of midwives' safe and quality abortion provision, has started a groundswell of midwives speaking out more publicly.

Abortion care is part of full-scope sexual and reproductive health care, a category that encompasses pregnancy prevention, such as contraception and emergency contraception provision; evidence-based counseling and prompt referral; and postabortion evaluation, warning signs, counseling, and follow-up support. As sexual and reproductive health care providers, midwives' scope of practice encompasses the full spectrum of abortion care services, regardless of their direct participation in abortion provision. *Abortion care* includes pregnancy confirmation, consultation, referral, and postabortion evaluation and emergency instruction in addition to abortion. *Abortion provision*, including medication and aspiration abortion services, is only one aspect of abortion care.

The purpose of this commentary is to help all midwives understand more fully what the role of the profession has been

in abortion care, including abortion provision, and to be a call to midwives to understand their professional responsibility within the full spectrum of abortion care. This commentary intentionally uses inclusive language, unless pulled from direct quotes, to acknowledge that gender nonbinary and transgender people also have abortions.

## A BRIEF HISTORY OF MIDWIVES IN ABORTION PROVISION IN THE TWENTIETH CENTURY

The Jane Collective in Chicago, the nation's first underground, organized abortion support system when otherwise illegal, unsafe, and life-threatening abortion procedures existed, included midwives who initially connected those in need of abortions with trained physicians and then became trained as abortion providers themselves.<sup>8</sup> In 1971, the ACNM Board of Directors released a statement prohibiting certified nurse-midwives (CNMs) from performing abortion.<sup>9</sup> The passage of *Roe v Wade* in 1973 not only legalized abortion but also outlined guidelines preventing laws limiting its access. *Roe* mandated that physicians could be the only legal providers of this aspect of health care.<sup>10</sup> In 1975, the Institute of Medicine (IOM) released the first organized report on the safety and quality of abortion in the United States, writing only of the role of the physician in abortion provision, without including any mention of nurses or midwives, although a midwife expert served on the IOM report committee.<sup>11</sup>

By 1990, concern grew surrounding the shortage of abortion providers. That year, the ACNM Board of Directors released a *Statement on Abortion*, which reworded but affirmed the original 1971 document preventing midwives' provision of abortion.<sup>9</sup> However, at the 1991 annual meeting, the midwifery membership passed a resolution to rescind the statement, "thereby allowing individual CNMs to utilize the guidelines for the incorporation of new procedures into nurse-midwifery practice if she/he [sic] decides to provide abortions."<sup>9</sup> The American College of Obstetricians and Gynecologists (ACOG) and the National Abortion Federation later convened a meeting, attended by a representative of ACNM, that addressed ensuring the availability of qualified abortion providers.<sup>12</sup> This was followed by a second meeting in 1997 that explicitly addressed the roles of midwives, nurse practitioners, and physician assistants (PAs), commonly referred to as advanced practice clinicians (APCs), as a strategy for expanding access to abortion.<sup>13</sup> The meeting supported the development of legislative and educational initiatives to expand the availability of abortion services by increasing the contribution of APCs to the pool of abortion providers.

It was not until 1999, when a PA won a legal defense to be able to legally provide abortions in Montana, that the role of APCs in abortion provision became more widely acknowledged.<sup>3</sup> In 2006, a nurse practitioner in rural

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Oregon defended and won the right for aspiration abortion to be within their scope of practice.<sup>3</sup> By 2008, the role of midwives in safe abortion worldwide was recognized because of the contribution of unsafe abortion to maternal mortality. That year, the International Confederation of Midwives (ICM) released a position statement, *Midwives' Provision of Abortion-Related Services*, and in 2011 updated their *Essential Competencies for Basic Midwifery Practice* to include competencies in abortion-related care services.<sup>14</sup>

Clinicians who recognized the need for a focused response to increasing the number of APC abortion providers came together in 2009 to produce the first *Advanced Practice Clinician Toolkit*.<sup>3</sup> The Toolkit, authored by a nurse practitioner, a nurse-midwife, an attorney, and 2 abortion rights activists, created an algorithm for APCs to integrate abortion services into their skillset and practice. Foundational research for APCs in abortion care flourished exponentially with the initial publication of the results of the Health Workforce Pilot Project, which found that APCs who were trained to competence in aspiration abortion provide safe and quality care similar to that provided by physician colleagues.<sup>15</sup> This research resulted in the passage of California AB 154 in 2014, expanding aspiration abortion provision to APCs.<sup>16</sup> In 2018, ACNM released a position statement entitled *Midwives as Abortion Providers*, which supports the role of midwives in direct abortion provision and details the components of abortion provision within the midwife's scope of practice, and under what circumstances expanded training is necessary.<sup>1</sup>

## ABORTION CARE AND PROVISION BY MIDWIVES

### Safety and Quality

In 2018, NASEM released a report concluding that abortion in all forms is safe and effective and that a trained CNM or nurse practitioner has the skills and experience to perform most aspiration procedures.<sup>2</sup> This evidence-based, nonpartisan, scientific research review, conducted by an independent panel of 13 experts from medicine, nursing, and midwifery, is the first comprehensive look at abortion safety, access, and care conducted in the last 40 years. For abortion advocates and providers, it is the first time that an expert panel has produced documentation of the safety of abortion as it is currently provided in the United States.

Importantly, the NASEM report debunked common misinformation related to abortion risks and side effects. Beyond evidence showing abortion safety, the NASEM report also reviewed evidence conclusively demonstrating that there is no increase in breast cancer risk, no impact on future fertility, and no increase in the likelihood of experiencing mental health disorders related to abortion. Finally, the report reviews that medication abortion reversal is an unproven therapy and should not be a part of accurate counseling. The report mentions a lack of research discussing safety of abortion at higher gestational ages given its associated increase in clinical complexity, as well as a need for further research on safety and quality of care related to dilation and evacuation procedures by abortion provider type, including midwives.<sup>2</sup>

NASEM's report explicitly states that the biggest threats to the quality of abortion care are not related to the abortion procedure itself but rather unnecessary regulations on

abortion facilities, onerous provider requirements, limited provider training opportunities, and a lack of public funding.<sup>2</sup> Both ACNM and ACOG have position statements that speak to reducing these unfounded restrictions on care.<sup>17,18</sup> Despite evidence of safety and quality of, and organizational support for, abortion care provided by APCs, at the time of this writing, midwives and nurse practitioners can legally provide medication abortion in only 13 states and Washington, DC, and aspiration procedures in 5 states and Washington, DC<sup>19</sup> (PAs typically practice subject to the supervision of their physician).

### Scope of Practice

ACNM's 2012 *Core Competencies for Basic Midwifery Practice*<sup>20</sup> outline expectations for education and training for midwives at the conclusion of their programs, which then translates into entry-level midwifery scope of practice in the United States. As the *Core Competencies* currently stand, abortion is not listed. However, the skills required for abortion care as identified by the World Health Organization (WHO)<sup>21</sup> are well within the scope of midwifery practice, and the ICM policies state that all midwives must have this training in their educational programs.<sup>14</sup>

The ACNM position statement *Midwives as Abortion Providers*<sup>1</sup> links the *Core Competencies* for basic midwifery care<sup>20</sup> with aspects of midwifery practice, stating that medication abortion provision is within entry-level scope and aspiration abortion may be performed as part of expanded scope of practice. Furthermore, the document specifically states "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."<sup>1</sup> This position statement joins similar foundational documents by ACOG,<sup>18</sup> ICM,<sup>14</sup> and the American Public Health Association,<sup>22</sup> supporting midwives and APCs in practicing to the full extent of their education and licensure in the delivery of abortion provision. Abortion care, although not well defined across these organizational recommendations, generally refers to care surrounding the provision of abortion itself, including pregnancy confirmation, consultation, referral, and postabortion evaluation and emergency instruction, as outlined in the ICM competencies and WHO resources.

### Education and Training

Since 2012, the literature supporting the process for midwives to achieve competency in medication abortion provision, and abortion care generally, has grown.<sup>23,24</sup> Many midwifery programs currently teach about medication abortion alongside miscarriage management, as the clinical care of both is similar. If midwifery programs follow the ICM criteria for midwifery training, abortion care and medication abortion provision should be taught. Organizations like Nurses for Sexual and Reproductive Health, Clinicians in Abortion Care at the National Abortion Federation, the Midwest Access Project, and the Reproductive Health Access Project facilitate trainings, clinical placements, and/or conferences specifically tailored to clinicians seeking further education

in the full scope of abortion care, including abortion provision. Multiple online resources also exist for clinicians seeking information about medication management, including the free online *AP Toolkit* ([www.aptoolkit.org](http://www.aptoolkit.org)) and the website *Innovating Education in Reproductive Health* (<https://www.innovating-education.org>). Medication abortion is, like other prescriptive activities, part of entry-level midwifery care. For midwives seeking expanded practice to include aspiration procedures, ACNM has a documented process for how to do so, as identified in Standard VIII of *ACNM Standards for the Practice of Midwifery*.<sup>25</sup>

### Conscientious Provision

The ACNM *Code of Ethics* states, “Midwives in all aspects of their professional practice will...[a]ct without discrimination based on factors such as...[the] nature of the health problem.”<sup>26</sup> More recently, the ACNM position statement *Access to Comprehensive Sexual and Reproductive Health Care* reinforced the application of this ethical principle in relationship to reproductive health with the statement that “everyone has the right to make reproductive health choices that meet their individual needs.”<sup>17</sup> Midwifery’s core philosophy of providing evidence-based and unbiased counseling through shared decision making is of utmost importance when someone is uncertain regarding a pregnancy decision, and it is a midwife’s professional responsibility to help them explore their options.

Midwives who provide abortion care do so within the midwifery model of care and with a professional moral and ethical duty. Much of the care provided by midwives is abortion care as defined by ICM and WHO and exists on the spectrum of sexual and reproductive health care, including pregnancy prevention, emergency contraception, all-options counseling, and posttermination follow-up. For midwives who do not provide abortion directly because of state restrictions or personal belief systems, they must at a minimum provide evidence-based information and prompt referral, as required by Standard III of *ACNM Standards for the Practice of Midwifery*, which states “The midwife...[p]rovides information regarding and/or referral to other providers or services when requested or when care required is not within the midwife’s scope of practice.”<sup>25</sup>

For midwives whose belief systems do not support someone’s abortion choice, the professional responsibility midwives accept in caring for others takes precedent. ACNM states explicitly that:

*Midwives who exercise conscientious objection must consider the added cost and risk of delaying care, which are unintended consequences that the individual seeking care must shoulder. Geographic, economic, and political barriers to fulfilling a referral for contraception, emergency contraception, or abortion care may lead to unintended pregnancy and could infringe on a woman’s right to timely health care and to the highest attainable level of health.*<sup>17</sup>

### CONCLUSION

Midwives, as full-scope sexual and reproductive health care providers, are inextricably linked with abortion care even if

not directly providing abortion services. The capacity for this professional responsibility has historically been limited by either exceptionalizing abortion provision and care as a specialty area or keeping it as a silo outside of midwifery practice because of the misunderstanding that a midwife’s personal belief systems override professional duty. Thus, abortion care and training in the provision of abortion procedures, and subsequent integration of midwives into the abortion services, has been fragmented or only quietly supported. Evidence now shows that abortion provided by midwives is safe and of high quality. Many midwives provide abortion as part of, or the entirety of, their practice, including dispensing abortion medication or performing aspiration procedures. For midwives who seek to provide abortion care but are limited by state-proscribed scope of practice or lack of full practice authority, midwives who are currently serving as advocates and plaintiffs in cases arguing against these limitations set an example for how to put the latest clinical evidence into action on behalf of the profession and the people midwifery serves. All midwives in practice must take note of threats to restrictions on clinical practice, as they include prescriptive counseling scripts and limit funding support in communities where midwives are often the only available abortion provider: quality and safe midwifery care is affected when political restrictions negatively impact practice. In research studies and in advocacy work to expand modes of abortion provision via telemedicine, self-management with medications ordered online, and abortion at home, midwives are an important part of the groups of active participants, researchers, and experts in this work.

There will always be political and belief systems that aim to restrict sexual and reproductive health care provision and access: the current political climate is especially polarized. Midwifery as a profession must be unwavering in its foundational support for a person’s bodily autonomy, access to evidence-based care, and a person’s right to choose their care provider. The midwifery model of care, in its intentionality for patient empowerment and holistic application of health care to people and their broader lives, embraces abortion care and provision. It is time for midwives to claim their work in abortion care and for the professional community to support abortion as part of midwifery work. Medication abortion should be taught in all educational programs, so that it can be safely provided in all care settings. Midwives have the professional responsibility to impart evidence-based information to patients and be prepared to correct common myths. All midwives must support colleagues who integrate abortion into their care and to promote midwifery practice to its true full-scope practice authority. Midwives must wholeheartedly declare that they are with people for a lifetime, engaging in shared decision making and informed consent in all contexts, including all pregnancy decisions. Midwifery as a profession claims expertise in sexual and reproductive health care, on behalf of midwives in both abortion provision and care, and for the communities served by them.

### DISCLOSURES

The authors have no conflicts of interest to disclose.

## REFERENCES

1. American College of Nurse-Midwives. *Position Statement: Midwives as Abortion Providers*. Silver Spring, MD: American College of Nurse-Midwives; 2018.
2. National Academies of Sciences, Engineering, and Medicine. *The Safety and Quality of Abortion Care in the United States*. Washington, DC: The National Academies Press; 2018.
3. Taylor D, Safriet B, Kruse B, Dempsey G, Summers L. *AP Toolkit*. <http://aptoolkit.org/>. 2018. Accessed February 1, 2018.
4. Reingold RB, Gostin LO. State abortion restrictions and the new Supreme Court: women's access to reproductive health services. *JAMA*. 2019;322(1):21-22.
5. Nash E, Mohammed L, Cappello O, Naide S, Ansari-Thomas Z. *State Policy Trends at Mid-Year 2019: States Race to Ban or Protect Abortion*. New York, NY: Guttmacher Institute; <https://www.guttmacher.org/article/2019/07/state-policy-trends-mid-year-2019-states-race-ban-or-protect-abortion>. 2019. Accessed July 2019.
6. American College of Nurse-Midwives. *ACNM Opposes Title X "Domestic Gag" Final Rule*. Silver Spring, MD: American College of Nurse-Midwives; 2019.
7. American College of Nurse-Midwives. *ACNM Opposes State Legislative Threats to Abortion Care*. Silver Spring, MD: American College of Nurse-Midwives; 2019.
8. Kaplan, L. *The Story of Jane: The Legendary Underground Feminist Abortion Service*. New York, NY: Random House; 1995.
9. Summers L. The genesis of the ACNM 1971 statement on abortion. *J Nurse-Midwifery*. 1992;37(3):168-174.
10. *Roe v Wade*. 410 US 113 (1973).
11. Institute of Medicine. *Legalized Abortion and the Public Health*. Washington, DC: National Academy Press; 1975.
12. National Abortion Federation; American College of Obstetrics and Gynecology. *Who will Provide Abortions? Ensuring Availability of Qualified Practitioners*. Washington, DC: National Abortion Federation; 1990.
13. National Abortion Federation. *The Role of Nurse Practitioners, Physician Assistants, and Nurse-Midwives in Providing Abortion: Strategies for Expanding Abortion Access*. Washington, DC: National Abortion Federation; 1997.
14. International Confederation of Midwives. *Essential Competencies for Midwifery Practice*. Koninginnegracht, The Netherlands: International Confederation of Midwives; 2019.
15. 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.
16. Battistelli MF, Magnusson S, Biggs MA, Freedman L. Expanding the abortion provider workforce: a qualitative study of organizations implementing a new California policy. *Perspect Sex Reprod Health*. 2018;50(1):33-39.
17. American College of Nurse-Midwives. *Position Statement: Access to Comprehensive Sexual and Reproductive Health Care*. Silver Spring, MD: American College of Nurse-Midwives; 2016.
18. Committee on Health Care for Underserved Women. ACOG committee opinion no. 613: increasing access to abortion. *Obstet Gynecol*. 2014;124(5):1060-1065.
19. State policies on abortion rights. Guttmacher Institute website. <https://www.guttmacher.org/united-states/abortion/state-policies-abortion#>. 2019. Accessed 15 June 2019.
20. American College of Nurse-Midwives. *Core Competencies for Basic Midwifery Practice*. Silver Spring, MD: American College of Nurse-Midwives; 2012.
21. World Health Organization. *Health Worker Roles in Providing Safe Abortion Care and Post-Abortion Contraception*. Geneva, Switzerland: World Health Organization; 2015.
22. American Public Health Association. *Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants*. Washington, DC: American Public Health Association; 2011.
23. Levi A, Angel James E, Taylor D. Midwives and abortion care: a model for achieving competency. *J Midwifery Womens Health*. 2012;57(3):285-289.
24. Levi A, Goodman S, Weitz T, et al. Training in aspiration abortion care: an observational cohort study of achieving procedural competence. *Int J Nurs Stud*. 2018;88:53-59.
25. American College of Nurse-Midwives. *Standards for the Practice of Midwifery*. Silver Spring, MD: American College of Nurse-Midwives; 2011.
26. American College of Nurse-Midwives. *Code of Ethics*. Silver Spring, MD: American College of Nurse-Midwives; 2013.