Proposal for a Women’s Health Nurse Practitioner Track

History:

In 1975, the Nurse-Midwifery Certificate program was started at SFGH with support from the School of Medicine. At that point in time, the training and certification by the state of California was the same for nurse-midwives (NM) and women’s health nurse practitioners (WHNP), so the program graduates were certified by the state as either or both NMs and WHNPs. When the program became affiliated with the School of Nursing in 1988 in order to offer graduates the option of completing a master’s degree, the dual focus of the curriculum and course content was retained.

Certification by the American Midwifery Certification Board as a Certified Nurse-Midwife (CNM) has always been possible for program graduates because the program has maintained accreditation by the American College of Nurse-Midwives. Prior to 2004, students who chose to take the National Certification Council (NCC) exam (the only certification exam open to WHNPs), were able to do so by special application. In 2005, NCC changed its criteria for programs whose graduates could be certified, and UCSF graduates were no longer eligible to take their certification exam. The Women’s Health Nurse Practitioner (WHNP) program that operated independently from the Nurse Midwifery program, supported by FHCN, was subsumed under the Family Nurse Practitioner program in the mid 1990s and graduates from the FNP program were not sufficiently prepared to take the NCC exam. Until the mid 1990s FHCN WHNP graduates did sit for the NCC exam.

Many program graduates have not felt the necessity for the NCC certification in addition to the CNM; since 2005, approximately 30% of graduates have expressed a desire to take the exam, but have been unable to do so because of the changes in the NCC criteria.

Needs assessment:

Over 200 inquiries from prospective students have been received by the nurse-midwifery/women’s health nurse practitioner program over the last three years. Approximately 15-20% of these inquiries are specifically interested in the women’s health option alone. If all of these inquiries resulted in applications to a WHNP-only program, we could expect an additional seven to ten applicants per year. Introduction of a WHNP-only track would be able to accommodate these applicants on a space available basis.

Current resources available:

All the core competencies established for WHNP practice by the US Department of Health and Human Services, NONPF, and AWHONN are currently included in the midwifery/WHNP track. To meet the requirements for NCC certification, students in a stand alone program would need to take 100 additional clinical hours instead of the current clinical hours devoted to labor, delivery, postpartum, and newborn care. This would require increasing access to clinical opportunities in specific women’s health areas that may or may not already be used by other programs. No other additional resources would be required.

Articulation with current programs:

The current certification requirements of ANCC, NCC, and the AMCB require that clinical hours for a single specialty must be met prior to pursuing dual certification. Students in other programs who are interested in WHNP certification must meet the requirements for each program separately, which would open the possibility of post-master’s certificate options for students interested in dual certification with CNM, ANP, FNP, PNP, GNP, or psych NP programs.